

KUHU NADI AND THE SACRO-PELVIC NEUROREGULATORY NETWORK: A CRITICAL CONCEPTUAL MAPPING OF CLASSICAL YOGIC DESCRIPTIONS WITH MODERN NEUROANATOMY

Prof. (Dr.) Sachin Sharma*, Dr. Shinde Santosh Subhash, Dr. Akshay Kumar

Department of Rachana Sharir, Institute for Ayurved Studies and Research, Shri Krishna Ayush University,
Kurukshetra, Haryana.

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*Corresponding Author: Prof. (Dr.) Sachin Sharma

Department of Rachana Sharir, Institute for Ayurved Studies & Research (IAS&R), Faculty of Ayurveda, Shri Krishna AYUSH University, Kurukshetra, Haryana, India. DOI: <https://doi.org/10.5281/zenodo.22159939>

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ABSTRACT

Background: *Kuhu nadi* is one of the fourteen principal *Nadis* described in the *Yoga Upanishads* and has traditionally been associated with pelvic functions. Although *Apana Vata* governs downward physiological activities in Ayurvedic literature, the relationship between *Kuhu nadi* and modern pelvic neuroanatomy remains interpretative and has not been critically evaluated.

Objective: To analyse the classical descriptions of *Kuhu nadi* and examine their correspondence with modern pelvic neuroanatomical structures through a structured conceptual mapping approach. **Materials and Methods:** A conceptual mapping review was undertaken using selected classical sources, including the *Yoga Upanishads*, *Thirty Minor Upanishads*, *Yoga Yajnavalkya*, and *Astanga Hridaya*. Modern neuroanatomical literature was reviewed from PubMed/MEDLINE, Embase, Scopus, Google Scholar, and reference lists. Candidate anatomical structures were assessed using a predefined mapping rubric based on six parameters: origin, course, termination, function, side determination, and supporting anatomical evidence. **Results:** The analysis demonstrated partial regional and functional correspondence between the classical descriptions of *Kuhu nadi* and the sacral pelvic neuroregulatory network. The strongest correspondence was observed in relation to defecatory regulation. No single modern anatomical structure fulfilled all the classical descriptive parameters. The closest modern analogue was a distributed neuroregulatory network comprising the sacral parasympathetic outflow, pelvic splanchnic nerves, inferior hypogastric plexuses, and, depending on the function considered, associated pudendal and sympathetic pathways. The available evidence supported conceptual and functional correspondence but did not establish direct structural identity. **Conclusion:** The findings suggest that *Kuhu nadi* is best interpreted as corresponding to a distributed pelvic neuroregulatory network rather than a single anatomical nerve or plexus. The proposed correlation should be regarded as a hypothesis-generating framework for integrative neuroanatomical research and requires further validation through rigorous textual analysis and anatomical or physiological investigations.

KEYWORDS: *Kuhu nadi*, *Apana Vata*, *Yoga Upanishads*, Pelvic Neuroanatomy, Pelvic Splanchnic Nerve, Inferior Hypogastric Plexus, Conceptual Mapping, Integrative Anatomy.

1. INTRODUCTION

The concept of *Nadi* occupies a central position in the classical yogic tradition, where it is described as a subtle channel responsible for the movement of *Prana* or vital energy throughout the body. Among the fourteen principal *Nadis* described in the *Yoga Upanishads*, *Kuhu nadi* has been consistently associated with the pelvic region and functions related to elimination and the reproductive system. However, the descriptions of its origin, course, and termination differ among classical texts, reflecting variations in textual traditions and recensions rather than a uniform anatomical description.^[1,2,3] Contemporary scholarship similarly recognises that the yogic body represents a subtle and practice-oriented framework rather than a direct representation of gross human anatomy.^[4]

Ayurvedic literature describes *Apana Vata* as the subtype of *Vata Dosha* responsible for downward-directed physiological activities, including the elimination of faeces, urine, reproductive material, menstrual discharge, and the fetus.^[2] Although these functions overlap conceptually with the traditional role attributed to *Kuhu nadi*, classical Ayurvedic texts do not consistently identify *Kuhu nadi* as the exclusive regulator of the entire *Apana Vata* domain. Consequently, correlating *Kuhu nadi* with all pelvic functions solely on the basis of *Apana Vata* represents an interpretative synthesis rather than a direct statement supported by all primary sources.

