

TO STUDY CLINICAL ASPECTS AND ROLE OF AYURVEDA IN KURCHA SHARIR – A REVIEW

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ABSTRACT

Ayurveda is a well known Indian system of medicine. It is not just a Life Science, but it is a treasure of knowledge. Although it is very much old by the time frame, its principles are applicable even today as like before. Sharir, which is a branch of Ayurved, is no exception to this truth. In Sanskrit the word Snayu means to Bind. According to Ayurvedic classics Snayu has been explained as that which resembles a fibrous structure .In the present article we are discussing the clinical aspects of ayurveda in studying the concept of Kurcha sharir



INTRODUCTION

Ayurveda is a well known Indian system of medicine. It is not just a Life Science, but it is a treasure of knowledge. Although it is very much old by the time frame, its principles are applicable even today as like before. Sharir, which is a branch of Ayurved, is no exception to this truth. In Sanskrit the word Snayu means to Bind. According to Ayurvedic classics Snayu has been explained as that which resembles a fibrous structure. It is said to be a structure which bind the joints and enables the body to bear weight.[2] Sinew is the term used for tendon in older texts. It means a fibrous tissue which supports and gives strength. This term has similar meaning to that of Snayu. Sinew term is also used for nerve and the term nerve means to give strength or vigor. It literally means a band, bandage, ribbon or bundle. There are many structures like tendons, ligaments, nerves, muscle tissue etc. which can be related to Snayu. In this context Acharya Sushruta has mentioned that on injury of Snayu, bones, muscles, blood vessels and joints do not inflict the person so as ligament. And one who knows ligament is capable of extracting hidden foreign body from the person's body.[3] As according to Acharya Sushruta in description of Ekadash Indriya Hasta and Paad are included under the five Karmendriya and their function are mentioned as Aadan and Vihar[4]respectively and also Hasta (hand) is considered as the most important/superior Yantra among all the Yantras by Acharya Sutruta[5].Although

each and every part of human body is important still extremities possess most important as all body activities depend on limbs as without limbs existence of human body is hard to imagine. As Present life is very fast and furious and causes so many injuries during accidents, sport and may be during daily activities which lead in to sever pain, deformity or even death. As Marma are vital points of the body they should be protected from injuries Need of study As the perspective of Marma which is mention in our classics is not yet cleared in the modern science. In our classics Marma has been classified as Mamsa, Sira etc. but in this there is no clear analysis regarding its structure. In present scenario there should be scientific description on the basis of evidences, so it is mandatory to prove the existence of Marma on scientific basis For the appropriate knowledge of Ayurved, it is necessary to know the exact meaning of the words/ terminologies that are used to describe any fundamental Concept. Similarly, this rule may be applied to every concept of Sharir, because the words in Ayurveda and Sanskrit have wide meanings in it and it may not match with the contemporary texts. The present study is an attempt to create a bridge of understanding between concept of Ayurvedic Kurcha and modern anatomical structure resembling it with the help of Ayurvedic literature and from anatomical, physiological and clinical point of view.

AIMS AND OBJECTIVE 1. To explore various views and exact meaning of Kurcha in classical texts. 2. To find similar and

different views in classical texts & compare them. 3. To find correlated structures as per modern texts and confirm them.

MATERIALS AND METHODS A thorough literary review of Ayurvedic as well as modern texts was carried out by compiling the references related to Kurcha. It was carried out, concentrating on the following materials

DETAIL DESCRIPTION OF THE TERMS IN THE REFERENCES OF "KURCHASHARIRA" The important terminologies used in the context of "Kurcha" are elaborated in relation to its Vyutpatti (formation of the words), Nirukti (meaning of the word), and its translation in the terminology of the modern science. There are mainly three references available regarding Kurchashareer in Sushruta a Shareersthana¹, Ashtang Samgrah², and Bhavaprakasha Prathamkhanda³. According to their opinion KURCHAS are six in numbers- they are found in Hasta, Pada, Greeva and Medhra. They are two each in Hasta and Pada; while one each in Greeva and Medhra⁴. In dictionaries we find various word meanings related to Kurcha. Such as a bunch of anything; a bundle, a handful of Kusa grass, a peacock's feather, etc⁵. In Susruta Samhita it is mentioned as Kunchika means brush like structure, Kunchala⁶. According to Charak, in Chikitsasthan, used a word 'Shstra' for 'Kurch'⁶. In Asthanghridaya, word Kurcha is used for suchi (needle) i.e. it meaning become sharp-ended needle⁷. One of the important reference given by Sushruta where number of Kurchas in human body are mentioned as six which are having

brush like structures. In relation to the Kurcha Sharira, two Marmas are mentioned⁸ -

- Kurcha Marma (Region in between the two eyebrows.)
- Kurcha-Shira Marma (The upper part of Kurcha)

This strong, well-defined triangular part of the deep fascia of the hand covers the soft tissues and overlies the long flexor tendons of the palm. The proximal end of the palmar aponeurosis is continuous with the flexor retinaculum and the tendon of the palmarislongus muscle. The distal end of the aponeurosis divides at the roots of the digits into four longitudinal bands. Each band is attached to the base of the proximal phalanx and is fused with the fibrous digital sheath⁹.

