



## Research Article

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## IDENTIFICATION AND APPLICATION OF VEDHYA SIR (PUNCTURABLE VEIN) IN VICARCHIKA (ECZEMA) BY SIRAVEDH (VENEPUNCTURE)

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**ABSTRACT**

Vedhya Sira means puncturable vein used in the treatment of Vicarchika (eczema). Siravedh is para surgical procedure in which suitable vein is punctured to release impure blood. Vicarchika is skin disease similar to Eczema in Allopathic medicine. Both are difficult to cure and need long term treatment. In Ayurved especially in Caraka samhita (text book of medicine) the disease is classified as Kshudra Kushtha (minor skin disease). Various remedies have been given to treat this disease. Sushruta has given Siravedh (venepuncture) of sira (blood vessel) found two finger above of Kshipra Marma (vital spot in hand and dorsum of foot) in both limbs to alleviate the severity of disease. The statement is vague and does not indicate the exact structure and site of puncture (i.e. lateral, medial, dorsal or palmer surface of hand/foot). Here there are many structures like dhamani (artery), sira (vessels), strotas (conduits/channels), snayu (ligament) etc. Sharir sthanas (Anatomical Chapters) of Brihatrayii (three major classical texts, viz Caraka, Sushruta and Vagbhat Samhita) includes basic knowledge of structures and their clinical importance. Sushruta has explained 700 siras in body in which 100 sira is present in each limbs/shakha in which 4 vein/sira is non puncturable i.e. vedhya sira. Keeping all above points in mind it is necessary to identify and confirm the anatomical site of Vedhya sira and their application in Vicarchika by Siravedh (venepuncture) in the context of modern science.

**Keyword:** Vicarchika, eczema, vedhya sira (puncturable vein), Siravedh (venepuncture), kshipra marma**INTRODUCTION**

Vedhya sira means that vein which can be punctured at proper site to release the impure blood without any complications or side effect. Sira is a path through which something flows<sup>1</sup> which passes through different organs (chakrapani). The siras are network of venules<sup>2</sup> with big roots and minute terminals<sup>3</sup> which spreads all over body and supplies nourishing materials (poshak draya) to whole body. They contains and conducts ras-rakta (blood and lymph)<sup>4</sup>. They are of four types and conducts life saving materials<sup>1,5</sup>. The names (of these siras) are given on the basis of specific Doshas they contain and conducts. They perform their own function in normal course. Sushruta advised to perform Siravedh (venepuncture) of sira located at the site of two fingers (angula) above kshipra marma. The statement is vague and does not indicate the exact structure and site of puncture (i.e. lateral, medial, dorsal or palmer surface of hand/foot). Here there are many structures like dhamani (artery), sira (vessels), strotas (conduits/channels), snayu (ligament) etc. Sharir sthanas (Anatomical Chapters) of bruhatrasyii (three major classical texts, viz Caraka, Sushruta and Vagbhat Samhita) includes basic knowledge of structures and their clinical importance. Sushruta has explained 700 siras in body in which 100 siras are present in each limbs/shakha in which 4 vein/sira is non puncturable i.e. Vedhya siras<sup>2</sup>. The sira which needs identification and confirmation for the treatment of Vicarchika is situated in both limbs two finger above Kshipra marms. This sira is of Pittavaha type and it is punctured to release the impure blood in Vicarchika disease. Vicarchika is a type of kshudra kushtha (curable minor skin disorder). On the basis of symptoms, Vicarchika can be equated with the disease

