



## A REVIEW ON CONTROVERSIES AND CLINICAL ASPECTS OF PARIBHASHA SHARIR IN RACHANA SHARIR VIGNYAN

\*<sup>1</sup>Dr. Vidya Deore, <sup>2</sup>Dr. Avinash Deore

<sup>1</sup>Professor. Rukhmini Ayurvedic Medical College. Sangamner.

<sup>2</sup>Reader. Sou Vandana S Tasgaonkar Ayurved Mahavidyalaya and Research Center, Chandhai. Tal-Karjat. Dist-Raigad.

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### \*Corresponding author:

**\*Dr. Vidya Deore**

Professor. Rukhmini Ayurvedic Medical  
College. Sangamner.

### ABSTRACT

Sharir Rachana is an integrative branch of Ayurveda that studies the human body in its most minute form to an organized structural form. Sushruta, first carried out a detailed cadaveric study of the human body around 2000 yrs ago and laid the bedrock of Sharir Rachana Vigyan in his Samhita. Cadaveric studies thus helped the ancient seers explore many structures of human body and thus with the passing time this scientific branch evolved with a complex nomenclature of the various body parts. These nomenclatures and definitions of the basic bodily structures are compiled under the heading of Paribhasha Sharir. The knowledge of Paribhasha Sharir holds utmost importance in the field of surgery and medicine as well. However lack of social and technological advancements in the era when Ayurveda was encrypted by the Sages, there emerged out various controversies over a particular structure. Acharyas have stated out individual opinions over a single structure that created a big confusion to the forth coming generations. With developments in recent times these confusions were gradually resolved keeping the original texts and definitions unaltered. Thus the present article is a framework that reviews the controversies and applied aspects of Paribhasha Sharir in Rachana Sharir Vigyan.

**KEYWORDS:** Paribhasha Sharir, Rachana Sharir, Ayurveda, Sharir.

### INTRODUCTION

Rachana Sharir in Ayurveda studies the embryological and structural organization of the human body. Paribhasha Sharir is one of the branches of Rachana Sharir that defines a specific bodily structure. Paribhasha literally means terminology. Understanding the basic terminologies and their central idea is the first step in learning a particular science. Although there is no change in human body organs, but there are many differences in basic terminologies of all sciences.

The Sharir sthan of Sushrut samhita deals with basic terminologies and concepts regarding Sharir (Body). A fully developed fetus with all its parts, such as the hands, feet, tongue, nose, ears, buttocks etc. and the sense-organs is called Sharir or body. The body is composed of

six main parts, namely- the four extremities (upper and lower), the trunk or middle body, and the head. The different body parts are termed as Pratyanga and Sushruta in the Sharir Samkhyavyakran Shaarir Aadhyay has described various Pratyanga like- Kandara, Jala, Kurcha, Rajju, Sevani, Sanghat, Simant, Sira, Srotas etc.

In Auyurveda literature there are varied opinions regarding these structures that has lead to confusion. Acharya Punarvasu Atreya has also proclaimed that a single existing word gives en number of interpretations and those very synonymic words depict a single sense. For e.g. 1) There are similarities in definitions of AsthiSandhi and Asthi – Sanghat as both structures are related with two or more Asthi joining together; yet they are named differently, 2) At some places in the texts

certain words are used as synonyms e.g. Sira, Dhamani and Srotas; but at other places they are described as completely different structures. Hence, like the terminologies of Modern Anatomy are widely accepted universally; on the contrary there are various controversies regarding the Paribhashas of Ayurved Rachana sharir. Ambiguous terms often conceal the better understanding of the subject to the students and prove an obstacle in the way of globalization of the subject. The present article is thus a humble attempt to compile these controversies and rule out a possible conclusion of the above stated body structures correlated with its modern counterpart and its clinical application.

## MATERIAL AND METHODS

The current research article is a literary review. Classical texts of Ayurveda, Rachana Sharir, Parishadya Shabdārtha Shariram and various Sanskrit dictionaries were referred, studied and data was compiled. Also modern textbooks of Anatomy were referred to rule out a possible structural correlation. Along with it various research articles and current findings on the respective research title were thoroughly studied to put forth the followings results.

## RESULTS AND DISCUSSIONS

Paribhasha of the following structures is enlisted below along with the different opinions of various Acharyas. Also it's most possible modern structural correlation and the clinical application of its knowledge is stated as under.

### 1) Kurcha

Haranchandra in his commentary states that Kurchas are derived from the Sannipat of Snayu and Dhamani. Sannipat here means intersection. Their total number is 6. These are fibrous or membranous brush like structures. Location according to Sushrutais as follows – In Hasta (hands) and Pada (Feet)– 2 each and in Griva (neck) and Medhra (penis) there is 1 Kurcha each. Following brush like structures in body can be compared with Kurchas-

1. In Hasta (hands)– Palmar aponeurosis
2. In Pada (feet)– Plantar aponeurosis
3. In Griva (neck)– Nuchal ligament
4. In Medhra (penis)– Suspensory ligament of penis

### 2) Kandara

Sushruta has defined Kandara as Vritta (round) Snayu whereas Bhavaprakash has defined them as Mahatya (long) Snayu. Sharangdhara has stated that these assist in contraction and relaxation. Their total number is same in various texts i.e., 16. There are 4 Kandara each in Pada (leg), Hasta (hand), Griva (neck) and Medhra (penis). Kandara structurally resembles long tendons of muscles. Thus they can be considered as following structures in modern –

1. Kandara of Hasta (hands) can be considered as flexor and extensor tendons present in the forearm.
2. Kandara of Pada (legs) can be considered tendon of

tibialis anterior muscle and tendo calcaneum.

