

Anatomical Justification of Dakshia Kurpara Sandhi Siravyadha in Sushruta Samhita: A Conceptual Study in Kasa, Shwasa, Yakruddalyudara and Plihavridhi

Dr. Sushil Dwivedi¹, Dr. Namrata Tiwari², Dr. Shivali Deshmukh^{3*}, Dr. Rashmi Purushottam Lanjewar⁴,
Dr. Sangita Sinha⁵, Dr. Pooja Tambe⁶ and Dr. Aniket Maity⁷

^{1,2}Reader, Department of Rachana Sharir, Shri NPA Government Ayurveda College, Raipur, Chhattisgarh, India
^{3,4,5,6,7}Post Graduate Scholar, Department of Rachana Sharir, Shri NPA Govt. Ayurveda College, Raipur, Chhattisgarh, India

Corresponding Author – Dr. Shivali Deshmukh

Received: 16th Dec, 2025; Revised: 8th Feb 2026; Accepted: 12th Feb, 2026; Available Online: 28th Feb, 2026

ABSTRACT

Siravyadha (therapeutic venesection) is an important parasurgical procedure described in the *Sushruta Samhita* for the elimination of vitiated Rakta and Doṣhas. Classical Ayurvedic literature recommends performing Siravyadha at **Dakṣiṇa Kurpara Sandhi** (right elbow region) in *Yakruddalyudara*, *Kāsa*, and *Śhvāsa*, whereas **Vāma Kurpara Sandhi** (left elbow region) is advised in *Plihavridhi*. These side-specific instructions indicate a deliberate clinical rationale possibly related to organ location and circulatory dynamics.

The present review analyzes classical Ayurvedic references and correlates them with modern anatomical concepts such as **organ lateralization and venous drainage of the upper limb**. The analysis suggests that the selection of venesection sites may reflect the relationship between regional organ dominance and systemic circulation. This demonstrates the advanced surgical understanding present in classical Ayurveda.

However, in conditions such as *Kāsa* and *Śhvāsa*, although the lungs are bilaterally located, classical texts recommend Siravyadha only at the **right Kurpara Sandhi**, indicating that factors beyond simple anatomical location may influence the choice of venesection site.

Keywords: *Siravyadha, Kurpara Sandhi, Yakrit, Plīha, Raktamokshana, Pranavaha Srotas, Vedhya Sira, Median Cubital Vein.*

How to cite this article: Dwivedi S, Tiwari N, Deshmukh S, Lanjewar RP, Sinha S, Tambe P and Maity A, Anatomical Justification of Dakshia Kurpara Sandhi Siravyadha in Sushruta Samhita: A Conceptual Study in Kasa, Shwasa, Yakruddalyudara and Plihavridhi.. Int J Drug Deliv Technol. 2026;16(5s): 809-812. DOI: 10.25258/ijddt.16.5s.95

Source of support: Nil.

Conflict of interest: None

INTRODUCTION

Siravyadha represents one of the principal methods of **Raktamokṣhaṇa (therapeutic bloodletting)** described in Ayurvedic surgery. According to *Sushruta Samhita*, venesection is highly effective in conditions associated with **Rakta Dushti** and obstruction of bodily channels.

Classical texts clearly specify particular venesection sites for individual diseases. Among these, the **Kurpara Sandhi (elbow region)** is frequently recommended because it contains easily accessible superficial veins suitable for therapeutic bloodletting.

However, a remarkable feature described in classical texts is the **side-specific selection of Kurpara Sandhi**:

- Right side for Yakruddalyudara, Kāsa, Śhvāsa
- Left side for Plihavridhi

This observation raises an important question regarding the underlying anatomical and physiological basis of these recommendations.

AIM & OBJECTIVES

To analyze the **Ayurvedic and anatomical rationale behind side-specific Siravyadha at Kurpara Sandhi** in selected disease

To verify the precise locations of Siravyadha in yakruddalyudar, plihavridhi and kasa-shwas according to current anatomy.\

MATERIAL AND METHOD

The present study is a conceptual analytical review based on:

1. Classical Ayurvedic texts including *Sushruta Samhita*, *Charaka Samhita*, and *Ashtanga Hridaya*.

*Author for Correspondence: Shivali Deshmukh

2. Traditional commentaries on Ayurvedic surgical procedures.
3. Modern anatomical literature related to **venous circulation, upper limb anatomy, and abdominal organ location.**
4. Previously published Ayurvedic research articles on **Raktamokshana and Siravyadha.**

