



A CLASSICAL REVIEW ON ASHTANINDITA PURUSHA

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ABSTRACT

Acharya Charaka describes certain bodily constitutions as undesirable due to their deviation from *sama sharira pramana* and their association with impaired physiological functioning. These constitutions are collectively termed *Ashtanindita Purusha*. Based exclusively on the Sanskrit textual content of Charaka Samhita *Sutrasthana* chapter 21, this review analyses the conceptual foundation, classification, and clinical implications of these eight somatic types, highlighting their relevance in assessment of *bala*, *agni*, *vyadhi kshamatva*, and therapeutic planning.

KEYWORDS: *Ashtanindita Purusha*, *sharira pramana*, *ati dirgha*, *ati hrasva*, *ati krisha*, *ati sthula*, *ati loma*, *alpa loma*, *ati krishnaa*, *ati gaura*.

INTRODUCTION

In Ayurveda, health is sustained through equilibrium of *dosha*, *dhatu*, *mala*, and maintenance of *sama sharira pramana*. In *Sutrasthana Adhyaya 21*, Acharya Charaka emphasises that extremes in bodily structure lead to functional inadequacy and inferior adaptability. Individuals possessing such extreme physical attributes are categorised under *Ashtanindita Purusha*. This classification is not aesthetic in nature but is rooted in the assessment of physiological competence, disease susceptibility, and response to treatment.

The word *Ashtanindita* is made of two words *ashta* meaning eight and *nindita* meaning undesirable. Hence, the word *ashtanindita* collectively means eight body features that are undesirable. These are undesirable from the point of view of their treatment and ability to withstand the diseases. *Ashtanindita Purusha* refers to eight specific types of physically undesirable or condemnable body constitutions described primarily in *Charaka Samhita*. The term *nindita* denotes conditions that are censured due to their association with structural abnormality, impaired physiological functioning, poor disease resistance, and unfavorable prognosis. These eight constitutions represent extremes of body build, complexion, and hair distribution, reflecting chronic imbalance of *dosha*, defective *dhatu poshana*, and improper *agni* functioning.

Acharya Charaka enumerates the eight types of *Ashtanindita Purusha* as *atidirgha*, *atihrasva*, *atisthula*, *atikrisha*, *atiloma*, *aloma*, *atigaura*, and *atikrishna*. These conditions are not merely cosmetic variations but are clinically significant, as they indicate long-standing pathological processes rooted in genetic factors (*beeja dosha*), maternal dietary and lifestyle errors (*garbhopaghatakara bhava*), improper *ahara-vihara*, and chronic *dosha prakopa*. Such individuals often exhibit compromised strength (*bala*), reduced tolerance to disease (*vyadhi kshamatva*), and poor response to therapeutic measures.

Among these, conditions like *ati sthula* and *atikrisha* are given special emphasis due to their direct association with metabolic disturbances, impaired tissue nourishment, and increased susceptibility to systemic disorders. Classical texts highlight that both extremes—excessive corpulence and excessive emaciation—are equally undesirable, as they adversely affect physical efficiency, mental stability, and lifespan.

Conceptual Basis of Ashtanindita Purusha

The term *nindita* indicates that which is undesirable from the perspective of *chikitsa* and *ayushya*. According to Charaka, bodies that are excessively developed or insufficiently developed fail to maintain proper coordination of *dhatu* and *srotas*. Such disproportions

impair one's ability to work and reduce *bala*. Hence, both extremes of growth and deficiency are considered unfavourable.

Enumeration of Ashtanindita Purusha^[1]

Charaka enumerates eight such undesirable bodily constitutions:

1. *Ati Dirgha* - Gigantism
2. *Ati hrasva* - Dwarfism
3. *Ati Krishna* – Excessively slim or underweight
4. *Ati sthula* - Obese
5. *Ati loma*- Excessive body hairs
6. *Aloma* – very less body hairs.
7. *Ati krishna* – Very dark skin tone
8. *Ati gaura* - Albanism

These types represent deviations in height, body mass, hair distribution, and complexion, each reflecting deeper disturbances in dosha and dhatu status.

Classical Interpretation of Individual Types

Ati Dirgha: Excessive elongation of the body is associated with lack of compactness of dhatu. Such individuals exhibit reduced stability and diminished *bala*. It implies compromised tolerance to physical exertion and reduced endurance.

