

Endocrinology of Ashtaunindniya Purush


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Ayurveda is one of the oldest systems of traditional medicine known worldwide. Despite its ancient origins, much of the deep knowledge within this system remains unexplored. By combining insights from different traditional medical systems, new pathways for discovering herbal medicines could emerge. In Ayurvedic texts, Acharya Charak describes eight types of undesirable bodily constitutions called Nindya Prakritis. These include Atideergha (excessive height), Atihriswa (extremely short stature), Atigaur (excessive fair complexion), Atikrishna (excessive dark complexion), and Atiloma (abundant body hair) or absent body hair, excessive thinness, and overweight. The concept of Ashtanindita Purusha refers to individuals who are considered socially unacceptable due to their distinctive physical traits. However, this concept goes beyond social stigma, as these traits can indicate various systemic disorders that may lead to serious health conditions, including life-threatening ones. This study aims to examine the concept of Ashtanindita Purusha from a scientific perspective, particularly focusing on its implications in endocrinology.

Keywords: Atisthaulya, Atikarshya, endocrine disorders, hereditary, obesity

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Introduction

Ayurveda, often revered as the oldest medical system in the world, offers a profound understanding of life, health, disease, and their management through a holistic approach that integrates physical, mental, and spiritual aspects of well-being. Rooted in ancient texts such as the *Charaka Samhita*, *Ayurvedic* principles continue to influence contemporary healthcare practices by providing comprehensive insights into human physiology, pathology, and therapeutic interventions. The origin of *Ayurveda* can be traced back to ancient India, where it evolved from a deep understanding of nature's principles and their application to human health. The foundational texts, including the *Charaka Samhita* attributed to *Acharya Charaka*, and the *Sushruta Samhita* attributed to *Acharya Sushruta*, form the cornerstone of *Ayurvedic* knowledge. These texts elucidate the fundamental concepts of *Ayurveda*, such as the five elements (*Pancha Mahabhutas*), three *Doshas* (*Vata*, *Pitta*, *Kapha*), and the concept of *Prakriti* (individual constitution). *Acharya Charaka's* concept of "*Ashta Nindit Purusha*" highlights eight undesirable physical conditions that are both socially stigmatized and challenging to treat within the *Ayurvedic* framework.[1] These conditions include extremes in height, complexion, body hair, and body mass, reflecting a nuanced understanding of genetic and endocrine influences on health. For instance, morbid obesity (*Atisthula*) is associated with significant health risks like diabetes, hypertension, and cardiovascular diseases, making it a critical focus in *Ayurvedic* disease management strategies.

The term "*Ashtanindit Purusha*" translates to eight despicable personalities or conditions. In *Ayurveda*, these conditions are not only considered undesirable from a societal standpoint but also pose considerable challenges in terms of therapeutic management.[2] *Acharya Charaka's* delineation of these conditions underscores the ancient understanding of human diversity and the complex interplay of physiological and environmental factors influencing health and disease. Each of the eight conditions described by *Acharya Charaka* carries specific implications for health and well-being:

1. Height (*Atideergha* and *Atihriswa*): Extremes in height—excessive tallness or shortness—can be indicators of underlying genetic predispositions and may influence susceptibility to certain diseases.

2. Complexion (*Atigaura* and *Atikrishna*): Excessive fairness or darkness of complexion reflects variations in melanin production and distribution, which can affect skin health and response to environmental factors.

3. Body Hair (*Atiloma* and *Aloma*): Abundance or absence of body hair relates to hormonal balance & can signify condi. such as polycystic ovarian syndrome (PCOS) or androgen insensitivity syndrome.

4. Body Mass (*Atikrishna* and *Atisthoola*): Extreme leanness or obesity indicates imbalances in metabolism, digestion, and nutrient assimilation, contributing to the development of metabolic disorders like diabetes and cardiovascular diseases.

These conditions are extremely hard to treat due to their hormonal & likely genetic origins. Despite modern advancements & theories, they remain difficult or impossible to treat, justifying their classification as "*Ashta-Nindita*," or socially unacceptable body types. These include deformities like humps or missing limbs, which may limit mobility or function, with no current means of natural re-growth. While these conditions vary in social acceptability & treatability, they share common challenge of being extremely difficult to treat. *Ayurveda's* ancient wisdom continues to inspire contemporary approaches to health & healing, offering holistic framework that addresses complexities of human health through personalized, preventive, & therapeutic interventions. Concept of "*Ashtanindit Purusha*" exemplifies *Ayurveda's* nuanced understanding of human diversity & its implications for health & disease management. By integrating *Ayurvedic* principles with modern scientific insights, there is potential for transformative advancements in healthcare, particularly in managing chronic & complex conditions like obesity.

