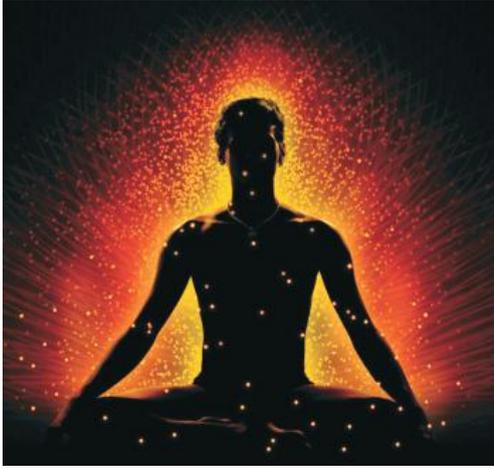


## “STUDY OF NABHI SHARIR AS A PRANAYATAN”

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### INTRODUCTION:

Ayurveda is the science of life. Several aspects like srotas, sira, snayu, dhamani, ashya, marma, pranayatana etc have been described in the samhitas. These “DASHAPRANAYATANA”(10 seats of life) is an important concept.

Pranayatana means site of body, where prana reside predominantly and injury to that site leads to death. It is clearly mentioned that there are ten pranayatana present in human body. Acharya mentioned as-

दशैवायतन्याहुः प्राणाः येषु प्रतिष्ठिताः ।

शंखौद्वौ मर्मत्रयः कण्ठौ रक्तं शुक्रौजसौ गुदम् ॥ च.सू. 29/3

Acharya charaka and vagbhata have mentioned the concept of the dashapranayatana. Only the terminologies for the pranayatana are different, but meaning of them is same. Acharya vagbhata has mentioned Rasabandhana and nabhi instead of shamkha.

दश जीवितधामानि शिरोरसबन्धनम् ।

कण्ठोऽस्त्रं हृदयं नाभिर्बस्तिः शुक्रौजसी गुदम् ॥

वा.शा.3\13

### DESCRIPTION OF DASAPRANAYATANA

- 1) Shamkha is part of shira (murdha), which is the site of controlling centre of whole body. Injury or disease of shamkha leads to death.
- 2) Marmatraya are hruday, shir and basti which are sadhyaopranhar marma
- 3) Guda is sadhyaopranharmarma
- 4) Rakta is the circulating fluid of body which conduct nutritional products towards cells and toxic, harmful products take away from cells for excretion.
- 5) Shukra and oja are present in body, as par the Ayurveda which are the vital parts 6
- 6) Kantha is one of the site of pranayatan. Which is consist of mandal sandhi, asthaumatruka marma, chaturvidha dhamani marma as stated in susruta samhita.
- 7) Nabhi

मांस-शोणित-मदो-मज्ज-हृद-नाभि-यकृत-प्लीहा-आन्त्र-गुद-प्रभृतीनि मृदुनि मातृजानि ।

सु.शा.3/31

Softer parts such as flesh, blood, fat, marrow, the brain, the heart, the spinal cord, umbilicus, intestine, spleen are received from mother.

मातुस्तु खलु रसवहायां नाड्यां गर्भनाभिनाडी प्रतिबद्धाः, साऽस्य मातुराहारसवीर्यमभिवपति ।

सु.शा.3/29

To the vessel that conveys the nourishing fluid in the body of mother, is attached a cord that enters the navel of the foetus; it is called the umbilical cord.

यावत्यस्तु सिराः काये सम्भवन्ति शरीरिणाम् । नाभ्यां सर्वा निबद्धास्ताः प्रतन्वन्ति समन्ततः ॥

सु.शा.7/4

The support of the Siras lies in nabhi (i.e. they have their origin in nabhi) & from hence they spread out upward, downward & sideways.

सप्त सिरा शतानि भवन्ति; तासां नाभिर्मूलं ततश्च प्रसरन्त्यूर्ध्वमधस्तिर्यक् च ।

सु.शा.7/3

The total number of siras in the body is seven hundred.

चतुर्विंशतिधमन्यो नाभिप्रभवा अभिहिताः ।

सु.शा.9/2

There are 24 dhamanis arising from nabhi.

तस्यान्तरेण नाभेस्तु ज्योतिःस्थानं ध्रुवं स्मृतम् । यदा धमति वातस्तु देहस्तेनास्य वर्धते ॥  
उष्मणा सहितश्चापि दारयत्यस्य मारुतः । उर्ध्वं तिर्यग अधस्ताच्च स्त्रोतांस्यपि यथा तथा ॥

सु.शा.4/57

In the interior of the nabhi is situated the flash of vital energy, & when that bursts into flame, the development of the fetus takes place.