Eczema in modern parlance. It is characterized by its intense itching, pain, lichenification and dryness. Caraka describe the diagnosis and treatment of Vicarchika under the heading of kshudra kushtha. Maha kushtha is described in Sushruta<sup>6</sup>, bacteria/germ/worm/parasite (krimi) as causative factor of Vicarchika<sup>7</sup> where as in nidan sthana, Sushruta explained how dermatological disorder enters and invades the tissue which in turn invades the next forming tissues (i.e. dhatugatva and uttarottar dhatu pravesh of kushth)<sup>7</sup>. Ashtang sangraha refers Vicarchika as kaph pradhan kushtha under the heading of raktaj vikara (blood disorder)<sup>8</sup>. Ashtanga Hridaya text describes Vicarchika as minor skin disease (kshudra kushtha)<sup>9</sup>. Kashyapa labels Vicarchika as curable skin disease (sadhya kushtha). Similar description is found in the texts of Madhavakar of Madhav Nidan, Sharangadhara and Bhav Prakash. In Vicarchika there are eruptions with dark brown/blackish pigmentation<sup>6</sup>, itching, profuse discharge, sometimes dryness of skin and marked lining with intense pain<sup>7</sup>, eruptions may be multiple, pin head size with ulcerations<sup>10</sup>, Acharya Bhel narrates Vicarchika as a dark red coloured deep rooted lesion with moisture or oozing. Madhava, vagabhata, and bhavmishra have described almost same definition as acharya Caraka. In short blackish brown or multiple pin head eruptions with profuse discharge, Kandu (itching) Raji (lining), Ruja (pain or irritation), Rukshata (dryness) are the cardinal symptoms of Vicarchika.

**Siravedh**

Siravedh is a Para surgical procedure done in the treatment of Vicarchika to remove impure blood and to some extent relieve the sign and symptoms<sup>2</sup>. Acharya

Sushruta has mentioned Siravedh (venepuncture) as an emergency management in certain critical condition to achieve the better results<sup>2</sup>. Siravedh (venepuncture) is one of the fascinating subject and satisfactory answer for Vicarchika; however it misses the scientific explanation. Therefore it is not producible on scientific platform. The cardinal symptoms of Vicarchika like itching and pain are spontaneously relieved by Siravedh (venepuncture) procedure. Disease wise vedhya sira (puncturable vein) are explained by Sushruta<sup>2</sup>. Most of scientist has done leech application in place of Siravedh and Nimbaadi Tail application in Vicarchika<sup>11</sup>. The work done by Sonaje Manoj, Dhiman K. S and Hiren N. Raval, A. B. Thakar does not indicate the exact location of site of puncture for Siravedh nor which sira they had punctured in the light of modern science<sup>12,13</sup>. The articles published in Pubmed are mainly related with bloodletting and acupuncture<sup>14</sup> and explanation on bloodletting mechanism of scraping therapy<sup>15</sup>

### **Kshipra marma**

The space between thumb and index finger of both the extremities is known as Kshipra marma which are four in number, two in each extremities belonging one on each<sup>2</sup>. The space is found in first inter metatarsal and dorsal first metatarsal region of upper and lower limb respectively.

### **Aim**

Identification of vedhya sira, and its confirmation, application and evaluation by Siravedh in Vicarchika of both limbs

### **Objectives**

- To locate the site of vedhya sira in Vicarchika.
- To study the effect of Siravedh of identified vedhya sira in Vicarchika.

### **MATERIAL AND METHOD**

Study was conducted in two stages 1) clinical study for Siravedh and, 2) structural study. Initially clinical study was carried out in Govt Ayurved hospital Nanded, India in the Department of Panchkarma. Clinically diagnosed patient of Vicarchika (eczema) were selected for Siravedh. Patient's Consent was obtained. Ethical clearance was taken from Institutional Ethical Committee of Government Ayurved College, Nanded, India Vide letter No GAC/IEC/18/2011 dated 14/09/2011

### **Clinical study**

#### **Material for Siravedh**

Scalp vein set, Sphygmomanometer/ tourniquet, Spirit swab, Cotton swab, Measuring bottle and Sticking.