Nindita Purush	Gland Involved	Hormone	Secretion	Diagnosis
Atideergha	Anterior Pituitary	Growth	Hypersecretion	Gigantism
Atihriswa	Gland	Hormone	Hyposecretion	Dwarfism
Atiloma	Anterior Pituitary	Acth →	Hypersecretion	Hypertrichosis
Aloma	Gland	Androgens	Hyposecretion	Alopecia Universalis
Atikrishna	1. Anterior Pituitary Gland	Melanocyte Stimulating	Hypersecretion	Adison's Disease
Atigaur	2. Hypothalamus 3. Skin	Hormone → Melanin	Hyposecretion	Albinism
Atisthoola	Thyroid Gland	Thyroid Stimulating	Hypersecretion	Obese
Atikrish		Hormone	Hyposecretion	Emaciated

As research & collaboration continue to evolve, *Ayurveda's* role in promoting holistic well-being & resilience in face of modern health challenges becomes increasingly significant.[3]

Atideergha and Atihriswa

Adhikaanga-Heenanga-Vikritangapraja in *Ayurveda* refers to the occurrence of anomalies in offspring, influenced by various factors such as defects in essential elements like *Beeja* (sperm and ovum), deeds associated with the soul (*Aatma Karma*), issues related to the uterus (*Ashaya*), timing of conception (*Kala*), and imbalances arising from the mother's diet and lifestyle (*Matraaharavihara Dosh*). Among these factors, *Atideergha* (excessive height) and *Atihriswa* (excessive short stature) are categorized under *Vikritanga*, indicating deviations from the normal range of physical attributes.

Atideergha

Atideergha, or excessive height, is considered a *Vikritanga* disorder characterized by abnormal growth beyond the normal dimensions of the body. According to *Ayurveda*, this condition is primarily attributed to an imbalance of *Vata dosha*, responsible for growth and movement within the body. Individuals with *Atideergha* are sometimes referred to as "*Vatal Purush*," highlighting the dominant role of *Vata* in their constitution. *Ayurveda* acknowledges the challenges in treating *Atideergha*, as there are limitations to reducing bone length through medicinal means. Surgical intervention may be considered in modern medicine, but *Ayurvedic* principles traditionally prioritize preserving natural bodily anatomy unless absolutely necessary. Therefore, managing *Atideergha* primarily involves lifestyle adjustments and supportive therapies rather than corrective measures aimed at altering physical stature.

Gigantism[4]

In modern medicine, *Atideergha*, akin to gigantism, stems from hyperpituitarism caused by benign adenoma in anterior pituitary gland. This tumour disrupts feedback mechanism, leading somatotroph cells to overproduce growth hormone. As result, individuals with gigantism exhibit disproportionate limb and facial growth, surpassing typical height norms for their age and gender. This condition primarily emerges during childhood when bone growth plates remain open, allowing excessive skeletal growth facilitated by surplus growth hormone.

This can result in significant physical stature, posing challenges in daily life and health. Treatment for gigantism typically involves surgical removal of the pituitary adenoma to reduce excessive growth hormone production and prevent further abnormal growth. Medications may also be used to control hormone levels if surgery is not effective. In cases where traditional surgery is not feasible, Gamma Knife radio surgery offers a precise radiation therapy option to shrink or eliminate the adenoma. Integrating *Ayurvedic* principles with modern medical approaches provides a holistic strategy considering individual constitution, lifestyle, and personalized therapies. *Ayurveda's* focus on balancing *Doshas*, supporting digestion, and overall well-being complements conventional treatments, potentially improving treatment outcomes and long-term health management.

Atihriswa[5]

Atihrisva, characterized by shorter body proportions, lacks known treatment options and faces social stigma. Individuals with this condition encounter challenges such as difficulty performing tasks requiring strength, intolerance to strong medications due to their small stature, potential hindrance to mental and physical growth, and possible development of weak digestion (*Mandagni*). Regrettably, treatment choices for *Atihrisva*, are scarce, with mechanical methods being sole potential solution for height enhancement in such cases.