The anatomical structures corresponding to the classical **Vedhya Sira** mentioned in the texts were analyzed and correlated with **modern venous anatomy**, particularly the **median cubital vein and digital veins of the hand.**

S. N.	Vyadhi	Sushrutokta sites for Siravedha	Modern structure and site
1	Pliha Vriddhi	Inner side of Kurpara Sandhi (at the centre of vama-Bahu) OR at middle of left Kanistika and Anamika	Median cubital vein of the left side or left lateral digital vein
2	Yakrudakhya	Inner side of Kurpara Sandhi (at the centre of Dakshina-Bahu) OR at middle of right Kanistika and Anamika	Median cubital vein of the right side.or right dorsal digital veins(in-between little and ring finger)-
3	Kasa Shwas	Inner side of Kurpar Sandhi (at the centre of Dakshina-Bahu) OR at middle of right Kanistika and Anamika	Median cubital vein of the right side.or right dorsal digital veins(in-between little and ring finger)

1 Organ Lateralization in Ayurveda

Ayurveda recognizes the **asymmetrical location of certain visceral organs**. Yakrut (liver) is described as predominantly located on the **right side**, while Pliha (spleen) occupies the **left abdominal region**. This anatomical awareness is consistent with modern anatomical descriptions.

The selection of venesection site on the **same side as the affected organ** suggests an attempt to influence regional circulatory disturbances.

2 Rakta Dushti and Regional Circulation

Many diseases described in Ayurvedic texts involve **Rakta Dushti (vitiatio of blood)**. Siravyadha is intended to remove the vitiated blood responsible for pathological changes.

In disorders such as Yakruddalyudara and respiratory diseases, vitiated Rakta may accumulate in the **hepatic and thoracic circulatory system**, which is functionally associated with the right side of the body.

3 Kurpara Sandhi as an Ideal Venesection Site

The elbow region corresponds to the **cubital fossa**, where superficial veins such as the median cubital vein, cephalic vein and basilic vein are present.

These veins are commonly used for:

- Venesection
- Phlebotomy
- Intravenous access

Their accessibility and relatively large diameter make them suitable for therapeutic bloodletting procedures.

4 Possible Hemodynamic Explanation

Although there is no direct anatomical connection between cubital veins and abdominal organs, systemic circulation

provides an indirect physiological link. Removal of blood from superficial veins can influence overall **venous pressure and circulation**, thereby potentially reducing congestion in diseased organs.

5 Relationship with Pranavaha and Raktavaha Srotas

Kāsa and Shwasa are primarily disorders of **Prāṇavaha Srotas**, but Rakta circulation plays an important supportive role in respiratory physiology.

Because Yakrit participates in metabolism and blood regulation, disturbances in hepatic function may indirectly affect respiratory disorders.

This may the best **for siravyadha is recommended for both Yakrut and respiratory disorders.**

6 Empirical Surgical Observations

The recommendations described by Sushruta likely emerged from **extensive clinical experience and surgical observation**. Ancient Ayurvedic surgeons systematically identified optimal venesection sites that produced favorable therapeutic outcomes.

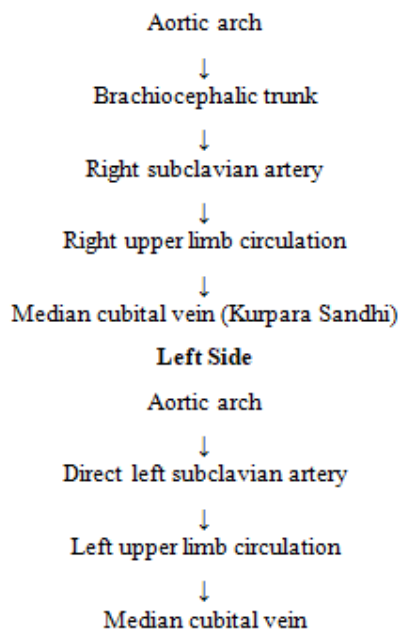
So that, the side-specific instructions may represent **evidence-based surgical knowledge derived from centuries of clinical practice.**

7 Brachiocephalic Trunk and Right-Side Vascular Dominance

This part **strengthens your hypothesis scientifically**, because the right upper limb circulation is connected through the **brachiocephalic trunk**, which has a different vascular pathway compared with the left side.

