WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
SJIF Impact Factor 8.084
Volume 10, Issue 8, 1588-1603. Review Article ISSN 2277– 7105

A BIRD EYE VIEW ON MEDA & JAGHANA VIVECHAN IN AYURVEDA CLASSIC

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Article Received on
21 May 2021,

Revised on 11 June 2021,
Accepted on 01 July 2021

DOI: 10.20959/wjpr20218-21077

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ABSTRACT

Generally the word Charbi is used to denote Medha but according Ayurveda Meda Dhatu and Charbi are different. Charbi is that part of snehamsha, which settles itself below the skin and becomes indirect cause for various diseases, contrary to this Meda Dhatu is that part of the body which helps in nourishment and covers the body. It is very important for the healthy state of the body but fat (Charbi) is not important and is considered as waste or deformed part of Meda Dhatu, other than this the Meda which is in the form of Dhatu is present in the body, this Meda is present in small pores of the body and helps in strengthening and development of body. The fat (Charbi) is that portion of the Meda which is in macro form and it acts as if it is covering the Meda. The smallest part of the Meda which covers the body helps in development of Asthi. Gruha pradesa is one of the synonym of Jaghana, and one more name is sroni (pelvis) or Asthmaya sroni (bony pelvis). In the hiostorical literature, the word pinasthana is jhagana is used to explain female pelvis.

KEYWORDS: Meda, Jaghana, Bony Pelvis, Ayurveda, Dhatu.

INTRODUCTION

Synonyms of Meda[1]

1) Asthikrith
2) Mamsaja
3) Mamsateja

These synonyms show the Karya, Karana, Bhava relation with Dhatu and its utpathi. Its other synonyms are 1) Vaapa. 2) Vasa.

In Ayurveda Mamsagatha Sneha is called as Vaasa and Udaragatha Sneha is called Vaapa.

Other important Synonyms are[2]

1) Godha, Masthulunga, Masthishka and the main masthishia Sneha is also used, which is indicator of the structure and location.

The word (go) is also the synonym of Buddhi, hence the importance of the word (go) is associated with its work, the Sneha, which is located in the brain, is also called as Godha.

The Acharyas have mentioned Godha Masthulunga, etc. as the synonyms of Meda to associate itself with Sneha, hence according to Ayurveda it has been considered under Meda (which is present in the Asthi, considered under Majja rupa Sneha which is a form of Meda, present in Asthi (Asthi Madhyastha type).

Gauthama is one more synonym of this, which is the name of one among seven rishis.

According Ayurveda there are four classification of Sneha Dravyas of Jangam (carnivorous animals): 1) Sarpi, 2) Vasa, 3) Meda, 4) Majja.

The common name of all of these in Sneha and Meda is the important synonym. The word Meda is obtained from Mida Snehane. Hence, it is obvious that the meaning of word Meda will be Sneha.

The body fluid which is snigdha and resembles Gritha is called as Medas.

Meda (the structure quality and location of Meda)

Meda is prominent with Sneha guna. It resembles Gritha hence the quality Snadhra and Snigdha, it is one of the Dhatu of the body which is having Shwetha, Slakshna, Guruguna. The Snehamsha gets divided and shines when exposed to fire (Agni) hence it contains Tejoguna other than Dravya and Snehaguna is predominant and which is Tejykta, Prabhayukta and Guru and that Dravya which gets differentiated after Pala of Mamsa is called Medas. The Kala whichholds Medas is called Meda Dhara Kala. The Snigdatha occurs due to Meda in the body. The qualities of Meda and Kapha such as Sneha, Gourava, Gura, Pitchilla etc., makes Medas asraya sthana of Kapha as mentioned by Charka. Vagbhata while

explaining ashraya, Ashraya bhavas of Dhosha and Dhatus mentioned. The asraya ashrayee bharva sambandhe of Kapha of Medas.