#### **Method of Siravedh**

For clinical part of the present study, 30 patients suffering from Vicarchika were randomly selected between the age group 16-70 years from Outdoor Patient's Department of Govt Ayurvedic hospital, Nanded, India irrespective of their sex, religion, occupation etc. Detailed history was taken according to the case record form prepared for the study incorporating all the relevant points from both

Ayurvedic and modern views. The whole work was carried out in following steps:-

### **Inclusive criteria**

All patients in the age group of 16-70 years presenting with signs and symptoms of Vicarchika, Patients willing for Siravedh, Patients of either sex

### **Exclusive criteria**

Patients not willing for the trial, Patient having any major surgical and systemic illness.

### **Withdrawal criteria**

Patient showing any adverse reaction during the treatment, Patients not willing to participate in the trial.

### **Laboratory investigations for exclusion**

Heamogram (Hb %) VDRL, BSL-R, BT, CT

### **Plan of study**

After diagnosis these 30 patients were subjected to Siravedh procedure. Siravedh was done twice in a month on the site mentioned by acharya Sushruta i.e. 2 angula above kshipra marma. Initially Sira considered for Siravedh in patient was cephalic vein in hand and great saphenous vein in foot. All readings were taken before the Siravedh on 0<sup>th</sup> day and 15<sup>th</sup> day and at each follow-up. Follow-up was taken after every 15 days.

### **Duration - one month.**

### **Method of Siravedh**

Siravedhana Karma was done after local Abhyanga and Swedana on the whole body. Patient was kept in supine position, cuff of sphygmomanometer was squeezed in upper or lower limb above the lesion until veins in that region will be prominent and visualize easily. After visualization, skin was disinfected with spirit swab. Siravedh was done with the help of large bore scalp vein set. Blood was collected in the measuring bottle. Average 40 – 60 ml of blood was collected till the signs of proper (Samyak) Siravedh i.e. vedanashanti (pain relief) etc is obtained. Siravedh was done from cephalic vein in upper limb and great saphenous vein in lower limb. During the procedure patient was carefully observed for any untoward complication. Patient was advised to keep area dry and clean, take rest for whole day and avoid exertion, trauma and unwholesome diet.

### **Criteria for Assessment of Result**

#### **Clinical study**

The improvement in the patient was assessed mainly on the basis of relief in the symptom of kandu (itching). Concurrently other symptoms of the disease were also assessed. To assess the effect of therapy objectively, all the signs and symptoms except raji and rukshata were given scoring pattern depending upon their severity as below:

#### **Subjective parameters**

As per Table 1 and 2 for itching and Table 3 for pain

**Objective Parameter**

Raji and rukshata: Assessment by pre and post treatment photographs of mandala as per table no 4 for mandala. Its size was determined by transparency and graph paper.

**Structural Study**

According to modern review, kshipra marma is anatomically resembles with the first metacarpal space two angula above this space i.e. approximately 3 cm, the main vein observed was cephalic vein. This approximately resembles with Sushruta’s reference of sira to be punctured in Vicarchika. This may help to locate the site of Siravedh. According to modern review, kshipra marma in the lower limb is the first metatarsal space. Two angula above this space i.e. approximately 3 cm, the main vein observed was great saphenous vein. This

approximately resembles with Sushruta’s reference of sira to be punctured in Vicarchika. This may help to locate the site of Siravedh. From the above observation, author have taken the cephalic vein in hand and great saphenous vein in foot for Siravedh in Vicarchika. Once the Vicarchika patient gets relief after bloodletting through this vein then it is confirmed as vedhya sira in both limbs.

**Statistical Analysis**

Mean, percentage, S.D., S.E. ‘T’ and P value were calculated. Paired T test was used for assessment of results. The level of significance was set at 5 % (p = 0.05) as the sample size was small. Students‘t’ test was applied to know significance of related parameters. Patients showing result above 25 % are said to be improved.

