

**ASHTONINDATIYA PURUSHA: EIGHT AYURVEDIC
UNDESIRABLES: A REVIEW****Aditi Sthapak^{1*} and Pushpendra Kumar Pandey²**

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ABSTRACT

Nindita Purusha, also known as Ashta Nindita Purusha, are eight human anomalies with unusual physical characteristics. These anomalies are difficult to treat or cannot be treated. Acharya Charak identified eight categories of Nindita Purusha, which are not mentally condemned but physically condemned due to their improper tissue proportions. Ati Deergha and Atihrasva are caused by defects in the mother's diet and activity, while Ati-Loma is associated with hypertrichosis or Werewolf syndrome. Ayurveda explains the creation of Garbha Varna through the fusion of several Panchamahabhuta, which may result in hormonal pigmentation problems. Obesity, also known as Ati Sthoulya, is a disorder of fat tissues resulting in hugeness. The primary external and inherited causes of obesity are bidadosha, which are vitiated in the Etiopathogenesis of obesity. Ayurvedic advice on preventing obesity includes being well-informed

about the causes, avoiding rapid weight loss, overconsumption of fatty and high-calorie foods, and consuming low-calorie fruits and vegetables. Ayurvedic approaches to managing obesity include diets and beverages that lower fat and balance kapha and vata, Nema containing hot, ununctuous, and sharp medicines, consumption of Amalaki, haritaki, musta, bibhitaka, and guduchi, Takrarishta administration, honey administration, yavaksara, nagara, and vidanga, and barley mixtures.

KEYWORDS: Sthaulya, Astanindit Purusha, Krusha, Atiloma, Aloma, Atihswa, Atidaidhya, Atikrishna, and Atigaura.

INTRODUCTION

There are eight distinct human anomalies known as Nindita Purusha, which are physical malformations with an odd look that are typically difficult to treat or cannot be treated at all.^[1] Acharya Charak identified eight categories of Nindita Purusha, also known as Ashta Nindita Purusha, who exhibit deviant physical characteristics.

Origin

The terms "Nind" and "kta" are the roots of the word "Nindita." The basic definition of the word "Nindita" varies depending on the dictionary and the individual's rank.

1. Shabdakosha (Apte) in Sansrit-hindi: tarnished, famed or dishonorable, disgraced.
2. Williams-Monnier English-Sanskrit Dictionary:- Accused, censured, mistreated, defamed, low, vile, forbidden, and prohibited.
3. Ayurvedic Encyclopedia: Prohibited, Forbidden, Rejected, Blamed, and Reviled.
4. Sanskrit-English Shabda-Sagara.

Dictionary

- a. Mistreated, despised, chastised,
- b. Low, filthy, deserving of censure.
- c. Prohibited or prohibited.
- d. Add "kta" to abuse by using "nid."

The above explanation of the word "Nindita" in Samhitas and textbooks. There are eight different kinds of conditions that can be caused by hereditary and hormonal factors.

1. Ati Deergha: Gigantism, or excessive height
2. Ati Hrisa, or dwarfism, or excessive shortness
3. Ati Loma, or excessive body hair (Hirsutism)
4. Aloma: Alopecia, or excessive hair loss
5. Ati Krushna: Exceptionally dark skin tone
6. Ati Gaura : Exceptionally fair (Albinism)
7. Ati Sthula, who is extremely obese
8. Ati Krusha: Extremely slim and underweight (emaciation).

Ashta Nindita Purusha is regarded as Nindita due to their insufficient ability to withstand illnesses. They have improper tissue proportions, both qualitatively and quantitatively.^[2] The eight forms of Nindita Purusha that are discussed here are not mentally condemned, but rather physically condemned.

Compared to the other six types of Nindita Purusha, Atisthul Purusha (Excessively Obese) and Ati Krish Purusha (Excessively Underweight) are particularly condemned because, while the other six are blasphemous in the eyes of society, these two are condemned from a treatment perspective.

