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A Review On Shatkriyakala (Disease Progression) In Veiw Of Surgical Disease Management

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Abstract

Introduction- *Shatkriyakala* is a fundamental Ayurvedic concept describing the sequential stages of disease development arising from *doshic* imbalance. It enables early detection of pathological changes before clinical manifestation and supports preventive and stage-wise therapeutic intervention. With the increasing burden of lifestyle and chronic disorders, understanding this model is vital for effective and integrative disease management. **Methods-** A comprehensive literary review was conducted using classical *Ayurvedic* texts including *Sushruta Samhita* and *Ashtanga Hridaya*. Relevant references were critically analyzed to understand the concept, clinical relevance, and progressive nature of *Shatkriyakala*. Correlations with contemporary medical concepts were explored. Four clinical conditions— Hemorrhoids (*Arsha*), Fistula-in-Ano (*Bhagandara*), Appendicitis (*Undukpuch shoth*), and Cholecystitis (*Pittashaya Shoth*)—were reviewed for stage-wise clinical implications. **Results-** The six stages—*Sanchaya*, *Prakopa*, *Prasara*, *Sthanasamsraya*, *Vyakti*, and *Bheda*—demonstrated a systematic progression from subtle *doshic* imbalance to established disease and complications. Early stages were largely reversible through dietary regulation, lifestyle modification, and preventive therapy, whereas advanced stages required pharmacological intervention, *Panchakarma*, or surgical treatment. Stage-wise clinical application revealed that early *Arsha* responded to conservative therapy while advanced cases required hemorrhoidectomy; *Bhagandara* progressed from abscess to tract formation requiring drainage and definitive surgery; Appendicitis evolved from early inflammation to perforation necessitating emergency surgery; and Cholecystitis progressed from biliary colic to suppuration requiring cholecystectomy. Strong parallels were observed with modern concepts such as inflammation, localization, abscess formation, and chronic disease progression. **Discussion and Conclusion-** *Shatkriyakala* provides a structured and clinically applicable model for understanding disease pathogenesis. Its stage-wise approach facilitates early diagnosis, personalized treatment, and prevention of complications. Integration of this framework into clinical practice strengthens Ayurveda's preventive philosophy and supports the development of integrative diagnostic and therapeutic strategies. Further research is needed to standardize its diagnostic application for broader clinical use.

Keywords- *Shatkriyakala*, Six staged disease progression, Appendicitis, Haemorrhoids, *Arsha*, Fistula-in-Ano, *Bhagandara*, *Undukpuch shoth*, Cholecystitis, *Pittashaya Shoth*

Introduction :

Shatkriyakala is a fundamental *Ayurvedic* concept described by *Acharya Sushruta* that explains the six sequential stages of disease development from initial doshic imbalance to complete clinical manifestation and complications.^[1] The term denotes both the progression of disease and the appropriate timing for therapeutic intervention, thereby forming the basis of *Ayurvedic* pathogenesis (*Samprapti*).^[2] The six stages—*Sanchaya*(~Stage of Accumulation), *Prakopa*(~Stage of Aggravation), *Prasara*(~Stage of Spreading), *Sthanasamsraya*(~Stage of Localization) , *Vyakti*(~Stage of Manifestation), and *Bheda*(~Stage of Differentiation)—represent the evolution of pathology from subtle functional disturbance to structural disease and chronic complications.

In recent years, sedentary lifestyles, irregular dietary habits, environmental pollution, and psychological stress have led to a significant rise in chronic and lifestyle disorders. Failure to maintain internal homeostasis is the primary contributor to disease onset and progression, highlighting the need for early diagnosis and preventive strategies. Unlike symptom-based approaches, *Ayurveda* emphasizes early detection by identifying *Dosha* imbalance before the development of overt disease.

The pathogenesis of *Shatkriyakala* begins with the accumulation and aggravation of *Doshas* in their normal sites, followed by systemic spread through bodily channels and localization in susceptible tissues, resulting in *Dosha-Dushya Sammurchhana* (pathological combination). If timely intervention is not undertaken, this process progresses to full

disease expression and complications. The clinical significance of this concept lies in its ability to guide stage-wise management, enabling preventive, curative, and surgical interventions to be implemented at appropriate phases of disease evolution.^[3]

Materials and Methods :

Literary Search - The references for this review were collected from classical *Ayurvedic* texts, mainly *Sushruta Samhita* and *Ashtanga Hridaya*.

