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A literary review on *Nabhi* as *Jyotisthana*

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ABSTRACT

Introduction: *Nabhi* (umbilicus) is considered as one among *Matrujadi Bhava* (maternal factor). It is *Kosthanga* (organ located within the *Kostha*). It is the place where *Prana* (life) resides, is situated below the *Amashaya* (stomach) and above the *Pakwashaya* (intestine). It is also termed as *Pachakashaya*. And it is one among *Sadhyopranahara Marma*, and *Dashapranayatana*. *Nabhi* is also considered as *Sthana* of *Pitta*. **Need for the study:** Literary review to know that the concept of *Agni* (digestive fire) w.s.r. to *Nabhi* with the help of contemporary science. **Observation:** By considering the references given in the classic i.e., *Nabhi as Jyoti Sthana*. And by anatomical landmark and physiologically it can be able to correlate that the diseases which involves indigestion, malnutrition, metabolism. **Conclusion:** Discussion on literary review is carried out to conclude the concept of *Nabhi as Jyoti Sthana*.

Key words: *Nabhi*, *Amashaya*, *Pakwashaya*, *Jyoti Sthana*, *Pachakashaya*.

INTRODUCTION

The *Nabhi* plays an utmost important role in development of body from very beginning of life. The central point of body in between *Amashaya* (location of undigested food) and *Pakwashaya* (location of digested food) is termed as *Nabhi*.^[1] In classical text of *Ayurveda*, scattered references regarding *Nabhi Shareera* is available. But because of intense importance all most all has considered *Nabhi* as anatomical landmark to identify the position of various organ.^[2] In which *Acharya Vagbhata* quotes *Nabhi* as

Pitta Sthana.^[3] Even though the *Doshas* are stated to be present all over the body. Among *Tridosha*, *Pitta* plays a major role in digestion and metabolism, production of heat and form of energy. Many *Acharyas* explain it as *Agni Sthana* or *Jyoti Sthana*. In this review article we are trying to anatomically locate *Nabhi* as *Pitta (Pachaka Pitta) Sthana* based on classical literature.

Nabhi is *Agni Sthana* or *Jyoti Sthana*. This is where *Samana Vayu* (the *Prana* or life force energy that support digestion, formation and elimination of urine) and *Pachaka Pitta* (digestive fire) reside.

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AIM AND OBJECTIVES

1. To study Anatomical landmark of *Nabhi*
2. To study the various references from different *Samhitas* regarding *Nabhi Shareera*.
3. To study *Nabhi* as a *Jyoti Sthana*.

MATERIALS AND METHODS

Source of data: Literary and conceptual study done by collecting data from *Bruhatrayis*, *Laghutrayis* and other

classical books including Journals, internet website, previous work done.

REVIEW OF LITERATURE

Nabhi: The word *Nabhi* is derived from the words *Nah* - *Bandhe*. It means to bind or to tie the central point just like the spokes of wheel head at the navel.

Paryayas of Nabhi: Reference regarding synonyms of *Nabhi* stated in *Ayurveda Shabdhakosha* include as,

Bimbi - termed as umbilicus - on the anterior abdominal wall.

Tundakupi - *Tundi* meaning protuberant belly and *Kupi* means belly cavity.

Udavarta - A coiled land mark of the *Udara*.

As per *Acharya Sushruta*, *Nabhi* is considered the site of origin of *Dhamani* and *Sira*. (700 *Sira*)^[4] and (24 *Dhamani*) in our body.

They originate from *Nabhi* and spread in three directions i.e., *Urdhwa*, *Adho* and *Tiryak*.

Nabhi is situated between *Pakwashaya* and *Amashaya*^[1] it is mentioned that *Pakwashaya* is located below the *Nabhi*.