The following term may have been used to clarify the reasons

1. Overeating or ati-sampuranam.
2. Bija-Swabhava-aditi: The parents' genes are the source of heredity. Even after following a regular diet, excessive fattening happens in these individuals.

Due to weakened immune systems, both Atisthul Purusha (excessively obese) and Atiruksha Purusha (excessively underweight) experience illnesses. Due to the effects of treatment, Ati Krish Purusha (excessively underweight) is in better condition than Atisthul Purusha (excessively fat) in terms of comparability.

Ati Deergha and Atihrasva

Defects of Beeja (sperm and ovum), Atma karma (deeds connected to the soul), Ashaya (uterus), Kala (conception phase), and Maturaaharavihara dosha (defects in the mother's diet and activity) are the causes of Ati Deergha and Atihrasva Adhikaanga-heenanga-vikritangapraja.^[3] Vikritanga might be regarded as Ati Deergha and Atihrasva. Indinditha grahanartham Atideerghakhubjadin.

It is said that Virupapraja is a Shukrapradoshaja Vyadhi. Common typical variations of short and tall stature include idiopathic tall and short stature, constitutional delay or early puberty and growth, and familial short and tall stature.^[4] Excessive growth hormone (gigantism, acromegaly), hereditary conditions including Klinefelter's syndrome, Marfan's syndrome, and premature puberty are examples of pathological long height.^[5] Growth hormone deficiency (Dwarfism) and genetic illnesses such as Turner's syndrome are examples of pathological short stature.

Ati-Loma

As the name implies, an individual with ati-Loma has more body hairs (lomas) than usual. This excess can take many different forms, such as being thicker than usual or having several lomas from a single loma-koopa. Three and a half crores of Loma is the typical quantity that acharyas assume; any more is referred to as Atiloma.^[6] The following are the difficulties that a person with this disorder faces: Since Loma Koop are tiny skin pores that allow mala "sweda," or perspiration, to pass through and leave the body, when ati-Loma occurs, the sweat that is released cannot adequately dry off and gets sticky, which can result in skin disorders, an unpleasant odor, etc. If more than one Loma originates from a loma-koopa, the loma-koopa will get clogged and, as a result, be unable to carry out its typical job of appropriately expelling perspiration from the body. Dinacharya mentions performing abhyanga daily; nevertheless, in the case of ati-Loma, if one does so, there is a possibility that the hair may separate due to pressured motions, which could result in the creation of vrana there.^[7] These end up being the cause of this illness's existence in the first of Ashta-Nindita.

Contemporary Viewpoint

According to contemporary science, ati-Loma is associated with the condition known as hypertrichosis.

Werewolf syndrome is another name for this illness, which is characterized by an overabundance of hair on either the entire body or just a portion of it. Although it is a very uncommon disorder, it can affect men and women equally.^[8] This disorder has unknown causes; it is a congenital and hormonal condition. Modern science also does not have a cure for this illness; the only current therapies are short-term ones like shaving and waxing.

A-Loma

As the name implies, A-Loma is a disorder in which there are no hair follicles anywhere on the body. The individual who has this illness must deal with numerous issues, including because there is less Loma on the body, there is also less loma-koopa, which causes blockages or a decreased number of sweda outlets.^[9] This leads to a problem because it means that the sweda and the mala-bhaga, which are expelled from the body through this pathway, cannot be properly expelled, which can cause a number of health issues.^[10] Apart from that, these Loma are in charge of the body's temperature perception and any other abrupt contact, which lowers the sparshendriya's sensing capacity because it is also a component of Twacha (the sparshendriya's Ashraya). The absence of these hairs indicates a lack of

protection, which can result in a number of illnesses. These hairs also serve to shield the body from numerous alien microscopic organisms or contaminants.^[11] The inclusion of this condition in this list of Ashtanindiya is due to these aspects as well as the fact that it is incurable.

Atikrishna and Atigaura

The creation of Garbha Varna through the fusion of several Panchamahabhuta is explained by Atikrishna and Atigaura Susruta Acharya.

