SJIF Impact Factor (2026): 8.863| ISI I.F. Value: 1.241| Journal DOI: 10.36713/epra2016 ISSN: 2455-7838(Online)
EPRA International Journal of Research and Development (IJRD)
Volume: 11 | Issue: 9| September 2026 - Peer Reviewed Journal

UNDERSTANDING ASHTANINDITA PURUSHA WITH SPECIAL REFERENCE TO ENDOCRINE DISORDERS

Dr. Lalita Suranagi[1], Dr.Ananta S Desai[2]
[1]*PG Scholar,Department of Kayachikitsa, Government Ayurveda Medical College, Mysuru.*
[2]*Professor and head of the department, Department of Kayachikitsa, Government Ayurveda Medical College, Mysuru.*

ABSTRACT
Classical Ayurvedic literature describes Ashta Nindita Purusha, a group of eight clinically undesirable constitutions characterized by distinct structural and functional abnormalities such as Ati Sthula (obesity) and Ati Krisha (emaciation), which reflect imbalances in Dosha, Dhatu, and Agni. These phenotypic presentations show notable similarities with conditions explained in contemporary science, particularly endocrine disorders that involve hormonal dysregulation affecting metabolism, growth, and development. However, there is a lack of integrative studies interpreting these classical descriptions in the light of modern understanding, highlighting the need for this research. The present study aims to bridge this gap by compiling and systematically analyzing the descriptions of Ashta Nindita Purusha from Ayurvedic texts, understanding the clinical features exhibited by individuals, and correlating these features with endocrine disorders based on symptomatology and underlying pathology, including conditions such as thyroid dysfunctions, metabolic syndromes, and growth-related hormonal imbalances. Through this comparative approach, the study seeks to establish a meaningful correlation between traditional Ayurvedic concepts and contemporary endocrine science, thereby contributing to a more holistic understanding of disease manifestation and supporting the development of integrative diagnostic perspectives.

KEY WORDS : *Ashtanindita purusha,Endocrine disorders,Atisthoulya.*

INTRODUCTION

Ayurveda, the ancient system of medicine, provides a comprehensive understanding of human body constitution and its variations, emphasizing the maintenance of equilibrium in *Dosha*, *Dhatu*, and *Agni* for health. Individuals who possess balanced structural and functional attributes are considered ideal, as described by Acharya Charaka[1]:

सममांसप्रमाणस्तु समसंहननो नरः ।
दृढेन्द्रियो विकाराणां न बलेनाभिभूयते ॥ १८ ॥
क्षुत्पिपासातपसहः शीतव्यायामसंसहः ।
समपक्ता समजरः सममांसचयो मतः ॥ १९ ॥

This denotes a person with proportionate musculature, compact body build, strong sensory and motor functions, and good adaptability to environmental and physiological stressors, representing the state of health.

In contrast to such ideal constitution, Ayurveda also describes certain bodily deviations categorized under *Ashta Nindita Purusha*, which are considered clinically undesirable due to their association with structural abnormalities and functional disturbances. The term "Nindita" is derived from the roots "Nind" and "kta," meaning tarnished, defamed, or undesirable. It is also interpreted as disgraced, prohibited, rejected, or blamed i.e *Ninditatva – Loka vigarhanat*, indicating conditions that are socially and clinically disapproved due to their deviation from normalcy.

Acharya Charaka enumerates eight such categories[2]:

इह खलु शरीरमधिकृत्याष्टौ पुरुषा निन्दिता भवन्तिः तद्यथा- अतिदीर्घश्च, अतिह्रस्वश्च, अतिलोमा च, अलोमा च, अतिकृष्णश्च, अतिगौरश्च, अतिस्थूलश्च, अतिकृशश्चेति ||

These include Ati Deergha (excessive height), Ati Hrisa (short stature), Ati Loma (excessive hair growth), Aloma (absence of hair), Ati Krishna (extremely dark complexion), Ati Gaura (extremely fair complexion), Ati Sthula (obesity), and Ati Krusha (emaciation). Such phenotypic manifestations reflect disturbances in bodily homeostasis and can be interpreted in the context of modern Endocrinology, where hormonal imbalances influence growth, metabolism, pigmentation, and hair distribution.

