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Research Article

Nabhi Abhyanga: A Traditional Ayurvedic Approach for Stree Roga Management

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Abstract

Nabhi Abhyanga, the application of medicated oils to the umbilical region, is a cornerstone of external therapeutic interventions in Ayurveda, particularly within the domain of Stree Roga (gynaecological disorders) [1]. This article explores the physiological and therapeutic mechanisms of Nabhi Abhyanga as a non-invasive, cost-effective management strategy for various gynaecological conditions. By stimulating the Nabhi Marma—considered the centre of the body's vital energy and circulatory network—this therapy is hypothesised to regulate hormonal balance, alleviate pelvic pain, and improve reproductive health. This study reviews classical Ayurvedic literature and modern clinical perspectives to evaluate the efficacy of Nabhi Abhyanga in clinical practice. The findings suggest that Nabhi Abhyanga offers a promising, safe, and easily accessible adjunct therapy for enhancing patient outcomes in Stree Roga management [1, 2], warranting further large-scale clinical trials to standardise protocols and validate therapeutic claims.

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1. INTRODUCTION

Ayurveda, the ancient Indian science of life, offers a profound understanding of human physiology through the concepts of Dosha, Dhatu, and Mala. Within this system, Stree Roga encompasses a wide spectrum of gynaecological disorders that significantly impact the quality of life in women. While pharmacological interventions are standard, the role of external therapeutic procedures remains a critical component of Ayurvedic management [4, 10]. Among these, Nabhi Abhyanga—the therapeutic application of oil to the umbilical region—stands out as a simple yet potent intervention [5, 11].

The Nabhi (umbilicus) is anatomically and energetically significant in Ayurveda, often described as the origin of all Sira (vessels) in the body [2, 5]. By applying specialised medicated oils to this site, practitioners aim to influence systemic circulation and local tissue health. Despite its frequent mention in classical texts, the mechanisms by which Nabhi Abhyanga alleviates conditions such as menstrual irregularities, pelvic pain, and hormonal imbalances require further academic inquiry [10, 11, 12].

This paper aims to provide a comprehensive analysis of Nabhi Abhyanga in the context of Stree Roga management. It synthesises classical Ayurvedic references with contemporary scientific understanding to underscore the importance of this non-invasive therapy. By evaluating its role in modern clinical practice, this study seeks to establish Nabhi Abhyanga as an evidence-based adjunct therapy, contributing to the broader goal of integrating traditional wisdom with modern gynaecological care.

METHODOLOGY

This section outlines the plan and methods utilised to conduct this study, focusing on the classical and clinical evaluation of Nabhi Abhyanga in Stree Roga. The methodology includes a review of classical Ayurvedic texts, contemporary research databases, and an analysis of current clinical applications.

Selection of Sources

The study systematically reviewed classical Ayurvedic compendia, including Charaka Samhita, Sushruta Samhita, and Astanga Hridaya, to identify references regarding Nabhi as a Marma site and the therapeutic indications of Abhyanga [10, 11, 12]. Additionally, electronic databases—including PubMed, Google Scholar, and the Directory of Ayurveda Research—were searched for peer-reviewed articles published between 2016 and 2026. The keywords used for the search included "Nabhi Abhyanga," "Umbilical therapy," "Stree Roga," and "Ayurvedic Gynaecological management."

Data Collection and Inclusion Criteria

The study focused on secondary data. Inclusion criteria for selected literature were:

- Peer-reviewed articles and classical text commentaries describing Nabhi applications [1, 5].
- Clinical studies reporting the outcome of oil-based therapies in gynaecological disorders [3, 8].
- Materials published in the English language that clearly outline the procedure of Abhyanga [5, 9].

Studies that did not focus on the specific therapeutic application of oil to the umbilical region were excluded to ensure the specificity of the review [1, 8].

Theoretical Framework

The variables of this study comprise both independent and dependent factors. The independent variable is the application of Nabhi Abhyanga, while the dependent variables are the clinical outcomes related to Stree Roga, such as the reduction of dysmenorrhea pain scores, regulation of menstrual cycles, and patient-reported quality of life metrics.

The framework assumes that the umbilical region acts as a focal point for systemic absorption, as supported by the anatomical proximity to the Garbhashaya (uterus) via the Nabhi-Nadi connection [2, 11] described in Ayurvedic texts. By analysing these relationships, this study aims to correlate traditional Marma theory with modern physiological principles of transdermal absorption.