- Prithvi Mahabhuta plus Tejo Mahabhuta equals Krishna Varna.
- Gaura Varna = Tejo Mahabhuta + Aap Mahabhuta
- Tejo Mahabhuta plus Akasha Mahabhuta equals Krishna Shyava.

Gaura Shyava is equal to Tejo Mahabhuta plus Jala Mahabhuta plus Akasha Mahabhuta.

Therefore, any alteration to this Mahabhuta permutation or combination might result in changes to Garbha Varna, which indicates the emergence of hormonal pigmentation problems that are hereditary and inherited. Unbalanced melanocyte synthesis of melanin results in both hyperpigmentation and hypopigmentation.^[12] Excessively dark or light skin due to overactive or underactive melanocytes causes esthetic disfigurement and psychological distress. Since it causes a lot of emotional burden for patients in Ace society, hyperpigmentation in conditions including Addison's illness, Cushing's disease, hyperthyroidism, and hypopigmentation in Vitiligo and Albinism might be regarded as Nindita.^[13] Prakrita and Vaikrita Varna are described in the Charaka Samhita-Indriyasthan.

While Shyava and Shukla are Vaikrita varnas, Krishna and Gaura varnas (avadhata) are Prakrita varnas. In Purusha, this Varna bheda is referred to as arista, which is comparable to the hyperpigmentation observed in liver, kidney, and even potentially fatal melanomas.

Obesity (Ati Sthoulya)

Ayurveda uses the terms "Sthoulya" and "ati Sthoulya" to describe obesity. The Indian Hippocrates, Acharya Charaka, defined obesity as a disorder of fat tissues (Medoroga) that results in hugeness (sthoulyam). It is categorized as one of the "eight despicable personalities" (Ashta Nindita Purusha) and is characterized by an excessive and unnatural growth in Meda and mamsa dhatu, which causes the breasts, abdomen, and buttocks to seem pendulous.^[14] As a result, both water retention and fatty tissue accumulation contribute to the

excess weight. Excess adipose tissue mass is a condition known as obesity. According to Ayurveda, the primary external and inherited causes of obesity (Sthoulya) are bijdosha. While dosha, dhatu, mala, strotas, and other endogenous factors fall under the category of endogenous factors, exogenous sources of fat (Meda) intensify diet and routines. All three doshas are vitiated in the etiology of obesity (Sthoulya), but the doshika variables that cause the Etiopathogenesis of obesity (samprapti of Sthoulya) are particularly kledaka kapha, Pachaka pitta, Samana, and vyana vayu. Due to the Khavaigunya caused by bija Swabhava or sharir Shaithilya, Aama annarasa traveling in the bodily channels becomes blocked in the Medovaha Srotas. It then combines with kapha and Meda, lowering the medo Dhatvagni and causing the Meda to increase.^[15] This enlarged Meda dhatu is propelled to its locations by vitiated vyana vayu, which results in Sthoulya and ati Sthoulya, Chala sphika, Chala Udara, Chala stana, and atimedamansa. These places are the abdomen (Udara), hip area (sphika), breast (stana), neck (gala), and so on. Every one of Sthoulya patients exhibits Vruddhi.^[16] These rupas' manifestations are connected to either A patient with Sthoulya may experience a variety of indications and symptoms due to an excessive buildup of Meda dhatus, obstruction in different channels (strotas) caused by medojanya margavarodh, Aama, or vitiation of vata and Shleshma dosha. The case of Davanala has been used to illustrate the high intensity and severity of Sthoulya caused by increased appetite (ati kshudha) and increased thirst (ati pipasa), as well as the manifestations of serious problems and even death as a result of ignorance. When a person consumes more calories from food than they expend, they become obese.^[17] Numerous factors contribute to obesity, including genetic factors carried by genes like PC-1, POMC (propiomelanocortin), MC4R (melanocortin-4 receptor), LepR, and Leptin, as well as environmental factors like diet, physical activity, lifestyle, and behavior, as well as social factors like poverty and a lower level of education. Obesity can result from medications like steroids and antidepressants, as well as conditions like hypothyroidism, Cushing's syndrome, and polycystic ovarian syndrome.^[18] Obesity's pathophysiology appears to be straightforward: a persistent excess of nutrient intake in comparison to energy expenditure. Another definition of obesity is body weight that is higher than 25% of total body weight for men and higher than 30% for women. The definition of obesity is a BMI of more than 30 kg/m².

