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Dispersing controversial study of *Sira Vedhan* w.s.r. to Goiter

Jadhav Pooja

Associate Professor, Dept. of Rachna Sharir, Mahaveer college of Ayurvedic Science, Sundra, Rajnandgaon, Chattisgarh, India.

ABSTRACT

Sira Vedha is useful in the case of extensive vitiation of *Rakta*. There is much type of bloodletting methods eg. Vene puncture, application of horn, application of leeches, scarification etc. *Maharshi Sushruta* told in *Susruta Samhita Sharir Sthana* Chapter 8 *Sira Vyadha Vidhi Shariram*. In *Galganda*, It should be performed in *Sira* situated in *Uru mool* or root of thigh. But *Uru Mool* means "Urvi Tribhuj" or Femoral tringle. In these triangle situated only one vein (femoral vein or *Urvi Sira*). These *Sira* are indicated in *Sira Vedhan* (Blood letting) from *Galganda*. But *Shusrut* also says *Shrarir Sthan* chp.7 *Sira Varna Vibhakti* this are not fit for vene-section. Long saphenous vein mainly open the Saphenous opening of the femoral vein in *Uru Mool* or femoral triangle and bloodletting practitioners have choosing this vein for lower limb *Sira Vedhan*. The Long saphenous vein is safest for bloodletting in aspect first in pressure and second in Long saphenous vein is larger vein of lower limb. When we choosing this vein for process of *Sira Vedhan* are suitable for expelled maximum amount of Infectious or cancerous substance in *Galganda*.

Key words: *Sira Vedhan, Galganda, femoral vein, long saphenous vein.*

INTRODUCTION

Ayurveda is the science of wellbeing as well as the diseases curable. The peculiarity of Acharya Sushrut in the field of treatment is *Sira Vedha* a type of *Raktmokshan-Chikitsa* (blood letting) used for healing much disease. The *Sira Vedha* may perform on the basis of experience and discretion, in all those disease which are curable by *Raktmokshan*. The properly performed treatment by *Sira Vedha* is said "Chikitsardh" half of the treatment described in *Shalya*

Shastra. In *Galganda* that vein present at the root (base) of the thigh should be puncture. In modern view these *Galganda* type of Condition's are also called A non-neoplastic and non-inflammatory enlargement of the thyroid gland, Thyroid carcinoma.

PURPOSE

Acharya Sushruta told in *Sushruta Samhita Sharir Sthana* Chapter 8 *Sira Vyadha Vidhi Shariram*. In *galganda*, It should be performed in *Sira* situated in *Uru Mool* or root of thigh. But *Uru Mool* means "Urvi Tribhuj" or Femoral tringle. In these triangle situated only one vein (femoral vein or *Urvi Sira*). These *Sira* are indicated in *Sira Vedhan* (Blood letting) from *Galganda*. But *Shushrut* also says *Shrarir Sthan* chp.7 *Sira Varna Vibhakti* this are not fit for vene-section.

MATERIALS & METHODS

The principle Ayurvedic texts referred in this study are *Sushruta Samhita*, available commentaries on them and modern books such as *Human Anatomy & Physiology* and related websites have also been searched.

Address for correspondence:

Dr. Jadhav Pooja

Associate Professor, Dept. of Rachna Sharir, Mahaveer college of Ayurvedic Science, Sundra, Rajnandgaon, Chattisgarh, India.

E-mail: poojasinghthakur2417@gmail.com

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Prevalence of Goiter & Thyroidal Cancer

Goiter - U.I. data were available for 92.1% of the world’s school age children. Iodine deficiency is still. A public health problem in 54 countries. A total of 36.5% (285 million). Ranging from 10% in the W.H.O. region of the Americans as to 59.9% in the Europeans regions.

Thyroid Cancer - Thyroid cancer is the most common type of cancer (1.0%-1.5%) new cancer diagnosed each year in the USA. Increasing annual percent that in the U.S.A. was 2.4% from 1980 to 1997 and 6.61 from 1997 to 2009.