1. In *Sushruta Samhita*, the term *Kriyakala* is mentioned in two contexts. In the concept of *Chikitsa Chatushtaya*, it refers to the appropriate timing for therapeutic procedures such as *Snehana*, *Shodhana*, and *Shastrakarma*. In *Sutrasthana Adhyaya 21*, *Acharya Sushruta* describes *Kriyakala* as the six stages of disease development, known as *Shatkriyakala* (*Vyadhi Kriyakala*): *Sanchaya*, *Prakopa*, *Prasara*, *Sthanasamsraya*, *Vyakti*, and *Bheda*. These stages explain the sequential progression of disease and guide stage-wise therapeutic management.^[4,5]
2. In *Ashtanga Sangraha* (*Sutrasthana*, Chapter 12), the concept of *Ritu Kriyakala* describes three phases —*Chaya* (Stage of accumulation of doshas), *Kopa* (Stage of aggravation), and *Prashama* (Auto Pacification of dosha). These stages represent seasonal variations in *Dosha* status. Adoption of appropriate seasonal regimen (*Ritucharya*) helps in maintaining *Dosha* balance and physiological equilibrium.^[6,7]

According to *Acharya Sushruta*, the six phases of dosha in the development of diseases are

- 1) *Sanchaya*
- 2) *Prakopa*
- 3) *Prasara*
- 4) *Sthanasanshraya*
- 5) *Vyakti*
- 6) *Bheda*

1. *Sanchaya* (Stage of accumulation)

The first stage, *Sanchaya*, marks the initial accumulation of *Doshas* in their specific sites due to various causative factors such as improper diet, lifestyle, and environmental influences. During this phase, *Vata* accumulates in *Pakvashaya* (large intestine), *Pitta* in *Grahani* (small intestine), and *Kapha* in *Amashaya* (stomach). The symptoms at this stage are mild and include *stabdhapoorna-koshtata* (abdominal stiffness and fullness) in *Vata Sanchaya*, *pittavabhasata* (yellowish discoloration) and *mando ushmata* (slight rise in body temperature) in *Pitta Sanchaya*, and *gaurava* (heaviness), *alasya* (sluggishness), and nausea in *Kapha Sanchaya*. The individual may develop an aversion to factors that aggravate the *Dosha* and a liking for opposite qualities — *Vata* prefers warmth and unctuousness, *Pitta* craves coolness and sweetness, and *Kapha* tends toward fasting. As the symptoms are minimal and the imbalance is localized, this stage is important for preventive care, as timely intervention may completely reverse the pathology.

From a contemporary perspective, this stage may correlate with early biochemical and oxidative stress-related changes at the cellular level.

2. *Prakopa* (Stage of aggravation)

The second stage, *Prakopa*, or aggravation, occurs when accumulated *Doshas* continue to increase due to the persistence of causative factors. The *Doshas* become provoked and begin to overflow within their respective sites, leading to more pronounced symptoms. In *Vata Prakopa*, the person may experience abdominal pain and hyperperistalsis; in *Pitta Prakopa*, sour eructations, excessive thirst, and burning sensations are observed; while in *Kapha Prakopa*, excessive salivation, nausea, heaviness, and anorexia occur. *Vagbhata* mentions that in this stage, the *Doshas* are ready to spread throughout the body.

In modern terms, this stage indicates further derangement of homeostasis and may correlate with abnormal cell proliferation or increased DNA mutations caused by oxidative stress.

3. *Prasara* (Stage of spreading)

The third stage, *Prasara*, denotes the spreading of the aggravated *Doshas* from their original sites to other parts of the body through various *srotas* (channels). This condition arises when the doshas become aggravated and escape regulatory control, subsequently spreading beyond their primary sites. *Vata Prasara* produces *atopa* (bloating) and regurgitation, *Pitta Prasara* leads to fever and burning sensations, and *Kapha Prasara* manifests as anorexia, heaviness, indigestion, fatigue, and nausea. Classical texts compare this stage to milk overflowing from a heated vessel.