According to Sushrutha the main location of Meda is Udara and Meda- dharakal aspecially Medas is present in Udara and small bones of the body. Medha Dhatu is called as snehavargiya Dhatu. The space between abdominal muscles and the space below the Twacha are considered as mula sthana of Medas. Meda is spread all over the body specially located in between twacha and Mamsa. Softness in the skin, shining in the hair is produced by the presence of Meda. There are specific Sanchaya sthana in the body of which Udara is the first one, which is like left padding covering in the abdomen, which also divides the abdominal organs. The second Sanchaya Sthana of Medhas is Sphik or Nitdhamb, Chest and Breast are the third place of Medas. Accumulation of Medhas is more in thin two places in female in youths these places get firmene and in funals hence they become heavy and big. If this occurs in male this is considered as ferminimseum in addition to this, neck, chest, back and shoulders look as if they are padded with Meda.

According to modern science, Meda Dhatu is present in adipose tissues, and produced by fat cells. It is formed by acharagath sneha dravya, carbohydrate and protein made without nitrozen. In addition to this it is found in more quantity in Amashya.

Meda Utpathi[3]

It means, the Meda is produced by the nourishing product of mamsa dhatu, meda ansha (the portion of medhas) present in mamsa dhatu, and from the prasada amsa of the medha dhatu is formed. Due to action of dhatu agni, the particles which divide into three parts. i.e., once, Sthula, and Mala amongst then meda is nourished by Sthula, Dhatu and that itself is the cause for production of medha dhatu.

That means, the mamsa when acted upon its own heat and the quality of Jala and Teja Guna is increased that gives rise the Medas' or is transformed into Meda.

The Meda produced in sthoola asthis, Medodara kala is called Majja (Yellow bone marrow) and this in small bones, this Kala is composed of small blood vessels hence is termed Saraktha Medha (red Bone Marrow).

Medha According to Modern View

Medha is considered as fat cells which according to modern are Adipocytes, adipocytes are

found below the skin and aroung organs such as the heart and kidneys.

Adipose Tissue[4]

Adipose tissue is a loose connective tissue in which the cells, called adipocytes are specialized for storage of triglycerides. Adipocytes are derived from fibroblasts. Because the cell fills up with a single, large triglyceride droplet, the cytoplasm and nucleus are pushed to the periphery of the cell. Adipose tissue is found wherever areolar connective t issue is located. Adipose tissue is a good insulator and can therefore reduce heat loss through the skin. It is a major energy reserve and generally supports and protects various organs.

Most of the fat in adults is white fat, the type just described. Another type, called brown fat, obtains its color from a very rich blood supply and numerous mitochondria, which contain colored pigments that participate in aerobic cellular respiration. Although brown fat is widerspread in the fetus and infant, in adults only small amounts are present. Brown fat generates considerable heat and probably helps to maintain body temperature in the newborn. The heat generated by the many mitochondria is carried away to other body tissues by the extensive blood supply.

In Ayurveda for this four words are mentioned.,

1) Meda
2) Saraktha Medha
3) Vasa
4) Majja

In Chemical form these are Trihydric Alcohol and Fatty acid ester of Glycerol. The word fat is very much applied to Vasa and also substances equal to Vasa.

Lipids have following properties

In water it is insoluble and soluble in Chloroform and Benzene.

- It is equivalent to ester of fatty acid.
- Living animals can use it.
- When the Dravya Vasa mixed in water it spreads, in equal proportion with the water, when mixed with water in more quantity, large molecule state is formed. Term fat indicates Sneha of all type and also for individual Sneha. The meaning of fat also indicates word Sneha in Ayurveda.

Physical Composition of Meda[5]

"Medhastu ambu bhuve",

According to physical composition Sneha comes under, Apya Varga and Meda also comes under Apya as it contains all Panchamahabhuta but Apya Mahabhuta is predominant. Due to this it is considered Apya. Its Gunas are Snigdha and Ushna Veerya.

"Medho Jal Prithviatmakam"

According to modern this Jeeva Rasayana is compared with Oxygen, Carbon and Hydrogen. According to chemical composition it is considered as fatty acid and glycerol. Even the transformed form of Sneha present in the form of Meda within the body is present mainly in the form of Kajjal, Udjan, Oshajan etc. physical substances. So this Sneha can be kept under Udkajjalethvarga. When Mamsa digestsed by Mamsa Agni then Snigdha Gunayuktha, Teja and Jal Gunayuktha Medha is produced. It is clearly understood that when the Agni acts on Dhatu it has its own influence and causes Samyoga (unifying) Vibhajana (seggregating) and Punarghatana (re-uniting) effects. This causes to produce new combination of Mahabhutas along with predominants of new Mahabhuta and new Gunas.

