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"SHATKRIYAKALA: A REVIEW OF THE STAGES OF DISEASE MANIFESTATION AND ITS PREVENTIVE VALUE"

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ABSTRACT

Background: Shatkriyakala is the Ayurvedic doctrine of six successive stages (sanchaya, prakopa, prasara, sthanasamshraya, vyakti and bheda) in the progress of a disease. Its main value lies in the recognition of early stages when intervention is most effective. **Objective:** To review the classical description of the six stages, the corresponding therapeutic approaches, and recent applications of the concept in hypertension and cancer, and to discuss its role in prevention. **Methods:** Classical texts were studied in translation. PubMed was searched in November 2026 for papers on Shatkriyakala, kriyakala and disease pathogenesis in Ayurveda. **Results:** Sushruta describes six kriyakalas in which the doshas accumulate, are aggravated, spread, localise in a weakened tissue, manifest as disease and finally cause complications. The first three stages are pre-clinical and are the preferred window for intervention. Recent articles have used the framework to interpret hypertension as a stage of spread (prasara) and to describe cancer pathogenesis and early detection. **Conclusion:** Shatkriyakala is a staged model of pathogenesis with implications for prevention and early treatment. Studies are needed to define measurable markers for each stage and to test whether stage-specific interventions improve outcomes.

KEYWORDS: Ayurveda, Shatkriyakala, Kriyakala, Sanchaya, Prakopa, Prasara, Prevention, Hypertension

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INTRODUCTION

The word kriyakala combines kriya, meaning action or treatment, and kala, meaning stage or opportunity. It refers to the stages of disease at which treatment should be given. In the Sushruta Samhita it is explained in the chapter on the origin of ulcers (Su. Su. 21/27-36), where the six stages are listed in order as accumulation (sanchaya), aggravation (prakopa), spread (prasara), localisation (sthanasamshraya), manifestation (vyakti) and differentiation or complication (bheda)[1]. The concept is also treated in the Ashtanga Hridaya (A.H. Su. 12)[2]. The main idea is that disease does not arise suddenly but proceeds through stages, and that an informed physician can recognise and interrupt the process before it matures. This is close in spirit to modern preventive medicine.

MATERIALS AND METHODS

The Sushruta Samhita, Charaka Samhita and Ashtanga Hridaya were read in translation[1-3]. PubMed was searched in November 2026 with the terms Shatkriyakala, kriyakala, pathogenesis and Ayurveda. Indexed papers that applied the concept to cancer[4] and hypertension[5], papers on dosha concepts[6], and the review on Ayurveda in preventive and metabolic medicine[7] were included.

OBSERVATION AND RESULTS

1. The six stages

In the first stage, sanchaya, a dosha accumulates in its own site, and this is shown by mild signs, such as an aversion to the factors that increase the dosha and a liking for those that reduce it. In the second, prakopa, the accumulated dosha becomes aggravated and shows more definite symptoms in its own region. In the third, prasara, the aggravated dosha leaves its site and spreads through the body, a stage marked by generalised features. In the fourth, sthanasamshraya, the spreading dosha settles in a part of the body that is weak or predisposed, and it interacts with the tissue there (dosha-dushya sammurchhana). This is the stage at which the pre-clinical changes in the organ begin and the prodromal signs (purvarupa) appear. In the fifth, vyakti, the clinical disease becomes evident with its characteristic signs. In the sixth, bheda, the disease progresses to a chronic or complicated form, with structural changes and, in some cases, treatment failure (Su. Su. 21/27-36; A.H. Su. 12)[1,2].

2. Relation to season and diet

The first three stages are often tied to seasonal cycles. Vata accumulates in the summer, becomes aggravated in the rainy season and is pacified in autumn. Pitta accumulates in the rainy season, becomes aggravated in autumn and is pacified in early winter. Kapha accumulates in late winter, becomes aggravated in spring and is pacified in summer (A.H. Su. 12)[2]. The seasonal link provides the rationale for seasonal regimens (ritucharya) and for the timing of purificatory procedures. Diet and activity that increase a dosha, the physical constitution (prakriti) and the state of agni determine the speed of progress.

3. Therapeutic approach by stage

Treatment differs with the stage. In sanchaya, the cause is removed and the dosha is pacified by simple measures, such as a diet and regimen with qualities opposite to those of the dosha. In prakopa, active pacification, with or without preliminary purification, is performed. In prasara, drugs and procedures are used to draw the dosha back to its site, so that it can be eliminated. In sthanasamshraya and vyakti, the treatment is directed at the disease and the affected tissue, as specified for the particular condition, and in bheda the management is that of the complicated disease (Su. Su. 21; A.H. Su. 12)[1,2]. The principle that earlier treatment is easier and more effective is explicit in the texts.

4. Application to hypertension

Menon and Shukla have applied the doctrine to hypertension. They conclude that mild and moderate hypertension without specific symptoms cannot be considered a disease in Ayurveda but an early stage of pathogenesis and a risk factor for later disease of the heart, brain, kidney and eyes. They propose that hypertension be understood as the stage of prasara, in which vitiated vata (vyana and prana), pitta (sadhaka) and kapha (avalambaka) spread from their sites together with rakta, with the avarana of vata by pitta and kapha in the rasa and rakta dhatus impeding the function of the srotas of circulation[5]. The interpretation is notable because it uses the stage concept to explain why an asymptomatic abnormal finding is considered a pathological process worth treating.

5. Application to cancer

Chauhan and colleagues have used the stages to describe cancer pathogenesis. They link the concept

to the chapter in which Sushruta explains ulcers (varna) in terms of doshic disturbance, relate the ulcer to an inflammatory process that may lead to ulceration and chronic inflammation promoting carcinogenesis, and suggest that abnormal interactions between prakriti and environmental factors vitiate the doshas and weaken immunity, so that the interaction between the vitiated doshas and weak dhatus manifests as cancer of a specific organ. They propose areas of research to validate the concept, including the use of modern techniques to detect predisposition to cancer or to diagnose it early[4]. The proposal is conceptual and its predictions have not been tested in prospective studies.

DISCUSSION

The strength of the doctrine is its recognition of a continuum between health and disease and its emphasis on action at the early stages. It encourages screening, regimen and seasonal adjustment. The weakness is that the stages are described qualitatively, with no agreed markers, so that it is difficult to state in a given patient which stage has been reached. The seasonal mapping of the first three stages is also an idealised scheme and may not hold across climates and individuals.

For research, the most useful step would be to define, for specific conditions, clinical and laboratory markers that correspond to the early stages, for example in hypertension, dyslipidaemia, prediabetes and chronic inflammation. Prospective studies could then ask whether stage-specific interventions, including seasonal regimens, reduce progression. Studies of seasonal variation of lipids in constitutional groups illustrate one route by which the interaction between season, constitution and physiological parameters can be examined[8]. Without such definitions, the concept remains a heuristic.

CONCLUSION

Shatkriyakala is a staged model of disease progression that supports prevention and early intervention. Its recent application to hypertension and cancer demonstrates its heuristic value. Proof of its utility depends on operational definition of stages and prospective testing.

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