

## UNDERSTANDING THE PERCEPTION OF VITAPA WITH THE HELP OF MODERN ANATOMY

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### ABSTRACT

Sushrutacharya who is one of the main stakeholders for Ayurveda Rachana Shareer. Acharya has mentioned various concepts of Rachana Sharir in the Sushrutsamhita Sharirsthan. Vitap is categorised under the Marma and siraaspect. The details of Marmas are explained in the 6<sup>th</sup> adhyaya of Sushruta Sharirsthan. In this adhyaya, Vitapa is mentioned under Adhoshakhagata marma. But it lies very close to shronipradesha. In 7<sup>th</sup> adhyaya of the same, Sushrutacharya has given the detailed information regarding the siras of the human body. In the same adhyaya Acharya has named some Avedhya Siras which should not be punctured during the treatment aspect. The Vitapasira is one of them. So, it is necessary to know the details of this Vitapasira which is present in Shronipradesha. So, for this purpose, it is an attempt to simplify the concept of Vitapa as a Marma and as a Avedya sira with the help of modern anatomy particularly in case of males.

**KEYWORDS:** Marma, AvedhyaSira, Vitapamarma, Vitapsira, Anatomy.

### INTRODUCTION

In 6<sup>th</sup> adhyaya of the Sharirsthan there is detailed information about marmas. Marmas are the vital spots in the body. As mentioned in Sushrutashareerasthana 6/15, union of maamsa, sira, snayu, asthi and sandhi, that particular region or vital spot is called as marma and the prana resides in that marma. Injury to these spots can cause various harmful conditions. Vitap as a shakhagata marma specially Adhoshakhagata Marma. In Urdhwashakha same is replaced by Kakshadharamarma. Blood vessels consisting of artery and vein are the important aspects of the circulatory system which circulates the blood in the

body. These are most important in every medical crisis i.e. in any disease or in its treatment aspect. The traumatic, haemorrhagic, road traffic accidents (RTA) deaths are common in all over the world. In Ayurveda, Sushrutaacharya explained concept of Avedhyasiras in the 7<sup>th</sup> aadhyaya i.e. Siravarnavibhakti shariropakrama. Also in Siravyadhavidhi shariropakramaadhyaya, explained siravyadha means puncturing the siras for treatment purpose. Explaining this point, Sushrutaacharya told to avoid some siras from puncturing, specially the siras which are in close relation with the marmas i.e. Marmashritasiras. In the same, Acharya

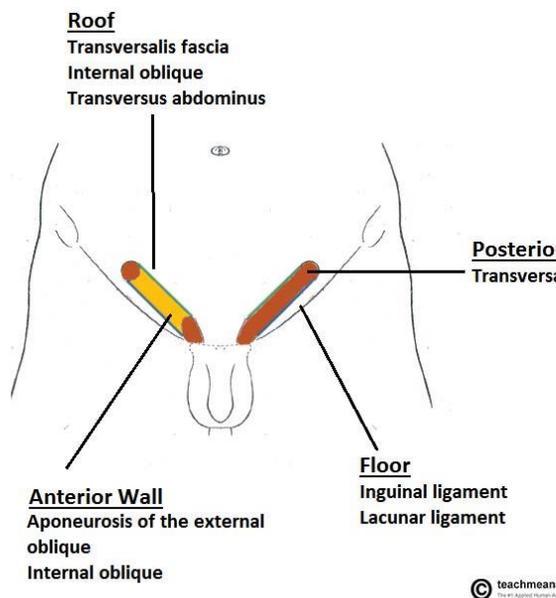
has also mentioned about vitapsira as avedhyasira which is present in the shronipradesha.

### CONCEPT OF VITAP MARMA<sup>1</sup>

Marmas are the fundamental spots in human body, any injury to them will cause the

Name of Marma	Sankhya	A/c to Shadanga	A/c to Rachana	A/c to Parinam	A/c to Pariman
Vitapa	2	Adhashakha (Close to shronipradesha or Koshta	Snayu marma	Vaikalyakara marma	1 angula

As stated in Sushrutsamhita Sharirasthanadhyaya 6 and shloka 31, Vitapmarma is present in between Vankshana (hip joint region) and Vrishanpradesh (testicular region) it is snayu, vaikalyakara and 1 anguli in pramanmarma. So, situation of this marma can be compared to the area of inguinal canal in which the main content is Spermatic cord.



### Inguinal Canal<sup>2</sup>

This is an oblique passage in the lower part of the anterior abdominal wall, situated just above the medial half of the inguinal ligament. It is about 4 cm (1.5 inches) long

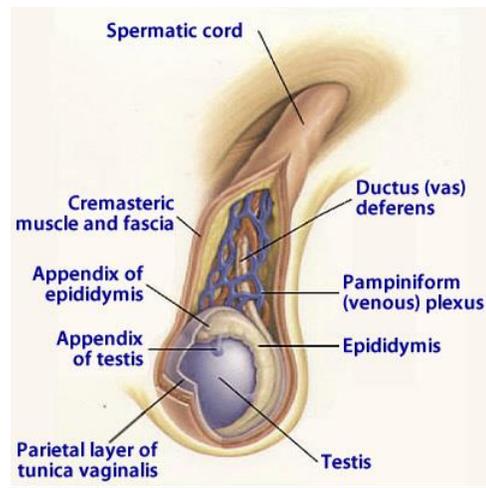
various symptoms like pain, blood loss, deformity etc. They are 107 in number and classified according to their structure, region, pariman (measurement) and parinam (injury effect).

and is directed downwards, forwards and medially. The inguinal canal extends from deep inguinal ring to the superficial inguinal ring. The deep inguinal ring is the oval opening in the fascia transversalis, situated 1.2 cm above the midinguinal point and immediately lateral to the stem of the inferior epigastric artery. The superficial inguinal ring is a triangular gap in the external oblique aponeurosis. It is shaped like an obtuse angled triangle. The base of the triangle is formed by the pubic crest. The two sides of the triangle lateral or lower and medial or upper margins of the openings. It is 2.5 cm long and 1.2 cm broad at the base. The margins are referred as crura. At and beyond the apex of the triangle the two crura are united by intracruval fibres.