Hormonal disorders like Gigantism and Acromegaly, and hereditary conditions like Klinefelter's syndrome, Marfan's syndrome etc are some examples of pathological long stature.

Ati hrasva: Marked shortness of stature reflects inadequate development of *angavayava*. Due to insufficient expansion of *dhatu*, functional efficiency is reduced, leading to early fatigue and limited physical capacity.

Deficiency of growth hormone (Dwarfism) and genetic disorders like Turner's syndrome are some of the examples of pathological short height.

Ati Krishna: Excessive leanness is characterised by depletion of *rasa*, *mamsa*, and *meda dhatu*. Charaka associates this state with intolerance to *shodhana*, low *vyadhi kshamatva*, and inability to withstand stress, exertion, hunger, and disease.

Emaciation due to malnutrition or eating disorders are some examples of *atikrishna purusha*.

Atisthula: Excessive corpulence arises from abnormal accumulation of *meda dhatu* leading to obstruction of *srotas*. Sanskrit descriptions indicate diminished mobility, reduced lifespan, impaired *agni*, and susceptibility to multiple disorders. Despite abundance of tissue, functional strength remains poor due to qualitative imbalance of *dhatu*.

In contemporary times *Atisthula* is attributed to be

Obesity.

Atiloma: Excessive hair growth signifies predominance of *kapha* and *mamsa dhatu*. This condition reflects heaviness and sluggish physiological activity, rendering the body less adaptable.

Hypertrichosis or werewolf syndrome is comparable to the *atiloma purusha* mentioned in the ayurvedic texts.

Aloma: Scanty hair growth denotes deficiency of *kapha* and *mamsa dhatu* with relative dominance of *vata*. Such individuals exhibit lack of tissue stability and reduced protective strength.

In this condition there are no hair follicles present on any part of the body.

Atikrishna: Excessively dark complexion indicates vitiation of *rasa* and *rakta dhatu* with influence of *pitta* and *vata*. The ayurvedic texts associate this with vulnerability to disorders affecting blood and skin.

Hyperpigmentation of body due to defects in the melanocytes secreting excessive melanin may be considered to be *atikrishna*.

Atigaura: Excessive fairness reflects abnormality in *rakta utpatti* or predominance of *kapha*.

This state is linked to impaired *agni* and poor tolerance to environmental and dietary stressors.

Hypopigmentation due to melanocytes secreting less melanin like in conditions like vitiligo and albinism are some examples.

SPECIAL CONSIDERATION OF ATI-STHOULYA AND ATI-KARSHYA

Out of the eight undesirable persons, *Ati-sthoulya* and *Ati-karshya* have been given separate mention. It is because other six are undesirable mostly because of the appearance but these two are undesirable from the treatment perspective.

ATI-STHOULYA

Sthoulya is described as a condition arising from excessive and disproportionate increase of *meda dhatu* leading to abnormal bulk of the body. Due to excess *meda*, the normal movement of *vata* becomes obstructed, which in turn causes instability of *agni*. As a result, digestion appears strong in the form of frequent hunger, yet tissue nourishment remains improper.^[6]

Excess *meda* causes obstruction of *srotas*, leading to *kshudra shwasa*, *pipasa*, *kshudha*, *nidra*, *sweda*, *dourgandhya* and diminished enthusiasm for physical activity.^[3] Although food intake is increased, proper assimilation does not occur, and the excess nourishment is repeatedly diverted towards *meda dhatu* alone. This

creates a vicious cycle of further fat accumulation and metabolic imbalance. Despite the large body frame, such individuals remain functionally weak. Excess *meda* also interferes with longevity, as obstruction of *srotas* and disturbed *agni* predispose the individual to multiple disorders and early deterioration of health. Thus, *sthoulya* is not merely an increase in body size but a pathological state marked by *meda vridhhi*, *agni vaishamyā*, *srotorodha* and reduction of effective *dhatu bala*, justifying its prominent place among *Ashtanindita Purusha*.

Causes of Ati-sthoulya: Excessive intake of *kaphavardhaka ahara*, sedentary lifestyle, daytime sleeping, eating excessively.^[3]

Features of Ati-sthoulya: Reduced lifespan, Diminished physical activity, impairment in sexual activities, generalised loss of physical strength, unpleasant body odour, profuse sweating, abnormally increased appetite, persistent excessive thirst.^[9]

Management of Ati-sthoulya

For the management of *ati-sthoulya guru ahara* should be given and *apatarpana* should be done.