The WHO's global classification of overweight and obesity based on BMI.

- Grouping BMI (kg/m²)
- Typical Range 18.50–24.99
- Overweight (>25.00)
- Prior to obesity 25.00–29.99
- Obese >30 Class 1 Obesity 30.00–34.99
- Class 2 Obese 35.00–39.99
- Class 3 obesity >40.00

Modern science understands of the etiology of obesity numerous factors contribute to obesity, including

- **Sedentary Lifestyle:** One of the main contributing factors to the development of obesity is physical inactivity. Age, internet addiction, or mandated work-related inactivity can all contribute to physical inactivity. Long periods of comfortable sitting are typical for businesspeople, government employees, and most white-collar workers. Because of this, the role of obesity is growing daily.
- **Stress or Psychological Cause:** Stress-induced emotional disorders. Numerous everyday disruptions, such as arguments, fights, family gatherings, marriages, deaths, long-distance trips, etc., can cause stress. These elements either directly or indirectly cause weight growth.
- **Dietary Intake:** The rise in obesity in recent decades may be more attributable to overeating than to physiological demands, fast eating patterns, and a rise in the consumption of foods high in fat or sugar-sweetened beverages. Excessive consumption in one meal (ati sampuranam) and repeated consumption prior to the digestion of a previous meal (adhyashana) are acknowledged in Ayurveda as the fundamental causes of obesity development (Sthoulya roga). Race, age, and sex: But obesity can happen at any stage of life, although middle-aged people are more likely to be obese.^[19] Due to hormonal changes in their bodies throughout puberty, menstruation, pregnancy, menopause, and thyroid, pituitary, and ovarian gland deficiencies, adolescents and middle-aged women suffer more than males do.
- **Socioeconomic Status:** People with greater socioeconomic level typically lead more affluent and sedentary lives. As a result, obesity is far more common in them.

- **Drug-Induced:** Long-term use of certain contemporary medications, such as oral contraceptive pills, antidepressants, hypoglycemic antihypertensive medications, and antiepileptic corticoids, can result in obesity. Ayurvedic advice on preventing obesity the signs and consequences of obesity have been methodically explained in Ayurveda.^[20]

The following preventative measures should be taken

- An obese person should be well-informed about the causes of their obesity and cautious about reducing their body fat rather than losing weight. Even though obese people have a strong desire to lose weight quickly, this inclination should be discouraged.
- Rapid weight loss affects the muscles and liver in addition to the metabolism of fat and electrolyte imbalances. One should refrain from leading a sedentary and lethargic lifestyle, which includes eating late at night, watching television, and sitting still all day.^[21]
- Overconsumption of fatty and high-calorie foods should be avoided. One should eat a diet that includes modest portions of fresh fruits and vegetables, cereals, salads, and other fiber foods.
- The majority of fruits and vegetables that is low in calories but high in cellulose and fiber aid in reviving appetite and filling the stomach.

Ayurvedic Approaches to Managing Obesity

Charak Acharya states that the "heavy and non-nourishing diet" (guru apatarpana) is the foundation for treating obesity because, due to their weight, these diets would lessen the force of the aggravated power of digestion and, because they are not nourishing, they would aid in fat reduction. Ayurveda places a strong emphasis on treating illnesses holistically. The treatment of disease places emphasis on the physical, psychological, and spiritual dimensions.^[22] The fundamental rule to eradicate obesity would be to consume less food and spend more energy.