The main structure passing through inguinal canal in males is Spermatic cord.

### Main Constituents of the spermatic cord<sup>2</sup>

1. The ductus deferens
2. The testicular and cremasteric arteries and artery of the ductus deferens.
3. The Pampiniform plexus of veins. (formed by the veins emerging from the testis)
4. Lymph vessels from the testis.



So, the site of vitapmarma is inguinal region and the main underlying structure is spermatic cord with its constituents in case of males.

Because of the damage to both the spermatic cord (Ductus Deferens is the main structure in this case), the seminal fluid will not go to its final destination. So, this will produce the infertility or sterility.

In case of injury to one of the spermatic cord, will leads to functioning of only one ductus deferens. So, this will produce less quantity of semen. Thus, it justifies the laxanas given by Sushrutacharya as per modern anatomy.

### Concept of Avedhya sira<sup>1</sup>

Saranaatsira means running, moving. Means movement. The siras which should not be punctured are called as avedhyasiras. Its distribution is as follows, (Su. Sha. 7/20)

Location of Sira	Number
Shakha	16
Koshta	32
Jatruurdhwa	50

Vitapsiras are explained in shronipradeshgata vedya sira Sushruta sharirsthana.

(Su. Sha.7/22) Means, 4 Vitap and 4 Katiktaran are the avedyasiras of shronipradesha. These siras should not be punctured.

So, taking this in to consideration in case of vitapa Sira, testicular and cremasteric arteries and artery of the ductus deferens along with Pampiniform plexus of veins (formed by the veins emerging from the testis), these are the probable comparative anatomical structures for the vitapsira.

The concept of sira as per modern anatomy can betake as Vein. As, according to Charaka samhita sutrasthana Adhyaya 30 Shloka no.12, Charaka charya have told the difference between Sira and Dhamani.

Spandanyukta i.e. having pulsation is dhamani and spandanrahit is sira i.e. without pulsation. The other factors which differentiate the sira and dhamani are Lakshana bhinnata (appearance), Moolsankhya bhinnata (numbers), Karmabhinnata (functions) etc.<sup>1 & 3</sup>

So, considering all above points, it is feasible to correlate vitapsira with the Pampiniform plexus of veins as veins emerging from the testis form the pampiniform plexus of veins (Pampiniform = like a vine). The anterior part of the plexus is arranged around the testicular artery, the middle part is around the ductus deferens and its artery and the posterior part is isolated. The plexus condenses into four veins at the superficial inguinal ring and into 2 veins at the deep inguinal ring (as per Sushrutacharya 2 vitap siras are present on each side). Ultimately one vein is formed which drains into inferior vena cava on the right side and into the left renal vein on the left side.<sup>2</sup>

## DISCUSSION

Vitapmarma is adhoshakhagatmarma which is very close to the shronipradesha. This marma is vaikalyakara means injury to this marma can produce deformity. Inguinal canal along with spermatic cord can be correlate with this marma. As its injury can produce infertility in case of males because of the contents of the spermatic cord. It is also categorised under snayumarma. Superficial inguinal ring is the triangular gap in the external oblique muscle's aponeurosis. It is also **marmashritasira**. So, it should not be punctured.

According to Ayurveda, Also, veins do not have pulse and arteries are having pulse. So, sira means the vein and Siravyadha means puncturing the siras i.e. venesection.

So, here Vitapsira is the vein which is present in shronipradesha according to Sushrutacharya i.e. testicular veins which forms the Pampiniform plexus of the veins. These veins should not be punctured because of their structural and functional importance.

## CONCLUSION

By considering the above said facts and reasons it can be said that vitapmarma is vaikalyakarmarma and its injury can produce deformity. The underlying structure for this marma can be correlate with the inguinal canal along with spermatic cord with its various constituents.

Vitapa sira should not be punctured and it is stated in the 7<sup>th</sup> adhyaya of Sushruta sharirsthan as it is marmashritasira and it is not mentioned in dhamani vyakarana shariradhyaya. Here, taking testicular vein which forms the pampiniform plexus of veins as avedhyavitapsira. As the veins are

present in the spermatic cord and important veins in their regions structurally as well as functionally.

## REFERENCES

1. Dr. B. G. Ghanekar, Sushruta Samhita sharirsthan Ayurvedrahasya deepika hindi commentary published by Meherchand lacchamadas publications, New Delhi, reprint March 2006.

2. Dr. B.D. Chourasia, Human Anatomy Vol.2, 4<sup>th</sup> edition, Satish kumar Jain for CBS publishers & Distributors, Darya Ganj New Delhi.

3. Charaka Samhita published by Choukhamba Bharati Academy, P.O. Box No. 1065, GokulBhavan, K.37/109, Gopal Mandir Lane, Varanasi-221001(India)

4. [https://en.m.wikipedia.org/wiki/Pampiniform\\_plexus](https://en.m.wikipedia.org/wiki/Pampiniform_plexus) dated 30/01/2017

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