
“A STUDY ON THE IMPORTANCE OF AUSHADHA KALA IN
TREATMENT ASPECT”

Review Article

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ABSTRACT

There is a common perception among people including doctors that Ayurvedic medicines do act slowly. There are many factors involved in deciding the efficacy and time taken for its action. It may be in the drug used, anupana or the nature of the person himself. While treating the patient, doctors tend to ignore the most important point in drug administration, ie., Aushadha sevana kala, the time for drug administration. The time for the administration is as important as the drug itself. The same drug administered in different times show varied action. Sometimes, the time itself will be an imperative factor. Perhaps there are specific reasons behind mentioning the specific instance for drug administration. Each time has got a speciality, and understanding the changes in the body during those times and administering the medicine need to be explored. Hence, this is an attempt to unveil the secrets behind the time factors mentioned for drug administration.

Key words: Time, drug, administration.

INTRODUCTION

In this ever-changing world, one should make themselves comfortable to compete with the fast track life. In this era, people do not afford much time towards their health and perhaps they have lost their patience. Perhaps, these are the basic reasons why they prefer faster relief for their ailments.

Even though Ayurveda is going global, while competing with other contemporary sciences, its efforts are going in vain. This is mainly due to a common perception that, Ayurvedic medicines do act slowly and it is suitable only for chronic ailments. The latter opinion may be due to its failure to treat the acute conditions effectively.

It is a matter of fact that many practitioners do agree with the above statements and unfortunately, they lack in attempting towards exploring the reasons behind that. Many failed to understand the ways to bring up the efficacy of medicines. Perhaps the factors responsible for this are mostly ignored. If these factors are adopted properly, those perceptions could be turned into fallacies. Materialistic approach is essential by the practitioners towards achieving this.

Such many factors are described in Ayurveda, which works out in this direction. Time is a factor, which brings about the efficacy of medicine. A same medicine, when administered at different time show

varied effects. To avoid such variations, specific times have been explained by our ancient acharyas. It is advised to observe certain features to decide the time of administration. Medicines administered at these proper times may be more effective than administered otherwise.

Relevance of present study:

It is true that one can not question the credibility of samhitas over mentioning these times but further clarification is essential so as to fulfill the present requirement. Flourishing the practitioners with details regarding the concept is the need of the hour.

Hence, an attempt is made to put a light on this concept and its significance in the treatment as well.

AIM

1] To study the importance of Aushadha sevana kala in the treatment aspect.

OBJECTIVE

1] To study the concept of Aushadha sevana kala.

MATERIALS AND METHODS

MATERIALS

The literary sources for the present study are the following:

The classical texts of Ayurveda and their main commentaries.

METHODOLOGY

Present study is a literary research and method was followed as per the objectives of the study. Initially, a complete reference about the Aushadha Kala will be compiled from different classical texts and its

importance in treatment aspect will be discussed.

LITERARY REVIEW

There are totally eleven Aushadha kalas have been told collectively by all acharyas. Each one can be explained as follows;

ABHAKTA: (Anannam , Niranna)

Abhakta means, administration of aushadha alone. After careful examination of a patient, if he is having good strength, when amashaya is free of any obstructions and in aggravated state of kapha, aushadha should be administered in the morning (Pratah kala) without food.

The potency of the aushadha will be more hence, rapidly subsides the disease, when administered without food. But if aushadha is administered in bala, vridha, stree and in mridu (sensitive persons), it may cause glani (debility) and brings about loss of bala.

Niranna means after consumption of aushadha, immediately food should not be consumed. After digestion of previously consumed food, medicine is administered. After digestion of that medicine, again food is consumed. And the time mentioned is after one yama of sun raise.

PRAGBHAKTA: (Bhuktadau, Annadau, Poorvabhaktasya)

Pragbhakta means, which is taken before food, means after which food should follow.