From modern perspective, this phase may be correlated with cellular migration or systemic inflammatory spread, where oxidative stress alters

cell adhesion and promotes diffusion throughout tissues.

4. Sthansanshraya (Stage of Localization)

The fourth stage, *Sthanasamsraya*, involves the localization of the aggravated *Doshas* in weak or susceptible tissues (*Dushya*). Due to structural defects or *Srotodushti*, the circulating *Doshas* settle in specific organs, forming a *Dosha-Dushya Sammurchhana* (pathological combination). This localized interaction produces *Purvarupa* (prodromal symptoms) such as pain, heaviness, or discomfort in the affected area, signaling the onset of a disease. The nature of the emerging disorder depends on the type of *Dosha* involved and the tissue affected. Timely use of *Rasayana* therapy and detoxifying measures at this stage can prevent further progression. In modern terms, This stage can be compared to the “homing process” in modern medicine, where abnormal cells or agents localize to specific tissues, initiating early pathological changes.

5. Vyakti (Stage of Manifestation)

The fifth stage, *Vyakti*, represents the full manifestation of the disease. When the *Dosha-Dushya* interaction intensifies, disease-specific signs and symptoms (*Rupa*) become evident, enabling diagnosis. This is the stage where the disease expresses itself clearly with all its distinctive features. For example, fever (*Jwara*), diarrhea (*Atisara*), or inflammation (*Shopha*) become evident. The symptoms can be divided into *Samanya Lakshanas* (common symptoms due to increased *Dosha*) and *Pratyatma Lakshanas* (specific symptoms unique to that disease).

In modern terms, This stage is comparable to the acute or clinically apparent phase of disease manifestation in modern pathology, where diagnosis is confirmed based on clear clinical signs and laboratory findings.

6. Bheda (Stage of differentiation)

Finally, the sixth stage, *Bheda*, marks the differentiation or complication stage of disease. If left untreated, the illness progresses to chronicity, leading to complications, degeneration, or even fatal outcomes. At this stage, the disease can be identified precisely by its *Doshaja* type, such as *Pittaja Atisara* (diarrhea of *Pitta* origin). Prognosis is generally poor, and conditions may become irreversible or resistant to treatment. In modern terms, this phase corresponds to advanced or chronic disease states with structural and functional deterioration, comparable to complications or degenerative pathology. (Table-1)

Stage	Features	Surgical Role
<i>Sanchaya</i> (Accumulation)	Mild, vague, localized symptoms	Observation, Preventive care, No surgery
<i>Prakopa</i> (Aggravation)	Symptoms more evident, inflammation begins	Early medical/surgical intervention, prevent progression
<i>Prasara</i> (Spread)	<i>Doshas</i> /systemic spread, abscess formation	Minor surgical drainage, early operative planning
<i>Sthanasamsraya</i> (Localization)	Local pathology well-defined	Plan definitive surgery
<i>Vyakti</i> (Manifestation)	Disease fully expressed with signs & symptoms	Targeted, condition-specific surgery
<i>Bheda</i> (Complication/Chronic)	Complicated/advanced disease	Radical or staged surgery, recurrence prevention

Table 1: Showing six stages of *shatkriyakala*(Disease progression) [8]

Clinical application of *Shatkriyakala* (Disease progression) in common surgical disease. :

Shatkriyakala highlights the importance of early diagnosis and timely intervention, guiding the use of preventive, medical, and surgical management at appropriate stages. Thus, it serves as a practical framework for stage-wise treatment planning and the prevention of complications. The following

tables provide an overview of the application of Shatkriyakala in four common surgical diseases, correlating each stage with disease progression, clinical features, and stage-wise management. This demonstrates the transition from early reversible pathology to advanced complications, along with corresponding treatment preferences.