Applied Anatomical Aspects: Dupuytren's disease (contracture) is a progressive condition of uncertain etiology resulting from fibrous contracture of the palmar aponeurosis where the little and ring fingers are especially affected.

STRUCTURE CORRELATED WITH KURCHA IN 'FOOT' The plantar aponeurosis: The central part of the plantar fascia is greatly thickened to form the plantar aponeurosis. It consists of a strong, thick central part and weaker and thinner medial and lateral portions. The plantar aponeurosis, which covers the whole of the sole, consists of longitudinally arranged bands of dense fibrous connective tissue. It arises posteriorly from the tuber calcanei and fans out over the sole, where it becomes broader and somewhat thinner. The plantar aponeurosis divides into five bands that split to enclose the digital tendons. They are attached to the margins of the fibrous digital sheaths

and to the sesamoids of the great toe. From the margins of the central part of the plantar aponeurosis, vertical septa extend deeply to form three compartments of the sole of the foot: a medial compartment, a lateral compartment, and a central compartment¹⁰. Applied Anatomy Aspects: Palpation of the dorsalispedis pulse is essential, particularly in suspected cases of intermittent claudication (cramps in the calf brought on by exercise and relieved by rest). The knowledge of the Marmas constitutes half of the Shalya, as it is known that the person injured at the site of Marma does not survive Even if the person stays alive by good efforts made by an efficient Surgeon, definitely suffer from any kind of deformity. Measurements of Marmas is quite important to a surgeon, as they should not be injured, further it is also helpful to omit the areas of neighbouring Marmas who may also produce severe hazards. Marmas contain Soma (Kapha), Marut (vata), Teja (Pitta), Sattva, rajas, tamas and Bhutatma (atma along with Bhuttas).[14] Hence, a Person, on injury to the Marma may not alive. Any injury to the Marma causes death or deformity. Any pathological abnormalities develop at the sites of Marma will consequent to grave conditions, careful and precautions treatment of good physician may not help to cure the disorder. Snayu is considered as one of the site for the development of wound where healing is very difficult and delayed. Detailed knowledge of Snayu Marma is important from surgical point of view, Surgical procedures like Agnikarma, Ksharkarma and Shastrakarma are used as

part of surgery, with proper knowledge of Marma Sthana we may perform the procedures without any complication. The dorsalispedis pulse can usually be felt on the dorsum of the foot, where the artery passes over the navicular and cuneiform bones just lateral to the extensor hallucislongus tendon. It may also be felt distal to this at the proximal end of the first interosseous space. A diminished or absent dorsalispedis pulse suggests arterial insufficiency. In 14% of people the dorsalispedis artery is absent or is too small to palpate, or it may not be in its usual position. Consequently, failure to detect a dorsalispedis pulse does not always indicate the presence of arteriosclerotic disease. STRUCTURE CORRELATED WITHKURCHA IN 'NECK' Ligamentum nuchae: The ligamentum nuchae is a bilaminar fibroelastic intermuscular septum which is often considered homologous with, but structurally distinct from, the supraspinous and interspinous ligaments in the neck. Its dense bilateral fibroelastic laminae are blended at its posterior free border. This border is superficial and extends from the external occipital protuberance to the spine of C7. The fibroelastin laminae are attached to the median part of the external occipital crest, the posterior tubercle of C1 and the medial aspects of the bifid spine of cervical vertebrae as a septum for the bilateral attachment of cervical muscles and their sheaths.

The prognosis of injury depends upon the site of injury, depth of injury, force at which the injury is caused. However the site and

structures involved are the factor which discriminate the severity of the wounds. The kshipra Marma can be sometimes turns into Sadyopranahara is mentioned by Acharya Sushruta. Akshepaka is one of the common symptoms of Vaat Vikara mentioned by Acharya Sushruta and Vaghbhata. In Akshepaka the Vayu entering Dhamani causes severe spasm and convulsions in the individual. In this context Dalhana has interpreted Dhamani as Nadi which possibly indicates the involvement of nervous system in Vaat Vyadhi. It has been mentioned that if any injury occurs to the Kshipra Marma, then this will lead to severe blood loss which will further results in Vata prakopa. The convulsions and spasm cause by an injury due to blood loss is resemble with the similar sign and symptoms found in tetanus such as Aayam (opisthotonos) which is mentioned in Snayu vidhalakshan by Vaghbhatta is similar to the symptoms occurred in tetanus. Any trauma or infection i.e tetanus to all structures related to Kshipra Marma may lead to loss of certain functions such as adduction and flexion of thumb. These all symptoms may relate with the Kshipra Marma VidhaLakshan. Any Injury to all structures related to Kurcha Marma such as median nerve compression i.e Carpal tunnel syndrome produces pain and paresthesia in the sensory distribution of the median nerve any may impair coordination of the metacarpophalangeal and interphalangeal joints. These symptoms may relate to the Kurch Marma vidhaLakshan Any injury to the structures in

fracture of Scaphoid, tenosynovitis may lead to following deformities such as the swelling of the digits and their movements becomes painful, impairment of the extension/ flexion and abduction of the wrist and thumb, bleeding from the radial artery and pain due to injury to the radial nerve. These symptoms may relate to the Kurchshira Marma.

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