

# An Understanding of Shat Kriyakaal

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**Abstract:** *The phenomenon of disease has been conceived as a process which moves in consecutive steps or stages of evolutive development. The importance of the scheme of kriyakala in early diagnosis and for adopting preventive and curative measures can be appreciated better by taking into consideration some of the recent trends in modern medicine relating to the pathogenesis of disease. It may be noted in advance that except for the different nomenclatures used in the modern schemes to describe various evolutive steps and stages of disease, their general outlook bears a striking resemblance to the ancient Ayurvedic scheme of kriyakala.*

**Keywords:** Kriya, Kaala, Vyadhi, Avastha etc

## 1. Introduction

The physician who fully knows about sanchaya, prakopa, prasara, sthanasamsraya, vyakti and bheda done is entitled to be called as a physician. The deranged doshas checked and subdued in the sanchaya stage fail to exhibit any further or subsequent development but, if left unremedied, they gain in strength and intensity in the course of the further development<sup>1</sup>.

- 1) Sanchaya – if vinaasha of dosha are made in sanchayavastha then they will not get uttaragati. If they will get uttaragati then they becomes more balawaan for the treatment.
- 2) Prakopa – In Sanchayavastha if chikitsa is not done then dosha becomes sanchita in their own site, becomes unmargagaami. To convert from sachayavastha to prakopavastha irregularities in kaala, ahara, vikaara are the causes.

### a) Vaat Prakopaka Kaarana

- Vihaarajanyakaarana – Fighting with more balawaan. Ativyayama, atimaithuna, atiadyashana, falling, running, peeda from sprains etc, jumping, swimming, continuous ratrijaagaraana, making savari of elephant, horse for much time, walking, controlling the vegas of adhovaayu, mutra, purishaveerya, chardi, etc are the vihaarajanyakaaranas of vataprakopa.
- Aharajanyakaarana – More sevana of katu, tikta, kashaya, ruksha, laghu, sheetaveerya, padarthas, anashana, adhyashana, vishamashanaetc are the vaatprakopakaaharajanyakaaranas.
- Kaalajanyakaarna – In the sheetakaal, cloudy period, in the more air blowing time, especially in varsharutu, in the morning and in the aprahna in this period vaata becomes prakupita.

### b) Pitta Prakopaka Kaarana

- Vihaarajanyakaarana – Krodha, shoka, bhaya, parishramasuryasantaap, maithuna, more walking from these pitta becomes prakupita.
- Aharajanyakaaranas – katu, amla, lavana, teekshna, ushnalaghu, the things which produces daaha, kulattha, sarshapa, green vegetables, godhamatsay, mamsa of aja, dodhimastumadyaetcamlapadarthas, from the atisevana of these things pitta becomes prakupita.
- Kaalajanyakaaranas – Atisevana of ushnapadarthas in ushnakaala, and after varshakaal in the time of afternoon and ardhraatri at the time of digestion pitta becomes prakupita.

### c) Kapha Prakopaka Kaarana

- VihaarajanyaKaaranas – Diwaswapna, not doing sharirikaparishrama, more alasya are the causes for kaphaprakopa
- Aharajanyakaaranas – More sevana of madhura, amla, lavana, sheetasnighdha, guru, picchila, abhishyandietckaphavardhakapadarthas, samashana (sevana of both pathya and apathyabhojana at a time) adhyashana (before digesting food again taking of it) are the hetus for kaphaprakopa.
- Kaalajanyakaaranas – From the sevana of sheetalapadarthas in sheetakaalakapha becomes kupita.

## 2. Lakshana of Vaata Pitta Kaphaprakopa

At the time of prakopa of these doshas

Peeda in the udara and sanchara of vaayu – In prakopa of vaata

Amlaudgaar, trishna and daaha – In prakopa of pitta

Anna dwesha and Hrillassa – In prakopa of kapha

This is a second stage for treatment. If treatment is not done in the prakopavastha of doshas then it will get prasaraavastha. The term prasara means to spread. In this kriyakaala the prakupitadosha is stated to spread over and extend to other parts, organs and structure of the body. The doshas which have become prakupita due to causes already mentioned expand and overflow the limits of their locations. Here two types of examples are shown they are, the overflow which occurs during the process of fermentation and the overflowing of an over all water from the dam. Vaayu which posses the power of locomotion or extreme mobility should be looked upon as the cause of the expansion or overflowing and spread as the case may be.