Despite the detailed descriptions available in Ayurvedic classics, there is a lack of systematic efforts to correlate these conditions with contemporary endocrine disorders. Establishing such correlations is essential to enhance interdisciplinary understanding and to provide an integrative framework for diagnosis and management. Therefore, the present study focuses on compiling the concept of *Ashta Nindita Purusha*, analyzing their clinical features, and correlating them with endocrine disorders based on modern clinical presentation and underlying pathology, thereby bridging classical Ayurvedic knowledge with contemporary medical science.

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AIMS AND OBJECTIVES

- To analyze *Ashta Nindita Purusha* described in Ayurvedic classics and correlate its clinical clinical features with the concept of Endocrinology.
- To interpret and map these phenotypic variations with possible endocrine disorders based on symptomatology and underlying pathology, establishing an integrative perspective.

MATERIALS AND METHODS

This study is a conceptual review based on classical Ayurvedic texts, primarily *Charaka Samhita*, along with contemporary literature from Endocrinology.

Descriptions of *Ashta Nindita Purusha* are compiled and their clinical features are analyzed and correlated with endocrine disorders based on symptomatology and pathophysiology.

Concept of Ashtanindita purusha

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 at all.
- They are prone to a wide range of diseases.
- They do not possess sufficient resistance power against diseases.
- They are not mentally condemned but physically condemned due to their improper tissue Proportions.
- These disorders are basically hormonal disorders and are most probably a result of genetic alteration.

Nindita vishesha

Atisthula and Atikrisha are considered – Chikitsa upayukta[3].

- Because the former six Nindita Purusha are blasphemy by society, while these two are condemned from the point of view of treatment.
- Both Atisthula purusha and Atikrisha purusha suffer from diseases always because of low immunity.

In comparability Atikrisha purusha is better condition than Atisthula purusha because of the effect of the treatment – which will be discussed later.As said earlier,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. Deformities like humps or missing limbs, which may limit mobility or function, with no current means of natural regrowth,vary in social acceptability & treatability, they share common challenge of being extremely difficult to treat.

Understanding Astha nindita purusha in contemporary science with special reference to endocrine disorders

Obesity, as defined by the World Health Organization (WHO), is the abnormal or excessive accumulation of fat that poses health risks, with a Body Mass Index (BMI) ≥30 kg/m² in adults indicating obesity and ≥25 kg/m² indicating overweight. In children (5–19 years), obesity is defined as BMI-for-age greater than +2 standard deviations above the WHO growth reference median. *Dyslipidemia* refers to abnormal lipid levels in the blood, significantly increasing cardiovascular risk. In this context, *Ati Sthoulya* is more appropriately correlated with obesity rather than dyslipidemia, as it primarily represents excessive body fat accumulation and altered physical parameters rather than isolated lipid abnormalities.

Ati-Krisha can be correlated with a very thin body type seen in conditions of undernutrition and wasting disorders. Malnutrition (Merriam-Webster) refers to a pathological state resulting from deficiency of one or more essential nutrients required for normal tissue and organ function. It includes both undernutrition and overnutrition; however, *Ati-Krisha* is closely associated with undernutrition, where BMI is less than 18.5 kg/m². This state may also resemble chronic wasting conditions such as cachexia, characterized by weakness, muscle loss, fatigue, and weight loss without intentional reduction. In severe congenital or endocrine-related cases, it may be linked to pituitary cachexia[4](Simmonds' disease), a form of hypopituitarism leading to progressive emaciation and atrophy of visceral organs, and if untreated, may be fatal. Thus, *Ati-Krisha* reflects a chronic emaciated state comparable to severe nutritional deficiency and endocrine dysfunction.