Functions of Meda

- Meda produces lubrication (Sneha).
- This produces Pushti (nourishment) in Uttardhatu i.e., Asthi.

"Medho sneha swedou dhrudtwam pushti masthanam cha" Su.Sh 15/7 Meda nourished by Mamsadhatu that in term nourishes the Asthi i.e., functions of Meda is Snehata, Mardwata and Dhrudta. Only Meda produces Sneha. Hence, Meda is considered as Dhatu and Vasa is considered as Updhatu.

- Sweda is Mala of Meda
- The function of Meda is Dhrudtwa
- One more function of Medas is Sarvasamanyatha Upachaya (uniformity) and causing obesity (Stulata) and it acts against emaciation and weakness (Leanness).
- The main function of Meda is Sharir Dharana and nourishment, the parts of the body where energy is required immediately in those places accumulation of Vasa is more, rest of it passes out through blood. Medas protects the Twacha (skin) though Snehanakarma it also protects hair loss, dandruff, whitening of hair etc., and stops this process of degeneration. The Snigdhata of the body is mainly due to Meda.

Due to any reason if the meda in the body is reduced it leads to disease due to obstruction in functioning of body joints in theer natural way, friction between two bones or joints occur, loose sness of joints occur, acute pain in the joint etc are produced due to Medokhsaya, Meda is the main sources of heat in the body.

Due to presence of sneha amsa of meda only, in outer layer (kala) of each Kala and every cell, most of the harmones of the body are produced as snehaplays important rolein endocrine and exocrine glands Vit A D, E is also produced by this, vit D is produced by exposing the dehydro cholesterol present in the meda to ultra violet rays.

Medha protects the large veseels in the places where they are more in number by covering them like pads. Specially places like buttocks, due to ocumulation of Med a it is convenient for us to sit without problem. In the creitical diseased condition where a person is not in a position of consuming food, then the Meda i.e., stored inthebody is utilized as emergency nutrition for survival and only in case if this food which we eat contains more carbohydrates then only the Sneha or fat is produced and gets collected in various parts o the body.

The quantity of Meda in between muscules of different animals varies, according to the quantity of Medas in Mamsa, the Guruthwa of Mamsa is assumed (Heavyness). Other than that the Sneha will be use for formation of Majja or bone marrow.

Meda Shareera Pramana

Two anguli is the quantity of Mada present in the body.
According to charaka.

Mada Vruddi Laxana

Explaining the definition of diseases of obesity (sthonlya, Rogas) Mahrishi Agnivesh has mentioned that the breast, buttocks and abdomen is enlarged abnormally and hangs at their places, moves on movement of body. Due to deposition of fat the development of body parts, do not occur satisfactory and disinterest in work is observed. (3. e), (4.e)

Abnormal enlargement of abdomen and flanks and oiliness of the body parts, development of diseases like Swasa and Kasa, excessive production of sweat and dirty smell of mala padaartha (Waste product) that is the reason why person predominate of Meda stinks badly.

Eight bad effects (Doshas) of meda Vruddi

1. Life span is reduced
2. Decreased or lack of enthusiasm in work.
3. Finds difficultly during intercourse (Maithuna).
4. General weakness.
5. Stinking of body parts.
6. Finds difficulty due to sweating.
7. Consumes more food.
8. Get more thirsty.

Meda Kshaya Laxanas

Due to Medha Kshaya, Stomach and Buttcks are emaciated hence the (veins) blood vessels are easily seen. The body looks as composed of bones and skin, jo ints of emaciated person are big.

(6. e) (Sandhi Sputana, Netra Glani, Excretion and Tiredness of body, emaciatied abdomen are laxana of Medha Kshaya.

Person can't with stand to exercise excessive eating, thist, hunger, Maithuna, it causes Pleehavriddhi, Kasa, Kshaya, Swasa, Gulma, Arsha, Udara and duodenal disorder.

Meda Kshaya causes pleeha Vriddhi, Sandhisunyatha & Rukshata.
(9. e)

According to Vagbhata[3]

Thinning of waist, Pleeha Vriddhi, and emaciation are due to Meda Kshaya.