Mortality Rate

Goiter - It is doubtful if the mortality rate may be appreciably lowered in the clinics reporting the best results. The mortality rate in our series of 936 thyroidaetomies was 1.06%.

Thyroid Cancer - Death from cancer 16% for follicular age at diagnosis was older and age at death was younger. All death and recurrences happened within 13 years.

Enlargement of the Thyroid Gland (Galganda)

A non-neoplastic and non-inflammatory enlargement of the thyroid gland	Toxic goiter Non-toxic goiter &Diffuse goiter	Thyroid carcinoma
A. Endemic Iodine deficiency (N=150mcg/day), Most common cause in the world. B. Graves Disease (autoimmune) + Autoimmune Thyroiditis Most common causes in US Goitres can be associated with increased or decreased production of thyroid hormones May	A. Toxic goitre Non-Toxic goitre-determined by levels of T3, T4, TSH and clinical presentation B. Diffuse goitre; Nodular goitre; Multinodular goitre .	Thyroid carcinoma 1.5% of all cancers. A female predominance has been noted among patients who develop thyroid carcinoma in the early and middle adult years. Most thyroid carcinomas (except medullary carcinomas) are derived from the thyroid follicular epithelium There are 4 types of thyroid carcinomas: Papillary carcinoma (>85% of cases) - Most Common Follicular carcinoma (5% to 15% of cases) Anaplastic

compress the trachea, esophagus, and recurrent laryngeal nerves.	(undifferentiated) carcinoma (<5% of cases) Medullary carcinoma (5% of cases)
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Swollen Lymph Node (Lymphangitis)

Swollen lymph nodes in the neck are another symptom of thyroid cancer and goiter (a symptom not related to thyroid nodules). Thyroid cancer can spread to the lymph nodes, which are scattered throughout your body to help you fight infection. The lymph nodes in your neck (you can feel them under your jaw). When the thyroid swelling appears to be stony hard, irregular and fixed, a careful search be made to know about the spread of the disease cervical lymph nodes, one should also look for distant, metastases which is quite common in thyroid carcinoma.

Ayurvedic concept of Sira Vedhan in Galganda

Acharya Sushruta told in *Sushruta Samhita Sharir Sthana* Chapter 8 *Sira Vyadha Vidhi Shariram*. In *Galganda*, it should be performed in *Sira* situated in *Uru Mool* or root of thigh. Acharya Sushruta In *Galganda* very clearly consider the *Sira Vedhan* or bloodletting useful vein are Situated *Uru Mool* or femoral triangle. In Modern view this vein are femoral vein. But ‘*Urvi Sira*’ are contraindicated *Sira* for *Sira Vedhan*.

Following two justification of this concept

- 1st Concept is why *Sushruta* is considering *Urvi Sira* in thigh.
- 2nd Concept is *Urvi Sira* is Contraindicated *Sira* for *Sira Vedhan*. But *Sushruta* consider In *Galganda*, it should be performed in *Sira Vedhan*.

Modern justification of 1st Concept

1st Concept is why *Sushruta* is considered *Urvi Sira* in thigh.

Pressure factor

Venous pressure is less in the part of the body above the level of the heart and it is more in part below the level of the heart. Venous pressure is greater in peripheral vein than the central vein. Central vein is

Superior vena cava (4.6mmHg). Pressure of jugular vein (5.1 mmHg), Pressure of dorsal venous arch of foot (13.2mmHg).

According to this concept lower extremities (peripheral) venous pressure are more in upper extremities because pressure in vein below the level of heart is more and it is less above the level of the heart. When we choose Urvi sira in arm (Upper limb) but pressure of antecubital venous pressure (7.1mmHg).

According to Sushruta favorable condition of *Sira Vedhan* is when proper instrumentation (puncturing) has been done, blood flow out in a stream. This should be understood as proper puncturing. Vitiated (Infected blood) flow out first when vein are punctured.