Proposed Mechanism

Right Side



Hypothesis Supporting Ayurvedic Instruction

Because of its

Ayurvedic classical surgeons preferred right Kurpara Sandhi:

1. Shorter vascular pathway through brachiocephalic trunk
2. Wider lumen and stronger blood flow
3. Functional relation with hepatic circulation
4. Better removal of vitiated Rakta

So that diseases involving **Yakrut and Pranavaha Srotas** may benefit from **right-side Siravyadha**.

In Kasa and Shwas, The classical site mentioned for siravyadha is Dakshin kurpar sandhi. Kāsa and Śhvāsa are disorders of the Prānavaha Srotas. The veins around the Kurpara Sandhi are part of the systemic venous circulation, which indirectly communicates with the thoracic region. Siravyadha helps to remove vitiated vata and kapha affecting the lungs and bronchi. Siravyadha at the elbow joint that is in right medial cubital vein allows quick elimination of vitiated Rakta and kapha which obstruct breathing. Right side is preferred for siravyadha in kasa and shwas because it is considered more dominant for circulation. Removing a small amount of blood may reduce congestion and inflammatory mediators, which could manage respiratory distress. Using another vein like left median cubital vein may not give the same therapeutic effect because it may not directly drain the vitiated Rakta associated with disease site.

DISCUSSION

For instance, in Plihavridhi, the Siravyadha location is either on the inside of Kurpara Sandhi or in the center of

Kanistika and Anamika on the left. According to contemporary anatomy, they are the ring and little fingers of the left hand, or the medial aspect of the anterior side of the elbow joint. The left medial cubital vein or the left dorsal digital veins are the corresponding underlying structures at these locations (inbetween Ring and little finger). Therefore, in Plihavridhi, these veins might be referred to as Vedhya Sira.

In Ayurveda, Yakruddalyudar is described as a pathological state marked by yakrut vriddhi (hepatomegaly), impaired hepatic function, accumulation of āma, and aggravation of pitta and rakta doṣha. Since the liver (yakrut) and spleen (pliha) are considered the primary sthana of raktavaha srotas, any derangement within them directly manifests as rakta dushti. Hence, Siravyadha assumes central importance in the management of hepatic and splenic disorders. By letting pitta- and rakta dushit blood, it alleviates vascular congestion, balances dosha, and offers symptomatic relief, especially when applied during the early stages of disease progression.

In Yakruddalyudara, Sirāvyadha is performed at the right Kūrpara Sandhi (right elbow joint) because the Yakrut (liver), which is the Adhiṣṭhāna of the disease, is anatomically situated on the right side of the body. Similarly, in Plihāvṛiddhi, venesection is performed at the left Kūrpara Sandhi, as the Plihā (spleen), the primary site of pathology, is located on the left side. This demonstrates that the site of Sirāvyadha is often selected according to the anatomical location of the affected organ. However, a question arises in diseases such as Kāsa and Śhvāsa, where the lungs are present bilaterally. Despite this bilateral anatomical distribution, classical texts recommend Sirāvyadha at the right Kūrpara Sandhi only. This indicates that the selection of the site for Sirāvyadha is not solely based on the anatomical position of the organ but may also depend on classical therapeutic principles and traditional clinical observations described in Ayurvedic literature.

A possible explanation may be related to the vascular anatomy of the upper limbs. The right upper limb receives arterial supply through the brachiocephalic trunk, which further divides into the right subclavian artery, whereas the left subclavian artery arises directly from the arch of the aorta to supply the left upper limb. The brachiocephalic trunk has a comparatively larger lumen and greater caliber, which may facilitate relatively higher blood pressure toward the right upper limb compared to the left side, where the subclavian artery arises directly with a comparatively shorter course. Due to this vascular predominance on the right side, the circulation and accumulation of vitiated Doṣhas in Rakta may be relatively greater on the right side. Hence, Sirāvyadha at the right Kūrpara Sandhi may help in more effective elimination of vitiated blood in Kāsa and Śhvāsa, despite the lungs being bilaterally located

CONCLUSION

Classical Ayurvedic texts recommend performing Siravyadha at:

- Right Kurpara Sandhi in Yakruddalyudara, Kāsa and Śvāsa
- **Left Kurpara Sandhi** in Plihavridhhi

This side-specific approach may be explained by:

1. Anatomical lateralization of liver and spleen
2. Regional dominance of Rakta Dushti
3. Accessibility of superficial veins in cubital region
4. Functional relationship between systemic circulation and diseased organs.