Dwarfism

Atihrisva, or Dwarfism, arises from decreased production of growth hormone in the anterior pituitary gland, a condition termed Hypopituitarism. Causes of Hypopituitarism include ischemic necrosis (Sheehan syndrome), nonfunctional pituitary tumours causing compression, or iatrogenic factors. Insufficient growth hormone production by somatotroph cells results in dwarfism. Modern medical treatments for dwarfism encompass several approaches: Surgical interventions aim to correct bone growth direction, stabilize spinal shape, and relieve vertebral bone pressure through vertebrae enlargement. Hormonal therapy involves administering synthetic growth hormone to stimulate growth in affected individuals, addressing the primary cause of dwarfism. Limb lengthening surgery offers complex procedures to extend limbs, requiring careful evaluation of risks and benefits for each case.

Atiloma and Aloma

Atiloma

Atiloma refers to a condition where an individual has an excessive amount of body hair (*Loma*), exceeding the conventional count of three and a half crores as per *Acharya* teachings, termed *Atiloma*. This surplus can manifest in various forms, such as thicker hair strands or multiple hairs emerging from a single follicle (*Lomakoop*). The complications of *Ati-Loma* stem from the *Lomakoop*, tiny openings on the skin through which sweat (*Sweda*) are expelled. In *Atiloma*, the released sweat fails to dry properly, leading to stickiness that may result in skin disorders or unpleasant odors. Additionally, when multiple hairs emerge from one *Lomakoop*, it can block the follicle, impairing its function to facilitate sweat release effectively. In daily routine (*Dincharya*), the practice of *Abhyanga* (oil massage) is recommended. However, individuals with *Ati-Loma* face the risk of hair breakage during *Abhyanga*, potentially causing wounds (*Vrana*). These complications classify *Atiloma* among the *Ashtanindita*, or eight undesirable conditions, due to their significant impact on daily life and personal hygiene.

Hypertrichosis

From a modern perspective, *Atiloma* can be compared to Hypertrichosis, commonly referred to as "Werewolf Syndrome" in colloquial terms. Hypertrichosis is marked by an abnormal growth of hair across the entire body or specific areas. This congenital and hormonal disorder affects both genders equally and is extremely rare. Presently, modern medicine does not offer a definitive cure for Hypertrichosis, relying instead on temporary solutions like waxing and shaving as the only available treatments.

Aloma[6]

Aloma is a condition characterized by the absence of hair follicles throughout the body as suggested by its name. Individuals affected by *Aloma* encounter several complications due to the scarcity of hair (*Loma*) on their bodies. The reduced presence of *Loma-Koopa*, which is small openings on the skin from which hairs emerge, leads to blockages or a decreased number of outlets for sweat (*Sweda*) to be expelled. This deficiency impedes the proper excretion of *Sweda* and associated waste (*Mala-Bhaga*), resulting in various health complications.

Moreover, these hair follicles play a crucial role in temperature perception and sensitivity to touch, contributing significantly to the tactile sense organ (*Sparshendriya*) located within the skin (*Twacha*). The absence of these sensory hairs diminishes the function of *Sparshendriya*, thereby impacting overall sensory perception. Additionally, *Loma* serves as a protective barrier against microscopic organisms and environmental pollutants, crucial for defending the body against infections. The absence of this protective function due to *Aloma* heightens vulnerability to various infections. Given its non-treatable nature and the aforementioned impacts, *Aloma* is classified as one of the *Ashtanindita*, or eight undesirable conditions.

Alopecia Universalis

From a modern medical standpoint, *Aloma* correlates with Alopecia Universalis, a condition believed to be autoimmune in nature and possibly genetic. This disorder results in the complete loss of hair across the entire body. Currently, there is no universally accepted standard treatment for alopecia universalis. Doctors may consider hormonal therapies such as corticosteroid administration, although their effectiveness varies and success rates are not well-established.

Atikrishna and Atigaur

Sushruta Acharya explains the origin of *Garbha Varna* by combining different elements of *Panchamahabhuta*: The combination of *Tejo Mahabhuta* (fire element) and *Prithvi Mahabhuta* (earth element) results in *Krishna Varna* (dark complexion). The combination of *Tejo Mahabhuta* and *Aapa Mahabhuta* (water element) results in *Gaura varna* (fair complexion). The combination of *Tejo Mahabhuta*, *Pritvi Mahabhuta*, and *Akasha Mahabhuta* (ether element) results in *Krishna Shyava* (dark gray complexion). The combination of *Tejo Mahabhuta*, *Jala Mahabhuta* (water element), and *Akasha Mahabhuta* results in *Gaura Shyava* (light gray complexion). Any variation in the arrangement of these *Mahabhuta* elements can lead to changes in *Garbhavarna*, potentially causing congenital, hereditary, and hormonal pigmentation disorders. In the *Indriyasthana* of *Charaka Samhita*, distinctions between *Prakrita* and *Vaikrita Varna* are elaborated upon. *Krishna Varna* and *Gaura Varna* (*Avadhata*) are classified as *Prakrita Varna*, while *Syava* and *Shukla Varna* are categorized as *Vaikrita Varna*.