Modern neuroanatomy demonstrates that pelvic visceral functions are regulated by an integrated neuroregulatory network rather than by a single anatomical structure. This network includes the sacral parasympathetic outflow, pelvic splanchnic nerves, inferior hypogastric plexuses, sympathetic pathways, pudendal nerves, visceral afferent fibres, and the enteric nervous system, each contributing to specific aspects of micturition, defecation, continence, sexual function, and parturition.^[5-8] Cadaveric investigations have further demonstrated considerable anatomical variability in the organisation of these neural pathways, supporting the concept of a distributed rather than a discrete neural system.^[6,9]

Several publications have proposed correlations between classical *Nadis* and modern neural structures. However, these interpretations are frequently based on functional similarity alone and rarely distinguish conceptual analogy from structural equivalence. Furthermore, no structured framework has been applied specifically to evaluate the correspondence between *Kuhu nadi* and the modern pelvic neuroregulatory network using clearly defined anatomical and functional parameters.

The present study was therefore undertaken to critically examine the classical descriptions of *Kuhu nadi* and compare them with contemporary knowledge of pelvic neuroanatomy through a predefined conceptual mapping rubric. The comparison was based on six parameters: origin, course, termination, function, side determination, and supporting anatomical evidence. Rather than proposing direct anatomical identity, the study aimed to determine whether the available textual and anatomical evidence supports regional or functional correspondence and to distinguish conceptual analogy from structural equivalence. The findings are intended to provide a scientifically transparent and hypothesis-generating framework for future integrative anatomical, cadaveric, and physiological research.

2. MATERIALS AND METHODS

2.1 Study Design

The present study was designed as a conceptual mapping review to evaluate the correspondence between the classical descriptions of *Kuhu nadi* and contemporary knowledge of pelvic neuroanatomy. The study involved the systematic extraction of descriptive attributes of *Kuhu nadi* from selected classical texts and their comparison with predefined

candidate neuroanatomical structures using a structured mapping rubric. The objective was to assess regional and functional correspondence while clearly distinguishing conceptual analogy from claims of direct anatomical identity.

2.2 Data Sources and Literature Search

The classical literature included *The Yoga-Upaniṣads*, *Thirty Minor Upanishads*, *Yoga Yajnavalkya*, and *Astanga Hrdaya*.^[1,2,3] Historical and interpretative perspectives regarding the yogic concept of *Nadis* were obtained from a contemporary scholarly source on yoga traditions.^[4] No restriction on publication year was applied to the classical literature.

Modern biomedical literature was identified through searches of PubMed/MEDLINE, Embase, Scopus, Google Scholar, and manual screening of reference list. The search strategy incorporated combinations of the terms "*Kuhu*", "*Nadi*", "*Apana*", "*pelvic splanchnic nerve*", "*inferior hypogastric plexus*", "*pelvic autonomic anatomy*", and "*pudendal nerve*." Peer-reviewed anatomical studies, review articles, cadaveric investigations, clinical studies, and relevant experimental reports were considered for conceptual comparison. As the present work was a conceptual review rather than a systematic review or meta-analysis, the literature search was intended to identify evidence relevant to the predefined mapping criteria rather than to generate pooled quantitative estimates.

2.3 Candidate Modern Anatomical Structures

Based on the available literature, the following modern neuroanatomical structures were selected for comparative evaluation:

1. Sacral parasympathetic outflow and pelvic splanchnic nerves.
2. Inferior hypogastric plexus and its organ-specific autonomic branches.
3. Pudendal nerve and somatic sphincter pathways.
4. Hypogastric and sacral sympathetic pathways.
5. Cavernous nerves supplying the erectile tissues.

These candidate structures were evaluated collectively to determine the most appropriate modern analogue for the classical descriptions of *Kuhu nadi*.

2.4 Anatomical Evidence

The anatomical component of the study was based on published cadaveric investigations describing the pelvic autonomic nervous system. The reviewed studies documented the anatomical relationships of the sacral ventral rami, pelvic splanchnic nerves, inferior hypogastric plexuses, pelvic fascia, internal iliac vessels, and their visceral branches. These anatomical observations provided the basis for evaluating regional and topographical correspondence between the classical descriptions and the modern pelvic neuroregulatory network.^[9,10]

2.5 Conceptual Mapping Criteria

Each candidate anatomical structure was assessed using a predefined mapping rubric consisting of six descriptive parameters:

- Origin or starting region
- Course and topographical relationship
- Termination or distribution

- Functional correspondence
- Side determination
- Supporting anatomical evidence

The assessment was intended to determine the degree of correspondence between the classical descriptions of *Kuhu nadi* and modern pelvic neuroanatomy while avoiding assumptions of direct structural equivalence.

