



SHATKRIYAKALA IN AYURVEDA: A SCIENTIFIC LITERARY REVIEW WITH STAGE-WISE DIAGNOSTIC AND THERAPEUTIC WINDOW

^{1*}Dr. Shreya Sandip Deore, ²Dr. Deepa Kale

^{*1}PG Scholar, Dept. of Sharir Kriya, YMT Ayurved College Kharghar, Navi Mumbai, Maharashtra.

²Guide, HOD and Professor, Dept of Sharir Kriya YMT Ayurved College Kharghar, Navi Mumbai, Maharashtra.



***Corresponding Author: Dr. Shreya Sandip Deore**

PG Scholar, Dept. of Sharir Kriya, YMT Ayurved College Kharghar, Navi Mumbai, Maharashtra.

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ABSTRACT

Shatkriyakala is a cornerstone Ayurvedic framework that explains how doṣha vitiation evolves through sequential stages and highlights the best “window of opportunity” for prevention and treatment. Classical description is elaborated mainly in Susruta Saṁhita, Sūtrasthana, and is clinically useful for early diagnosis, stage-wise planning, and prognosis.

KEYWORDS: Shatkriyakala, Saṁprapti, Nidana-parivarjana, Prodromal stage, Preventive Ayurveda.

INTRODUCTION

Ayurveda views disease not as a sudden event but as a progressive biological process driven by nidana (causes), doṣha-duṣṭi, and dhatu involvement. Shatkriyakala literally denotes six actionable time-points where a physician can interrupt pathology using appropriate measures. Sushruta describes this staged evolution in Sūtrasthana, Adhyaya 21, emphasizing the value of recognizing doṣha changes early to prevent full disease expression.

AIM AND OBJECTIVES

AIM: To present a complete scientific review of Shatkriyakala with clinically usable interpretation.

OBJECTIVES

1. Describe each stage with classical meaning and modern clinical translation.
2. Summarize stage-wise diagnostic indicators (signs, symptoms, pūrvarūpa, etc.).

3. Compile stage-wise intervention strategies (preventive, shamana, shodhana).
4. Highlight significance for prognosis (sadhya-asadhya) and complication prevention.

Conceptual Framework

- Kriya = action/treatment strategy
- Kala = time/stage. Hence, kriyakala means the stage-appropriate time to act during disease evolution.

Shatkriyakala is the six-stage model^[1]

1. Sanchaya
2. Prakopa
3. Prasara
4. Sthana-saṁsraya
5. Vyakti
6. Bheda

Stage-wise Description (with clinical translation)

Table 1: Shatkriyakala: stage markers and therapeutic window.

Stage	Classical meaning (core event)	Practical clinical clues	Key intervention window
1.Sanchaya (Chaya)	Doṣha accumulates in its own sthana	Mild heaviness, subtle discomfort, early mismatch signs	Nidana-parivarjana, ritu-anukūla vihara, light diet, dīpana

2. Prakopa	Doṣa aggravates (qualitative/quantitative rise)	Clearer doṣa-dominant symptoms but still localized	Stronger samana, ama-pacana, targeted diet, early sodhana planning
3. Prasara	Doṣha spreads/overflows from its sthana	Migratory/variable symptoms, systemic spread tendency	Srotoshodhana, langhana, doṣa-gati control; prevent tissue lodging
4. Sthana-saṁsraya	Doṣha lodges in dūṣya; pūrvarūpa appear	Prodromal features; organ/tissue predilection	Most valuable early diagnosis stage; doṣha-dūṣya specific chikitsa
5. Vyakti	Disease becomes fully manifest (rūpa)	Classical symptom complex evident	Disease-specific protocol + appropriate shodhana/shamana
6. Bheda	Complications/subtypes; chronicity	Upadrava, differentiation of types, deeper dhatu involvement	Long-term management; rasayana/supportive measures; prognosis critical

Classical teaching highlights that if doṣha is controlled in early evolutionary phases, later progression can be prevented^[2] an idea specifically discussed in relation to early doṣha stages in Sushruta's Kriyakala context.

DISCUSSION

1) Why Shatkriyakala is “scientific” in clinical reasoning Shatkriyakala functions like a staging system for pathogenesis. It links cause → doṣha dynamics → tissue interaction → clinical expression → complications. Contemporary reviews interpret kriyakala as timing of interception in disease manifestation and emphasize its value for early recognition and planning.^[3]

2) Doṣha–Strotas–Dhatu logic Sancaya/Prakopa: functional imbalance primarily at the level of doṣa homeostasis; symptoms are subtle and often reversible.

- Prasara: indicates altered mobility/overflow, suggesting early srotas disturbance.
- Sthana-saṁsraya: key shift where doṣa interacts with dūṣya (susceptible tissue), generating pūrvarūpa—this resembles “pre-clinical/prodromal” detection in modern preventive models.
- Vyakti/Bheda: stable disease phenotype and subtypes/complications; deeper dhatu involvement often demands more intensive and longer therapy.

3) Stage-wise chikitsa principle

A practical application is matching therapy intensity to stage

- Early stages: focus on removing nidana + restoring agni and rhythm (dinacharya/ritucharya).
- Mid stages: prevent lodging using langhana, ama-pachana, srotoshodhana.
- Later stages: apply vyadhi-specific lines of management and address upadrava.

4) Clinical utility and prognosis

When a physician identifies the pathology at sthana-saṁsraya (pūrvarūpa stage), the disease is usually easier to reverse than in vyakti/bheda. Modern reviews repeatedly emphasize this preventive advantage and its role in selecting appropriate treatment timing.^[4]

RESULTS

Shatkriyakala provides a graded map of pathology from subtle doṣha accumulation to complications. Early stages (sanchaya–prasara) are predominantly doṣa-centric, while later stages (sthana-saṁsraya–bheda) become vyadhi-centric, with clearer clinical features and greater chronicity/complexity.

CONCLUSION

Shatkriyakala strengthens preventive practice by enabling earlier intervention (nidana-parivarjana, ama-pacana, samana/sodhana selection) and supports rational clinical decision-making.

Shatkriyakala is a powerful Ayurvedic disease-staging model that supports early diagnosis, prevention, and rational stage-wise therapy. The framework transitions from doṣa-centric disturbances (sanchaya–prasara) to tissue-anchored disease (sthana-saṁsraya–bheda). Implementing Shatkriyakala in daily clinical practice improves the likelihood of arresting disease early, reducing complications, and strengthening prognosis-based decision making.^[5]

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