



Review Article

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A CRITICAL REVIEW OF BHAISHAJYA SEVANA KALA IN AYURVEDIC CLASSICS AND ITS CLINICAL SIGNIFICANCE

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ABSTRACT

Background: *Bhaishajya Sevana Kala* denotes the appropriate time for administration of medicine in relation to food, digestive activity, *Dosha* predominance, disease state and patient strength. Ayurvedic classics describe several timings such as *Abhakta*, *Pragbhakta*, *Madhyabhakta*, *Adhobhakta*, *Antarabhakta*, *Sabhakta*, *Samudga*, *Muhurmuhu*, *Grasa*, *Grasantara* and *Nishi*. Modern *chronopharmacology* also recognizes that biological rhythms and food can influence drug response, making the classical concept relevant for critical clinical review. **Aim and Objectives:** To critically review *Bhaishajya Sevana Kala* in major Ayurvedic classics, compare the classifications, explain the probable therapeutic rationale of each *Kala*, and assess its clinical significance in present-day practice. **Materials and Methods:** Classical references were reviewed from *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Ashtanga Sangraha*, *Sharangadhara Samhita* and *Kashyapa Samhita*. Relevant commentaries and selected literature on *chronopharmacology* and food-drug interactions were also considered. **Observations and Results:** The classics consistently connect medicine timing with food, *Agni*, *Dosha*, *Vata* subtypes, patient strength and disease location. Empty-stomach administration is generally reserved for stronger patients and situations requiring stronger action, whereas food-associated administration is preferred when moderation, palatability or specific physiological direction is desired. Repeated, morsel-wise and bedtime administration have distinct indications. **Discussion:** *Bhaishajya Sevana Kala* can be interpreted as a personalized

temporal prescribing principle rather than a fixed clock schedule. Its broad logic is compatible with modern observations that food and circadian biology influence drug disposition, although direct equivalence should not be assumed. **Conclusion:** Proper selection of *Bhaishajya Sevana Kala* may improve therapeutic precision, tolerance and clinical response. Well-designed pharmacological and clinical studies are required to validate individual classical timings.

Keywords: *Bhaishajya Sevana Kala; Aushadha Sevana Kala; Kala; Agni; Chronopharmacology; Ayurveda*

INTRODUCTION

Ayurvedic treatment is not limited to the selection of a suitable medicine. Therapeutic success depends on coordinated consideration of *Dravya, Matra, Anupana*, patient strength, disease state, digestive capacity and *Kala*. Among these, *Bhaishajya Sevana Kala* refers to the appropriate time at which medicine should be administered. *Charaka* describes different modes of medicine intake in relation to food and patient strength, while *Sushruta* explicitly defines ten *Aushadha Kalas* and explains their clinical use. These descriptions establish timing as an integral part of *Yukti*-based prescribing rather than a routine instruction added after drug selection.^{1,2}

The classical descriptions are mainly organized around the physiological state before, during and after meals. *Vagbhata* further links specific timings with derangements of *Apana, Samana, Vyana, Udana* and *Prana Vata*, whereas *Ashtanga Sangraha* provides an expanded practical classification. *Sharangadhara* reorganizes the concept into broader periods extending from sunrise to night, and *Kashyapa Samhita* also discusses medicine administration with attention to age, strength and suitability. Therefore, *Bhaishajya Sevana Kala* represents an individualized relationship among *Agni, Dosha, Ahara, Vyadhi Avastha* and *Rogi Bala*.^{3,4,5,6}

Modern *pharmacology* recognizes that the timing of drug administration can modify treatment response. Food may alter *gastric emptying, intestinal pH, dissolution, absorption* and systemic exposure, while *circadian rhythms* can influence drug-metabolizing enzymes, transporters, target sensitivity and disease activity. This provides a useful scientific context for examining the Ayurvedic concept. However, classical *Kala* should not be directly equated with modern *chronotherapy* without formulation-specific evidence, because the conceptual frameworks, endpoints and methods of assessment are different.^{7,8,9,10}

AIM AND OBJECTIVES

Aim: To critically review *Bhaishajya Sevana Kala* described in Ayurvedic classics and evaluate its clinical significance. **Objectives:** To compare classical classifications; explain the therapeutic basis of each *Kala*; correlate timing with *Dosha, Agni, Vata* subtypes and food; and identify areas requiring modern clinical validation.