Anatomical landmark: The dimensions from *Shishn* to *Nabhi* and from *Nabhi* to *Hrudaya* are 12 *Angula*.^[5]

According to Yoga philosophy

The third *Chakra* in *Shadchakras* is *Manipura*. It's located in the *Nabhi* region. This *Chakra* is also called the *Nabhi Chakra*. The word *Mani* is used in this context in the form of *Agni*. All *Mani* and *Agni* have the *Tejas*.

In both *Astanga Sangraha* and *Astanga Hrudaya*, *Nabhi* is considered as *Matrujadibhava*.

- *Nabhi* as *Pitta Sthana*^[3]
- *Nabhi* is one among *Dashapranayatana*^[6]
- *Nabhi* is considered as *Sadyopranahara Marma*^[7]

Bhavaprakash view

Grahani is mentioned as *Pachakashaya* (below the *Amashaya* and above the *Pakwashaya*)^[8]

Nabhi as Jyotisthana^[8]

Nabhi is one of the *Pitta Sthana*.^[1] According to *Sushruta*, *Garbha* develops due to *Rasa* and *Marutadhmana* (*Vata* flow). *Nabhi* is called as *Jyoti Sthana* and the *Agni* in the *Nabhi* of the *Garbha* fanned by the *Vayu*. The same *Vayu* in combination with the *Agni* spreads in *Srotas* in the vertical, horizontal and oblique direction and thus the development of *Garbha* takes place. *Dalhana* explains the term *Marutadhmana* by saying that *Vata* entering *Srotas* (*Sira*) in *Dhatus* causes their dilatation, thus providing space for their growth.

MODERN VIEW

Definition and Location of duodenum - The duodenum is the shortest, widest and most fixed part of the small intestine. It extends from the pylorus to duodenojejunal flexure. It is curved around the head of pancreas in the form of letter C. The duodenum lies above the level of umbilicus, opposite first, second and third lumbar vertebrae.^[9]

Functional Anatomy - The exocrine pancreas plays a major role in digestion and absorption of all essential nutrients from the GI tract. The exocrine pancreas constitutes about 80% of the total mass of the pancreas. This is the unique organ in the body having both major endocrine and exocrine tissues in it.^[10]

Endocrine pancreas - involved in energy metabolism, deficiency of which results in Diabetes mellitus. Exocrine pancreatic deficiency results in severe indigestion, malabsorption, and malnutrition.

Table 1: Mechanisms of pancreatic secretion in its different phases.^[11]

	Stimuli	Mechanism	Effects
Cephalic phase	Sight, smell, thought, and taste of food. Chewing and swallowing of food.	Vagal stimulation	Increased secretion containing more enzymes.

Gastric phase	Gastric distension Product of protein digestion.	Vagovagal reflex Gastrin	Increased secretion containing more enzymes Increased secretion containing more enzymes
Intestinal phase	Acidic chyme in duodenum Fatty acids and amino acids	Secretin CCK and vagovagal reflex	Increased secretion containing more HCO ₃ – and water Increased secretion containing more enzymes

Table 2: Disease related to Agni / Metabolism

Secretions	Applied aspect	
Gastric secretion	Gastritis, Peptic ulcer ^[12]	<i>Amla Pitta</i>
Pancreatic secretion	Pancreatitis ^[13] (acute and chronic)	<i>Shotha</i>
Biliary secretion	Gallstone ^[14]	<i>Ashmari</i>
Intestinal secretion	Crohns diseases ^[15] , IBS	<i>Grahani</i>

Gastric secretion: The term gastritis is commonly employed for any clinical condition with upper abdominal discomfort like indigestion or dyspepsia in which the specific clinical signs and radiological abnormalities are absent. The condition is of great importance due to its relationship with peptic ulcer and gastritis.^[16]

- a) Gastritis - Is of two types acute and chronic.^[17]
- b) Peptic ulcer - It means Ulcer in the stomach (gastric ulcer) or duodenum (duodenal ulcer). Acid of the gastric juice or pepsin in the gastric secretion produces damages to the gastroduodenal mucosa in abdominal conditions. Therefore, peptic ulcer is called acid peptic disease.^[18]

