

## ***A Practical Approach of Asthanindita Purush According To Present Era***

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### **ABSTRACT**

*Ayurveda is the earliest system of medicine in the world. It is the science of the life that deals with every aspects of life. In Ayurveda, „Charak acharya“ has described eight “Nindya prakrities” (undesirable constitution) according to the body constitution. Individuals with these eight types of deformities are morphologically or genetically abnormal, as it concludes that people with these malformations are considered to be difficult to cure and they are prone to wide ranges of diseases. They refer to those people who are generally considered as socially unacceptable because of their peculiar characteristics. However, it is more than a social stigma due to various systemic disorders that may crop up and may be life-threatening conditions in many situations. There are many pathological conditions that can be included in this category, which are not mentioned in Ayurveda. So an effort has been done to co- relate with many endocrine disorders along with its pathogenesis that can be included as Nindita Purusha and its importance in current era.*

**KEYWORDS:** *Atisthaulya, Atikarshya, obesity, hereditary and genetic disorders, endocrine disorders, HT, CVD*

### **INTRODUCTION**

The specific abnormalities in humans as physical deformities, which have abnormal physical appearance and are generally difficult to cure or cannot be treated at all are eight in numbers

which are called as *Nindita Purush*. Eight type of physical abnormalities were explained by charaka.

1. Ati-hrasva (Dwarfism/short statured/ Excessive small person)
2. Ati- dirgha (Excessive tall person/ Gigantism and Acromegaly)
3. Ati-loma (Hairy body)
4. Aloma ( Hairless body)
5. Ati-krishna (Tanned body)
6. Ati- Gaura (Albine body)
7. Ati- sthula (Obesity)
8. Ati- krusha (Emaciated body)

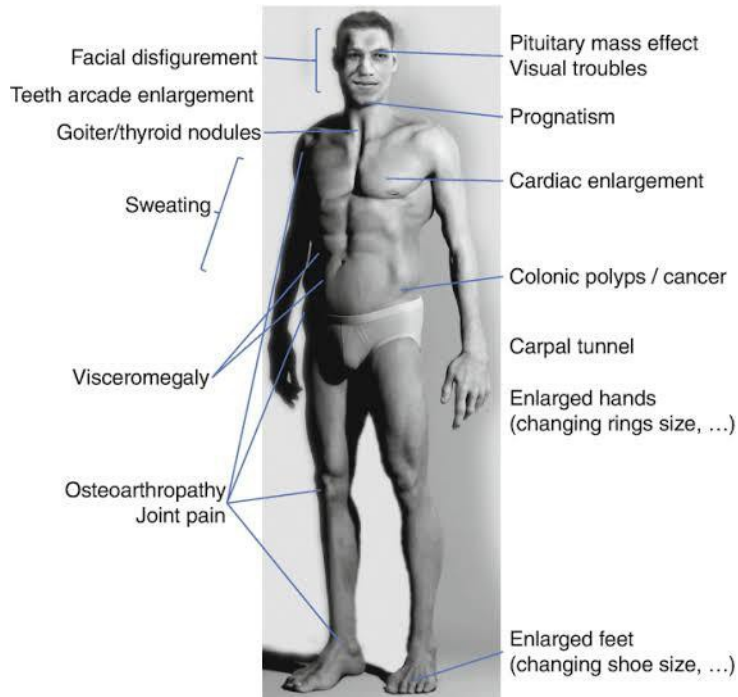
Such kind of individuals does not possess sufficient resistance power against disease. Eight types of *Nindita Purush* described here are physically condemned, not mentally. Charaka acharya further stated that *Atisthula* (excessive obese) *Purush* and *Atikrush* (emaciated) are more despised among all eight despised persons. These two people are more favorable to get any kind of disease easily. According to caraka, people who are *Atisthula* are more liable to be at health risk than that of *Atikrush*.

### **1. Atideergha (Acromegaly and Gigantism)**

Just as the name suggests, Ati-dirgha is the disorder in which the body is over-grown as compared to normal dimension of the body.

Person will be excessively tall. This can be compared to Gigantism which is of pituitary origin. Gigantism refers to abnormally high linear growth due to excessive action of insulin like growth factor (IGF-I) while the epiphyseal growth plates are open during childhood. Acromegaly is the same disorder of IGF-I excess but occurs after the growth plate cartilage fuses in childhood.

Gigantism generally occurs due to a tumor in the pituitary glands that causes growth hormones to be released in an abnormal manner while a person is still young. It is rare, occurring in just three in a million, causing them to grow to heights ranging from seven to nine feet tall. Most features are –



**Figure: 1**

At home with world's tallest family. He is 7 feet, she is 6 feet 5 inches and their bew bay was nearly 2 feet long.