This kala is followed in apana vata vikruti, vikruti of adhah shareera, to give strength to lower parts of the body, also to make person krusha. Due to covering by Anna consumed after aushadha it do not cause chardi, udgara and vyathaa etc., hence it is the ideal time to

SAMUDGA: The aushadha, which is administered both before and after food is called as Samudga. Samudga (Sandhi/Samputaka, a box like) will be making avarana of food, a cup like structure which encloses. (Food is enclosed by aushadha) When doshas are coming out in both oordhwa and adaha marga, Kampa, Akshepaka, Hidma, aushadha is administered before and after laghu ahara (in the form of pana, navana, and avaleha etc.).

MUHURMUHU: (Muhu)

Muhurmuhu is the administration of aushadha repeatedly or suddenly, irrespective of the food consumption. Such method is used in conditions like Swasa, Kasa and Pipasa. Visha, Vomiting. Hidma. Trishna (roga).

NISHI: Astanga Sangraha, Astanga Hridaya and Sharangadhar Samhita tell Nishi kala.

In diseases related with head and neck, it advisable to administer the aushadha at night. Vamanarth Dhooma is administered at night, for diseases of above neck.

BHESHAJA GRAHANA KALA ACCORDING TO SHARANGADHAR

Intelligent vaidya should administer bhashaja usually in the morning. Five types of Kashaya should be employed in this time. Vishesh kalas are mentioned further.

For Bhashaja grahana. five kalas are mentioned they are

1. Kinchit Suryodaye Jathe :After Sunrise (for vama and virechana, lekhanartha)
2. Divasa Bhojane: Along with day food.(Abhakta, Sabhakta, adhobhakta and Samudga)

3 Sayantane Bhojane: Along with evening food(Adhobhakta, Grasa-Grasantara)

4. Muhu: Repeatedly

5. Nishi: At night.

DISCUSSION

Aushadhis may not be fruitful if administered before or after with respect to the proper time of administration. Because, if aushadhis were given before or after (in relation to proper time) may not act accordingly and there is an every possibility of any untoward effect. Also, the explanation of each aushadha kala has been given in chikitsa sthana, may be because, it was explained in view of chikitsa. The collection, preservation, action of aushadha, and purpose of treatment etc, will be immaterial if it is not administered at proper time. Acharya Vriddha Vagbhata mentioned about aushadha kala in sutra sthana. There he elaborated each aushadha kala as Kshanadi kala and Vyadhi avastha kala. Kshanadi kala includes the time factors like, kshana, lava, muhurtha etc., whereas, vyadhi avastha includes the condition of the roga, participation of doshas in the manifestation of disease, condition of rogi, his bala, vya etc., here, in a case of emergency, one can not keep waiting for the muhurta for drug administration, that emergency itself indicates the time.

For all these benefits to be obtained, we need to set our time of food consumption. With the erratic way of diet and incompatible foods may spoil the efficacy of the drug.

ABHAKTA: Patient should be examined thoroughly for his bala. Because, the virya of the aushadha will be high hence a durbala will be unable to tolerate it. Here again, the potency of the medicine will be high

because it is not interfered with any ahara which may reduce its potency. Thus, it is not the increase in potency, it is just an allowance for the medicine to act to its fullest. It indicates the time gap between food and medicine. If food is consumed immediately, it comes under the category of Pragbhakta. Niranna indicates, there should be complete digestion of food consumed in the previous night. There are no direct indications for particular vyadhi in this kala but it can be taken as, praseka, alasya, gaurava, ati nidra etc., as mentioned for kaphodreka. Indu, the commentator of Astanga sangraha gives exact time for Abhakta as, ‘after one yama of sun rise’, in which kapha will be vridhha. This can be interpreted as, the kapha which will be accumulated will start melting after sunrise which is called as prakopa or kaphodreka. It will be the suitable time for the drug administration.