Today, Ayurvedic treatment is acknowledged as the superior choice for those afflicted with obesity (Sthoulya).

- Diets and beverages that lower fat and balance kapha and vata.
- Enema containing hot, ununctuous (ruksha), and sharp (tikshna) medicines.
- Function with medications that are unnatural (ruksha).

- Consumption of Amalaki (*emblica officinalis* Gaertn), haritaki (*terminalia chebula* Linn), musta (*cyperus rotundus* Linn), bibhitaka (*terminalia belerica* Roxb), and guduchi (*tinosporia cordifolia* Miers).
- Takrarishta administration.
- Honey administration.
- Consumption of yavaksara, nagara (*Zingiber officinale* Rose), and vidanga (*Embellia ribes* Burm F.)
- Among other ingredients, this barley mixture includes powdered black iron, honey, yava (*Hordium vulgare* Linn.), Amalaki (*Emblica officinalis* Gaertn.), and sodium and potassium bicarbonate.

Atikrisha

Atikrisha (those who are extremely thin or malnourished) Karshya is covered under Nanatmaja Vatavyadhi in the Charak Samhita. When a person has Karshya, they have a significant nutritional deficit, which causes their body to become exceedingly thin and nearly completely devoid of visible flesh. In the Ashtaninadiya Purusha chapter, our Acharyas provide a thorough explanation and definition of Krushata in Ayurveda.^[23] However, they also discuss Rajyakshma, a distinct illness that is quite similar to Krushata (TB).

Acharya Charak's explanation of the causes of Krushata

- Overindulgence in Aahara, which aggravates the Vata doshas of Ruksha (dry), Sheet (cold), Katu (pungent), and Kashaya (astringent).
- Consuming too many Kaphahara dravyas, which lowers kapha dosha
- Prolonged Upavas (fasting);
- Intake of Guru (heavy to digest) food when there is Mandagni (poor digestion strength);
- Pramitashana (intake of small amount of nutrition)
- Kriyatiyoga (overexposure to evacuative treatment)· The individual who studies excessively and stays up late
- The individual who overindulges in worry, fear, and Shoka (grief),
- Vegdharana (suppression of natural desires, such as Shuddha (hunger), Trishna (thirst), and Nidra (sleep);
- Ati Vyayamam (excessive exercise); and Ati vyavaya (excessive sexual activity).
- Regular use of dry massage and bathing; excessive non-unctuous anointing of the person.
- Prakruti (body constitution)

- Beeja dosha (hereditary)
- Jarajanya (old age) The signs of Krushata

The Krushata Treatment Principle

Foods that are light (easy to digest) and nourishing (make the body stout) are preferred by Atikrusha people. The treatment used in this type is called Apatarpana Chikitsa (emaciation therapy), which also comprises Sweden (fomentation therapy), Rukshana (drying therapy), and Langhana (fasting therapy). Sleep is essential for managing Krushata. Acharya Charak asserts that getting enough sleep promotes virility, strength, stoutness, and happiness. It improves a person's life and knowledge.^[24] A person who spends a lot of time sleeping well on a cozy bed develops into a pig. Krushata treatment involves taking day sleep (diva-swapna). Take a good nap in a cozy bed.

- Mental relaxation and avoiding excessive worry.
- Avoiding mental work, sexual activity, and physical activity. Use Snigdha Udvartana (unctuous anointing) and wear white (clean) clothing, garlands, and perfume at all times. Eat sweet, nourishing foods at all times, and use luscious, sweet enema.
- Consistent application of Vaajikarana (aphrodisiac medication) and Rasayana (bulk enhancing) formulations.

DISCUSSION AND CONCLUSION

Nindita Purusha, also known as Ashta Nindita Purusha, are eight distinct human anomalies with unusual physical characteristics. These anomalies are difficult to treat or cannot be treated at all. Acharya Charak identified eight categories of Nindita Purusha, which are not mentally condemned but physically condemned due to their improper tissue proportions.^[25] Ati Deergha is characterized by excessive height, Ati Hrisa is dwarfism, Ati Loma is excessive body hair (Hirsutism), Aloma is alopecia, Ati Krushna is exceptionally dark skin tone, Ati Gaura is exceptionally fair, Ati Sthula is extremely obese, and Ati Krusha is extremely slim and underweight.