**Figure: 2**

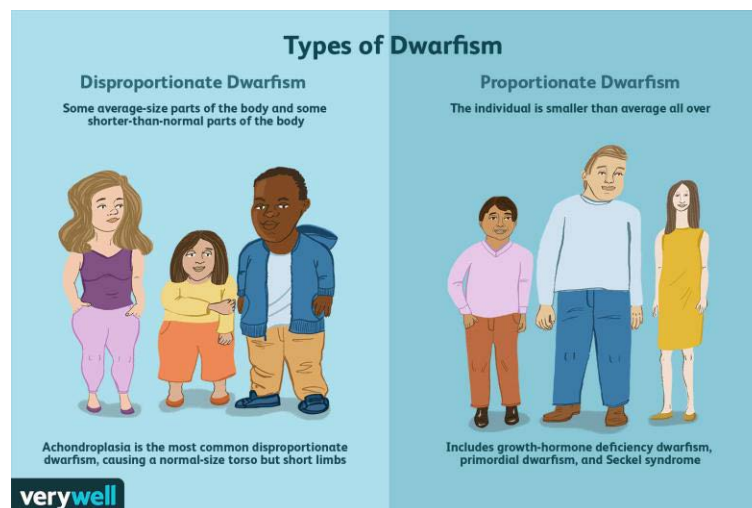
## 2. Ati-Hriswa (Dwarfism)

As the name suggests the person suffering from this disorder has short body proportions as compared to the normal. This also does not have any treatment and is socially unacceptable. Person will be extremely short and this can be compared with Dwarfism. People with dwarfism have short stature. This means that their height is less than 4'10" as an adult. They are usually of normal intelligence. It most often does happen in families where both parents are of average height.

Most people have an aversion to the term dwarf and identify themselves as "Little people" and also have a community under the name - „Little people of America“.

Dwarfism is broadly is broadly categorized into two types based on the patient's physical appearance

- 1) Proportionate Short Stature (PSS)- means that the limbs and the trunk are proportionately small.
- 2) Disproportionate Short Stature (DSS) - implies that the individual has a significant
- 3) difference in their sitting and standing height, and either their trunk or extremities are small.



*Figure: 3*

## Aetiology

- 1) **Familial Short Stature (FSS):** The child's genetic height potential can be measured by measuring the mid-parental height, which is a child's projected adult height based on

parental height measurement. A positive family history, and the absence of underlying pathological etiologies of dwarfism, can be diagnosed as case of familial short stature.

- 2) **Constitutional delay of growth and puberty (CDGP):** The child presents with short height in childhood, but attain their target height until adulthood, also known as a „late bloomer“. They even enter puberty at later ages.
- 3) **Idiopathic Short Stature (ISS):** Short stature is said to be idiopathic when no other etiology like endocrine/metabolic can be determined.
- 4) **Endocrine disorders:** Growth hormone deficiency is a frequent cause of dwarfism. The hypothalamic-pituitary axis maintains the levels of growth hormones in the body, which then directly or indirectly, through insulin-like growth factor - 1 (IGF-1), stimulates bone elongation, and growth of soft tissue and cartilage.
- 5) **Genetic disorders:** Many genetic conditions, that are associated with short stature are - Down's, Turner's, Russell silver and short stature home box gene deficiency syndrome.



**Figure: 4**

A man in Columbus, Indiana with Dwarfism. Here normal sized torso, very short arms and legs and a large forehead.



**Figure: 5**

### 3. Atiloma - Hypertrichosis

*Ati-loma* as the name suggests, a person suffering from this disorders more body hairs (*loma*) on the body than normal. This excess can be in many forms such as thicker than normal or presence of more than one *loma* from single *lomakoopa*.

The normal amount of *loma* that is assumed by *acharyas* is three and a half crores of *loma*, more than this is called as *atiloma*.

The complications faced by a person suffering from this disorders are as follows- Since *loma koop* are the opening on skin that becomes the passage for the *mala* “*sweda*” or sweat so that it can escape the body, now in case of *ati-loma* the sweat that releases cannot dry-off properly and becomes sticky and thus can lead to skin disorders or bad smell etc.

Hypertrichosis is defined as excessive hair growth anywhere on the body in either male or females. It is important to distinguish hypertrichosis from hirsutism, which is a term reserved for females who grow excessive amount of terminal hairs in androgen-dependant sites.