PRAGBHAKTAM: In this aushadha is consumed first, then ahara is consumed, without waiting for the digestion of the aushadha. Even if the drug is with high potency, it won't affect the patient due to the backing of food. Perhaps the food taken after the aushadha pushes down the aushadha so that the aushadha reaches the level of apana vata faster than any other time of administration hence the Pragbhakta is considered the most appropriate time to treat the apana vata. Before consumption of food, jeerna linga need to be observed. Vegotsarga is one among them. Once person passes stools, the column becomes cleansed and there will be an easy movement of forthcoming food particles. And as aushadha has been already administered before food, it may influence on samana vata, which has got predominant role in sthauilya. Hence, administration of appropriate aushadha at this time may be useful for making krusha.

Indu has mentioned exact time of Pragbhakta, as after consumption of aushadha, ‘**tatkalameva**’, i.e., immediately after, food is consumed. It will influence the downward movement of the drug faster.

MADHYE BHAKTAM:

It is just like, covering of aushadha by food. Hence, the aushadha attains **avisari bhava**. This means, the effect of aushadha will be localized. It acts over the diseases related to madhya shareera. along with action over food, samana vata also comes in contact with aushadha. So, the madhya bhakta aushadha will be able to act over samana vata. Samana vata will be moving around in koshta hence, aushadha could act over diseases of koshta. Also, pitta sthana is in koshta, it also acts over pitta. By virtue of acting over pitta vishesha sthana, it also acts over pitta elsewhere in the body.

ADHO BHAKTA:

Adho- bhakta kala is divided in to two;

- 1) Pratah-bhojana kala and
- 2) Sayam-bhojanakala.

Pratah- bhojana kala is indicated for **vyana vata** vikruti, and sayam-bhojana kala is indicated for **udana vata** vikruti. After the ingestion of food, when aushadha is followed, the rasa, which is formed, may carry the aushadha along with it. It is believed that the process of pachana will start from the oral cavity at time of ingestion of ahara itself. Hence, the rasa when carried by samana vata to hridaya, it comes in contact with vyana vata. Thus, the aushadha, which has been carried by ahara along with, will come in contact with vyana vata. Vyana vata spreads the rasa dhatu to all over the body. Hence, along with rasa, aushadha will also accompany. As vyana vata takes the rasa all over the body, it is the proper time for sthoolikarana i.e., to increase the bulk of

the body. During day, hridaya will be ‘vikasita’ hence, the activity of vyana vata will carry the drug to hridaya. But during night, hridaya will be ‘nimeelita’ hence, the rasa which is carried towards hridaya will not be taken over by vyana vata and thus, Udana vata which is also situated in urah takes it.

ANTARA BHAKTAM: In this, digestion of ahara and aushadha both play an important role as aushadhi should be administered after observing the ahara jeerna lakshanas and after of aushadha jeerna, the next ahara is to be given. Hence, both ahara and aushadha jeerna lakshanas are essential. Medicine administered during this time will be useful in diseases of **vyana vata**. Sushruta tells, it acts as **hridya**, deepana and its pathya. In this method, agni is well maintained hence this method is always safer and both ahara and aushadha will be absorbed to its fullest and carried to hridaya thus to all over the body by vyana. This method differs from Abhakta by the number of times of administration. In Abhakta, drug is administered only in morning. Antara bhakta is an extended version,

SABHAKTAM: Sabhakta is administered in two ways. One, by mixing with food and prepared. Two, mixing it with already prepared food.

In the first method, aushadha gets paka along with the food. Thus, aushadha will be softer to digest after consumption whereas, in second method, only food gets paka and aushadha gets paka in the body. So, the aushadha will not be much softer for digestion. Hence, the first method is indicated when agni is manda. For the same reason, satmya bhojana, laghu, deepana and brimhana bhojana should be given, which supports the consumed aushadha. Also, the drug which had been prepared by agni,

where one more exposure of agni is unexpected, mixing with already prepared food would be preferred. Where, medicine is not prepared with agni for eg. , churna which may need to be cooked should be cooked along with the food. Samabhakta word indicates that, quantity of both medicine and food should be equal.