**Table 1: Kandu (itching)**

Difference in score before and after treatment of kandu	% of improvement
3	Up to 100 %
2	Up to 75 %
1	Up to 50 %
0	Up to 25 %

**Table 2: Kandu (itching)**

Criteria	Score
No itching	0
Momentary itching	1
Episodic itching	2
Continuous itching	3

**Table 3: Pain**

Criteria	Score
No pain	0
Mild pain of low intensity causing no disturbance in routine work	1
Moderate pain hampers the daily routine work	2
Sever pain causing definite interruption in routine work	3

**Table 4: Mandala**

S. No.	Criteria	Score
1	0-5000 mm <sup>2</sup>	0
2	5000-10000 mm <sup>2</sup>	1
3	10000-15000 mm <sup>2</sup>	2

**Table 5: Statistical analysis**

Symptoms	Mean	S.D.	S.E.	t-calculated	P	t-table
<b>Kandu (itching)</b>	0.9667	0.7180	0.1311	7.3701	0.05	2.05
<b>Ruja (pain)</b>	0.6333	0.5559	0.1015	6.2384	0.05	2.05
<b>Mandala size</b>	0.1	0.3050	0.0557	1.795	0.05	2.05

**Table 6: Assessment**

Difference in score of kandu after treatment	Number of patients	% of improvement
3	0	100 %
2	7	75 %
1	15	50 %
0	8	25 %

## OBSERVATION AND RESULTS

Itch (kandu-) Patients complaining continues itch were maximum i.e. 15 (50 %) followed by 12 (40 %) patients having episodic itch, 3 (10 %) patients having momentary itch, zero patients having no itching before treatment. After treatment, Patients complaining momentary itch were maximum i.e. 11 (36.66 %) followed by 10 (33.33 %) patients having episodic itch, 5 (16.66 %) patients having no itch and 4 (13.33 %) patients having continues itch. Pain -Total number of patients was subdivided into four groups according to the grade of pain. Maximum 17 (56.66 %) patients was of grade 2 followed by 12 (40 %) patients of grade 1 and 1 (3.33 %) patient of grade 3 before treatment. After treatment, maximum 21 (70 %) patients was found in grade 1 followed by 5 (16.66 %) patients of grade zero, 3 (10 %) patients of grade 2 and 1 (3.33 %) patient of grade 3. Mandala - In present study, maximum patients i.e. 25 (83.33 %) have mandala size in between 1 mm to 5000 mm, 3 (10 %) patients have mandala size in between 5001 mm to 10000 mm, followed by 2 (6.66 %) patients have mandala size in between 10001 mm to 15000 mm. Lichenification /Lining (raji)- Before treatment, raji symptom was present in all 30 (100 %) patients while after treatment, raji symptom was present in 13 (43.33 %) patients and absent in 17 (56.66 %) patients. Before treatment, rukshata (dryness of skin) symptom was present in all 30 (100 %) patients while after treatment, rukshata symptom was present in 7 (23.33 %) patients and absent in 23 (76.66 %) patients. Data regarding all parameters like- kandu, ruja, size of mandala, raji, rukshata was recorded before commencement of treatment at each and every follow up and completion of treatment. Paired 't' test was applied to calculate the level of significance of the parameters like itching, pain and size of mandala.

## RESULT

### Kandu (Itch)

The observation and significance test showed that t-calculated i.e. 7.3701 was more than t-table value i.e. 2.05. Hence it can be said that change occurred was significant and was due to the treatment. Hence the given treatment was found to be effective in reducing the itch. (Table 5)

### Ruja (pain)

The observation and significance test showed that t-calculated i.e. 6.2384 was more than t-table value i.e. 2.05. Hence it can be said that change occurred was significant and was due to the treatment. Hence the given treatment was found to be effective in reducing the pain. (Table 5)

### Mandala size

The observation and significance test showed that t-calculated i.e. 1.795 was less than t-table value i.e. 2.05. Hence it can be said that the change occurred was insignificant and may be due chance. Hence the given treatment was ineffective in reducing the mandala size. (Table 5)

## Overall Assessment of Therapy

Result was assessed and concluded from Table 4 and Table 6. Patients showing results above 25 % are said to be improved. Table 6 shows that, maximum 15 patients were having 50 % improvement followed by 7 patients having 75 % improvement while 8 patients having 25 % improvement. No patient show 100 % improvement. From the above observation it is clear that, total 22 numbers of patients were having improvement in the disease and 8 number of patients were having no improvement/no change in the disease state after treatment.