Combined with Agni the vayu successively separates by the process of division, the several strotasas which are situated in the upper, middle & the lower part of fetus.

पञ्चदश कोष्ठाङ्गेष्वेकम् ।

च.शा.7/10

Nabhi is included in the koshtanga.

नाभिस्थः प्राणिनां प्राणान्नाभिव्युपाश्रिता । सिराभिरावृता नाभिश्चक्रनाभिरिवारकैः ॥

सु.शा.7/5

The support of siras lies in nabhi (i.e. they have their origin in nabhi) the vitality (prana) of animals is centered in nabhi; and upon Nabhi is dependent the activity of life surrounded as it is by the Siras as the hub of a wheel is encircled by spokes.

निला, धमनी, मातृका, श्रृंगाटक, अपाङ्ग, स्थपनि, फणा, स्तनमूल, अपलाप, हृद्य, नाभि, पार्श्वसन्धि, बृहति, लोहिताक्ष, सिरामर्माणि । सु.शा.6/7

Nabhi included in sira marma.

पक्वामाशयोर्मध्ये सिराप्रभवा नाभिः, तत्रापि सद्योमरणम् ।

सु.शा.6/26

The Nabhi Marma is the vital spot beneath the stomach & the transverse colon. Injury to this part is followed by immediate death.

सद्यः प्राणहराणि अग्नेयानि, अग्निगुणेषु आशुः क्षीणेषु क्षपयन्ति ।

सु.शा.6/17

The injured vitals which cause instant death are of the essence of fire, & life is lost because the qualities of them vanish quickly.

According to all above references so many different opinions regarding the term Nabhi are seen.

- 1) Umbilicus is an inner & external part as 24 arteries are originated from umbilicus & umbilical cord is attached to umbilicus in neonate respectively.
- 2) The origin of 700 veins (siras) from umbilicus which give knowledge about rest of the organ.
- 3) Nabhi is said to be centre of body as when there is abcess (vidradhi) formation above nabhi the drainage of pus is from mouth as well when the abcess (vidradhi) formation below nabhi the pus drain from anus.
- 4) According to modern science the term nabhi is consider as umbilicus. & umbilicus is considered as centre point of body & among 9 quadrants of Abdomen umbilical quadrant is one of the important part of abdomen.

So there is need to explore that which anatomical structures can be correlated with the term nabhi.

## **AIM:**

To study nabhi sharir as pranayatana.

## **OBJECTIVES:**

- 1) To study nabhi sharir in details according to ayurvedic and modern science.
- 2) To study dashapranayatana.

## **PLAN OF WORK**

This study will be carried out under two head

- 1) Conceptual study
- 2) Observational study of post mortem

## **1) CONCEPTUAL STUDY :**

### **Ayurvedic literature:**

Literature regarding nabhi, pranayatana & marma will be studied from brihatrayi, laghutrayi and other text of Ayurveda.

### **B) Modern literature:**

- 1) Literature regarding vital organs (Dashapranayatana) & vital points (marma) will be studied.
- 2) Literature regarding umbilical region will be studied.

### **Other literature:**

Literature available on internate, journals, research papers and previous work done on pranayatana will also be studied.

## **2) POST MORTEM OBSERVATION:**

The study of post mortem reports of umbilical region injury leading death.

## **MATERIALS AND METHODS**

### **A) Materials:**

- 1) Post mortem report of death due to abdominal injuries.
- 2) Sample size: 35 sample for clinical observation.

### **B) Methodology:**

- 1) The observation found in the post mortem reports of the persons, who have died due to the umbilical region injury, will be studied
- 2) Data will be collected in the form of post mortem reports and photographs of the umbilical region.
- 3) Collected data will be studied with the Ayurvedic explanation in order to understand vitality

(pranayatana) of nabhi.

## 1) Inclusion Criteria

Post -mortem reports of the persons, who have died due to the umbilical region injury.

## 2) Exclusion Criteria

Post mortem reports of the persons who have died due to other reasons.

## CRITERIA FOR ASSESSMENT:

- 1) Injury to umbilical area out of 9 abdominal quadrants will be noted.
- 2) Injury to specific organ in umbilical quadrant will also be noted.

## OBSERVATION AND RESULT:

Observations will be based on,

- 1) References found in the literatures.
- 2) Observation found in the post mortem reports.