2.6 Data Analysis

The extracted classical descriptions and modern anatomical findings were compared qualitatively using the predefined mapping criteria. The degree of correspondence for each parameter was interpreted descriptively and categorised according to the strength of regional, topographical, functional, and structural agreement. The final interpretation was based on the collective evidence derived from the classical literature and contemporary neuroanatomical studies, with emphasis on identifying conceptual correspondence rather than establishing anatomical identity.

3. RESULTS

3.1 Classical Textual Analysis of *Kuhu nadi*

The review of the selected classical texts demonstrated that *Kuhu nadi* is consistently included among the principal *Nadis* of the yogic system; however, variations exist regarding its anatomical description. The *Darsanopanisad* describes *Kuhu nadi* as one of the fourteen principal *Nadis* situated near and anterior to *Susumna*, through which the vital airs circulate generally.^[1] The *Sandilyopanisad* places *Kuhu nadi* anterior to *Susumna* and extending towards the genital region, thereby suggesting a pelvic topographical relationship.^[1] Similar regional associations are described in the *Yoga-cudamani*-related passages, whereas the *Thirty Minor Upanishads* and *Yoga Yajnavalkya* present variations in the descriptions of the principal *Nadis*, indicating textual heterogeneity rather than a uniform anatomical account.^[1,5,6]

Collectively, the classical literature suggests that *Kuhu nadi* is associated with the lower central or pelvic region, maintains a close relationship with *Susumna*, and extends towards the genital region in certain textual traditions. The most consistently described function specific to *Kuhu nadi* is the regulation of faecal evacuation, whereas urinary, reproductive, menstrual, and obstetric functions belong to the broader functional domain of *Apana Vata* and cannot be considered exclusive attributes of *Kuhu nadi*.^[2]

Table 1: Classical descriptions of *Kuhu nadi* in selected texts.

Classical Source	Description of <i>Kuhu nadi</i>	Significance for the Present Study
Darsanopanisad ^[1]	<i>Kuhu nadi</i> is listed among the fourteen principal <i>Nadis</i> . It is described in relation to <i>Susumna</i> , and the vital airs are stated to circulate through the <i>Nadi</i> system.	Supports the description of <i>Kuhu nadi</i> as a principal <i>Nadi</i> with a central relationship to <i>Susumna</i> , but does not indicate a specific modern anatomical structure.
Sandilyopanisad ^[1]	<i>Kuhu nadi</i> is described as lying anterior to <i>Susumna</i> and extending towards the genital region.	Supports a regional association with the pelvic and genital region.
Yoga-cudamani-related passage ^[1]	<i>Kuhu nadi</i> is described in relation to the genital region.	Reinforces the regional association of <i>Kuhu nadi</i> with the lower pelvic region.
Thirty Minor Upanishads ^[5]	Descriptions of the principal <i>Nadis</i> and their locations vary among different translations and recensions.	Demonstrates textual variability in the description of <i>Kuhu nadi</i> and related <i>Nadis</i> .
Yoga Yajnavalkya ^[6]	Describes the <i>Nadi -kanda</i> and the fourteen principal <i>Nadis</i> as components of the <i>Nadi</i> system.	Supports interpretation of the <i>Nadi</i> system as a network and emphasises the importance of identifying the specific recension and translation used.

3.2 Comparison Between Classical Descriptions and Modern Neuroanatomy

Comparison of the extracted classical parameters with modern pelvic neuroanatomy demonstrated varying degrees of correspondence across the predefined mapping criteria. Regional correspondence was observed between the lower central pelvic location described in the classical literature and the sacral spinal segments with their associated pelvic nerves and plexuses. The classical description of *Kuhu nadi* passing anterior or adjacent to *Susumna* showed partial topographical correspondence with the anterior and medial course of the pelvic splanchnic nerves towards the inferior hypogastric plexuses.

Descriptions indicating termination in the genital region demonstrated moderate regional correspondence with the distribution of the inferior hypogastric plexus to the rectum, bladder, reproductive organs, and erectile tissues. Functional comparison showed that the strongest correspondence existed in relation to defecatory regulation. In contrast, the wider functions attributed to *Apana Vata* were found to involve multiple autonomic, somatic, enteric, endocrine, and myometrial mechanisms rather than a single anatomical pathway. The classical descriptions of laterality did not correspond closely with the predominantly bilateral organisation of the pelvic autonomic nervous system.