## DISCUSSION

### Structural study

Acharya Sushruta in Sharir sthana, 'siravyadh vidhi' adhyaya Sushruta has given full description about the Siravedh. In this chapter, he explained disease wise distribution of sites of Siravedh<sup>2</sup>. In Vicarchika, Siravedh need to be done at 2 angula above kshipra marma. Sushruta has not explained which sira (dorsal, palmar, lateral or medial side of hand/foot) is to be punctured for Siravedh. Many structures like dhamani, nadi, sira, strotas etc. are present in this area hence complete anatomy of structures surrounding the kshipra marma is studied in the form of literature study and cadaveric dissection of dorsal and palmer/plantar aspect of hand and foot in the Dept of Rachana Sharir, Govt Ayurved College, Nanded, India. After cadaveric dissection it was found that, in palmer region of hand skin was thick with large amount of subcutaneous fat. Nerves and vessels were most deep structures of that region. These are covered by deep fascia and muscles of hand. Veins are not superficial and can't be seen over the skin while in dorsal region there was no or minimum amount of subcutaneous fat. Also the Veins in this region were more superficial than arteries and can be seen easily over skin. Cephalic vein in this region is the most prominent vein. It is the lateral upward continuation of dorsal venous arch. It was almost 2 angula above the kshipra marma. Morphologically also it is large, easily becomes prominent and visible and puncturable. In foot, plantar region was having thick skin and cushions of subcutaneous fat. Blood vessels are most deep structures and overlapped by layers of muscles. Veins are not seen easily over skin while in dorsal region skin was smooth with minimal subcutaneous fat. Veins are superficial than arteries and easily seen over skin. Great saphenous vein in this region was the most prominent vein. It is the Medial upward continuation of dorsal venous arch. It was found almost 2 angula above kshipra marma. Morphologically also it is large, easily seen and puncturable. After literary study and cadaveric dissection, it was clear that, great saphenous vein in lower limb and cephalic vein in upper limb are present approximately 2 angula above the kshipra marma. Taking this consideration in mind, great saphenous vein in lower limb and cephalic vein in upper limb was taken as Sushrutokta sira for Siravedh in Vicarchika. In clinical study, Siravedh was performed from both of these veins which showed significant improvement in the patient. This shows that anatomical consideration may play the chief role in treatment of disease.

### Clinical study

**kandu (Itch):** In present study, itch symptom categorized as continues, episodic and momentary itch. Continues itch expressed as 3<sup>rd</sup> grade itch, episodic itch means itch complain felt during specific period of day e.g. at evening, at night expressed as 2<sup>nd</sup> grade itch and 1<sup>st</sup> grade itch expressed as momentary itch. After treatment with Siravedh, out of 30 patients, 0 patients show continues itch, 7 patients show episodic itch, and 15 patients show momentary and 8 patients show no relief from itching. Acharya Caraka has described kandu (itch) as dushit pitta and kapha dosha's karma. Siravedh is the ideal shodhana karma for pitta dosha. It is also helpful in kapha dushti. This proves that Siravedh has the result in improvement of itch symptom.

**Ruja (Pain):** In present study, ruja symptom categorized as grade 3<sup>rd</sup>, grade 2<sup>nd</sup> and grade 1. Severe pain causing definite interruption in routine work expressed as 3<sup>rd</sup> grade pain, moderate pain hampers the daily routine work expressed as 2<sup>nd</sup> grade pain and 1<sup>st</sup> grade pain expressed as mild pain of low intensity causing no disturbance in routine work. After treatment with Siravedh, out of 30 patients, 1 patient show grade 3 pain, 3 patients show grade 2 Pain, 21 patients show grade 1 pain and 5 patients show complete relief from pain<sup>11</sup>. As per Ayurvedic literature, Pain is the symptoms of vitiated vata dosha which occurs due to obstruction. Siravedh results in vata shaman by relieving obstruction in vata gati which proved beneficial for patients to get rid from pain.