3. Kandaras in Griva can be considered as tendons of sternocleidomastoid muscle or diaphragm muscle.
4. Kandaras in Prushtha (back) can be considered as tendons of erector spinae, longissimus and iliocostalis tendons on both sides of vertebral column.

### 3) Jala

The Jala or plexuses are of four kinds, such as the Mansa Jala (muscular plexuses), the Sira jala (vascular plexuses), Snayu jala (ligamentous plexuses), Asthi jala (bony plexuses). One each of the four kinds of plexuses is found at each of the Manibandha (wrists) and Gulfa (ankles). These four kinds of plexuses intermingle and cross each other in the form of a network. The whole body is a chain-work of plexuses.

1. Mansa Jala can be considered as the network of tendons of digital muscles.
2. Sira jala can be considered as palmar and plantar arches of blood vessels.
3. Snayu jala can be considered as retinaculum.
4. Asthi jala can be considered as juncture of carpal and tarsal bones respectively.

### 4) Sanghata

The Asthi sanghata is aggregation of a number of bones together. They are 14 in number– viz; 2 each in the Gulfa (ankle), Janu (knee), Vankshan (hip), Manibandha (wrist), Kurpar (elbow), Ansa (shoulder) and 1 each in the Trika (Sacral region) and Shira (whole skull). "Trika" generally means the sacral region, but Dalhana says that here it refers to the meeting of the two clavicles with the breast bone. The description of Sanghata is thus similar to Sandhis which means joints of 2 or more Asthi that are held in a position by Sandhi bandhas. However these Sandhi bandhas are excluded in Sanghatas.

### 5) Simanta

Simant are the structures that connect Asthi in Asthisanghat. There are 14 Simanta according to Sushruta situated at the place of each of the aforesaid Asthi-sanghata. But Ashtanga Samgraha states that they are 18 in number. This controversy in numbers is due to counting of 5 skull sutures under the term Simanta in Ashtanga Samgraha. Sushruta described 5 Simant marmas (vital points) in Shira, but he counted skull sutures into Sivani due to its surgical importance, and counted all bones in skull as one Asthi - sanghat.

### 6) Sivani

These are suture like and are seven in number present at the following locations.- 5 in the Shira (skull), 1 respectively in the Jivha (tongue) and Shefa (male external genitalia). The five sutures in the skull can be considered as sagittal, coronal, lambdoid and two parietal sutures respectively. Acharya Indu in his commentary has stated that these sutures in the skull are not visible externally. That in the Jivha can be considered as

frenulum linguae below the tongue and in the Shefa as raphe of scrotum and anococcygeal raphe. Thus Sivani in the Shira (skull) according to Ashtang Samgraha are sutures in skull and are included in Simant but Sushruta has counted these sutures in Sivani probably due to its surgical importance.

### 7) Rajju

These are four great muscular cords which originate from either side of the spinal column, one pair going inwards and another outwards for the purpose of binding the muscles and vertebral column together. They are 4 in number. These can be considered as longissimus spinalis and iliocostalis muscles respectively.

### 8) Sira, Dhamani, Srotas

1. Charaka states that Dhamanis (arteries) are (called so) due to pulsation, Srotas (channels) due to flowing and Siras (veins) due to moving swiftly. However, further in the Vimansthan he also states

that Sira, Dhamani and Srotas are synonyms.

2. Also according to the first theory proposed by Sushruta; Dhamani and Srotas are Siravikara, wherein further he contradicts to this statement saying, that all these three structures are completely different, to explain which he gave four reasons viz; Lakshanbhinnata, Mulasankhya bhinnata, Karma bhinnat and Shastradhara.
3. Controversy of the term Dhamani is, whether to consider it artery or a nerve. Also Charak state that these Dhamanis originate from the heart and they are 10 in number. Whereas Sushruta states that Sira and Damani origin from the Nabhi. Dhamani transmits Rasa and Rakta and are 24 in number. Controversy arises due to the function of Dhamani stated by Acharya Sushruta since it resembles more to that of a nerve.
4. There are various controversies in the Srotas and the description of Srotomoola as well.