Table 2: Comparison of classical parameters with the proposed modern neuroregulatory network.

Parameter	Classical Description	Proposed Modern Interpretation	Degree of Correspondence
Origin/Region	<i>Nadi -kanda</i> or lower central region; descriptions vary among classical texts. ^[1,5,6]	Sacral spinal segments and bilateral pelvic nerves and plexuses. ^[3,4,9]	Weak to moderate regional correspondence; no direct structural equivalence.
Course	Described as passing anterior or adjacent to <i>Susumna</i> , with a downward orientation in selected classical passages. ^[1]	Pelvic splanchnic nerves pass anteriorly and medially from the sacral ventral rami to the paired inferior hypogastric plexuses. ^[10]	Partial topographical correspondence.
Termination	Termination is described in the genital region in selected classical sources. ^[1]	The inferior hypogastric plexus distributes branches to the rectum, bladder, reproductive organs, and erectile tissues. ^[10,11]	Moderate regional correspondence; the modern distribution is broader.
Function	The most specific function attributed to <i>Kuhu nadi</i> is faecal evacuation. ^[1]	Defecatory regulation involves coordinated pelvic autonomic, enteric, pudendal, and sympathetic pathways. ^[3,13]	Moderate functional correspondence at the network level.
Broader Apana Functions	<i>Apana</i> governs the expulsion of urine, reproductive material, menstrual discharge, faeces, and the fetus. ^[2]	These functions are mediated by multiple autonomic, somatic, enteric, endocrine, and myometrial mechanisms. ^[3,9]	Conceptual overlap; not specific evidence for <i>Kuhu nadi</i> .
Side	Described in relation to a central axis; laterality is not consistently specified in the classical texts. ^[5]	Pelvic splanchnic nerves and the inferior hypogastric plexuses are predominantly bilateral. ^[10]	Weak correspondence.

3.3 Qualitative Correlation Assessment

Application of the predefined mapping rubric demonstrated moderate regional and functional correspondence between the classical descriptions of *Kuhu nadi* and the sacral pelvic neuroregulatory network. Regional and topographical correspondence was graded as moderate because both systems relate to the lower pelvic region, although the modern neuroanatomical organisation is bilateral and plexiform. Functional correspondence was strongest for defecatory regulation, whereas correspondence for the broader activities attributed to *Apana Vata* was weaker because these functions depend on multiple interacting physiological systems.

Structural correspondence remained weak because no histological, developmental, or anatomical evidence identified *Kuhu nadi* as an individual nerve or plexus. Similarly, the available evidence was considered insufficient to establish direct anatomical identity, supporting only a conceptual and functional analogy.

Table 3: Qualitative assessment of the proposed correspondence.

Domain	Assessment	Basis of Assessment
Regional/Topographical Correspondence	Moderate	Both the classical descriptions and the proposed modern interpretation relate to the lower central or pelvic region; however, the modern neuroregulatory network is bilateral and plexiform.
Functional Correspondence for Defecation	Moderate	The strongest correspondence is observed for defecatory regulation, as classical texts associate <i>Kuhu nadi</i> with faecal evacuation, while modern physiology attributes this function to coordinated sacral autonomic, enteric, pudendal, and sympathetic pathways.
Functional Correspondence for Broader <i>Apana</i> Activities	Weak to Moderate	The wider functions of <i>Apana</i> are mediated through multiple autonomic, somatic, enteric, endocrine and myometrial mechanisms and are not exclusively attributable to <i>Kuhu nadi</i> .
Structural Correspondence	Weak	The available anatomical evidence does not identify <i>Kuhu nadi</i> as a distinct nerve, plexus, or other identifiable anatomical structure.
Laterality	Weak	The classical descriptions do not consistently specify laterality, whereas the pelvic splanchnic nerves and inferior hypogastric plexuses are organised as paired bilateral structures.
Evidence for Anatomical Identity	Insufficient	The available evidence supports regional and functional analogy only and does not establish direct anatomical identity between <i>Kuhu nadi</i> and any modern neuroanatomical structure.