Medasara Purusha Laxanas

Varna, Swasa, Netra, Kasa, Loma, Nakha, Dantha, Purusha are snigda of Medasara Purusha. He has dhana (Wealth), Sukha, (Happiness), Dhansasheela, humble and gentle in nature.

According to Sushrutha

Mutra, Sweda, Swara of Medasara purusha consist of snigdhatha.
His body is well developed (big) but he can't bear stress and strain.

Medamala

Sweda is considered as Mala of Meda.

Upadhatu of Medas

Snayu is produced by Meda, synomyms of snayu are Vasarasa, snasa and snayu amongst these term snayu is mostly used in Ayurveda.

Swaroopa

Snayu is considered as rope like due to its elongated structure. According to its swaroopa is of four types.

1) Prathanavati
2) Vritt
3) Sushita
4) Prithna

1) **Prathanavati:** Sukshma, Ankurvath, Tantu like, branched structures.
2) **Vritt:** Round or thick rope like structure is known as Kandara.
3) **Sushira:** It is pores in middle but strong from outside due to this it accommodates anything or any thing can travel through.
4) **Prithna:**

Snaya

Snaya Bandana is its Karma most important thing in association with Asthi Karma is Snaya bandana Karma.

Snayu Uthpathi

Due to action and influence of agni and vayu on Raktha & Kapha, Mamsa & Meda combined together in garbha, different types of body parts are formed Snayu is one of them, Snayu is tough and hence its paka is khara paka.

After birth the snayu is considered as upadhatu of Meda hence along with kharatwa snigdatwa is considered as specific guna of snayu, earthly element (pritivi Amsa) is predominant in snayu. According to Kashyapa, Snayu is found by Asthi & Snayu.

Sandhi bandhana is its main function, It takes part in information of marma. Snadhi bandana in asthi and nerve root, ganglion bifurcationand synapse and tendons insertion is considered

as functions of snayu.

Snayu Pramana[6]

There is a reference of experiment conducted related to study show the importance of Meda in survival of body. Research was conducted in Germany by scientist and claimed that it has produced effect that reduced hyper cholesterolemia by reducing the blood cholesterol level, this drug was named as BEKAL in germany and LIPOBY in Europe. During the experiment on the patient it was found that this medicine had positive result hence blood cholesterol level was reduced but the adverse effect was more and soon there were 31 deaths recorded, from then onwards this medicine was banned.

By the above explanation we can understand that as a result of medicine the blood cholesterollevel decreased. In one category of patient it controlled the blood cholesterol level and another hand it killed many patients as it created problem due to absence of Vit. D the cholesterol is not produced hence blood calcium level is reduced this leads to change in the functioning of cardiac muscle hence causing heart disease. By the above explanation we can say that, Medas is directly related with calcium and loss of calcium causes death.

JAGHANA[7]

While defining Jhaghana Kashapa mentioned all the good and bad laxana of jaghana in below mentioned sloka. (8 e), (9 e), (1 f)(2 f).