GRASA- GRASANTARA: Grasa has been indicated for **prana vata vikruti**, durbala agni (for deepana) and for Vajikarana. Prana vata is responsible for anna pravesha. The aushadha administered with each grasa will come in contact with prana vata in mukha, kantha, urah hence, the contact of aushadha will be continuous. This is essential also, due to the continuous vegas produced due to prana(vaha srotas) vata vikruti. Sushruta tells that, choorna should be administered during this kala for deepana. Choorna, due to its rookshata may increase agni. Also, Sa-grasa is ideal for Vajikarana. Vagbhata tells that choorna, lehya and vati etc., can be employed at this time. Kashyapa opines that, this kala can be employed for administration of aushadha in ksheena shukra, alpa shukra, vajikarana and for agni bala vardhana. As medicine has been mingled with the food, it can effectively reach out to every nook and corner of the body and perhaps help for the shukra which has also a comprehensive presence.

SAMUDGA: Aushadha is enclosing the food. It looks as if there should be a continuous column of medicine would be necessary for the condition. Where only medicine can not be given, need to encapsulate the food and administer. No specific dosha has been related with this kala by acharyas. But certain conditions have been mentioned such as, kampa, akshepaka, hidma and when doshas are situated in both urdhwa and adhah marga.

MUHURMUHU: The repeated administration will be necessary due to the continuous vegas produced in these rogas. In this, Abhakta muhurmuhu can be applied throughout the day, not pertaining only to morning as explained in Abhakta. It may be due to the necessity of high potency of aushadha in conditions like visha. Also, repeated administration of aushadha is essential to tackle the situation.

Sabhakta muhurmuhu kala is meant for shwasa, kasa, pipasa, hikka, and chardi. With the repeated administration during ahara kala, aushadha comes in contact with apana and prana vata, the key players in shwasa, kasa etc.,. Thus, they can be treated well. Also, if aushadha is repeatedly administered with food, it will be supported by food and hence, do not fall back as chardi. Hence, this method is ideal for chardi.

NISHI: This kala is indicated for urdhwa jatru vikaras, for giving vamanartha aushadha, vamaka dhooma. As patient sleeps/ lays down soon after medicine consumption, its effect gets radiated towards upper parts of the body. But, doctor should ensure that, patient lays down sooner, not after certain time, where medicine may cross the amashaya and the effect may get generalized.

IMPORTANCE OF AUSHADHA SEVANA KALA IN THE TREATMENT ASPECT:

Nature of Medicine taken in proper time:

Just as food becomes poison when taken in the improper time but the same food becomes an Amruta when taken in time, so does the aushadha, in non-time becomes a poison but in the proper time, becomes an Amruta.

Bheshaja, which is grown in Prashastha desha, collected in Prashasta nakshatra, Shubha vaara, thithi etc., and administered in Yukta matra, having Maha veerya, bestowed with Gandha, Varna, Rasa's. Not affected by Keeta etc., also, Shodhita and Maarita loha etc., also, **administered in proper time** will be called, Parama Bheshaja.

When Bheshaja is administered beyond the time or before the time will not be effective. Kala is the reason for the medicine to act effectively Kala brings the yogyata to the Bheshaja.

Even though these kalas have been mentioned, there are some specified times for certain conditions. For example, Avapedaka sneha in mutra vikaras, good muhurta for the drug administration, raktaja gulma should be treated after tenth month, ritu shodhana etc.

For a drug administration, one should assess jeerna lakshana, age, gender, satmya, desha, ritu etc.

Aushadha kala and dosha:

Though vata is the main dosha referred with during the explanation, it can be well justified that, Vata is the chief player and movement of other two doshas solely depend on it. Also, wherever Pitta and Kapha doshas need to be specifically treated, there are specific shodhana kalas mentioned for them separately. If not, time mentioned for vata dosha present in their sites can be employed.

