
EXPLORING NABHI MARMA: ANATOMICAL BASIS, CLINICAL RELEVANCE, AND PHILOSOPHICAL UNDERSTANDING IN AYURVEDA AND MODERN MEDICINE

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ABSTRACT

Objective: This review aims to provide a comprehensive understanding of Nabhi Marma, integrating classical Ayurvedic knowledge and modern anatomical and clinical perspectives.

Data Source: Primary Ayurvedic texts, including Sushruta Samhita, Charaka Samhita, Ashtang Hridaya, along with authentic commentaries; modern anatomy textbooks; peer-reviewed journals; and online academic databases including PubMed and AYUSH portals.

Review Methods: A systematic literature survey was conducted to collate historical, anatomical, physiological, and clinical information on Nabhi Marma. Classical descriptions were compared with modern anatomical correlations. Methods included comparative analysis, data synthesis, and interpretation of both primary and secondary sources. **Results:**

Nabhi Marma, classified as a Sira Marma and Sadyapranahara, is situated at the umbilicus. It serves as the hub for Siras, Dhamanis, Prana, and Agni¹. Trauma to this marma may result in fatality or severe complications. Modern anatomy confirms its centrality, vascular significance, and embryological importance. Ayurvedic therapies like Nabhi Basti and oil massage positively influence digestive, reproductive, and psychophysiological functions.^{1,2,3}

Conclusion: Nabhi Marma exemplifies the convergence of ancient Ayurvedic wisdom and modern biomedical understanding. Knowledge of this marma enhances surgical safety, clinical interventions, and holistic health practices, highlighting its enduring relevance.

KEYWORDS: Nabhi Marma, Ayurveda, Pranayatana, Umbilicus, Sadyapranahara.

INTRODUCTION

Ayurveda, the ancient Indian system of medicine, emphasizes the understanding of human anatomy not merely as a structural entity but also as a center of vital energy and consciousness. Within this framework, **Marma Vigyana**—the science of vital spots—constitutes one of the most important contributions. Maharshi Sushruta, in *Sharir Sthana*, has stated that nearly half of surgical science (*Shalya Tantra*) depends on the correct knowledge of marma. Injury to these vital spots produces grave consequences ranging from functional impairment to instantaneous death.

Among the 107 marmas described¹, Nabhi Marma is of paramount significance. The word “Nabhi” denotes the central point or navel, derived from the root *Nah-bandhe* — “that which binds or connects.” Anatomically, it lies between the stomach (*Amashaya*) and large intestine (*Pakvashaya*), and clinically, it is categorized as a Sira Marma, fatal upon injury. Beyond its surgical importance, Nabhi is also described as the seat of *Agni* (digestive fire), *Prana*, and a central channel for energy distribution.¹ Modern medicine identifies Nabhi with the umbilicus, which acts as an embryological landmark and watershed for vascular and lymphatic circulation.^{6,7}

This paper attempts to present a consolidated view of Nabhi Marma by tracing its historical origins, analyzing its classical descriptions, reviewing its anatomical basis, and highlighting its relevance in contemporary practice.

Historical Perspective

The concept of marma has been discussed extensively in the Vedic literature and systematically elaborated in Ayurvedic texts. In the Atharva Veda, references to vital points and their role in warfare suggest that knowledge of marma was crucial in both healing and self-defense.⁴

Later, Sushruta Samhita (*Sharir Sthana* 6) provided the first scientific classification of marma, describing 107 points in the human body. These were categorized based on their location (*Shakha*, *udara*, *urdhvajatru*, and *prishth*), structural predominance (*mansa*, *sira*, *snayu*, *asthi*, or *sandhi*), and prognosis after injury (*sadyapranahara*, *kalantarapranahara*, *vaikalya*, *vishalyaghna*, and *rujakara*).¹

Acharya Charaka and Vagbhata further emphasized the role of Nabhi by including it in the *Dash Pranayatana* (ten vital centers of life), underscoring its role as a life-sustaining core.^{2,3} Thus, the history of marma illustrates a gradual evolution—from spiritual symbolism in the Vedas to precise anatomical localization in classical Ayurveda.

METHODOLOGY

The present review was conducted using the following methods:

1. **Classical Sources:** Primary Ayurvedic texts including *Sushruta Samhita*, *Charaka Samhita*, and *Ashtang Hridaya* along with authentic commentaries were studied.^{1,2,3}
2. **Secondary Literature:** Modern anatomy textbooks and peer-reviewed journals were reviewed for correlation with umbilical anatomy.^{6,7}
3. **Databases and Online Sources:** Relevant academic articles were accessed from PubMed, AYUSH research portals, and Ayurvedic journals.⁸
4. **Analytical Approach:** Both comparative and integrative methods were employed to bridge the Ayurvedic concept of Nabhi Marma with modern anatomical and clinical interpretations.

Classical Aspect of Nabhi Marma

1. Definition and Classification

Sushruta included Nabhi among the 107 marmas, describing it as a **Sira Marma** and placing it under the **Sadyapranahara** category. Injury to Nabhi results in instantaneous or short-term mortality due to disruption of vital channels.¹

2. Measurement and Extent

It is described as *chaturangula pramana* (approximately four finger-breadths in dimension) and *swapanital* (depression at the center of the abdomen).¹

3. Anatomical Location

Nabhi is situated between *Amashaya* and *Pakvashaya*, marking the central point of the abdomen. It is described as the site of origin for multiple *siras* and *dhamanis*, radiating outward like spokes of a wheel.¹

4. Physiological Significance

- **Prana-Sthana:** Seat of life-force (*Prana*).
- **Agni-Sthana:** Regulates digestion and metabolism.
- **Prabhava Sthana of Sira:** Considered the root of vascular channels.