These observations highlight the sophisticated anatomical understanding of ancient Ayurvedic surgeons.

According to the current conceptual analysis, which also suggests that in Plihavridhhi, the left median cubital vein or the left dorsal digital veins (between the ring and little fingers) have been suggested for Siravyadha. In Yakrudakhya and Kasa- Shwas, the right median cubital vein or right dorsal digital veins (between the ring and little finger) have been suggested for siravyadha. On the basis of above discussion we can say that in the case of kasa and shwas the version of Maharishi Sushrut for the siravyadha in right cubital fossa is definitely appropriate. By researching the anatomical and clinical significance of siras, we discovered that siravyadha is an effective remedy for the disorders listed above.

REFERENCES

1. Sushruta. *Sushruta Samhita*. Varanasi: Chaukhambha Orientalia; 2007.
2. Sharma PV. *Sushruta Samhita with English Translation*. Varanasi: Chaukhambha Vishvabharati; 2010.
3. Acharya YT. *Sushruta Samhita with Nibandhasangraha Commentary*. Varanasi: Chaukhambha Sanskrit Series; 2014.
4. Agnivesha. *Charaka Samhita*. Varanasi: Chaukhambha Orientalia; 2015.
5. Vagbhata. *Ashtanga Hridaya*. Varanasi: Chaukhambha Sanskrit Series; 2012.
6. Murthy KRS. *Illustrated Sushruta Samhita*. Varanasi: Chaukhambha Orientalia; 2010.
7. Singh RH. *Exploring Ayurveda*. Varanasi: Chaukhambha; 2011.
8. Lad V. *Textbook of Ayurveda*. Albuquerque: Ayurvedic Press; 2002.
9. Sharma H, Chandola HM. Ayurveda research methodology. *J Altern Complement Med*. 2011.
10. Patwardhan B. Bridging Ayurveda with modern science. *J Ayurveda Integr Med*. 2014.
11. Kulkarni RR. Concept of Rakta Mokshana in Ayurveda. *AYU*. 2012.
12. Reddy KR. Surgical procedures in Ayurveda. *Anc Sci Life*. 2010.
13. Moore KL, Dalley AF. *Clinically Oriented Anatomy*. 7th ed. Philadelphia: Wolters Kluwer; 2014.
14. Gray H. *Gray's Anatomy*. 41st ed. London: Elsevier; 2015.
15. Guyton AC, Hall JE. *Textbook of Medical Physiology*. 13th ed. Philadelphia: Elsevier; 2016.
16. Standring S. *Gray's Anatomy: Anatomical Basis of Clinical Practice*. London: Elsevier; 2016.
17. Tortora GJ. *Principles of Anatomy and Physiology*. New York: Wiley; 2017.
18. Drake RL. *Gray's Anatomy for Students*. Elsevier; 2020.
19. Netter FH. *Atlas of Human Anatomy*. Elsevier; 2018.
20. Snell RS. *Clinical Anatomy*. Wolters Kluwer; 2019.
21. Chatterjee S. Venesection in Ayurveda. *J Res Ayurveda*. 2013.
22. Sharma AK. Concept of Siravyadha in surgical management. *AYU*. 2014.
23. Mishra LC. *Scientific Basis of Ayurveda*. CRC Press; 2004.
24. Dash B. *Fundamentals of Ayurveda*. Delhi: Concept Publishing; 2001.
25. Shastri AD. *Sushruta Samhita Sharirasthana*. Varanasi: Chaukhambha; 2016.
26. Bodeker G. Traditional medicine research. *Lancet*. 2005.
27. Frawley D. *Ayurvedic Healing*. Lotus Press; 2000.
28. Subbarayappa BV. Medicine in ancient India. *Indian J Hist Sci*. 2001.
29. Sharma RK. *Ayurveda and Surgery*. Delhi: Chaukhambha; 2005.
30. Singh G. Historical evolution of Ayurveda surgery. *AYU*. 2011.
31. Lad V, Svoboda R. *Ayurveda: Science of Self Healing*. Lotus Press; 2008.
32. Dwivedi RR. Ayurveda concepts in modern research. *J Ayurveda Integr Med*. 2013.