In this reasons Lower extremities vein (*Urvi Sira* or femoral vein) are clearly accepted than Upper extremities (*Urvi Sira*).

2nd Concept is Urvi Sira is contraindicated Sira for Sira Vedhan.

Urvi Sira means femoral vein: It begins as an upward continuation of the Popliteal vein at the lower end of adductor canal, and ends by becoming continuous with the external iliac vein behind the inguinal, medial to the femoral artery.

Tributaries - It receives: Great saphenous vein, veins accompanying three deep branches of the femoral artery, in the femoral triangle.

But clinically and anatomically femoral vein is not the right vein for *Sira Vedhan*. Because femoral vein is direct drain the external iliac vein and external iliac vein drain direct to the IVC. In femoral triangle femoral vein is accompanied by the femoral artery. This two reason femoral vein is contraindicating vein for *Siravedhan* in *Galganda*. But we focus the Long saphenous vein its formation on the dorsum of the foot, its course along the entire length of the lower limb, and its termination into the femoral vein. It contains about 10-20 valves. There one valve that lies just before the vein pierces the Cribriform fascia.

Long saphenous vein mainly open the Saphenous opening of the femoral vein in *Uru Mool* or femoral

triangle and bloodletting practitioners have also choose this vein for lower limb *Sira Vedhan*.

Why Saphenous vein are useful in lower limb bloodletting for Galganda?

1st fact- It is superficial vein in lower limb.

2nd fact- it is easily found in *Yantran Vidhi*.

Yantran Vidhi in Lower Limb

The person whose vein is to be punctured is asked to sit facing east, on a seat (Stool and chair), Than puncturing the vein of the leg, one leg should be placed firmly on an even place , the other leg is slightly flexed and raised above :then the leg in which the vein is to be punctured , is wrapped with a binder below the knee, then the ankle is Kneaded by the hands, tie a band of the cloth etc. about 4 *Angula* above the site of puncture and then the vein of the leg be punctured.

Purpose of bloodletting in Galganda (Concept of Ayurveda and modern view)

This concept is lower extremities (peripheral) venous pressure are more in upper extremities because pressure in vein below the level of heart is more and it is less above the level of the heart. In Case of *Galganda*, Metastases of infected lymph drain to the thoracic duct through the Venous Channels and bloodletting is preventing method *Dhusti* of *Rakta Dhatu*. Swollen lymph nodes in the neck (cervical lymph node) are Symptoms of thyroid cancer and goiter & drain to the jugular, subclavian, bronchomediastinal lymph trunk, Than Lt. thoracic duct received these trunk and drain lymph in major portion of the body to the Lt. brachiocephalic vein of the superior vena cava. Than Infectious or cancerous substance are entering to the venous circulatory system. This Infectious or cancerous substance are enter to the venous blood and infected other node of the body. The purpose of bloodletting in *Galganda* are mainly is prevention of Metastases of Infectious or carsinomatus substance. The Metastases concept is based on Lymph formation component of blood plasma filter through the blood capillaries walls from interstitial fluid. After interstitial fluid and lymph passes into lymphatic vessels, it is called lymph.

RESULTS

The Long saphenous vein is safest for bloodletting in aspect first in pressure and second in long saphenous vein is larger vein of lower limb. When we choosing this vein for process of *Sira Vedhan* are suitable for expelled maximum amount of Infectious or cancerous substance in *Galganda*.

CONCLUSION

The peculiarity of Acharya Sushrut in the field of treatment is *Sira Vedha* a type of *Raktmokshan Chikitsa* (blood letting) used for healing much disease. Long saphenous vein mainly open the Saphenous opening of the femoral vein in *Uru Mool* or femoral triangle and bloodletting practitioners have choosing this vein for lower limb *Sira Vedhan*. The purpose of bloodletting in *Galganda* are mainly is prevention of Metastases of Infectious or carsinomatous substance.

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