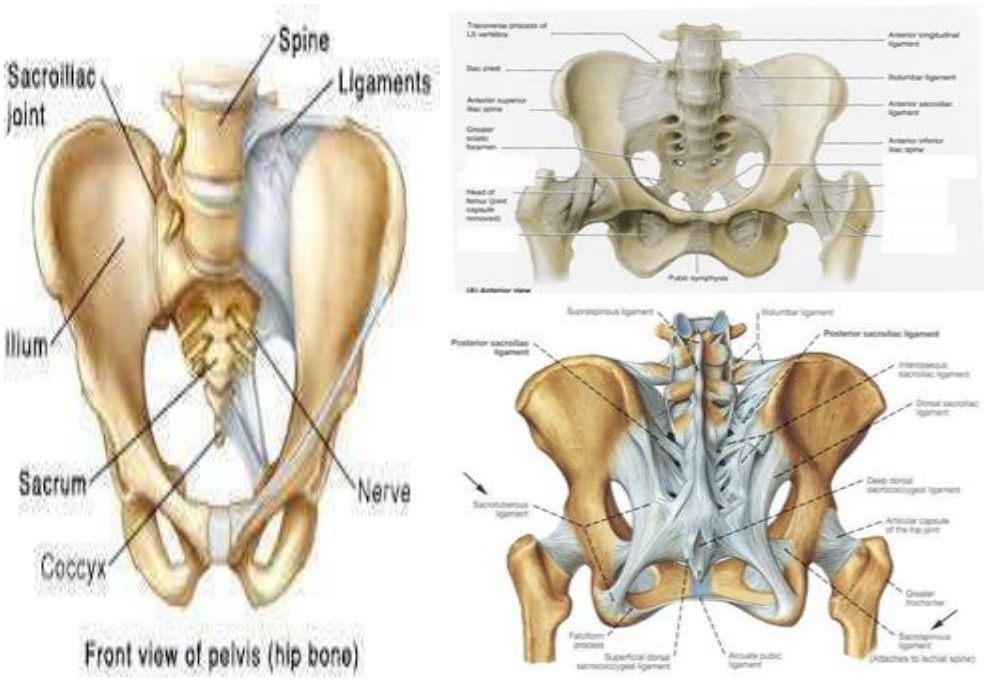

Fig- 9 Showing the Jahgan a (Pelivcgradle) and its attachments.

According to Kamsuthra, Upaguhana vichara Vathsayana, maha kavi Kalidas the definition as mentioned below.

We can assume (understand) that Jaghana is located anteriorly and gentital organs are. located posteriorly, hence the Jaghanis anteriorpart.[8]

The prior part of sroni is called Jhaghana, the place which gives immense pleasure to the stree mayaka it also has hair in this region of the body.

The place just below the nabhi (umbilicus) along with productive organs, is called as jaghana, pundendum or vulva are terms used in morden for jaghana.

It is also called "pedu" (Pubes) in common Hindi language.

The other meaning of sroni is (pelvis) or asthiya sroni (bony pelvis), to prove this some explanations are given.

Achara sushruthas has accepted that the sira marma called parsva sandi is located in jhagana pradesha while explaining prust marma.

And pandit Hariprasana accepts commons iliac artery as the above mentioned.

One near guda, one at bhaga to nithumbasthi, and one trikashi, all to gather five bones are considered under the word sroni.

In fact, two nithambasthi, one trikasthi, one gudasthi, like wise only 4 bones are present in hip bone.

In fact, nithamb asthi is made by combination of three asthi, bhagasthi, kukundraasthi and jghanaga kapal asthi, all these three bones are held to gather by sutre called thunya sivani.

By the above sloka we can say that these bones can not be seprated, and if seprated we have to consider three parts from each side of nithamb asthi hence six ashies, when trika and sroni asthi if combined then the total number of sroni asthi will be eight, just because nithamb asthi can not be seprated these should be considered as only two one trika asthi and one guda asthi, in total only fosur asthi is considered under the heading jaghana asthi.37

By the above explanation we can come to conclusion that pelvic is jhagana, and we should

consider pelvic gridle for our study.

Mordern review of pelvis[8]

The pelvis is derived from Latin word meaning the basin is the paet of the trunk inferiorly and posteriorly to the abdomen and mainly it indicates the area in between the trunk and the lower limb. Again the term pelvis is categorised into bony pelvis and pelvic cavity depending upon the bony part, ligamentus muscular walls, the funnel shaped cavity and the visceral organs present within it.

The bony pelvis is the basin shaped a ring of bones that protect the distal parts of the intestinal and urinary tracts and internal genital organs, the pelvic cavity extends superiorly from the abdominal cavity mainly from the imaginary line joining the sacral promontory and pubic symphysis, inferiorly upto the pelvic outlet ie., the line joinng coccyx, ischeal tuberosity and infra pubic angle, in brief.

Bony Pelvis[9]

The bony pelvis in other words is know as pelvis skeleton is a strong bony masks, its main functions are to transfer the weight of the upper body from the axial skeleton to the lower appendicular skeleton and to withstand the compression and other forces resulting from its support of the body weight and its provision of attechments for powerful muscles. In a mature individual the bony pelvis is formed by four bones viz. Hip bones, sacrum, coccyx. Hip bone comprises of two large irregular bones each of which develops from the fusion of three bones ie., ilium, ischium, pubis. Sacrum formed by the fusion of five sacral vertebrae and coccyx by fusion of four rudimentary coccygeal vertebrae.

The hip bones are joined at pubic symphsis anteriorly and to the sacrum posteriorly to from the pelvic girdle which articulates with the sacrum at the sacroiliac joints andis constructed for resistance to stress, to maintain the thrust between the vertebral column and the lower limbs.

