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CLINICAL IMPORTANCE OF TREATING A DISEASE IN PURVARUPAVASTHA (PRODROMAL STAGE) OF SHAT-KRIYAKALA: A CASE STUDY

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ABSTRACT

*According to Ayurveda, Dosha (*regulating components*), Dhatu (*residing components*) & Mala (*excretory components*)* form the basis of physiological & pathological functioning in human body. Among the three types of *Dosha*, *Vata* plays dominant role in metabolism by regulating voluntary and involuntary activities. It's quick & continuous actions of secretion & mobilization of biochemicals required for metabolism is significant in maintaining the equilibrium. Amongst *Dhatu*, *Rakta Dhatu* (blood tissue) is regarded as a vital life-supporting tissue. *Vatarakta* is a spectrum of disorders resulting from pathological interaction of *Vata Dosha* and *Rakta Dhatu*. Due to erroneous dietary habits & behavioural patterns[1], function of Vata is deranged and blood biochemistry changes which ultimately result in the pathogenesis of Vatarakta. Any disease, before full-fledged manifestation, shows alarming indicators which if identified in time check the disease progression & may help reverse the pathology resulting in complete recovery of the patient. This concept is described in Ayurveda as Shat Kriyakala (six times to intervene & treat) that can help the physician for early diagnosis and therapeutic intervention.[2] **Methods:** A 21-year-old female patient diagnosed with prodromal stage of Vatarakta was treated with oral medication and Panchakarma procedures of Laghu Virechana, Tiktaksheera Basti, Katibasti and Patrapindasweda. **Result**: There was significant relief with improvement in

pain, edema, skin pigmentation and knee & back pain & reduction in appearance of varicosity. **Conclusion:** Timely intervention based on Nidana Panchaka and Shat Kriya Kala can result to prevent disease progression.

KEYWORDS: *Vatarakta, Purvarupa, Shat Kriya Kala,* Varicose veins.

1. INTRODUCTION

According to *Ayurveda*, bodily activities occur through *Dosha (regulating components)*, *Dhatu (residing components)*, and *Mala (excretory components)*. Among the three types of *Dosha*, *Vata* is the primary regulator of all physiological activities due to its *Achintyavirya* (immeasurable potency), *Ashukari* (swift action), and *Muhuschari* (constant movement). It governs voluntary and involuntary functions of the body. *Rakta Dhatu* (blood) is one of the most dynamic & indispensable amongst *Dhatus* due to its essential role in sustaining life.

Vatarakta is a spectrum of disorders that arises from the pathological interaction between *Vata Dosha* and *Rakta Dhatu*. Aggravation of *Vata* occurs due to factors such as repeated control of the natural urges, prolonged travel with dangling legs, overactivity, trauma, starving, eating low nutrition food etc while vitiation of *Rakta* results from the excessive consumption of salty, sour, fermented, pungent, spicy & stale food, food containing preservatives, erratic food habits like eating before digestion of previous food is complete, day-time naps & waking at nights etc. These factors result in altering the blood biochemistry & thereby deficient blood circulation to tissues.

Vitiated *Rakta* obstructs the regulatory action of *Vata*, leading to its aggravation and vicious cycle of contamination of *Rakta Dhatu* begins. This pathological interaction ultimately leads to the manifestation of the disease *Vatarakta*, which develops gradually through six different stages.

The common sites of manifestation of *Vatarakta* are hands, feet, digits and all joints.[3] The condition is characterized by severe pain and discomfort. Based on the depth of tissue involvement, *Vatarakta* is classified into *Uttana* and *Gambhira* types. When the pathology is confined to superficial tissues, it is termed *Uttana Vatarakta*, whereas involvement of deeper structures such as joints and other deeper tissues, is described as *Gambhira Vatarakta*.

In *Uttana Vatarakta*, the manifestations are mainly limited to the skin and superficial tissues, often resembling dermatological conditions such as *Kushta* (skin diseases), and can present

with skin lesions associated with muscule pain.[4] Itching, burning, ache, stretching, twitching, pricking etc types of pain are reported by the patient.