This classification of Varna in individuals is considered *Arishta*, skin to hyperpigmentation.

Atikrishna

As the name suggests, individuals with this disorder have a very dark complexion (*Krishna Varni*). In societal norms, fair complexions are often considered beautiful, while darker complexions may face social stigma and derogatory remarks. From a medical perspective, this condition primarily involves higher melanin pigmentation in the skin, leading to darker complexion. While it may not have other significant medical consequences, the social unacceptability of darker skin categorizes it under the *Ashta-Nindita*, or eight undesirable conditions.

Hyperpigmentation

Hyper pigmentation results from imbalances in melanin production by melanocytes. Excessive or deficient activity of melanocytes can lead to excessively dark or light skin, causing cosmetic concerns and significant psychological distress. Conditions like Addison's disease, Cushing's disease, and hyperthyroidism are associated with hyper pigmentation.

Atigaur [7]

Atigaura, as the name suggests, refers to a condition where a person's skin has an unusually pale complexion. Such skin is typically highly sensitive, making the individual prone to *Pitta*-related diseases and blood impurities. They often have low hair density and fewer *Loma-Koopa* on their body. In the summer season, these individuals suffer significantly due to their sensitivity to sunlight. Treatment options are limited for them because of their *Pitta*-dominant constitution, as they cannot tolerate sharp and hot medications. Only cooling therapies (*Sheeta Virya Aushadh*) can be used effectively for treatment. Due to these factors, *Ati-Gaura* is classified among the *Ashta-Nindita*, or eight undesirable conditions.

Albinism

From a modern perspective, *Atigaur* can be likened to albinism. Albinism is characterized by a complete absence of melanin pigmentation in the body, making the skin highly sensitive to sunlight and heat. There is no known cure for albinism, and treatment options are limited to external care, such as using sunscreen and covering the skin to protect against sun exposure.

Atisthoola and Atikrish

Atisthoola[8,9]

Ayurveda defines obesity as "*Sthaulya*" and "*Atisthaulya*." According to *Acharya Charaka*, it is characterized as a disorder of fat tissues (*Medoroga*) leading to excessive corpulence (*Sthaulyam*), classified among the "Eight despicable personalities." This condition involves abnormal accumulation of both fat (*Meda Dhatu*) and muscle tissues (*Mamsa Dhatu*), resulting in a pendulous appearance in specific body areas. The excess weight is attributed to retention of fluids and storage of fatty tissues. Causes of obesity in *Ayurveda* include both exogenous and hereditary factors. Exogenous factors relate to dietary habits and lifestyle choices, while endogenous factors involve imbalances in *Dosha* (bio-energies), *Dhatu* (tissues), *Mala* (waste products), and *Srotas* (channels). Pathogenesis primarily involves vitiation of all three *Doshas*, particularly *Kapha Dosha* affecting the *Kledaka Kapha*, *Pachaka Pitta*, *Samana Vayu*, and *Vyana Vayu*. *Ama* (toxins) and undigested food (*Annarasa*) block the *Medovaha Srotas* (fat channels), combining with *Kapha* and *Meda*, thereby reducing *Medo Dhatwagni* (digestive fire for fat tissues) and causing an increase in *Meda Dhatu*. Symptoms of obesity include excessive accumulation of *Meda Dhatu*, blockage of channels, and aggravation of *Vata* and *Kapha Doshas*. Severe cases can lead to increased appetite, thirst, and potentially life-threatening complications.

Treatment of *Atisthaulya* is extensively described in *Ayurvedic* texts. It involves dietary modifications focusing on foods with heavy properties (*Guru Guna*), along with therapeutic practices such as *Apatarpana* (mild fasting) or *Langhana* (therapeutic fasting). However, treatment is challenging due to the vitiation of *Kapha* and *Vata Doshas* and the aggravation of *Agni* (digestive fire) caused by vitiated *Vayu* (wind energy). This complexity categorizes obesity under the *Ashta Nindita*, or eight undesirable conditions, in *Ayurveda*.

