A literary review on Nabhi as Jyotisthana

Priya¹, Krishnamurthy², Kochutresia Jose³

¹First Year Post Graduate Scholar, Department of PG Studies in Shareera Rachana Sri Dharmanathshala Manjunatheshwara College of Ayurveda, Udupi, Karnataka, India.
²Professor and Head, Department of PG Studies in Shareera Rachana Sri Dharmanathshala Manjunatheshwara College of Ayurveda, Udupi, Karnataka, India.
³Assistant Professor, Department of PG Studies in Shareera Rachana Sri Dharmanathshala Manjunatheshwara College of Ayurveda, Udupi, Karnataka, India.

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.

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) and (24 Dhamani) in our body. They originate from Nabhi and spread in three directions i.e., Urdhwa, Adho and Tiryak.

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

**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 Asthanga Hrudaya, Nabhi is considered as Matrujadibhava.

- **Nabhi as Pitta Sthana**
- **Nabhi is one among Dashapranayatana**
- **Nabhi is considered as Sadyopranahara Marma**

**Bhavaprakash view**

Grahami is mentioned as Pachakashaya (below the Amashaya and above the Pakwashaya)

**Nabhi as Jyotisthana**

Nabhi is one of the Pitta Sthana. 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.

**Functional Anatomy** - The exocrine pancreas plays a major role in digestion and absorption of all essential nutrients from the GI tract. The exocrine pancreas constituents 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.

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.**

<table>
<thead>
<tr>
<th>Stimuli</th>
<th>Mechanism</th>
<th>Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cephalic phase</td>
<td>Sight, smell, thought, and taste of food.</td>
<td>Vagal stimulation</td>
</tr>
</tbody>
</table>
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 HCO3⁻ and water | Increased secretion containing more enzymes |

Table 2: Disease related to Agni / Metabolism

<table>
<thead>
<tr>
<th>Secretions</th>
<th>Applied aspect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastric secretion</td>
<td>Gastritis, Peptic ulcer[^12]</td>
</tr>
<tr>
<td>Pancreatic secretion</td>
<td>Pancreatitis[^13] (acute and chronic)</td>
</tr>
<tr>
<td>Biliary secretion</td>
<td>Gallstone[^14]</td>
</tr>
<tr>
<td>Intestinal secretion</td>
<td>Crohns diseases[^15], IBS</td>
</tr>
</tbody>
</table>

**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 cholicystitis, bile statis 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 Sadyaprana haramarma. 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 (Griddhih Sarvarasanam) is seen due to malabsorption of various elements, minerals and vitamins causing deficiency of the essential requirements of elements.

REFERENCES


How to cite this article: Priya, Krishnamurthy, Kochutresia Jose. A literary review on Nabhi as Jyotisthana. J Ayurveda Integr Med Sci 2024;2:161-165. http://dx.doi.org/10.21760/jaims.9.2.25

Source of Support: Nil, Conflict of Interest: None declared.