Appendicitis (Undukpuch shoth) [9,10,11]:

Stage (Shatkriyakala)	Disease progression	Clinical Features	Management
Sanchaya	Sluggish gut motility, luminal stasis with mucus inspissation and lymphoid hyperplasia (Kapha accumulation)	Vague abdominal discomfort, mild anorexia	Dietary modification, Langhan-Deepana-Pachana-Anuloman, Nidanparivarjan.
Prakopa	Low fiber diet, refined carbohydrate intake, and irregular bowel habits contribute to luminal obstruction (fecolith, stricture, tumor, or parasites), resulting in mucosal irritation and early inflammation (Vata-Pitta aggravation)."	Mild abdominal pain, bowel irregularity, localized mucosal edema and congestion	Early intervention-Shamana chikitsa, diet and lifestyle correction
Prasara	Obstruction leads to bacterial proliferation and release of inflammatory mediators, causing increased intraluminal pressure, edema, and mucosal ulceration facilitating bacterial translocation into the submucosa and peri-appendiceal tissues, thereby initiating an early inflammatory cascade.	Increasing pain, nausea, low-grade fever	Antimicrobial and anti-inflammatory drugs by parental route, IV Fluids, vitals monitoring.
Sthanasamshraya	Localized appendiceal inflammation-mucosal edema, compromised blood flow, local irritation (Ama involvement)	Vague abdominal discomfort, tenderness, mild fever, malaise	Antibiotics, IV Fluids.
Vyakti	Established acute appendicitis with clear clinical manifestation	Severe Right lower quadrant pain, McBurney's point tenderness, vomiting, nausea with clinical signs such as-muscle guarding, rovsings sign, psoas sign, obturator sign, leukocytosis	Appendectomy(lap/open) with antibiotic coverage.
Bheda	Complicated appendicitis—perforation, gangrene, per-appendiceal abscess, peritonitis, sepsis, mucocoele	Heamodynamically unstable, Severe systemic deteriorating signs and septic shock, guarding, rigidity	Emergency surgical intervention-Laparotomy (emergency open appendectomy with peritoneal lavage)

Cholecystitis (Pittashaya Shoth) [9,10,11]

Stage (Shatkriyakala)	Disease Progression (Modern Correlation)	Clinical Features	Management
Sanchaya	Biliary stasis with thickened bile (sludge formation) due to impaired gallbladder motility and bile supersaturation (Kapha-Pitta accumulation).	Dyspepsia, heaviness after fatty meals, mild abdominal discomfort.	Low-fat diet, Deepana-Pachana, Nidana Parivarjan, Antacids, lifestyle modification (avoid heavy meals)
Prakopa	Aggravation leading to gallstone formation and/or intermittent cystic duct obstruction causing mucosal irritation (Pitta-Kapha aggravation).	Fat intolerance, bloating, mild right hypochondriac discomfort (biliary colic).	Pitta-Kapha shamana, dietary regulation, analgesics(except opioids)observation.
Prasara	Persistent obstruction leads to inflammatory changes in gallbladder wall with edema, chemical inflammation, and early infection.	Increasing right upper quadrant pain, nausea, vomiting, low-grade fever.	Medical management—analgesics(opioids are contraindicated), anti-inflammatory drugs, antibiotics, monitoring.
Sthanasamshraya	Localization of inflammation in gallbladder—acute cholecystitis with cystic duct obstruction, gallbladder distension, and wall thickening.	Right upper quadrant pain, positive Murphy's sign, Boa's sign, fever, vomiting.	Hospitalization, IV fluids, antibiotics, supportive care.
Vyakti	Established acute cholecystitis with marked inflammation, leukocytosis, and imaging confirmation (USG showing wall thickening, stones).	Severe RUQ pain, fever, leukocytosis, guarding, positive imaging findings, jaundice, clay colored stool	Definitive management—laparoscopic cholecystectomy with antibiotics, ERCP, MRCP.
Bheda	Complicated cholecystitis—gangrene, perforation, empyema of gallbladder, peritonitis, pancreatitis, sepsis.	Severe systemic illness, high fever, rigidity, signs of sepsis.	Emergency surgical intervention, drainage, intensive care management.