Ati-Dirgha refers to excessive overgrowth of the body beyond normal proportions, resulting in abnormally tall stature. It can be correlated with Gigantism[5], a condition caused by hypersecretion of growth hormone due to a pituitary adenoma affecting somatotroph cells. This leads to disproportionate skeletal growth, enlarged hands and feet, and altered facial features, typically occurring during childhood before epiphyseal closure. The condition is rare and results in extreme height, often exceeding 7 feet. In classical context, such excessive growth is considered a structural abnormality with no direct curative approach in traditional practice, as it involves irreversible bone overgrowth. Gigantism also carries systemic risks, including increased susceptibility to complications such as metabolic and neoplastic disorders due to excessive cellular proliferation.

Ati Hriswa refers to extreme short stature or dwarfism, where body proportions are significantly reduced compared to normal. It is commonly associated with growth hormone deficiency due to hypopituitarism or genetic skeletal dysplasias such as achondroplasia and spondyloepiphyseal dysplasia[6]. Causes include pituitary damage (e.g., Sheehan syndrome), tumors causing

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compression, or congenital metabolic defects. Clinically, it corresponds to adult height less than 4 feet and is largely irreversible, with limited curative options depending on the underlying cause.

Ati-gaura can be correlated with albinism[7], a condition in which there is little or no melanin pigment in the body, resulting in very light skin, hair, and eyes and increased sensitivity to sunlight and heat. Although it matches the appearance described in ati-gaura, it is not linked to endocrine function since no hormonal imbalance is involved. There is no definitive cure, and management mainly includes protective measures such as sunscreen use and covering the skin.In contrast, increased skin pigmentation can be associated with hyperpigmentation seen in conditions like Addison's disease, which is a primary adrenal insufficiency leading to reduced cortisol production and increased ACTH levels, resulting in darker skin. Other common causes of hyperpigmentation include melasma and post-inflammatory hyperpigmentation, with melasma being one of the most frequently observed conditions.

Ati-loma can be compared to hypertrichosis[8], a rare condition characterized by excessive hair growth on the body or specific areas. It may be congenital or acquired due to hormonal imbalance, genetic factors, or other medical conditions, and it can affect both males and females. Treatment is mainly cosmetic, such as shaving, waxing, laser hair removal, or electrolysis and there is no complete cure in most cases.in contrast Aloma can be correlated with a body is devoid of hair follicles throughout i.e., alopecia universalis (AU) - complete loss of hair on the scalp and body [9], a condition in males caused by low or absent testosterone levels. It leads to underdeveloped reproductive organs, lack of facial and body hair, and a high-pitched voice. Although testes may be present, they often do not function properly, sometimes resulting in infertility. Treatment may include hormone therapy depending on the underlying cause.

DISCUSSION

While *Ashta Nindita Purusha* includes eight specific constitutional abnormalities described in Ayurveda, it does not imply that these are the only pathological conditions affecting the human body. Numerous congenital, hormonal, and hereditary disorders such as Trisomy, gynecomastia, poliomyelitis, chronic psoriasis, chronic vitiligo, congenital physical disabilities, progeria, autoimmune diseases, and generalized multiple lipomas are also observed[10]. However, these conditions typically affect specific organs or systems rather than the entire body constitution, and many of them are of limited prevalence. In the present context, such disorders may be considered under the broader spectrum of *Nindita Vyadhi*, especially as many are categorized as *Asadhya*, *Krichha Sadhya*, or *Yapya* (difficult or incurable conditions). It is also important to note that diseases or abnormalities that develop after birth or at any stage of life, even if presenting with similar features, cannot be strictly classified under *Nindita Purusha*, as this concept primarily denotes inherent constitutional deviations present from early life.

CONCLUSION

The concept of Aṣṭa-Nindita Puruṣa is based on criteria such as physical condemnation, chronicity, difficulty in management, and poor prognosis. Many of these conditions appear to be associated with congenital factors, genetic predisposition, or hormonal and metabolic imbalances, making them challenging to treat completely.The present study aimed to correlate this classical concept with contemporary understanding and to justify the rationale of the Ācāryas in classifying these conditions under Aṣṭa-Nindita Puruṣa. Even in the present era, despite medical advancements, these disorders continue to be difficult to manage, thereby affirming the clinical relevance and foresight of Ayurvedic principles.

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