Gambhira Vatarakta represents a deeper and more systemic form of the disease in which the pathology extends beyond the superficial tissues. In this condition, involvement of deeper structures leads to prominent joint manifestations, making the clinical presentation resembling a joint disorder rather than a skin condition.

Before the clear clinical manifestation (*Vyakti* – 5th stage), the disease presents with several prodromal symptoms (*Purvarupa)* such as excessive sweating or absence of sweating, discoloration, loss of touch sensation, fatigue, laziness as well as skin eruptions. Patients can experience different types of pain in knee, calves, low back, shoulder and extremities in addition to feeling of heaviness, numbness, discoloration and discolored skin patches.[5]

2. METHODS

A 21-year-old female presented with complaints of varicose veins since 4 years, intermittent pedal edema, bilateral knee joint pain, low back pain & stiffness, pain in the calf muscles, numbness in lower limbs, burning sensation over the soles, profuse sweating of palms, generalized weakness, recurrent boils over the gluteal region, and polymenorrhea (menstruation occurring twice a month).

GENERAL EXAMINATION

Pulse	78 bpm
RR	16/min
BP	120/80mmhg
Temperature	97.3°F
Height	160 cm
Weight	71kg

Systemic Examination

Respiratory System	**NAD**
Cardio-Vascular System	**Cardiac Function – NAD** **Bilateral varicose veins, pedal edema**
Skin examination	**Boils in the buttock region**
Musculoskeletal System	**Tenderness in calf muscles, SLR - negative**

Significant Existing Investigations

1. Color Doppler report (14/01/2021): Varicose vein along medial aspect of right popliteal fossa. Incompetence of one below knee and above ankle perforation in seen on medial aspect of right leg & left leg. Mild varicose vein of left leg.

The patient was NCC group leader in college and used to undergo strenuous military training. She was irregular in food habits and inclined to consumption of salty, sour, fermented, spicy, fermented food (bread, yogurts etc) as well as deep fried food (chips, toast etc). She was regularly indulged in controlling natural urges (*Vegarodha)* and night waking (*Ratrijagara)* practices. Anxiety was a prominent part of psychological presentation noted while consulting the patient.

Diagnosis of *Purvarupa* of *Vatarakta* was made based on the findings.

Treatment Part

Sr. No	Name of Medicine	Dose with Anupana	Time of Administration
1	*Kaishor Gugglu*	2-0-2 with warm water	After meals
2	*Shankh Vati*	2-0-2 with warm water	After meals
3	*Rasnasaptaka + Dashmoola Kwatha*	100 ml – 0 – 100 ml	Before Food
4	*Aswagandha Churna*	5gm/OD/*Goghrita + Sharkara*	Evening (7 pm)

***Panchakarma* therapies**

Sr. No	Procedure	Medicine	Day's
1	*Laghu Virechana* (mild laxation)	*Triphala & Draksha Kwatha-150ml*	1 day
2	*Tiktaksheera Basti* (enema of medicated milk)	*Guduchi (Tinospora cordifolia), Patola (Trichosanthes dioica), Nimba (Azadirachta indica), Vasa (Adatoda vasika), Katuki (Picrorhiza kurroa),* milk	7 days
3	*Katibasti* (oil pooling in lumbosacral region)	*Sahachara Taila*	14 days
4	*Patrapinda Swedana* (fomentation with bolus of herbs)	*Nirgundi (Vitex negundo)*	14 days

3. RESULTS

Assessment of the therapies was done using standard parameters as per revised Venous clinical severity score (American Venous Forum).[6]

Assessment of symptoms of the patient

Symptoms	Before treatment	After treatment
Pain (Aching & Burning)	2	0
Varicose Vein	2	1
Venous Edema	1	0
Skin Pigmentation	1	0
Pain in Both Knee Joints (VAS)	3	1