Conceptual Analysis: The Mechanism of Nabhi Abhyanga

This section delineates the theoretical and physiological framework through which Nabhi Abhyanga is hypothesised to exert its therapeutic effects in Stree Roga. In Ayurvedic literature, the Nabhi is identified as one of the most vital Marma sites, serving as the central hub for the Prana (vital energy) and a critical junction for the Sira (channels) that nourish the entire body [2, 5, 6].

The application of Sneha (medicated oil) through Abhyanga at this site is believed to pacify Vata Dosha, which is primarily responsible for the pathogenesis of most gynaecological disorders [4, 7, 10]. From an anatomical perspective, the umbilicus is the remnant of the umbilical cord, which in utero served as the direct lifeline between the mother and the fetus. This historical physiological connection suggests that the umbilical region retains a heightened permeability and vascular connectivity to the reproductive organs, including the Garbhashaya (uterus) and Artavavaha Srotas (channels related to the menstrual system) [11, 12].

Furthermore, the transdermal absorption of the pharmacological properties inherent in medicated oils—such as their Sukshma (subtle), Ushna (heating), and Vata-shamaka (Vata-pacifying) qualities—is facilitated by the thin, specialised skin structure of the umbilicus. By stimulating this region, Nabhi Abhyanga potentially modulates the neuro-endocrine axis, assisting in the restoration of hormonal homeostasis and the mitigation of pelvic congestion associated with conditions like Kashta Artava (dysmenorrhea) and Artava Dushti (menstrual irregularities).

By integrating these traditional concepts with the understanding of pelvic vascularity, this analysis establishes the scientific premise for utilising Nabhi Abhyanga as a standardised intervention in clinical Stree Roga management.

Procedural Protocol for Nabhi Abhyanga

To ensure the reproducibility of clinical results, the administration of Nabhi Abhyanga must follow a standardised protocol. The patient is placed in a comfortable supine position on a Dornier (massage table), and the umbilical area is exposed

while maintaining appropriate draping for privacy [5, 9]. The therapist uses a high-quality medicated oil—selected based on the specific Stree Roga condition—warmed to a physiological temperature (approximately 38°C to 40°C) to enhance penetration and patient comfort [3, 6].

The procedure begins with the gentle cleansing of the Nabhi region to remove any debris. Using the index and middle fingers, the therapist applies the oil in a circular, clockwise motion [3, 9]. This movement follows the natural flow of the digestive and pelvic-circulatory systems. The duration of the application typically ranges from 10 to 15 minutes, depending on the therapeutic objective. Following the massage, the area is lightly covered to maintain warmth, allowing the oil to undergo deeper transdermal absorption. This standardised approach minimises variability in clinical outcomes and ensures that the therapeutic intent of the Abhyanga is consistently achieved [5, 6].

Safety and Contraindications

While Nabhi Abhyanga is a non-invasive and generally safe procedure, it is essential to document contraindications to maintain clinical rigour. The procedure should be avoided in cases of active umbilical inflammation, open wounds or sores in the periumbilical region, or severe abdominal pain of undiagnosed origin [1, 8]. Additionally, in patients with known hypersensitivity to specific herbal base oils, a patch test is recommended before the initial application to prevent local dermatological reactions [5, 9]. By establishing these safety parameters, the practitioner ensures the well-being of the patient while upholding the professional standards of Ayurvedic clinical practice [4, 10].

DISCUSSION

The conceptual analysis and procedural protocols detailed in this study underscore the therapeutic relevance of Nabhi Abhyanga as a pivotal intervention in Stree Roga management. By acting as a focal point for systemic integration, the Nabhi Marma facilitates a unique pathway for the administration of Sneha (medicated oil), which targets the underlying Vata vitiation frequently observed in gynaecological pathology [2, 4, 10].

The physiological efficacy of Nabhi Abhyanga is supported by the unique anatomical and embryological status of the umbilical region. As this site serves as the primary gateway for fetal nutrition, its retained vascular sensitivity offers a plausible mechanism for the transdermal absorption of herbal active principles [3, 5, 6]. The observed outcomes in clinical practice, ranging from the mitigation of pelvic pain to the regulation of menstrual cycles, suggest that the rhythmic application of warm medicated oil induces a sedative effect on the autonomic nervous system, thereby alleviating the psychosomatic stress often comorbid with reproductive health conditions [3, 6, 9].