Conveniently for surgical and gynaecological point of view the bony pelvis is again divided into greater and lesser pelvis or false and true pelvis by an oblique plane passing through the sacral promontory posteriorly and lineae terminalis elsewhere. The greater is superior to pelvic inlet where the pelvic inlet is defined by the planeof terminal lines, which is bounded by the abdominal wall anteriorly the iliac fossa posterior- laterally and L5, S1 vertebrae

posteriorly. The cavity of the greater pelvis is the inferior part of the abdominal cavity having the location of some abdominal viscera (e.g.- ileum, sigmoid column). That is why it is regarded as abdominal- pelvic cavity. The lesser pelvis is in between the pelvic inlet and pelvic outlet where the pelvic outlet is defind by inferior margin of the public symphysis anteriorly inferior ramii of the pubis and ischial tuberocities anteriolaterally and tip of the coccyx posteriorly which is bounded by the pelvic surface of the hip bones, sacrum and coccyx, inferirly limited by pelvic diaphragm. It is the location of pelvic visceras like urinary bladder, reproductive organs having a measure obstretical and gynaecological significance.

Pelvic Joints & Ligaments

The joints of the pelvis are strengthened by strong ligaments support and are termed as lumbo- sacral joints. Sacro- coccygeal joints, sacro- iliac jo ints and pubic symphysis.

5th lumber vertebra and first sacral vertebra articulates at the anterior inter vertebral joint formed by the disc between their bodies and two posterior facet joints between the articular process of these vertebra.

The facet on first sacral vertebra face posterior- medially so that it prevents anterior sliding of fifth lubar vertebra. Ileo- lumber ligaments unite the ileum and fifth lubar vertebra. Sacrococcygeal joint is a Secondary cartilaginous joint. Fibro- cartilage and ligaments join the apex of the sacrum to the base of the coccyx, the anterior and posterior sacro- coccygeal ligaments are long stands which gives much support to the joint.

Sacro- iliac joints are strong weight bearing synovial joints between the articular surfaces of the sacrum and ileum and is firmly attached to each other by introsseous and sacro- iliac ligaments. This joint differs from other synovial joints that they posses little mobility. The mobility of the sacro- iliac is limited because of the inter locking of the articulating bones and the thick introsseous and border of the joint and to round off the pubic angle and the pubic symphysis is strengthen by tendinous fibers of the rectus abdominis and external oblique muscles.

Pelvis Blood Supply[10]

Foor main arteries enter the lesser pelvis those are internal iliac arteries, ovarian arteries, median sacral arteries and superior rectal arteries, where as the pelvis is drained mainly by internal i tiac veins and their tributaries. But some drainage occurs though the superior rectal,

median sacral and ovarian veins, some blood from the pelvis also passes to the internal vertebral venous plexus. Internal iliac artery begins both sides anterior to the sacro- iliac joint at the bifurcation of the common iliac artery, descends posteriorly to the greater sciatic notch, it is the main artery of the pelvis. However, it also supplies to buttocks, medial thigh and perineum, it supplies most of the blood to pelvic viscera, muscle skeletal part of the pelvis and glutial region. The internal iliac artery passes posterior- medially into the lesser pelvis and commonly ends at the superior edge of the greater sciatic foramen by dividing into anterior and posterior divisions. The branches of anterior divisions are mainly visceral. They supply the bladder, the Rectum and the reproductive organs. It has also to parietal branches that pass to the buttock and thigh. The visceral branches are arranged variably and are named as umbilical artery, obturator artery, inferior visceral artery, middle rectal artery, vaginal artery, uterine artery, internal pudendal artery and inferior gluteal artery. Then the posterior division of the internal iliac artery contributes the branches like superior glutery, ilio lumbar artery and lateral sacral artery.

Median sacral artery – arises from posterior superior surface of the abdominal aorta just superior to its bifurcation runs anteriorly to the bodies of last two lumbar vertebra, sacrum and coccyx. As it descends over the sacrum it gives off small parietal branches and small visceral branches which anastomose with lateral sacral arteries and superior and middle rectal arteries.

Superior rectal artery is direct continuation of inferior mesenteric artery, it supplies to the sigmoid mesocolon and divides into two branches that descend on each side of the rectum and supply it.