MATERIALS AND METHODS

This structured narrative review was based on textual analysis of *Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Ashtanga Sangraha, Sharangadhara Samhita* and *Kashyapa Samhita*, with attention to original descriptions and standard commentaries dealing with medicine administration. Secondary Ayurvedic review literature was considered for comparison of terminology and clinical interpretation. Modern literature on *chronopharmacokinetics, circadian*

drug response and food effects on oral *absorption* was used only for cautious contemporary correlation; it was not treated as direct proof of classical concepts.¹⁻¹⁰

CONCEPTUAL STUDY - AYURVEDIC REVIEW

Concept and Scope of *Bhaishajya Sevana Kala*

Bhaishajya Sevana Kala, also described as *Aushadha Sevana Kala* or *Bheshaja Kala*, means the appropriate therapeutic time for taking medicine. Here, *Kala* represents a functional state rather than merely clock time. The physician considers *Rogi Bala*, *Roga Bala*, *Agni*, *Dosha*, *Ahara*, *Avastha*, drug potency and the desired therapeutic action. *Charaka* differentiates the strong patient, in whom medicine may be given in a fasting state when indicated, from a weak patient who may require medicine with suitable food. Thus, timing is selected according to therapeutic need and patient tolerance.¹

Classical Classification

Sushruta names ten principal timings: *Abhakta*, *Pragbhakta*, *Adhobhakta*, *Madhyabhakta*, *Antarabhakta*, *Sabhakta*, *Samudga*, *Muhurmuhu*, *Grasa* and *Grasantara*. *Ashtanga Hridaya* presents a closely related ten-fold schedule and specifically includes *Nishi* in its practical arrangement. *Ashtanga Sangraha* gives an expanded classification commonly explained as eleven modes, while *Sharangadhara* simplifies daily administration into five broader periods. The numerical difference largely reflects grouping. Common variables are fasting or fed state, position within a meal, repetition and night-time use.^{2,3,4,5}

Abhakta or *Ananna*

Abhakta means medicine taken when the stomach is free from food. The classics consider it a comparatively strong mode because the medicine is not diluted or moderated by recently ingested food. It is suited to a patient with adequate *Bala* and to conditions requiring a forceful action, especially where *Kapha* or accumulated *Dosha* is prominent. The texts caution against strong fasting medicine in children, older persons and weak or delicate patients. Therefore, *Abhakta* requires assessment of *Agni*, *Bala*, disease severity and formulation tolerance.^{1,2,3}

Pragbhakta or *Annadau*

Pragbhakta is administration immediately before food. It is especially associated with disorders of *Apana Vata* and diseases located in the lower part of the body. Food taken soon afterward is described as supporting downward movement and action toward the lower *gastrointestinal* and pelvic region. Clinically, it is suitable only when the formulation is safe before meals and digestive capacity is adequate.^{2,3,4}

Madhyabhakta

Madhyabhakta means administering medicine in the middle of a meal, after a portion of food has been eaten and before the remaining portion. *Vagbhata* relates this timing particularly to *Samana Vata* and disorders of *Agni*. Because the medicine is enclosed within food, its action is considered more localized and moderated, which may be useful for the middle digestive region or when fasting administration is undesirable. The indication emphasizes the digestive phase rather than a fixed number of minutes around food.^{3,4,5}

Adhobhakta or Bhuktapashchat

Adhobhakta means administration after food. Classical interpretation further differentiates its effect according to the meal: medicine after the morning meal is associated with *Vyana Vata*, whereas administration after the evening meal is associated with *Udana Vata*. A post-meal schedule may also improve gastric tolerance. Its therapeutic intention therefore varies with the meal, affected *Vata* subtype and desired action.^{2,3,4}

Antarabhakta

Antarabhakta denotes medicine administered between two meals, after the previous meal has been digested and before the next meal is taken. It differs from absolute fasting because nourishment has already been received, yet the stomach is relatively free after adequate digestion. The interval must be individualized according to meal quantity, *Agni*, age, activity and disease state rather than fixed by clock time.^{2,4}

Sabhakta or Sannam

Sabhakta means medicine administered together with, or mixed into, food. This approach is useful in weak or sensitive patients and when an unpleasant medicine is better accepted with food. It may improve palatability and reduce direct irritation of the stomach. From a modern perspective, food can modify drug *bioavailability*; therefore, contemporary use of *Sabhakta* should respect traditional compatibility while also considering known food-drug interactions for standardized formulations.^{2,3,5,9}