3.4 Overall Interpretation

The collective findings indicate that the closest modern analogue of *Kuhu nadi* is a distributed pelvic neuroregulatory network rather than an individual anatomical structure. Among the evaluated candidates, the sacral parasympathetic outflow, pelvic splanchnic nerves, and inferior hypogastric plexuses demonstrated the greatest regional and functional correspondence with the classical descriptions. Enteric pathways and autonomic innervation of the rectum were particularly relevant to the association of *Kuhu nadi* with faecal evacuation, whereas pudendal and sympathetic pathways contributed to continence, sphincter control, and other pelvic functions.

Overall, the findings support a **conceptual and functional correspondence** between *Kuhu nadi* and the sacral pelvic neuroregulatory network. However, the available evidence does not support direct structural equivalence between *Kuhu nadi* and any single modern anatomical nerve or plexus.

4. DISCUSSION

The present conceptual mapping examined the relationship between the classical descriptions of *Kuhu nadi* and the contemporary understanding of the sacral pelvic neuroregulatory network. Rather than attempting to establish direct anatomical identity, the study evaluated the degree of correspondence between classical textual descriptions and modern neuroanatomical knowledge using predefined anatomical and functional parameters.

The analysis demonstrated partial regional and functional correspondence between *Kuhu nadi* and the pelvic neuroregulatory network. Among the evaluated parameters, the strongest correspondence was observed in relation to defecatory regulation. Classical yogic literature specifically associates *Kuhu nadi* with faecal evacuation, whereas modern physiology demonstrates that this function is mediated through coordinated activity of the sacral parasympathetic outflow, pelvic splanchnic nerves, inferior hypogastric plexuses, enteric nervous system, pudendal

nerve, and sympathetic pathways.^[1,3,9] Although these observations support functional similarity, they do not establish structural equivalence between *Kuhu nadi* and any individual modern anatomical structure.

The comparison further demonstrated moderate regional correspondence between the lower pelvic location described in the classical texts and the anatomical distribution of the sacral pelvic neuroregulatory network. Classical descriptions place *Kuhu nadi* in close relation to *Susumna* and extending towards the genital region, whereas modern anatomical studies describe the pelvic splanchnic nerves and inferior hypogastric plexuses as distributed bilateral neural networks supplying the pelvic viscera.^[4,10,11] Although these regional similarities support conceptual comparison, the bilateral and plexiform organisation of the modern pelvic autonomic nervous system differs from the classical descriptions and therefore limits direct anatomical correlation.

Table 4.1: Summary of the Proposed Correspondence Between *Kuhu nadi* and the Pelvic Neuroregulatory Network.

Aspect	Summary of Findings
Regional Correspondence	The classical descriptions of <i>Kuhu nadi</i> show partial correspondence with the lower central or pelvic region represented by the sacral pelvic neuroregulatory network.
Functional Correspondence	The strongest correspondence is observed in relation to defecatory regulation, as both the classical descriptions and the modern network are associated with this function.
Modern Anatomical Interpretation	The closest modern analogue is a distributed pelvic neuroregulatory network comprising the sacral parasympathetic outflow, pelvic splanchnic nerves, inferior hypogastric plexuses, and function-specific pudendal and sympathetic pathways, rather than a single anatomical structure.
Extent of Correspondence	The available evidence supports regional and functional correspondence and should be interpreted as a conceptual analogy rather than direct anatomical identity.

The present findings also indicate that extending the role of *Kuhu nadi* to encompass all functions attributed to *Apana Vata* is not supported by the available evidence. Urinary storage and voiding, continence, sexual function, and parturition are regulated through coordinated interactions among autonomic, somatic, enteric, endocrine, spinal, and supraspinal mechanisms.^[2,3,9] Consequently, these physiological activities cannot be explained by a single neural pathway, and interpretation of *Kuhu nadi* as an individual nerve or plexus would overstate the available anatomical and physiological evidence.

Table 4.2: Limitations of the Proposed Correlation.

Aspect	Observation
Single-Structure Interpretation	The available evidence does not support the identification of <i>Kuhu nadi</i> with a single modern anatomical nerve, plexus, or neural structure.
Broader <i>Apana</i> Functions	Urinary, reproductive, sexual, and obstetric functions involve coordinated autonomic, somatic, enteric, endocrine, spinal, and supraspinal mechanisms rather than a single neural pathway.
Neuromodulation Evidence	Clinical sacral neuromodulation demonstrates functional modulation of pelvic neural pathways but does not establish anatomical identity between the stimulated sacral nerve roots and <i>Kuhu nadi</i> .
Strength of Evidence	The available evidence supports regional and functional correspondence and should be regarded as a basis for hypothesis generation rather than confirmation of anatomical equivalence.