Pelvic Nerves

Mainly the sacral nerve, coccygeal nerve and pelvic part part of the autonomic nervous system innervate pelvis. Pyriformis and coccygeus muscles form the bed for the sacral plexus and coccygeal nerve plexus. The sacral plexus is located on the posterior wall of the lesser pelvis where it is closely related to the anterior surface of pyriformis, the two main nerves of the sacral plexus i.e., the sciatic nerve and pudendal nerve lie external to the parietal pelvic fascia, most branches of the sacral plexus leave the pelvis through the greater sciatic foramen, it is formed by the ventral ramii of L4 to S3 that converge on anterior surface of pyriformis passes through greater sciatic notch and enter the gluteal region and supply to the posterior aspect of the lower limb. The pudendal nerve is derived from the anterior division of ventral

ramii of S2 to S4, it accompanies the internal pudendal artery leaves the pelvis through sciatic foramen. It is the main nerve of the perineum and chief sensory nerve of external genitalia, again i t enters the perineum through the lesser sciatic notch after being hooked around the ischial spine and sacro- spinous ligament. Other accompanying nerves supplies to the muscles of the gluteal region are superior and inferior gluteal nerve.

Coccygeal plexus is a small network nerve fibres formed by the ventral ramii of S4 and S5 and it lies on the pelvic surface of the coccygeus and supplies the muscle part of levator ani and the sacro- coccygeal joint. Another important nerve namely ano- coccygeal nerve arises from this plexus and supply a small area of the skin in the coccygeal region and sacro-tuberous ligaments. Obdurator nerves, which arises from lumbar plexus and also enters into the greater pelvis and lesser pelvis and leave the pelvis through the obdurator canal and supply the medical thigh muscles.

The sacral sympathetic trunk are the inferior continuation of the lumbar sympathetic trunk, and each has four sympathetic ganglion, it descends on the pelvis surface of the sacrum just medial to the pelvic sacral foramina and converge to form the small median coccygeal ganglia at the anterior surface of coccyx. They also send small branches to the inferior hypogastric plexus. The primary function of the sacral sympathetic trunk is to provide post sympathetic fibres toe the sacral plexus for sympathetic innervation of the lower limb. The hypogastric plexus both superior and inferior are the network of the autonomic nerves which lies inferior to the bifurcation of abdominal aorta and descends into the pelvis as the inferior prolongation of the inter mesenteric plexus. Extention of these plexus collectively referred as pelvic plexuses and pass to prostate, and seminal vesicle, and inferio- lateral surface of the urinary bladder. In female to the cervix of the uterus and lateral fornices of the vagina.

DISCUSSION

Meda and Jaghana are the mulas of Astivaha srotas. Their importance is dealt based on modern scientific background. Medas (Cholesterol) being present in the body useful for the formation of Vit. –‘D’ and it is the nutrient material for bone formation. Its deficiency leads to Astikshaya. The Jaghana being placed in the middle of the body helping the body to maintain balance and locomotion. It is the hard structure of the body formed by the union of three bones. These two facts are supported by the development of bone, fat and calcium metabolism.

CONCLUSION

The moola of Astivaha srotas as Meda and Jaghana generate the scientific thoughts in the research work to prove their reality. Bone is such a hard structure its relation with Meda and Jaghna could not be understood very easily. The consideration of 'Meda' as Astimoola create the ideology of the 'Development of the bone' – which is a sign of scientific thought. The consideration of Jaghana also indicate the process of Development of bone on modern lines. The notion i.e., 'Tayormulam hi Meda' in this context point outthe bone formation and initiates the thought of importance of nutritional factors presence in this regard.

The explanation of Jaghana as moola of Astivaha srotas predicts the long – sightedness of Charaka once again it gives the thinking of science of Action. The origination is connected with physical factors and actions represent them through which the technical adaptation will reflected. Jaghana is acting as a platform to maintain the equilibrium of body of the both extremities formed by the union of tow sacro- iliac joints and public symphysis. The two i. e, upper and lower extriemities act accordingly. It controls the activities of the body, without which it is not possible. The locomotion and movement of the body is seen though the activity of Jaghana only. It also bears the entire body weight. Hence the view of Charaka was in right direction to select it as moola.

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