Samudga

Samudga refers to administration of medicine both before and after the same meal so that food is placed between two portions of the medicine. Classical texts recommend this pattern in selected *Vata*-dominant conditions such as *Hikka*, *Kampa* and *Akshepaka*. Its defining feature is two divided administrations around one meal, not ordinary twice-daily dosing. Total dose, drug strength and digestive tolerance must be controlled.^{1,2,3,4}

Muhurmuhu

Muhurmuhu means repeated administration at short intervals, either with or without food according to the condition. It is described for acute or repeatedly recurring manifestations such as *Trishna*, *Chhardi*, *Hikka*, *Shwasa* and *Kasa*. The aim is repeated exposure when symptoms recur or a single dose may not be retained, as in *vomiting*. Careful cumulative dose control is essential, especially with potent formulations.^{2,3,5}

Grasa and Grasantara

Grasa means taking medicine with each morsel of food, while *Grasantara* means administering it between morsels. These timings are linked particularly with *Prana Vata*, taste, appetite, *swallowing* and selected upper *gastrointestinal* or *respiratory* functions. This provides repeated contact during eating and may improve acceptance by dividing the medicine through the meal.

Contemporary use should consider dose accuracy, *aspiration* risk in vulnerable patients and compatibility of the medicine with food.^{2,3,4}

Nishi

Nishi refers to medicine taken at night, generally after the evening digestive period or at bedtime according to the indication. *Ashtanga Hridaya* and *Sharangadhara* give particular importance to night administration in selected *Urdhvajatrugata* conditions and for specific therapeutic purposes according to the formulation. Bedtime use may suit conditions that worsen at night or require nocturnal action. Nevertheless, night dosing should consider the possibility of *gastroesophageal reflux*, excessive *sedation*, nocturnal urination or sleep disturbance where relevant.^{3,5}

Role of Agni, Dosha and Vata Subtypes

The central classical rationale is that medicine should meet the disease process at a physiologically favorable time. *Apana Vata* is approached before food, *Samana Vata* during food, *Vyana Vata* after the morning meal, *Udana Vata* after the evening meal, and *Prana Vata* through morsel-related administration. Strong *Kapha*-dominant conditions may permit fasting medicine, whereas low *Bala* or sensitive digestion favors food-associated intake. Thus, *Dravya* and *Matra* are complemented by a temporal window intended to improve therapeutic direction and tolerance.^{1,2,3,4}