The prakupitadoshas whether permeating the entire body or a part of it ardha or become confined to a particular part or a member of the body, may give rise to disease in the site of their transportation. Occurrence of rain takes place in the area of the sky where the rain bearing clouds have been formed.

The prakupitadoshas when not sufficiently excited, may remain quiescent, coating as it were, the internal path ways margas – of the body and exacerbate to cause disease, when they are subsequently excited by appropriate exciting factors.

### 3. Symptoms and treatment for the prasaritadoshas

In case, the prakupitavaata has spread over to any specific sites of pitta, then the line of treatment should be as for pitta. Likewise, if the prakupita pitta spreads over to any of the specific sites of kapha and vice versa should be treated as for the dosha of that site. If vaata has become excited and tends to course through pathways other than its own, it may give rise to atopa accompanied by a shabda.

Pitta, in like circumstances, may give rise to dosha or a burning sensation in the particular part, chosha, or a painful sucking sensation, daaha and dhoomaayana.

In the case of kapha, likewise arochaka, avipaakaangasaada and chardi may occur.

- 1) Sthanasanshraya – In this kriyakaala the excited dosha, having extended to other parts of the body, becomes localized and it marks the beginnings of specific disease pertaining to those structure. This stage is one in which the prakupitadoshas having extended and spread over to parts other than their own due to srotovaigunya of the related srotas – by implication leading to doshadushyasammurchana.
- 2) Vyaktavastha – This stage may be stated to be that of the manifestation of the fully developed disease – the result of doshadushyasammurchana – as represented by its characteristic symptomatology, for example, shopa, granthi, vidradhi, visarpa and jwara, atisaara etc. Here treatment is advised according to the symptoms of vyadhi.
- 3) Bhedavastha – This is the stage in which the disease may become sub acute and chronic or ksthasaadhya. For example, when a shotha or vidradhi bursts, it exhibits the characteristics symptomatology.

The importance of recognizing this stage lies not only in its being a valuable aid in prognosis, but also in the fact that when disease reach this stage they may act as predisposing causes of other disease nidanarthakarogas.

#### Khavaigunya

In the sharira along with rasaadi the doshas which makes sancharana becomes prakupita starts to make paridhavana and because of the vigunata in srotasses where their sanga happens in that places disease is produced.<sup>2</sup>

Due to the support of vyaanavaayu rasa dhatu through hridaya becomes vikshepita and moves all over the body. Through vaayu rasa which is vikshepita at the place of srotovaigunya obstructs and in that place only roga is produced. For example in the akaasha clouds are moving at which place they stops there creates rain. Like this, dosha also along with rasadidhatus makes gamana in all over the body, stops at the place of srotovaigunya and produces vyadhi.<sup>3</sup>

#### Gamana of doshas from koshta to shakha

For the gamana of doshas from koshta to shakha following are the main causes. Adhikavyayama, teekshnata or ushma, not doing sevana of hitakaaraaharavihaara and from

atishighragati of vaayudoshas moves from koshta to shakha and produces disease there.<sup>4</sup>

#### Gamana of doshas from shakha to koshta

Due to their own reasons vaatadidoshas become more vridhhi, due to vishyandana of doshas, due to paak of doshas, because of making vishodhana of srotassesmukhas and controlling vaayu that means from the swabhavikagati of vaayudoshas leave shakha and enters into koshta.<sup>5</sup>

### 4. Discussion

In our study, so far of the kriyakalas, we took note of chaya and prakopa of the doshas in a general sense, and doshadushyasammurchana was implied in the subsequent stages. In other words, we did not touch upon the chaya, prakopa, prasaraetc of each one of the tridoshas and the sammurchana of each one of the five vayus, five pitas and five kaphas with the one or the other of the seven dushyas, including the malas.

In the sancharvasthavridhhi of doshas takes place. These doshas when becomes unmargaagaami gets prakopavastha. In the absence of treatment they get prasaravastha and becomesprasarita. By not getting useful chikitsa takes ashraya in special places and there produce vikrati symptoms of poorvaropa are produced here. During this period also if there is abhava of treatment vyadhi appears with all its symptoms. This is vyaktavastha. In this stage if treatment is not done according to sampraptivyadhi arises with many types of upadravas. In vyaktavastha and bhedavasthapratyanikachikitsa is needed.