DISCUSSION

The concept of *Shat Kriya Kala* explains the sequential stages of disease development and indicates the appropriate time for therapeutic intervention. This concept is described by *Acharya Sushruta* in the *Sushruta Samhita*, particularly in *Vranaprashna Adhyaya*. According to him, *Vata, Pitta, and Kapha* are the fundamental Doshas responsible for maintaining normal physiological activities of the body. They are located mainly in digestive canal along with other body parts. Improper dietary habits and routine tend to cause disruption in these metabolic regulatory components. Further discrepancies in dietary habits and lifestyle (*Ahara* and *Vihara*) lead to degradation (*Prakopa*) of these *Doshas*. Once vitiated, the *Doshas* progress through different stages of pathogenesis such as *Prasara* (dispersing in different body tissues), *Sthanasamshraya* (locating in weak body tissue), *Vyakti* (appearance of signs & symptoms), and *Bheda* (aggravation of disease). Among these, *Sthanasamshraya* represents the stage where the aggravated *Doshas* localize in specific tissues or organs and begin to produce the *Purvarupa* (premonitory symptoms) of a disease. This stage is considered the third *Kriyakala* and is clinically significant because early recognition and appropriate treatment at this stage can prevent the further manifestation and complications of the disease.[7]

According to *Ayurvedic* principles, *Rakta* possesses characteristics of *Panchamahabhuta like Visrata*, (metallic smell), *Dravata (*liquid faction that facilitates blood circulation), *Raga* (particular type of color*), Spandana* (carrying forward the heartbeat that aids in movement of blood), *Laghuta* (factor that facilitates down wards, side wards and up wards circulation)[8] that helps in tissue nourishment & sustenance of life. Etiological factors of *Vatarakta* change the blood physiology resulting in changes in its functions. Thus, it changes the secretion & mobilization of biochemicals done by Vatadosha required for metabolism Since *Vata Dosha* is inherently associated with movement and transportation, any blockage in its actions leads to its further aggravation. In the pathogenesis of *Vatarakta*, this phenomenon is described as *Avarana* of *Vata* by vitiated *Rakta*, wherein altered and aggravated *Rakta* obstructs the

normal course of *Vata*. Consequently, the disturbed interaction between *Rakta* and *Vata* disrupts physiological circulation and tissue nourishment, ultimately contributing to the manifestation of *Vatarakta*.

It is broadly classified into two types: *Uttana* and *Gambhira*. According to *Acharya Sushruta* in the *Sushruta Samhita* (*Chi*. 5/3), these two types represent different stages or depths of the disease. *Acharya Vagbhata* states in the *Ashtanga Hridaya* that the *Purvarupa* (premonitory features) of *Vatarakta* resemble those of *Kushtha*, and commonly include symptoms such as *Kandu* (itching), *Sphurana* (twitching), *Toda* and *Bheda* (pain), *Gaurava* (heaviness), and *Supti* (numbness)**,** mainly affecting the joints and regions like knee, calves, thighs, back, shoulders & extremities. It is associated with fatigue (*Sada*) due to lack of nourishment and laxity of joints (*Shlathasandhita*)**.**

Protocol of therapies like consumption of medicated ghee (*Snehapana),* methodical purgation *(Virechana),* medicated enema *(Basti),* streaming of medicinal fluids in the affected parts *(Seka), application of medicated fats (Abhyanga),* and herbal paste application (*Pradeha)* are suggested as the line of therapies in Ayurveda. In the present case, *Mrudu Virechana* with *Triphala Kwatha***,** *Tiktaksheera Basti*, and *Patrapinda Sweda* were administered to pacify the vitiated *Doshas* and reduce inflammation. Additionally, *Katibasti* was performed to alleviate pain and stiffness in the *Kati* (lower back) region.[9]

In clinical practice, physicians generally diagnose a disease after evaluating factors such as *Dosha* predominance, *Srotasa* involvement, dietary habits, occupation, and presenting symptoms, and accordingly assign a specific disease label. However, diagnosis during the *Purvarupa* (premonitory) stage is less frequently practiced, even though intervention at this stage can prevent the complete manifestation of the disease. Early identification and timely management can arrest the progression of pathogenesis. In this context, the concept of *Shat Kriya Kala* provides important opportunities for early therapeutic intervention. The present case showed features resembling the *Purvarupa* of *Vatarakta*, and treatment was administered according to the principles of *Vatarakta* management along with symptom-based therapy. This approach resulted in significant improvement, with a marked reduction in the visible varicosities around the knee joint.

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