



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

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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 Samhita*, *Sūtrasthana*, and is clinically useful for early diagnosis, stage-wise planning, and prognosis.

**KEYWORDS:** Shatkriyakala, Samprapti, 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, *pūrvārūpa*, 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<sup>[1]</sup>

1. *Sanchaya*
2. *Prakopa*
3. *Prasara*
4. *Sthana-saṃsraya*
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. <i>Sanchaya</i> (Chaya)	<i>Doṣha</i> accumulates in its own <i>sthana</i>	Mild heaviness, subtle discomfort, early <i>ritu/ahara</i> mismatch signs	<i>Nidana-parivarjana</i> , <i>ritu-anukūla vihara</i> , light diet, <i>dīpana</i>

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, doṣagati control; prevent tissue lodging
4. Sthana-samsraya	Doṣha lodges in dūṣya; pūrvavarūpa 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 dhatus 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<sup>[2]</sup> 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.<sup>[3]</sup>

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-samsraya: key shift where doṣha interacts with dūṣya (susceptible tissue), generating pūrvavarūpa—this resembles "pre-clinical/prodromal" detection in modern preventive models.
- Vyakti/Bheda: stable disease phenotype and subtypes/complications; deeper dhatus 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-pacana, 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-samsraya (pūrvavarūpa 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.<sup>[4]</sup>

## 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-samsraya–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-samsraya–bheda). Implementing Shatkriyakala in daily clinical practice improves the likelihood of arresting disease early, reducing complications, and strengthening prognosis-based decision making.<sup>[5]</sup>

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