In Samsargaja and Sannipataja vyadhi's:

Dosha should be treated in their chaya avastha itself and should not wait till it aggravates. And aggravated doshas should be treated without affecting or aggravating other doshas. If dosha swarupa is equal to roga swarupa, then it is called Prakruti

sama samaveta, if they are opposite, it is called Vikruti vishama samaveta. Vikruti vishama samaveta should be treated such that, aushadha should act on both. For e.g., in kaphaja jwara, sheetatwa will be opposite to ushnatwa of jwara. Here, kapha hara is selected along with jwara hara.

Based on Sthana:

If the rogas are seen in gala bhaga, which affects even consumption of aushadhis, then, kapha dosha should be treated initially. If roga is seen in madhya shareera, pitta should be treated first and if it is in adhah shareera, then vata should be tackled first.

In certain conditions, dosha pradhanyata plays an important role. For e.g., in jwara and atisara, pitta, kapha and vata should be treated respectively. In jwara, pitta is predominant with its tapa and with mridu koshta in atisara. Kapha next is to it, with gaurava, apakti and jadya. Vata comes last with its rookshata.

Chikitsa for Sthanantaragata dosha:

When dosha goes to other sthanas, **kupita doshas** should be treated.

If sthanika dosha is kupita then, **sthanika dosha** should be treated. And if agantu dosha is kupita, then agantu dosha should be treated.

This means, after treating the balawan dosha, the other dosha should also be treated.

If sthanika dosha gets bala by agantu dosha, then **agantu dosha** should be treated.

Chikitsa in Avarana:

Avaraka dosha should be treated first. But if avrutta dosha shows stronger symptoms, need to be handled first. According to the discussion made earlier, pitta and kapha doshas should be treated adopting the proper time of administration. In case of anyonya

avarana, the stronger dosha should be identified and medicine should be given in respective kala.

CONCLUSION

1. Aushadha kala is based on kshanadi kala and vyadhi avastha kala.
2. Potency of aushadha plays an important role in Aushadha kala.
3. Aushadha kala are explained in view of dosha pradhanyata specially vata.
4. Assessment of vaya, jeerna linga, ritu, vyadhi, dooshya, desha, etc., play an important role in deciding Aushadha kala.
5. Aushadha kala is of utmost importance along with collection, preservation and dosage of aushadha.

BIBLIOGRAPHY

1. Gupta Umeshchandra., Vaidyaka Shabda Sindhu, 4th Reprint ed., Varanasi: Chaukhamba orientalia, 1999.
2. Bahadur Radha kanta deva., Shabda kalpa Druma, Reprint ed., Delhi, Nag publishers, 2002 : (III).
3. Acharya J.T., Charaka samhita of Charaka, Ayurveda deepika teeka of Chakrapani, 5th ed., Varanasi: Chaukhamba sanskrit samsthan 2001.
4. Monier Monier Williams, A Sanskrit- English Dictionary, 16th ed., Delhi: Motilal banarasi dass publishers pvt.ltd, 2002.
5. Acharya J.T., Acharya N.R., Sushruta samhita of Sushruta, Nibandha sangraha vyakhya of Dalhana, 7th ed.,

- Varanasi:Chaukhambha orientalia
2002.
6. Rao Pandit.D.V., Pandeya Ayodhya.,
Ashtanga Samgraha, New Delhi,
C.C.R.A.S., 1991: (Ka).
 7. Paradkar.H.S.,Astanga Hridayam of
Vagbhata, Sarvanga sundara
vyakhya of Arunadatta, Ayurveda
rasayana teeka of Hemadri, Reprint
ed., Varanasi; Krishnadas academy,
2000.
 8. Shastri Parasurama., Sarngadhara
Samhita, Dipika vyakhya of
Adhamalla, Gudhartha dipika of
Kashirama, 6th ed., Varanasi,
Chaukhamba orientalia, 2005.
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