**Raji (lining/lichenification):** Raji (rekha) means lining. Scratching may produce linear markings. Moreover in chronic cases rubbing scratching may produce lichenification, thickening and often some pigmentation of skin also. After treatment, out of 30 patients, in 17 patients raji symptom was absent. Thus it may be concluded that, Siravedh was effective to cure raji symptom.

**Rukshata (dryness/roughness):** It is a qualitative parameter. Itch is the main pathogenic symptom which causes the further pathogenesis of disease. Out of 30 patients, 21 patients got relief from rukshata symptom. Thus it may be concluded that Siravedh is effective to cure rukshata symptom. According to Sushruta, rukshata is caused by "ushna yukta vata" i.e. ushna guna of pitta and vata<sup>2</sup>. Siravedh causes pitta and vata shamana. This helps to decrease rukshata in patient.

### Probable Mode of action of Siravedh

In Ayurveda use of particular therapy in a particular disease depends on its property like ras, guna etc. Chikitsa (treatment) is nothing but the correction of vitiated dosha to reinstate the tri-doshik equilibrium. The susceptibility of Rakta (blood) towards impurity is so versatile that the classics were forced to agree upon rakta as fourth dosha<sup>2</sup>. Therefore dushita (vitiating) rakta from the related siras (veins) should be let out to protect the health or to remove the disease<sup>16</sup>. Samprapti as per Sushrut reveals that, pittadosha plays a major role in manifestation of disease. Vitiating of pitta dosha causes rakta to be dushit. This shows the "ashraya-ashrayi sambandha" in between pitta and rakta. So that treatment on rakta will help in treating pitta dosha also<sup>17</sup>. Statistically significant results of

kandu, ruja, raji and rukshata may be explained as follows- Siravedh eliminates the impure blood. As per ashraya-ashrayi sambandha between pitta and rakta, removal of impure blood eliminate local vitiated dosha from the body and hence subsides kandu, ruja, raji and rukshata symptoms. Siravedh may prove beneficial in breaking Dosha-Dushya sammurechana in Vicarchika. Siravedh can be considered as ideal remedy in alleviating the vitiated doshas. But it should be done at proper site according to the disease. In present study, Siravedh was done at the site described by Ayurvedic classics and it gives significant results in the patients. For this purpose, the structural study plays important role in finding proper site for Siravedh.

### CONCLUSION

After literary study and cadaveric dissection it can be concluded that- Cephalic vein in hand and great saphenous vein in foot are present two angula above kshipra marma. Cephalic vein and great saphenous vein are vedhya sira in Vicarchika as described in Sushruta. Analyzing all the clinical data, after Siravedh, significant result was found on symptom kandu, ruja raji and rukshata. Siravedh has effective result in patient having chronic disease of 0-1 year. Overall effect of Siravedh in term of Improvement was, 80 % of Patients show improvement in disease. This shows the efficacy of Siravedh in Vicarchika. Analysis of result in patients reveals that, Siravedh in 2 angula above kshipra marma offers significant result in Vicarchika. This confirms that, sira described by acharya Sushruta (2 angula above kshipra marma) is nothing but great saphenous vein in lower limb and cephalic vein in upper limb.

### Further scope of study

Here it is noteworthy that, Siravedh has insignificant effect on mandal size which may be due to larger size of lesion and chronic condition of disease. In such cases patient might be needed some additional treatment like panchakarma, oral medication and local application of drugs. Hence another study should be designed with Siravedh and local application of drug as comparative or alone to improve effect of treatment in Vicarchika. It is true that, this research work is just a step toward the final achievement and we hope that this will help the further research scholars to reach the destination.

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