Clinical observations from sacral neuromodulation further support the functional significance of sacral neural pathways in regulating pelvic visceral activity. Previous studies have demonstrated beneficial effects of sacral neuromodulation in selected patients with faecal incontinence, whereas evidence regarding chronic constipation remains variable.^[14-17]

These findings indicate that modulation of sacral neural pathways can influence pelvic visceral function; however, they should not be interpreted as evidence that the stimulated sacral nerve roots represent *Kuhu nadi*. Instead, these observations support the concept of a distributed functional network and provide a basis for future hypothesis-driven investigations.

An important consideration in the present study is the fundamental difference between the classical yogic and modern anatomical frameworks. Classical *Nadis* are described within a subtle-body tradition intended to explain the movement of *Prana* and the principles of yogic practice, whereas modern neuroanatomy is based on gross dissection, histological examination, developmental biology, neural connectivity, and physiological function.^[4,8] Therefore, comparisons between these two systems should be regarded as conceptual interpretations rather than direct anatomical equivalence. The structured mapping rubric used in the present study was intended to improve transparency in this interpretative process while recognising the limitations inherent in correlating two distinct epistemological frameworks.

Table 4.3: Methodological Considerations and Future Scope.

Aspect	Summary
Conceptual Framework	The comparison is based on two different knowledge systems, with <i>Nadis</i> described in classical yogic literature and nerves and plexuses defined by modern neuroanatomy.
Approach Used	A structured conceptual mapping rubric was employed to evaluate regional, topographical, and functional correspondence between the classical descriptions and modern anatomical evidence.
Current Methodological Limitations	The proposed mapping rubric is exploratory and has not been externally validated. Inter-rater reliability has not yet been established.
Recommendations for Future Research	Future studies should include independent assessment, predefined scoring criteria, transparent evaluation of differing textual interpretations, and comprehensive cadaveric or physiological investigations to further examine the proposed correspondence.

The mapping rubric employed in this study remains exploratory. It has not undergone external validation, and its reproducibility has not been evaluated through independent assessment. Future investigations should include predefined scoring criteria, independent reviewers, transparent evaluation of differing textual interpretations, and comprehensive anatomical or physiological validation. Such an approach would strengthen the methodological basis for future integrative anatomical research and facilitate more objective evaluation of classical anatomical concepts.

Overall, the present findings indicate that the most appropriate modern interpretation of *Kuhu nadi* is a distributed pelvic neuroregulatory network comprising the sacral parasympathetic outflow, pelvic splanchnic nerves, inferior hypogastric plexuses, enteric neural pathways, and function-specific contributions from the pudendal and sympathetic nervous systems. The available evidence supports regional and functional correspondence but does not establish direct structural identity.

5. CONCLUSION

The present conceptual mapping demonstrates that selected classical descriptions of *Kuhu nadi* exhibit partial regional and functional correspondence with the sacral pelvic neuroregulatory network, particularly in relation to pathways involved in defecatory regulation and pelvic visceral function. Among the evaluated modern anatomical candidates, the distributed pelvic neuroregulatory network comprising the sacral parasympathetic outflow, pelvic splanchnic nerves, inferior hypogastric plexuses, enteric neural pathways, and, where functionally relevant, the pudendal and sympathetic pathways provides the closest overall correspondence with the classical descriptions.

The findings further indicate that the available evidence does not support the identification of *Kuhu nadi* with any single modern anatomical nerve, plexus, or neural structure. Instead, the observed correspondence is regional and functional in nature and should be interpreted as a conceptual framework rather than as evidence of direct structural equivalence. Similarly, extending all functions of *Apana Vata* exclusively to *Kuhu nadi* is not substantiated by the classical textual evidence or by the current understanding of pelvic neurophysiology, as these functions involve multiple interacting autonomic, somatic, enteric, endocrine, and neurophysiological mechanisms.

The structured mapping approach adopted in the present study provides a transparent method for comparing classical yogic descriptions with contemporary neuroanatomical knowledge while recognising the fundamental differences between the two knowledge systems. Accordingly, the proposed correspondence should be regarded as a hypothesis-generating model for integrative anatomical research rather than as confirmation of anatomical identity.

Future investigations should focus on critical evaluation of the original Sanskrit texts, application of validated and reproducible mapping methods, independent assessment of classical descriptions, and comprehensive cadaveric and physiological studies to further examine the proposed correspondence between *Kuhu nadi* and the pelvic neuroregulatory network.

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