Ati Deergha and Atihrasva are caused by defects in the mother's diet and activity, such as Beeja (sperm and ovum), Atma karma (deeds connected to the soul), Ashaya (uterus), Kala (conception phase), and Maturaaharavihara dosha (defects in the mother's diet and activity).^[26] Common typical variations of short and tall stature include idiopathic tall and

short stature, constitutional delay or early puberty and growth, and familial short and tall stature.

Ati-Loma is associated with hypertrichosis or Werewolf syndrome, characterized by an overabundance of hair on either the entire body or just a portion of it. Contemporary science does not have a cure for this illness, and current therapies are short-term ones like shaving and waxing.^[27] A-Loma is a disorder where there are no hair follicles anywhere on the body, leading to blockages or decreased number of sweda outlets, which can cause health issues.

Atikrishna and Atigaura Susruta Acharya explain the creation of Garbha Varna through the fusion of several Panchamahabhuta. Any alteration to this Mahabhuta permutation or combination may result in changes to Garbha Varna, which indicates hormonal pigmentation problems that are hereditary and inherited.

Obesity, also known as Ati Sthoulya, is a disorder of fat tissues that results in hugeness. It is categorized as one of the "eight despicable personalities" and is characterized by an excessive and unnatural growth in Meda and mamsa dhatu, which causes the breasts, abdomen, and buttocks to seem pendulous. Both water retention and fatty tissue accumulation contribute to the excess weight.^[28] Ayurveda uses the terms "Sthoulya" and "ati Sthoulya" to describe obesity.

The primary external and inherited causes of obesity are bijdosha, which are vitiated in the Etiopathogenesis of obesity. The doshika variables that cause the Etiopathogenesis of obesity are particularly kledaka kapha, Pachaka pitta, Samana, and vyana vayu.^[29] Obesity can result from genetic factors, environmental factors, social factors, medications, and conditions like hypothyroidism, Cushing's syndrome, and polycystic ovarian syndrome.

Modern science understands the etiology of obesity, including sedentary lifestyle, stress or psychological causes, diet, race, age, and sex, socioeconomic status, and drug-induced factors.^[30] Ayurvedic advice on preventing obesity includes being well-informed about the causes of obesity, avoiding rapid weight loss, avoiding overconsumption of fatty and high-calorie foods, and consuming low-calorie fruits and vegetables.

Ayurvedic approaches to managing obesity include diets and beverages that lower fat and balance kapha and vata, Nema containing hot, ununctuous, and sharp medicines, function with unnatural medications, consumption of Amalaki, haritaki, musta, bibhitaka, and guduchi,

Takrarishta administration, honey administration, yavaksara, nagara, and vidanga, and barley mixtures.^[31]

In conclusion, Ayurveda is a valuable tool for managing obesity, emphasizing the importance of a balanced diet, proper Nema, and dietary interventions.

Atikrisha, or extremely thin or malnourished individuals, are covered under Nanatmaja Vatavyadhi in the Charak Samhita. They have a significant nutritional deficit, leading to a thin body. Causes of Krushata include overindulgence in Aahara, excessive Kaphahara dravyas, prolonged fasting, heavy food intake, and evacuative treatment.^[32] Treatment principles include Apatarpana Chikitsa (emaciation therapy), Sweden (fomentation therapy), Rukshana (drying therapy), and Langhana (fasting therapy). Sleep is essential for managing Krushata, as it promotes virility, strength, stoutness, and happiness. Treatment involves day sleep, napping, and mental relaxation, avoiding mental work, sexual activity, and physical activity.^[33] Consistent application of Vaajikarana (aphrodisiac medication) and Rasayana (bulk enhancing) formulations is also recommended.

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