Haemorrhoids (Arsha) [12,13]:

Stage (Shatkriyakala)	Disease progression	Clinical Features	Management
Sanchaya	Predisposing factors such as chronic constipation, prolonged straining, sedentary lifestyle leading to venous congestion in hemorrhoidal plexus (Kapha-Vata imbalance due to Viruddhadhlyasan, Vega Dharana, Aiti Asana, Striprasanga).	Heaviness, constipation, mild discomfort; early dosha chaya without clear pathology.	Nidana Parivarjana (avoid causative factors), high-fiber diet, hydration, bowel regulation, lifestyle correction.
Prakopa	Increased venous pressure with persistent congestion and early vascular dilatation (Vata-Pitta aggravation). Dosha prakopa individually or in combination.	Straining during defecation, discomfort, occasional bleeding; aggravated bowel symptoms.	Shamana Chikitsa, bowel regulation, stool softeners, sitz bath; early medical intervention.
Prasara	Progressive dilatation of hemorrhoidal veins with early pile formation and mucosal irritation; doshas spread via Dhamanis.	Itching, mild bleeding per rectum, mucus discharge; systemic doshic spread.	Conservative management—dietary measures, laxatives, topical therapy; Shodhana (purification measures) if required.
Sthanasamshraya	Localization in Gudavali (ano-rectal region) with formation of hemorrhoidal masses due to tissue weakness and vascular engorgement (correlates with Grade I-II hemorrhoids).	Poorvarupa: anorexia, emaciation, anemia, pain in anal region; later pain, bleeding, intermittent prolapse.	Dosha-Dushya targeted treatment; medical therapy, local applications, and procedures like sclerotherapy.
Vyakti	Fully manifested hemorrhoids with significant prolapse and vascular changes (Grade II-III/IV). Clear disease expression after Dosha-Dushya Sammurchana.	Prolapse, bleeding, discomfort, mucus discharge; distinct types of Arsha with classical features.	Kshara karma, rubber band ligation, or hemorrhoidectomy depending on grade; Vyadhi-specific chikitsa.
Bheda	Complicated hemorrhoids—thrombosis, strangulation, ulceration, irreducible prolapse; chronic progression and differentiation.	Severe pain, non-reducible mass, profuse bleeding; complications like Gulma, Plihodara etc.	Surgical hemorrhoidectomy, excision of thrombosed piles, emergency care; Vyadhipratyanika chikitsa.

Fistula-in-ano (Bhagandara) [13,14,15]:

Stage (Shatkriyakala)	Disease progression	Clinical Features	Management
Sanchaya	Predisposing factors such as poor hygiene, chronic constipation, and cryptoglandular stasis leading to micro-inflammation in anal glands (Kapha-Pitta imbalance).	Mild itching, perianal discomfort.	Hygiene maintenance, dietary correction (high-fiber diet), bowel regulation, Nidana Parivarjan such as avoiding long term sitting on hard surfaces-squatting posture.
Prakopa	Obstruction and infection of anal glands with bacterial proliferation causing early inflammation (Vata-Pitta aggravation).	Pain, mild swelling, burning sensation, discomfort during defecation.	Pitta-kapha Shamana Chikitsa, sitz bath, stool softeners, medicated oil basti chikitsa, antibiotics (if required).
Prasara	Spread of infection into surrounding tissues (intersphincteric space) leading to anorectal abscess formation.	Severe throbbing pain, swelling, redness and discomfort at perianal region, fever.	Antibiotics, anti-inflammatory medications, local fomentation, incision and drainage (I&D).
Sthanasamshraya	Localization of abscess (Guda Vidradhi) with pus collection and tissue damage; early sinus tract formation may begin.	Tender swelling, erythema, localized pain, possible discharge, difficulty in sitting and defecation.	Incision and drainage, wound care, kshar-application for early sinus tract, antibiotics, regular bowel habits, monitoring for tract formation.
Vyakti	Formation of a well-defined fistulous tract connecting anal canal to perianal skin (post-abscess stage).	Persistent pus discharge from external opening, recurrent pain, induration in perianal region, swelling, itching.	Ksharasutra therapy, fistulotomy/fistulectomy, or seton placement.
Bheda	Complex fistula with multiple branching tracts, recurrence, fibrosis, and possible sphincter involvement leading to incontinence risk. Chronic variants described by acharya sushruta-shatponak, paristravi, upnaha, unmargi, etc	Chronic discharge, multiple openings, induration, recurrent abscess,	Advanced surgical management (fistulectomy, advancement flap), Ksharasutra in complex cases, long-term follow-up.

