

PREVENTIVE ASPECTS OF SHATKRIYAKALA IN MODERN PERSPECTIVE

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ABSTRACT

The goals of medicine are to promote health, to preserve health, to restore health when it is impaired, and to minimize suffering and distress. These goals are embodied in the word 'prevention'. Successful prevention depends upon a knowledge of causation, dynamics of transmission. In modern day, the concept of prevention has become broad-based. It has become customary to define prevention in term of four levels. viz primordial, primary, secondary, tertiary. In Ayurveda aetiopathology of disease i.e. progression of disease is explained in six stages of *shatkriyakal* Viz. *chaya, prakop, prasar, sthansanshray, vyakti, bhed*. *Chaya, prakop, prasar* can be correlated with prepathogenesis and *sthansanshray, vyakti, Bhed* can be correlated with pathogenesis. We can apply primary prevention at *chaya, prakop, prasar avastha* and we can apply secondary prevention at the *sthansanshray avastha* .and we can apply tertiary prevention at the stage of *vyakti* and *Bhed avastha*. *Ayurveda* is mainly concerned with preventive aspect of health. Due to change in lifestyle many disorders are occurring, to avoid this we have to evaluate these *hetu* and to find out its co relation with *Ayurvedic hetu*. So to co relate *shatkriyakal* with modern aspect I have prepared this work.

Keywords: *shatkriyakala, chaya, prakop, prasar, sthansanshray, vyakti, bhed*.

INTRODUCTION

Disease occurs from a compound interaction among men, agents and the environment. It indicates the way in which a disease evolves over time from the initial stage of its pre-pathogenesis phase to its close as recovery, disability or death, in the absence of action or prevention. The term natural history of illness is key concept of epidemiology^[1].

Kriyakala^[2]

In *Ayurveda* the concept of *kriyakala* describes the mode and stages of the development of diseases. A

good understanding of *kriyakala* is very essential for early diagnosis, prognosis and for adopting preventive and curative measurement. *Kriya* or action refers to the resort to measure *Aushadha, Ahara* and *charya* with a view to eliminate and correct the *doshik* disturbance. *Kriyakala* therefore, means the recognition of the *avastha* or stage of the process of disease and the resort to appropriate measures to correct the same.

NATURAL HISTORY OF DISEASES^[3]

1. Pre-Pathogenesis Phase / Stage of susceptibility:

In this stage, the illness has not advanced but the pounce has been laid by the presence of factors that favor its occurrence. This refers to the period of first to the onset of disease in man. The disease cause has not yet come into man, but the issues which favor its communication with the human host are already present in the surroundings. In *Ayurveda* pre pathogenesis phase can be well-thought-out only for *nijavyadhi* there is no broad concept for *aagantuj vyadhi* For example, High Cholesterol, obesity, Type of behavior: Heart Diseases Smoking, Hypertension, **High Lipid:** Stroke

Suggestions whose occurrence is accompanying with an increased possibility that disease will develop later are called Risk factors.^[4] They may be modifiable (smoking, tobacco chewing) or non modifiable (Age, sex, race, family history etc).

Revelation:

It is growth of factors necessary to initiate the disease process in a vulnerable host. For communicable disease, the introduction usually is a microbe.

2. Pathogenesis Phase:

The pathogenesis phase initiates with the entrance of the disease Agent in the vulnerable human host. In *Ayurveda* the concept of biological agent i.e. virus, bacteria, protozoan etc are not well described. They named biological agent as *bhoot* but there is no classification or specificity. It can said to be a challenge to diagnose communicable diseases caused due to biological agent according to *Ayurveda*.

The Epidemiologic Triad^[5]: The epidemiologic triangle or triad is the old-style model of contagious disease causation. It has three components: an external agent, a vulnerable host, and an environment that brings the host and agent together.

Agent^[6]:

Agent states to virus, bacterium, parasite, or other microbe for diseases and physical and chemical sub-

stances for non communicable conditions. Generally, these agents must be present for illness to occur. That is, they are crucial but not always abundant to cause disease.

For Example: Protozoa: Plasmodium for malaria.

Ecological factors^[7]:

Ecological factors are extrinsic factors which disturb the agent and the opportunity for exposure. Generally, ecological factors embrace physical factors such as geology, climate, and physical surroundings For Example: Biologic factors such as insects that transmit the agent; and Socio-economic factors such as crowding, sanitation

Host factors^[8]:

Host factors are intrinsic factors that affect an individual's exposure, vulnerability, or reply to a causative agent- age, race, sex, socioeconomic status, smoking, drug abuse, lifestyle, sexual practices and contraception, eating habits etc.

For example:

In typhoid Agent is *Salmonella Typhi* exposed through contaminated water, Host factors are nutritional status, immunity, and genetic factors. Ecological factors are poor sanitation, poverty.

AIM & OBJECTIVES

To correlate *Shatkriyakala* with natural history of disease and levels of prevention according to pre-pathogenesis and pathogenesis.

MATERIALS AND METHOD

Concepts of Prevention^[9]

The goals of medicine are to promote health, to preserve health, to restore health when it is impaired, and to minimize suffering and distress. These goals are embodied in word prevention. Successful prevention depends upon knowledge of causation, dynamics of transmission, availability of prophylactic or early detection and treatment measures. Removal or elimination of a single known essential cause may be sufficient to prevent a disease. The objective of

preventive medicine is to intercept or oppose the cause and thereby disease process.