Again for the clinical evaluation of rogamarga it can be comprehended as follows:

- i) Role of Rogamarga in poorvarupatmakaavastha
- ii) Role of Rogamarga in rupatmakaavastha
- iii) Role of Rogamarga in upadravatmakaavastha

#### Poorvarupatmaka Avastha

Under the sub clinical stages chaya, prakopa, prasara out of the 6 kriyakaalas are to be considered. The chayaavastha exhibits a vague symptomatology, corresponding to the dosha involved and the prakopaavastha exhibits the symptomatology but not disease. Though both these stages are also such that the deranged dosha can be eliminated were itself but in those stages, there is derangement of dosha but no direct involvement of marga. The actual role of Rogamarga starts from prasaraavastha. Here the marga are not vitiated but the vitiated dosha can spread through channels.

#### Rupatmaka Avastha

Sthanasamshraya and vikratiavastha come under the clinical manifestation stage and Rogamarga also directly comes in to picture in this stage itself. This can be said because in a particular Rogamarga the list of disease is given.

Khavaigunya takes place in the production of disease. Here there is a very significant thing in the term of khavaigunya. This khavaigunya is very important as far as Rogamarga are concerned because khavaigunya actually takes place in Rogamarga and then samprapti of disease occurs.

Khavaigunya is very much essential for the pathogenesis to occur. It takes place by a special part of nidanakhavaigunya is necessary, for it is the ignition point from where the direction of disease pathology is decided. The moolasthan of many srotas is common and connected. Hence the pathogenesis can progress in many directions but in which particular direction and pattern its progress is decided by khavaigunya, which occurs in Rogamarga. Thus khavaigunya is very important for the understanding of Rogamarga.

#### Upadravatmaka Avastha

According to Acharya Y.T the bhedavastha should not be considered under samprapti because after the disease manifestation the field of bhedavastha is initiated while the field of samprapti is upatorogatpatti, hence here bhedavastha has been considered as the post clinical stage. In this stage, the vyadhi may become chronic or it may become complicated or serve as the nidana for other disease, Rogamarga again plays an important role for the nidanarthakarata of vyadhi.

#### Khavaigunya

Why khavaigunya occurs in a specific place? In a way, the particular part of nidana leads to khavaigunya. In another way, again the question arises, why the particular nidana leads to khavaigunya of a particular Rogamarga? The Rogamarga is expected to be so constituted as to exercise a selective discrimination. Experimental evidences to support the specificity have been made available by modern physiology and biochemistry.

Sthanasamshrayaavastha is very important stage, which can be designated as the transition between the subclinical and the clinical stages. It may also be stated that it is in this stage, definite structural lesions begin to evolve, where as the previous three stages may not involve any structural lesion. By implication, the stages of chaya, prakopa and prasara may present purely functional disturbances. It is in this stage that gross metabolic disturbances occur at the level of the srotamsi vascular capillary bed, and the tissues, resulting in the blocking of metabolic pathways and exchanges leading to the localization of lesion. These events have been characterized in modern medicine as increased capillary and cell membrane permeability (with the resulting equalization in the chemical composition of inter and intra cellular fluids), haemo concentration and tissue catabolism etc.

In the vyadhiavastha the outcome of the doshadushyasammurchana is revealed. In this stage i) completion of doshadushyasammurchana ii) srotodushti and its features and iii) lakshanasammucchaya of diseases are manifested.

Though the doshadushyasammurchana is initiated in the previous stage, its completion achieved in vyadhiavastha. Hence certainly there is role of Rogamarga in the srotodushti.

## 5. Conclusions

Right from the koshta this type of travel of pathogenesis i.e. shat kriyakaal starts. If all these steps are ignored, imbalanced dosha becomes strong, they become gradually rigid in the successive steps. It is not beneficial to administer quick remedy or quick cure while treating the diseases, which are caused by aggravated sideward doshas. Those aggravated dosha gone side wards, become rigid and therefore remain in their paths for considerably long time. Naturally they trouble the patient for a long time even though this type of disease fingers pain fully in the body, the doctor should not try to subside it earlier. If at all, quick remedy or on instant remedy is administered, it may go against the Ayurvedic line of thinking. It may therefore cause some sort of harm to the patient.

## References

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