Ayurvedic approaches, per *Charak Acharya*, focus on "Heavy and non-nourishing diet" (*Guru Apatarpana*). This involves consuming substantial but nutritionally sparse foods, which due to their weight; lessen the impact of aggravated digestive power and aid in fat reduction. *Ayurveda* promotes holistic approach to managing diseases, addressing spiritual, psychological, and physical aspects.

Central to its strategy is reducing food intake while increasing energy expenditure to effectively combat and manage obesity. Today, *Ayurvedic* methods are increasingly recognized as viable options for those seeking remedies for obesity (*Sthaulya*).

Obesity

Modern medicine defines obesity as a condition where caloric intake exceeds energy expenditure, influenced by genetic, environmental, lifestyle, behavioural, dietary, physical activity, and socio-economic factors. Medical conditions and medications can also contribute to obesity. The underlying pathology involves chronic excess nutrient intake compared to energy expended, typically indicated by a BMI over 30 kg/m², categorized by the WHO into classes 1, 2, and 3.

Atikrisha

Atikrisha, or excessive thinness, described in *Ayurvedic* texts, reflects a condition where the body weight is below normal and the physique appears leaner than average. Individuals with *Atikrisha* face several challenges: they struggle with stressful situations, are unable to tolerate strong medications, may experience sexual dysfunction, and are prone to conditions like spleen enlargement, wasting disease, respiratory issues, abdominal tumors, and abdominal tumors. Due to these complexities and social perceptions, *Atikrisha* is considered undesirable. Treatment principles in *Ayurveda* focus on selecting foods and activities that are nourishing (*Bruhan*), light (*Laghu*), easily digestible (*SuPachi*), and nourishing (*Santarpaniya*). The approach to managing *Atikrisha*, discussed in *Charak Samhita's Nanatmaja Vatavyadhi* section, parallels treatments for *Karshya*, a severe form of malnutrition marked by extreme leanness. *Ayurvedic* therapies for *Atikrisha* emphasize *Apatarpana Chikitsa* (emaciation therapy), which includes fasting (*Langhana*), drying therapies (*Rukshana*), and fomentation (*Swedana*). Proper sleep is also crucial, linked by *Acharya Charak* to happiness, strength, virility, enhanced knowledge, and longevity. Recommendations for managing *Atikrisha* include daytime naps (*Divaswapna*), restful sleep on a comfortable bed, mental relaxation, avoiding excessive worry, refraining from strenuous mental and physical activities, and regulating sexual intercourse. Additional therapeutic practices involve the application of unctuous anointing (*Snigdha Udvartan*),

Wearing clean white attire, using perfumes and garlands, consuming sweet and nourishing foods, employing lubricating and sweet enemas, and regularly using rejuvenating (*Rasayana*) and aphrodisiac (*Vajikarana*) formulations. These holistic approaches aim to address *Atikrisha* by balancing physical, mental, and spiritual aspects of health.

Emaciation

Atikrisha can be linked to malnutrition, where lack of essential nutrients in daily diet results in weight loss. Alternatively, it may also be associated with eating disorders, depending on specific circumstances. Treatment approaches differ accordingly: for malnutrition, focus is on providing necessary nutrients; for eating disorders, treatment extends beyond nutritional supplementation to include psychological intervention addressing underlying insecurities of affected individual.

Discussion

If someone has strong muscles, a well-built body, and robust senses, their immune system is usually stronger, making them less prone to infections. They can endure hunger, thirst, heat, cold, and physical activity well because their digestion, nutrient absorption, and muscle function is balanced. Looking at all the conditions listed as *Ashtanindita* and why they're considered difficult to treat or untreatable, along with their modern interpretations, we see some improvement compared to what *Ayurvedic* texts describe. There's hope that ongoing research can eventually find solutions for these conditions. Collaboration between modern medicine and *Ayurveda*, combining their knowledge and sharing ideas, offers a promising opportunity to improve the lives of people suffering from these conditions. Working together, they might discover ways to help these individuals live more normal lives.

Conclusion

In *Ayurvedic* texts, '*Charakacharya*' has delineated eight '*Nindya Prakrities*' (undesirable constitutions) based on various body characteristics. These eight despised persons include *Atideergha* (very tall), *Atihriswa* (very short stature), *Atigaura* (very fair-colored or complexion), *Atikrishna* (very black-colored or complexion), *Atiloma* (excessive body hairs), *Aloma* (absence of body hairs),

Atikrisha (excessive thin or emaciated persons), and Obese (obese or overweight). Collectively known as *Astaninditha Purusha*, these individuals are deemed socially unacceptable due to their distinctive physical attributes according to the prevailing societal norms.

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