Pancreatic secretion:

- a) **Acute pancreatitis** - Condition of acute abdomen that occurs due to inflammation of the pancreas. The disease is characterised by severe pain in the epigastric region or periumbilical region that often radiates to back.^[19]
- b) **Chronic pancreatitis** - Slow and chronic inflammation of pancreas occurs without any definite etiology. Patient develops steatorrhea due to pancreatic lipase deficiency and malnutrition due to indigestion and malabsorption of various nutrients.^[20]

Biliary secretion: About 0.5 to 1 litre of bile is secreted daily. Bile is a greenish yellow fluid formed in the liver and stored in gallbladder.^[21] Gallstone - Are silent stones. But, when stones come out of the gallbladder and pass through the biliary ducts, severe colicky or spasmodic acute abdominal pain occurs. Chronic gallstones may present with acute cholecystitis, bile stasis inducing inflammation of gallbladder.^[22]

Intestinal secretion: In malabsorption due to intestinal causes, the digestive and absorptive functions of small intestine are impaired. In these conditions, hypoproteinemia develops early due to deficient absorption of amino acids. Excretion of large amount of fat (steatorrhea) results in bulky, pale, and foul smelling stool.^[23]

DISCUSSION

The above definitions assert a great deal of significance to the functional, medical, embryological and structural aspects of *Nabhi*. In this literature, an effort is made to display and demonstrate *Nabhi* in contrast with the current anatomical structure by referring to all the classics and *Acharyas*.

Therefore anatomically, physiologically and pathologically, both *Ayurvedic* and traditional, it is known that *Nabhi* is umbilicus. Where *Prana* resides.

Physiologically, *Nabhi* is a *Pitta Sthana* or *Jyoti Sthana*. It may be because of the proximity of the digestive organs to *Nabhi* that it is considered as *Pitta Sthana*. The digestive tract, mainly the stomach and small

intestine (liver and pancreas) mainly operates with the help of *Pitta*, the fire element. The dimensions of fire or *Agnitatwa* is said to be depicted in the body in the form of a *Pitta*. *Nabhi* is closely linked to *Agni* or *Pachakagni* in the body. *Nabhi*, is also an *Agnisthana*. *Grahani* is located in the umbilical area or *Nabhi*, which shelter *Agni*. Located between the *Amashaya* and *Pakwashaya*, like a bolt or a latch. This one also bears the *Pittadhara Kala* in which the *Agni* is placed. Thus, *Nabhi* is considered as *Agnisthana*.

The modern umbilical correlations provided by the various Scholars vary in many ways. It is translated as umbilical, whole of the anterior abdomen, inferior epigastric vessels, and rectus abdominal muscle. Some are associated with abdominal aorta and inferior vena cava.

Note:

It is considered that all the GI secretions i.e., pancreatic secretion, biliary secretion, intestinal secretion are secreted in second part of duodenum which comes under umbilical region, as per *Ayurveda* it is considered as *Nabhi*. Hence it is known as *Jyoti Sthana*.

CONCLUSION

Nabhi is a structure from which something emerges or generates, which is taken to the center as the axis from which the spokes arise, to the periphery. *Nabhi* is considered to be a *Sadyapranaharamarma*. Not only that, but all the *Dhamani* and *Sira* also derive from *Nabhi*, which carry *Ahararasa* and *Doshas* from *Nabhi* to the entire body. The mode of basic pathogenesis is therefore closely related to this article. The medication is passed through the same direction after the action of the *Agni* that is after being properly digested. So, *Nabhi* (Umbilicus) is a primarily important in anatomy, pathology and medicine.

Although *Grahani Roga* (IBS) is primarily a *Pitta disorder*, one must take into account the metabolic power and intelligence (*Agni*) of both *Vata* and *Kapha*. Craving for all types of food (*Griddhi Sarvarasanam*) is seen due to malabsorption of various elements, minerals and vitamins causing deficiency of the essential requirements of elements.

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