Dietary items and drinks possessing *ruksha*, *laghu*, and *lekhana* qualities are advised to help reduce aggravated *Kapha*, *Vata*, and excessive *Meda*.

Basti therapy prepared with substances having *ruksha*, *ushna*, and *tikshna* properties is recommended.

Ruksha udvartana is indicated as an external therapeutic measure to facilitate breakdown and mobilization of accumulated fat. Internal administration of drugs such as *Guduchi* and *Musta* Use of *Triphala* is advised for its role in improving digestive fire and facilitating proper elimination.

Fermented preparations like *Takrarishta* are beneficial due to their digestive and fat-reducing actions.

Administration of *Makshika* (honey) is indicated because of its *yogavahi* and *lekhana* properties.

Powders of *Vidanga*, *Nagara*, *Kshara*, and *Loha Bhasma* mixed with *Madhu* are recommended to assist in dispersion and scraping of excess *Meda*.

Yava Churna and *Amalaka Churna* taken with honey are advised for enhancing metabolism and reducing fat accumulation.

Bilwadi Panchamula administered with *Kshaudra* is indicated in the management of obesity.

Shilajatu given along with the decoction of *Agnimantha* is considered effective due to its strong metabolic and fat-reducing action.

Dietary inclusion of grains and pulses such as *Prashatika*, *Udikā*, *Priyangu*, *Shyamaka*, *Yava*, *Jurnahva*, *Mudga*, *Kodrava*, *Kulatha*, *Rushimudgaka*, *Adhaki/Tuvari*, along with vegetables like *Patola* and fruits such as *Amalaka*, is advised.

These dietary measures are recommended along with *Madudaka* or *Arishta* to help reduce *Meda*, *Mamsa*, and *Kapha*.^[4]

Acharya Sushruta mentions use of *Shilajatu*, *Guggulu*,

Gomutra, *Triphala churna*, *Lauha Bhasma*, *Rasanjana*, *Madhu*, *Yava*, *Mudga*, *Kordushaka*, *Shyamak*, *Udalaka*. Along with them *vyayama* and *lekhana basti* should be used.^[5]

ATI-KARSHYA

Atikarshya is defined as a pathological state of extreme emaciation in which there is marked depletion of body tissues, resulting in excessive thinness and loss of normal bodily bulk.

In this condition, the body appears as though it is composed predominantly of skin and bone, with minimal muscle and fat tissue. Classical features include emaciation of the buttocks (*sphika*), abdomen (*udara*), and neck (*griva*), prominence of joints and bony structures, and visible vascular networks over the skin due to severe tissue loss.^[2]

Causes of Ati-karshya: Excessive intake of *ruksha annapana*, frequent fasting, intake of food in insufficient quantity, *vega-dharana*, *ruksha udavartana*. Repeated bathing, *shoka*, *krodha*, *prakriti*, old age, chronic illness, *ati-vyayama*, excessive indulgence in sexual activities, *ratri-jagrana*.^[6]

Due to the above mentioned causes the less quantity of *rasa dhatu* formed in the body is not able to nourish the body properly which leads the person to be *ati-krisha*.

Features of ati-karshya: Highly emaciated buttocks, abdomen and neck, visible vascular network in skin, usually suffers from *vata roga*, very less physical strength, Highly vulnerable to *shwasa*, *kasa*, *shosha*, *plehavidhi* (enlarged spleen), *udarvridhhi*, *agnimandya*, *gulma*, *raktapitta* and these diseases may also prove to be fatal, poor disease resistance.^{[2][3]}

Management of Ati-karshya

For the management of *ati-karshya laghu ahara* should be given and *santarpana* should be done.

One should avoid depleting factors like *prajagara*, *vyavaya* (sexual activity), *vyayama* and *Chintana*.

For the treatment of *ati karshya* one should adopt nourishing regimen like regular and adequate sleep, maintain cheerfulness (*harsha*), use a comfortable resting place (*sukha shayya*), Encourage mental relaxation and pleasant sensory indulgence (*manaso nirvrutti*). Cultivate calmness and mental stability (*shama / shanti*). Avoid overindulgence in activities that cause exhaustion (*virama*). Exposure to pleasant sights and surroundings (*priyadarshana*).