Congenital generalized hypertrichosis is a feature of several rare inherited syndromes in which genetic errors result in the dysfunction of proteins involved in the development of the hair follicle.

Acquired hypertrichosis lanuginosa is considered to be a paraneoplastic phenomenon, and in certain instances precedes the diagnosis of cancer. The most common malignancies that it is associated with include lung, colon and breast cancer.



**Figure: 6**

A 17 – year-old teen in MP suffer from hypertrichosis, a rare werewolf syndrome. He has dense fur all over his body as a result of the extremely unusual illness known as „werewolf syndrome“.



**Figure: 7**

#### **4. Aloma**

*Aloma* as the name suggests, this is a condition where body is devoid of hair follicles throughout the body.

In this condition the person suffering has to face many complications as due to less amount of *loma* on the body there is low amount of *loma-koopa* on the body as well, which results in blockage/presence of low amount of outlets for *sweda*.

Thus creating a complication as this means that due to reduced amount of *loma-koopa* the

*sweda* and thus the *mala-bhaga* that excretes out of body through this pathway is not able to excrete properly that can lead to various complication in the body.

Other than that, these *loma* are responsible for perception of temperature on the body or any other sudden touch, thus reducing the sensing ability of *sparshendriya* as it is also a part of *twak*.

These hairs are also responsible for preventing body from various foreign microorganisms or pollutants thus plays a role of protecting the body but its absence marks the absence of protection that can lead to various infections. These factors and the fact that this disorder is non-treatable becomes the reason of presence of this disorder in this list of Asthanindita.

This condition can be compared with Alopecia universalis (AU) Alopecia universalis(AU) is a condition characterized by the complete loss of hair on the scalp and body. It is an advanced stage of alopecia areata, a condition that causes round patches of hair loss.

Although the exact cause of AU is not known, it is thought to be an autoimmune condition in which the person's immune system mistakenly attacks the hair follicles.



**Figure: 8**

## **5. Atikrishna and Ati Gaura**

Sushruta acharya has described the formation of Garbh varna from the combination of different panchamahabhuta.

Tejo mahabhuta + Prithvi mahabhuta = krishna varna

Tejo mahabhuta + Ap mahabhuta = Gaura varna

Tejo mahabhuta + Prithvi mahabhuta + Akasha mahabhuta = Krishana shyava

Tejo mahabhuta + Jala mahabhuta + Akasha mahabhuta = Gaura shyava

So, any changes in this permutation and combination of *mahabhuta* can cause changes in *garbhavarna* which shows the formation of congenital, inherited, hormonal pigmentation disorders.

In *charaka Samhita- Indriyasthan prakrita* (normal) and *vaikrita* (abnormal) *varna* (complexion) is mentioned.

*Krishna varna* and *Gaura varna* (*avadhata*) are said to be normal complexion (*prakrita varna*) but *Shyava* and *shukla varna* are abnormal complexion (*vaikrita varna*)

So, any change in this permutation and combination of Mahabhuta can cause changes in *garbhavarna* which shows the formation of congenital, inherited and hormonal pigmentation disorders.

Hyper pigmentation and hypo-pigmentation occur due to imbalance in the production of melanin by melanocytes. Overactive melanocytes and underactive melanocytes result in imbalance dark or light skin which makes cosmetic disfiguration leading to psychological upset.

Hyper pigmentation seen in Addison's disease, Cushing's syndrome, hyperthyroidism and Hypo pigmentation seen in Vitiligo, Albinism can considered as *nindita*, as it causes great mental stress in patient of ace society.

### **Albinism**

It is group of heritable condition associated with decreased or absent melanin in ectoderm-derived tissues (most notably the skin, hair and eyes), yielding a characteristic decrease in skin pigmentation.

As the name implies, the most dramatic effects are in the eyes and skin. These are due to isolated genetic mutations.



*Figure: 9*

### **Vitiligo**

It is a chronic autoimmune disorder that causes patches of skin to lose pigment or color. This happens when melanocytes-skin cells that make pigment are attacked and destroyed, causing the skin to turn a milky-white color.



*Figure: 10*

### **6. Atisthoulya and Karshya**

Amongst these, his too obese and too lean physical appearances are considered the most undesirable ones.

#### **Atisthoulya**

Obesity is very said in Ayurveda by the name of *atisthoulya*. *Acharya charaka*, who may be called as the Indian Hippocrates described obesity as a disease of fat tissues (*medoroga*) leading to hugeness. It is defined as excessive and abnormal increased of *meda dhatu* along

with *mamsa dhatu* resulting in the pendulous appearance of buttocks, belly and breasts. Hence the excess weight is both due to retention of water and storage of fatty tissue. Obesity is a state of excess adipose tissue mass.