## DISCUSSION

According to modern science, Umbilicus term always correlated with Nabhi concept of ayurveda. According to them the umbilicus is the normal scar in the anterior abdominal wall which is formed by remnant of the root of umbilical cord i.e.which is significant only in the foetus ,but in adult umbilicus is just an anatomical landmark. Ayurvedic literature says Nabhi is one of the vital structure in the body as it is described as ‘\_Sadyoprahara Marma’, ‘Koshthanga’ ‘\_Pranayatana’ etc. That means it is not mere a landmark, it is broad concept which cannot be correlated just with umbilicus. Hence to clarify the concept of Nabhi described in Ayurvedic literature is purpose of study. Here an effort has been made to correlate the structure which seem to be relevant with respect to the Nabhi.

## SUMMARY

According to all above references so many different opinions regarding the term Nabhi are seen.

- 1) Umbilicus is an inner & external part as 24 arteries are originated from umbilicus & umbilical cord is attached to umbilicus in neonate respectively.
- 2) The origin of 700 veins (siras) from umbilicus which give knowledge about rest of the organ.
- 3) Nabhi is said to be centre of body as when there is abcess (vidradhi) formation above nabhi the drainage of pus is from mouth as well when the abcess (vidradhi) formation below nabhi the pus drain from anus.
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## CONCLUSION

The entire work, entitled ‘\_study of Nabhi sharir as a pranayatana’ can concluded as below:

- \* Nabhi is most important concept of Ayurveda maintain its importance since Vedic period.
- \* Nabhi so named because according to its Nirukti it means ‘\_binder’ the one who binds reflecting its significance in garbhavastha (Foetal life). It is channel through which nourishment of foetus by placenta with pathway of umbilical vessels occurs.

In post partum life after shedding off umbilical cord it remains as five umbilical folds (medial, lateral

& median), Ligamentum teres, Ligamentum venosum and as a important landmark umbilicus on anterior abdominal wall. We can interprete above statement only with the help of modern literarture.

\* Modern literature can't fulfil the broad concept of Nabhi sharir by Ayurveda. As they said it is only a important landmark on anterior abdominal wall. hence every conceptual part of Nabhi sharir can interpreted in accordance with relevant information from modern texts which can be stated as-

1) Nabhi as a Prabhavasthana of Sira and Dhamani can be interpreted exclusively in the foetal life only still it is not 100% true because development of vessels begin in embryonic stage from primitive aorta & not from the umbilicus. vesseles only appear to be radiating from umbilicus.

lies deep to Nabhi at the level of L1.

10) Development and nourishment of foetus occurs through umbilicus as it is communication between foetus & mother. So all the srotasas develop in primitive life through umbilicus. Later on it gets obliterated hence it is included in sookshma srotasa.

11) Hence Nabhi cannot be correlated merely with umbilicus. After consideration of its Rachnatmaka & Kriyatmaka aspect whole umbilical region should be considered in context of 'Nabhi sharir'.

12) It is true that this dissertation work is just step forward the final achievement but it is hoped that this will help the further research scholars to clinical importance of Nabhi sharir & reach the destination.

13) Nabhi as a pranayatan concept can be demonstrated with its Sadyopranaharatva. As according to ayurveda and modern science the vital structures lies in umbilical region.

2) One peshi at Nabhi can be interpreted with the muscle poas major which is found in post abdominal wall at L1-L4 level.

3) Nabhi as a sira Marma can be demonstrated in foetus with references to umbilical vessels and in post partum life with reference to major blood vessels and in post partum life with references to major blood vessels - abdominal aorta, IVC in umbilical region.

4) Nabhi as a Sadyopranahara marma can be demonstrated in foetal life with reference to cord prolapsed, cord around neck and in post partum life with reference to sudden death due to abdominal injury with the help of medical jurisprudence.

5) Nabhi as a Koshthang can be understood with the reference to developmental anatomy of gut, rotation of gut concept during which the midgut loop lies outside the abdominal cavity & is subsequently withdrawn through the umbilical opening.

6) Concept of Nabhi as a sthana of saman, apana vayu resembles the function carried out by enteric nervous system of gut..

7) The site of Udana vayu & Shwasana concept can be demonstrated with the help of chief respiratory muscle diaphragm whose right and left crura lie at the level of L1-L2 behind umbilicus.

8) Nabhi is the chief seat of Pitta, and said as agniadhithana-jyotisthana. It resembles the duodenum which lies in nabhi Pradesh (umbilical region) is like a mixing bowl of all the secretions of the glands of alimentary canal.

9) Manipura chakra / Nabhi chakra can be refered as the celiac plexus