One should adopt dietary Measures (*Brimhana Ahara*) like intake of freshly prepared food and recently harvested grains (*nava anna*), Use of alcoholic preparations in appropriate quantity (*madya*), Consumption of meat soup of domestic (*gramya*), marshy (*anupa*), and aquatic

(*audaka*) animals, Inclusion of nourishing foods such as curd (*dadhi*), ghee (*sarpi*), milk (*dugdha*), sugarcane products (*ikshu*), Regular use of rice (*shali*), black gram (*masha*), wheat (*godhūma*), and jaggery preparations (*gudavikruta*).

Use of External Therapeutic Measures like use of *madhura*, *snigdha*, and *taila* based therapies, Regular oil massage (*abhyanga*), Gentle unctuous *udvartana* (*snigdha udvartana*), Warm bathing (*snana*), Application of fragrances and use of garlands to enhance mental well-being.

Seasonal elimination therapies (*yathakala dosha avasechana*) as required. Administration of *rasayana* drugs for tissue nourishment and rejuvenation. Use of *vrushya* yoga to enhance strength and vitality.

Supportive Measures like Freedom from mental stress related to work (*achintana karyanam*). Adoption of *santarpana chikitsa* (nourishing therapy). Adequate indulgence in sleep (*swapna prasanga*).^[5]

Acharya Sushruta mentions use of *kshirkakoli*, *ashwagandha*, *vidarikanda*, *shatavari*, *bala*, *atibala*, *nagbala*, other *Madhura rasa aushadhis*, *kshir*, *dadhi*, *ghrita*, *mamsa*, *shashtika shali*, *yava*, *godhuma*. *Divaswapna*, *vyayama* and *brimhana basti* should be used.^[3]

Clinical Significance

Acharya Charaka repeatedly correlates *sharira samsthana* with *bala* rather than mere size or mass. Both *ati sthula* and *ati krisha* individuals are described as functionally weak despite opposing appearances. Charaka emphasises that such individuals respond poorly to aggressive therapies and require careful selection of *ahara* and *vihara*. Acharya Charaka gives special emphasis to *ati sthula* and *ati krisha* among *Ashtanindita Purusha* because these two conditions represent extreme and clinically significant disturbances of *dhatu samyata*. In *ati sthula*, excessive accumulation of *meda dhatu* leads to obstruction of *srotas*, instability of *agni* and reduction of functional *bala*, while in *ati krisha*, depletion of *rasa*, *mamsa* and *meda dhatu* results in poor nourishment, intolerance to stress and diminished *vyadhi kshamatva*. Despite their opposite physical appearance, both conditions are characterised by reduced endurance, shortened *ayushya* and complex therapeutic requirements. Acharya Charaka considers *ati krisha* superior to *ati sthula* despite both being *nindita purusha*, because *ati krisha* retains relatively unobstructed *srotas* and better adaptability to *chikitsa*.^[2] In *ati sthula*, excessive *meda dhatu* causes marked *srotorodha*, instability of *agni* and reduced capacity to respond to both *langhana* and *brimhana*, resulting in rapid deterioration and shortened *ayushya*. Conversely, in *ati krisha*, although *dhatu kshaya* is present, *agni* and *srotas* remain comparatively responsive, making *brimhana* measures effective and recovery achievable. Hence, from

a *chikitsa siddhanta* perspective, *ati krisha* is regarded as superior to *ati sthula*.

DISCUSSION

The concept of *Ashtanindita Purusha* reflects Charaka's holistic understanding of structural harmony as a prerequisite for physiological efficiency. Extremes of growth disturb *dosha dhatu samya*, leading to impaired metabolism and resilience. This classification anticipates modern ideas of constitutional vulnerability while remaining deeply rooted in *chikitsa siddhanta*. Importantly, Charaka contrasts these eight types with the ideal *sama pramana purusha*, reinforcing moderation as the foundation of health.

CONCLUSION

Ashtanindita Purusha, as described in *Charaka Samhita Sutrasthana 21*, represents a classical framework for identifying structurally determined health risks. This concept underscores the importance of proportional development for sustaining *bala*, *agni*, and longevity. Recognition of these eight undesirable constitutions remains essential for accurate assessment, prognosis, and individualised Ayurvedic management.

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