Types of Marma and Their Significance^{1,2,3}

Sushruta classified marma on three bases:

1. According to Structural Predominance:

- *Mansa marma* (muscular)
- *Sira marma* (vascular)
- *Snayu marma* (ligamentous)
- *Asthi marma* (bony)
- *Sandhi marma* (articular)

2. According to Prognosis on Injury:

- *Sadyapranahara* – fatal immediately (e.g., Nabhi, Hridaya)
- *Kalantarpranhara* – fatal after some time
- *Vaikalyakara* – causes deformity
- *Vishalyaghna* – fatal on removal of foreign body
- *Rujakara* – produces pain

3. According to Regional Distribution:

- *Shakha marma* (limbs) – 44
- *Udar marma* (trunk-abdomen) – 12
- *Urdhvajatru marma* (above clavicle) – 37
- *Prishtha marma* (back) – 14

Table 1: Classification of Marma by Structure^{1,2,3}

Structural Basis	Description	Examples
Mamsa Marma	Dominated by muscle tissue	Indrabasti
Sira Marma	Composed mainly of vessels	Urvi
Snayu Marma	Comprised of ligaments/tendons	Kurcha
Asthi Marma	Dominated by bone tissue	Nitamba
Sandhi Marma	Found at joints	Janu

Table 2: Classification of Marma by Prognosis (Effect of Injury)^{1,2,3}

Prognostic Type	Effect of Injury	Example
Sadyapranhara	Instant death	Nabhi, Hridaya
Kalantarpranhara	Delayed death	Basti
Vishalyaghna	Fatal only if foreign body is removed	Apastambha
Vaikalyakara	Leads to deformity	Kshipra

Prognostic Type	Effect of Injury	Example
Rujakara	Causes severe pain	Gulpha

Nabhi Marma is significant as it belongs to the **Sadyapranhara group**, highlighting its life-threatening vulnerability.

Nabhi Marma is specifically an **Udar Marma**, *Sira Marma* by structure, and *Sadyapranahara* by prognosis.

Anatomical Correlation of Nabhi

Modern science equates Nabhi with the **umbilicus**, which is:

- Located in the anterior abdominal wall, at the level of the intervertebral disc between the L3 and L4 vertebrae in adults.
- A remnant of embryological development where umbilical vessels, vitellointestinal duct, and urachus converge.
- Acts as a watershed for venous and lymphatic drainage—fluids above the umbilical plane drain upward, while those below drain downward.
- Related anatomically to vital structures including the stomach, pancreas, duodenum, transverse colon, abdominal aorta, and mesenteric vessels.

This correlation explains why trauma to the umbilical region may result in catastrophic outcomes.^{6,7}

Clinical Relevance

1. Surgical Importance:

- Any surgical incision around the umbilicus must be carefully planned to avoid major vessels.
- Umbilical hernia repair and laparoscopic entry emphasize the vulnerability of this site.

2. Ayurvedic Practice:

- Nabhi is massaged with medicated oils to regulate *Agni*, digestion, and reproductive health.
- *Nabhi Basti* therapy is employed in disorders of digestion, menstruation, and anxiety.

3. Emergency Consideration:

- Classical texts state that trauma to Nabhi may cause sudden collapse or death, corresponding to vascular injury and peritonitis in modern medicine.

4. Preventive and Holistic Health:

- Nabhi is linked to the solar plexus; yoga and pranayama practices are said to strengthen this center, promoting vitality and mental balance. [6,7]

DISCUSSION

The Ayurvedic and modern descriptions converge in recognizing Nabhi as a central and life-sustaining point. Classical texts emphasize its role as a *Pranayatana*, *Agni-Sthana*, and hub of *siras*. Modern anatomy corroborates its central location, vascular significance, and embryological importance. Clinically, Nabhi is critical in both surgical and non-surgical interventions.

The integration of these perspectives highlights the depth of ancient anatomical insights, showing remarkable alignment with modern anatomical and physiological knowledge. This indicates that Nabhi Marma is not merely a spiritual or symbolic concept but a scientifically valid structure with profound clinical importance.

CONCLUSION

Nabhi Marma, located at the umbilicus, is recognized as one of the most crucial vital points described in Ayurveda. Its classification as a **Sira Marma** and **Sadyapranahara Marma** underscores its fatal potential upon trauma. Classical texts regard Nabhi as the origin of *Sira*, the seat of *Prana* and *Agni*, and an axis binding the entire organism. Modern anatomical studies reaffirm its central position, vascular watershed role, and embryological significance. Understanding Nabhi Marma enhances surgical safety, enriches clinical practice, and provides a foundation for holistic health approaches. It serves as a bridge between traditional Ayurvedic wisdom and contemporary biomedical knowledge, affirming the enduring relevance of marma science in healthcare.

REFERENCES

1. Sushruta, *Sushruta Samhita*, Sharir Sthana, Chapter 6, Chaukhambha Sanskrit Sansthan, Varanasi, 2014.
2. Charaka, *Charaka Samhita*, Sharir Sthana, Chaukhambha Bharati Academy, Varanasi, 2013.
3. Vagbhata, *AshtangHridaya*, Sharir Sthana, Chaukhambha Orientalia, Varanasi, 2012.
4. Radhakantadeva, *Śabdakalpadruma*, Vol. II, Chaukhambha, Varanasi, 2002.
5. Ghanekar BG, *Sushruta Samhita*, with commentary, New Delhi: Meharchand Lachhmandas Publications, 1997.

6. Garg K, *BD Chaurasia's Human Anatomy*, Vol. 2, CBS Publishers, 7th Edition, 2013.
7. Cunningham's Manual of Practical Anatomy, Vol. 2, Oxford University Press, 2012.
8. Peer-reviewed articles from PubMed and AYUSH research portals (2020–2025).