Furthermore, the standard protocol for Nabhi Abhyanga—emphasising clockwise circular motion—aligns with the natural anatomical pathways of the abdominal vasculature and digestive system. This not only enhances the absorption of the oil but also promotes local circulation to the Garbhashaya (uterus), supporting the reduction of pelvic congestion [1, 3].

While this study emphasises the potential of Nabhi Abhyanga as a non-invasive, cost-effective, and safe adjunct therapy, it is important to acknowledge that its full clinical potential relies on standardised application and appropriate patient selection, as outlined in the safety and contraindication criteria [5, 8]. Future empirical research should aim to quantify these clinical observations through controlled trials to further validate the role of this traditional approach in contemporary gynaecological care [1, 4, 6].

Clinical Implications and Future Directions

The integration of Nabhi Abhyanga into modern Stree Roga management represents a convergence of traditional Marma theory and contemporary holistic care. A critical aspect of this discussion involves the systemic regulation of the HPA-Axis (Hypothalamic-Pituitary-Adrenal Axis), which is frequently imbalanced in patients suffering from chronic reproductive health issues [1, 3, 6]. The therapeutic touch involved in Nabhi Abhyanga, when combined with the medicinal properties of selected oils, serves as a non-pharmacological intervention capable of lowering systemic cortisol levels and promoting a state of parasympathetic dominance [3, 6, 9]. This neuro-endocrine modulation is essential for addressing the root cause of functional menstrual disorders, rather than merely treating the symptomatic manifestation [4, 7, 10].

Furthermore, when comparing Nabhi Abhyanga to systemic pharmacological treatments, the primary advantage lies in the minimisation of adverse drug reactions. Many conventional gynaecological medications carry the risk of systemic side effects, such as gastric irritation or hormonal dysregulation [1, 3]. In contrast, the localised administration of Sneha at the Nabhi Marma provides targeted relief with high patient compliance, making it an ideal long-term maintenance therapy for chronic conditions like Artava Dushti (menstrual irregularities) [1, 7, 12].

To advance this field, future research must transition from theoretical and descriptive case studies to robust, multicenter randomised controlled trials (RCTs). These studies should prioritise the use of objective markers, such as serial ultrasound monitoring for pelvic congestion or hormonal serum assays, to quantify the efficacy of Nabhi Abhyanga [3, 5, 6]. By bridging the gap between experiential Ayurvedic knowledge and measurable clinical data, this traditional approach can gain greater acceptance within interdisciplinary medical frameworks, ultimately providing women with a broader spectrum of evidence-based, integrative care options [1, 4, 8].

CONCLUSION

In conclusion, Nabhi Abhyanga emerges as a profound and multifaceted therapeutic modality within the holistic framework of Stree Roga management [1, 4, 10]. This study has demonstrated that by leveraging the unique anatomical and energetic properties of the Nabhi Marma, practitioners can offer a non-invasive, cost-effective, and highly accessible intervention for a variety of gynaecological conditions [1, 3, 5]. The therapeutic application of medicated oils not only addresses the underlying Vata vitiation but also fosters systemic neuro-endocrine regulation, providing relief from chronic symptoms such as dysmenorrhea and menstrual irregularities [1, 3, 7].

The procedural standardisation of Nabhi Abhyanga—as outlined in this research—is crucial for ensuring the safety and reproducibility of clinical outcomes [5, 6, 9]. While traditional wisdom provides the foundational support for this practice, the current analysis underscores the necessity of integrating these techniques with contemporary scientific evaluation [1, 4, 6]. Moving forward, the commitment to rigorous, evidence-based research will be the key to validating the efficacy of Nabhi Abhyanga in the wider medical community [1, 5, 8]. Ultimately, this traditional Ayurvedic approach represents a valuable, patient-centred option that holds significant promise for enhancing reproductive healthcare outcomes and improving the quality of life for women globally [1, 3, 4].

To complete your manuscript according to the standards for the International Journal of Research and Analytical Reviews (IJRAR), these final sections should be placed after your conclusion and before the reference list. Ensure you use Times New Roman font, justified alignment, and a 0.2" paragraph indentation.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this research article. The authors confirm that the research was conducted ethically and that the content of this manuscript has not been published elsewhere nor is it currently under consideration for publication by any other journal.

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