The excessively obese have 8 inherent defects in them: reduced life span, constricted or limited movement (hampered due to loose, tender and heavy fats), reduced sexual act or impotence ( due to small quantity of semen produced and obstruction of the channel of semen by *meda dhatu*), debility (due to *dhatu* imbalance), emit bad smell ( due to the inherent nature of fatty tissues as well as excessive sweating ), profuse sweating (since *meda dhatu* and *kapha* are vitiated), and excessive hunger and thirst (due to excessive digestive *agni* and *vayu* in the body).

Obesity is caused due to over-nourishment as a consequence of the intake of a heavy, sweet, cold and fatty diet, lack of physical exercise, abstinence from sexual act, sleeping during the day time, always cheerfulness, lack of mental activities, and hereditary/genetic defects. These consequences may lead to an excess of fat and consequent depletion of *dhatu*.

Etiology of obesity according to modern science

A number of factors are responsible for obesity as

1. Sedentary life style
2. Stress or psychological cause
3. Dietary intake
4. Age, sex and race
5. Socioeconomic status
6. Drug induced

### **Consequences of obesity**

Serious diseases are the outcome of excessive obesity due to obstruction of body channels by the *meda dhatu*. This indicates ancient wisdom of Ayurveda, which is comparable to the impact of obesity on health perspective of biomedical science.

The national institute of health, USA has issued an alert labeling obesity a „Killer disease“ due to its health-related consequences such as coronary diseases, diabetes mellitus,

hypertension, hyperlipidemia, gallbladder disorders, cancer of colon, pancreas, breast, uterus, osteoarthritis, menstrual irregularities in females.



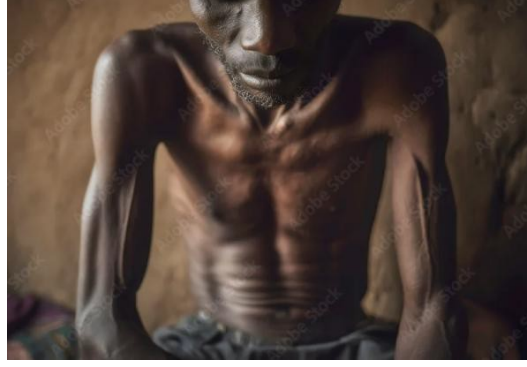
**Figure: 11**

### **Karshya**

The excessively lean person does not tolerate physical exercise, intake of food in large quantities, hunger, thirst, diseases and drugs. They also cannot tolerate too much cold, heat and sexual act. Such person is associated with splenic diseases, cough, wasting, dyspnoea, *gulma* (abdominal tumor), piles and disorders of *grahani*. The excessively lean person has dried of buttocks, abdomen and neck, the prominent vascular network is mostly skin and bone with thickened nodes.

A lean person is very thin. Thinness can be caused by several reasons, including malnutrition and starvation. This condition may be closely linked to pituitary cachexia. It is a wasting syndrome characterized by weight loss, muscle atrophy, fatigue, weakness and loss of appetite, when a person is not trying to lose weight. Also, these persons have a congenital tendency that makes them remain lean and thin throughout their life since birth. It is called Simmons's disease. It is form from hypopituitarism, which leads to atrophy of viscera including spleen, heart, kidneys, liver, thyroids, adrenal and gonads. It results in emaciation and death if left untreated.

Both these undesirable types of people (too obese and too lean) always suffer from some disease or other and need to be constantly managed by bulk-reducing and bulk-promoting therapies respectively. Of the two, lean is less harmful than obese, and the physical and mental suffering in the case of an obese person is far greater in comparison to a lean person.



*Figure: 12*

## CONCLUSION

*Charak* has laid down the foundation of genetic/hereditary and endocrine disorders in relation to four pairs of opposing and undesirable physical characteristics- height (too tall, too short), body hair (too hairy, hairless), complexion (too dark, too light), and body mass (too obese, too lean). Among these, *atisthula* ( morbid obesity) is most undesirable characteristic because it is associated with several life-threatening complications including diabetes, HT, CAD, joint disorders etc.

At present era sedentary lifestyle result many diseases and can be included under *Astha Nindita Purusha with its characteristic features*. They referred as condemned people from society according to Acharyas, but they were not seen as inferior or society biased as in present era. Even after, on another hand these diseases cannot be include under *Nindita Purusha* because there is availability of symptomatically treatment at present time for these diseases.

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