**Table 1: Srotas and their Srotomoola according to Charak and Sushruta.**

Srotas	Srotomoola According to Charaka	Srotomoola According to Sushruta
Pranavaha	Hridaya and Mahasrotas	Hridaya and Rasavahidhamani
Annavaha	Amashaya and Vamaparshwa	Amashaya and Annavahi Dhamani
Medovaha	Vrikka and Vapavahana	Kati and Vrikka
Shukravaha	Vrishana and Shepha	Stana and Vrishana
Mutravaha	Basti and Vankshana	Basti and Medhra

5. Acharya Charaka primarily stated that there are 14 Srotas in the human body wherein further he also elaborates that number of matter in the human body equals the number of Srotas thus they being infinite; where on the other hand Shushruta stated 11 pairs of Srotas. Also Charaka explained Aartavvaha Srotas whereas Sushruta skipped Asthi, Majja and Swedovaha Srotas. All the above differences in the opinions can be because Charaka depicts a physician's ideology whereas Sushruta a surgeons.

However to sum up in general, Sira is a structure through which passive flow of blood of fluid takes place and thus it resembles a vein. Dhamani is the one with pulsations and thus resembles an artery. Srotas are minute channel throughout the body and can be considered as capillaries. The probable modern considerations of these Srotas according to Dr. B.G. Ghanekar are as under.

**Table 2: Srotas and Their Modern Anatomical Considerations.**

Sr. No.	Srotas	Modern Anatomical Structure
1.	Rasavaha	Systemic Capillaries
2.	Raktavaha	Portal Capillaries
3.	Mamsavaha	Muscular Capillaries
4.	Pranavaha	Bilateral lungs and Pulmonary Capillaries
5.	Udakavaha	Lymphatics (thoracic duct and right lymphatic duct)
6.	Shukravaha	Ductus deferens and ductuli efferentes and rete testis
7.	Artavavaha	Blood vessels and capillaries of Uterus and Fallopian tubes
8.	Purishavava	Caecum and large intestine
9.	Mutravaha	Renal tubules and kidneys with ureters
10.	Annavaha	Oesophagus and duodenum
11.	Medovaha	Capillaries of perinephric tissues and omentum.

Despite of Sushruta concluding Sira, Dhamani, Srotas as three different structures; at few places in the texts still these words are used interchangeably.

### Applied Aspects of Paribhasha Sharir

A physician or a surgeon desiring to have the exact knowledge of the human body should thoroughly examine all parts of the body, may it be cadaveric or the living. Practical knowledge accompanied with theory

serves as a masterpiece and so is the importance of Paribhasha Sharir. Anatomical considerations of vein and their

- subdivisions according to region have been peculiarly described by Sushruta. This serves as guidance for Raktamokshana by Siravedhan. It is important to identify a vein and mainly that vein which is contraindicated for venepuncture (Avedhya siras). Any injury to these veins can be life taking and thus shall be preserved cautiously. Similarly Dhamani is termed as 'Jeevasakshini'
- by Sharangdhara, the pulsations in which if ceased - the heart is said to be functionally terminated causing death. These Dhamanis are Panchabhautik and play a major role in Nadi Vignyan and Panchabhautik Chikitsa. A detailed account of the state of the dominant Doshas in the body and Prakriti can be significantly assessed by Dhamani. The conceptual study of Srotas is an
- exceptional element of the Ayurved system of Rog Nidan and Chikitsa. Srotas are channel of circulation at a cellular level. On one hand where Charaka has described the concept of Moolasthanas of Srotas mainly by physiological point of view, Sushruta on the other highlighted its anatomical perspective. These Moolasthanas serve as the functioning site of Srotas for its origin, storage, transformation and conduction of the respective Dhātu to the respective target organ. In an era of abuse of antibiotics and adverse drug reactions in chronic as well as acute conditions as in case of Aamavata, Raktapitta, Twacha Vikara, Prameha – getting a clear picture of the exact Srotodushti helps in the prompt management of these diseases. The knowledge of Peshi and its types in the
- Ayurvedic texts do correlate with that of modern Myology. Though the information regarding specific muscles its origin and insertions is not clearly stated in the Ayurved texts yet the application of this can be considered important in Snehana (external oleation) Karma which is the Purvakarma of Panchakarma, which soothes the body externally and has immense results in stress relaxation. The unique concepts of Jala in Ayurveda and
- its location in the bilateral wrist and the ankle joint, makes it functionally and anatomically a much stable and a potent structure by virtue of its 5 subtypes viz., Mamsa jala (muscles), Sira jala (arteries/veins), Snayu jala (ligaments and tendons) and Asthi jala (bones). Jala balances the much needed skilful movements with the desirable stability. The Sivani are structures that should be crucially protected at the time of surgery, injury to which can cause extreme blood loss. So are the concepts of Jala, Sanghat and Simanta, the application of which serves in the field of Osteology and Orthopedics.

## CONCLUSION

- To sum up with, in Ayurveda there are various controversies due to differences in perspectives. Despite of them, from the above results and discussions it can be concluded that, though there are differences in terminologies of a particular structure, yet their core concept is similar. And hence the knowledge of Paribhasha Sharir has stayed eternal since ages. However to enhance its acceptability and feasibility by the future generations, it is the need of the era to rationalize, concise and precise this knowledge in reference to the Ayurved texts with the most likely correlation supported by practical observation in living or cadaveric bodies.

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