Levels of prevention 1) Primordial prevention 2) Primary prevention 3) Secondary prevention 4) Tertiary prevention

Pre-pathogenesis		Pathogenesis	
<i>Sanchayavastha</i>	primordial prevention	<i>Sthansanshray</i>	Secondary prevention
<i>Prakop</i>	primary prevention	<i>Vyakti</i>	Tertiary prevention
<i>Prasara</i>	primary prevention	<i>Bhed</i>	Tertiary prevention

Primordial prevention^[10]

Primordial prevention a new concept is receiving special attention in the prevention of chronic diseases. This is a prevention of the emergence or development of risk factors in countries or population groups in which they have not yet appeared. *Sanchaya* it is first phase of *Shatkriyakala*; it is the stage where the *dosha* are stated to have accumulated and stagnated in its own place to prevent chronic disease we have to take prevention in *sanchayaavastha* i.e. *chayavam jayet doshah*. So, it can be called as primordial prevention - measures that inhibit the emergence of environment, economic, social, and behavioral conditions.

Primary prevention^[11]

It can be defined as action taken prior to the onset of disease, which removes the possibility that a disease will ever occur. It signifies intervention in the pre-pathogenesis phase of a disease .According to Ayurveda *Prakopavastha*, *prasaravastha* can be included in primary prevention. Primary prevention reduces incidence of disease by protecting the health by personal and community efforts such as enhancing nutritional status, providing immunization, and eliminating environmental risks.

Secondary prevention^[12]

Secondary prevention can be defined as action which halts the progress of a disease at its incipient stage. *Sthansansraya* it is phase where disease is yet to be manifested fully. The excited *dosha* having extended to other parts of the body become localized and it marks the beginning of specific diseases pertaining to those *sthana*. Measures are available to individuals and communities for early detection and

prompt intervention to control disease and minimize disability.

Tertiary prevention^[13]

When the disease process has advanced beyond its early stages, it is still possible to accomplish by tertiary prevention.It reduces impact of complications. *Vyaktiavastha* may be stated to be that of manifestation of the fully developed disease-there *dosha dushya samuchana*. *Bheda* it is stage in which the disease may become sub-acute and chronic or incurable. Measures aimed at softening the impact of long-term disease and disability; minimizing suffering; maximizing potential years of useful life.

Modes of intervention^[14]; samprapti bhang

Intervention can be defined as any effort to interrupt the common arrangement in the growth of disease in man. It can be correlated with *samprapti bhang*.

1. Health promotion: Health Promotion is the procedure of allowing people to increase control over, and to improve health. Following interventions can be helpful to Health Promotion.
 - a. Health education: cost effective intervention. A large number of sicknesses could be prevented with little or no medical interventions if people were sufficiently knowledgeable about them and if they were encouraged to take necessary precautions in time.
 - b. Environmental modifications: Environment interventions are non-clinical and do not involve the physician.
 - c. Nutritional interventions: These comprise food distribution and nutrition improvement of vulnerable groups; child feeding programmer; Food fortification.

d. Lifestyle and behavioral changes: The conservative public health measures or interventions have not been effective in making inroads into lifestyle reforms.

2. Specific protection: following are some of the interventions aimed at specific protection. a) immunizations b) use of specific nutrients c) chemoprophylaxis d) protection against occupational hazards e) protection against accidents f) protection from carcinogens g) avoidance of allergens h) the control of specific hazards in the general environment i) control of consumer product quality and safety of foods, drugs, cosmetics.

3. Early diagnosis and treatment: the detection of disturbances of homeostatic and compensatory mechanism while biochemical, morphological, and functional changes are still reversible.

4. Disability limitation: impairment, Disability, Handicap are disability occur due to diseases we have to limit these disability by measures like a) immunization b) disability limitation by appropriate treatment c) preventing the transition of disability in to handicap.

5. Rehabilitation: The following areas of concern in rehabilitation have been identified. a) Medical rehabilitation- restoration of function b) Vocational rehabilitation – restoration of the capacity to earn a live hood c) Social rehabilitation – restoration of family and social relationship d) psychological rehabilitation –restoration of personal dignity and confidence.

DISCUSSION

Natural history of disease and *Shatkriyakala* can be correlated with each other. In *kriyakala* there are six phages of progression of diseases Viz. *Sanchay, Prakop, Prasara, SthanSanshray, Vyakti, Bheda* and there are two phages of disease progression in natural history of disease Viz. Pre-pathogenesis and pathogenesis. We can correlate the stage of pre -

pathogenesis with *Sanchaya, Prakopa, Prasara* because intensity of disease is not more in these stages and pre pathogenesis phase of natural history of disease, pathogenesis phase is correlated with *Sthansanshray, Vyakti, Bheda*. Because, intensity of disease is more, disease is fully established in these stages and pathogenesis phase of natural history of disease. There are four stages of prevention Viz Primordial, primary, secondary, tertiary. We can take primordial prevention in *sanchayavastha*, primary prevention in *prakop* and *prasaravastha*, secondary prevention in *sthansanshray*, tertiary prevention in *vyakti* and *bhedavastha*.

CONCLUSION

Through Natural history of Diseases we can correlate pre-pathogenesis with *Sanchay, Prakop, Prasara* and pathogenesis with *SthanSanshray, Vyakti, Bhedavastha* of *shatkriyakal*.

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