Discussion :

The concept of *Shatkriyakala* offers a stage-wise framework for understanding disease progression, closely aligning with modern pathological principles such as inflammation, infection, localization, and complication. The sequential transition from *Dosha* accumulation to systemic spread and eventual localization shows similarities with the evolution from functional disturbance to structural pathology recognized in contemporary science. The clinical correlations drawn in conditions like haemorrhoids, fistula-in-ano, appendicitis, and cholecystitis demonstrate that early stages are largely reversible with preventive and conservative management, while advanced stages need pharmacological or surgical intervention. This highlights the practical relevance of *Shatkriyakala* in early diagnosis, timely intervention, and prevention of disease progression. Integrating *Ayurvedic* insights with modern surgical understanding enhances clinical decision-making and supports a more holistic, stage-based approach to disease management. The concept of *Shatkriyakala* provides a comprehensive and dynamic framework for understanding disease progression, closely paralleling the natural history of disease described in modern medicine. The sequential stages—from *Dosha* accumulation to complication—demonstrate a logical transition from functional disturbance to structural pathology, comparable to processes such as inflammation, infection, abscess formation, and chronic degeneration. In the present review, its clinical applicability has been demonstrated through four common surgical conditions—appendicitis,

cholecystitis, haemorrhoids, and fistula-in-ano—by correlating each stage with disease progression, clinical features, and management. The tabulated representation clearly highlights that early stages such as *Sanchaya* and *Prakopa* correspond to subclinical or mild pathological changes, which are largely reversible with dietary regulation, lifestyle modification, and *Shamana* therapy. As the disease progresses to *Prasara* and *Sthanasamshraya*, pathological processes such as spread of inflammation, localization, and abscess formation become evident, requiring active medical management and minor surgical interventions. In advanced stages like *Vyakti* and *Bheda*, where structural damage and complications occur, definitive surgical procedures such as appendectomy, cholecystectomy, hemorrhoidectomy, and fistula surgery become necessary. Modern surgical literature also supports this progressive pattern, where conditions like appendicitis begin with luminal obstruction and inflammation and may progress to perforation and peritonitis if untreated. Similarly, cholecystitis progresses from gallstone obstruction to inflammation, infection, and complications requiring surgical removal of the gallbladder. This stage-wise correlation emphasizes that *Shatkriyakala* is not merely a theoretical concept but a clinically applicable model for decision-making, enabling timely selection of preventive, medical, or surgical treatment. It reinforces the *Ayurvedic* principle of *Samprapti Vighatana*, aiming to arrest disease progression before irreversible damage occurs. Furthermore, integrating *Shatkriyakala* with modern surgical

understanding enhances the scope of integrative medicine, providing a holistic approach that combines early diagnosis, individualized treatment, and appropriate surgical intervention. Thus, this concept holds significant potential in improving clinical outcomes and reducing complications when applied systematically in practice.

Conclusion :

Shatkriyakala serves as a valuable bridge between classical *Ayurvedic* principles and modern clinical practice by providing a systematic approach to disease evolution and management. Its emphasis on early detection and stage-wise intervention reinforces the importance of preventive healthcare while also guiding appropriate medical and surgical treatment in advanced stages. The correlations established in this review underline its applicability across a spectrum of diseases, demonstrating its relevance in integrative medicine. Adapting this in clinical practice can improve patient outcomes by enabling timely and targeted management; however, further research and standardization are essential to validate and expand its use in evidence-based practice

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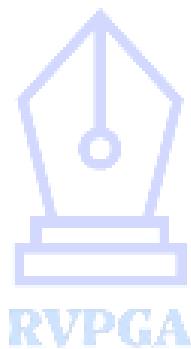
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