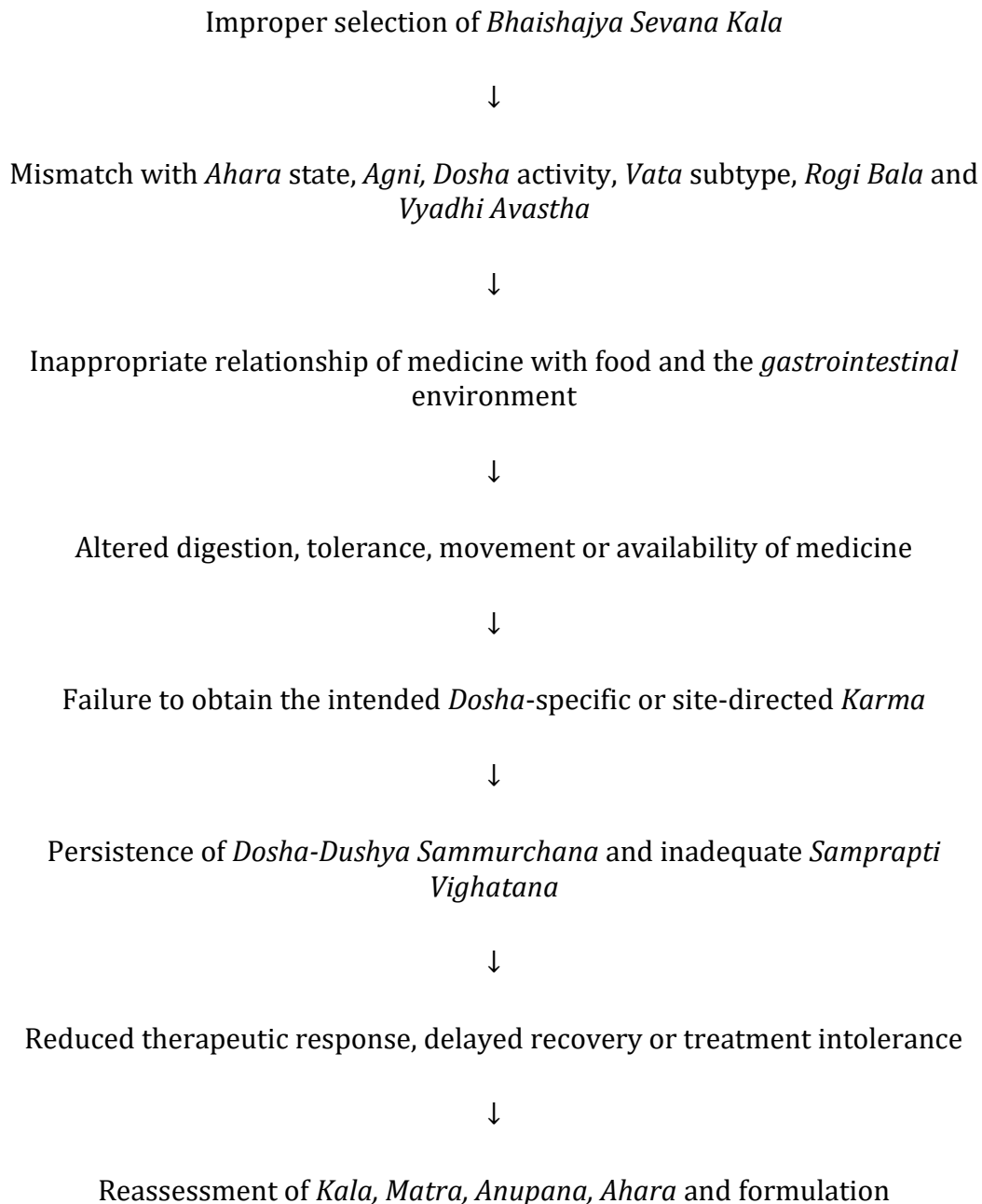
Critical Appraisal of Inter-textual Differences

The differences among the major *Samhitas* concern classification, terminology and grouping more than the basic therapeutic principle. *Sushruta* provides explicit technical names, *Vagbhata* emphasizes the relation with *Vata* subtypes, *Ashtanga Sangraha* expands practical distinctions, and *Sharangadhara* condenses them into broader daily periods. These differences can be understood as alternative ways of organizing fasting or fed state, meal position, repetition, day or night, patient strength and therapeutic target. Clinical indication should therefore guide use rather than terminology alone.^{2,3,4,5,12,13}

Clinical Significance and Contemporary Correlation

The strongest contemporary correlation is with food-effect *pharmacology* and *chronopharmacology*. Food can modify *gastric emptying*, *gastrointestinal pH*, *dissolution*, *absorption* and systemic drug exposure, while *circadian rhythms* affect multiple *pharmacokinetic* and *pharmacodynamic* processes. These findings make the general emphasis on timing biologically plausible but do not prove the mechanisms of individual Ayurvedic *Kalas*. A small randomized Ayurvedic clinical trial of appropriately timed *Guduchi* administration in *Prameha* reported a significant difference in one urinary outcome, whereas several other outcomes were not significantly different, showing both possible value and the current limitation of evidence. From a clinical perspective, this suggests that timing may be relevant for selected outcomes, but its effect is likely to depend on the formulation, disease stage, digestive state, meal pattern and therapeutic objective.^{7,8,9,10,11}

SAMPRAPTI - CONCEPTUAL FLOW CHART



RESULTS AND FINDINGS

- *Bhaishajya Sevana Kala* is a major prescribing variable in Ayurvedic classics and is repeatedly related to food, digestive state and patient strength.^{1,2}
- The major texts show broad agreement in therapeutic logic despite differences in terminology, order and the number of categories.^{2,3,4,5}
- *Abhakta* provides comparatively strong fasting exposure and requires adequate *Bala*, while food-associated timings generally provide a more moderated mode of administration.^{1,2,3}
- *Pragbhakta*, *Madhyabhakta* and *Adhobhakta* are systematically related to *Apana*, *Samana*, *Vyana* and *Udana Vata*.^{2,3,4}
- *Muhurmuhu*, *Grasa* and *Grasantara* provide specialized patterns for recurrent symptoms and functions related to *Prana Vata*, taste and swallowing.^{2,3,5}

- *Nishi* has special relevance to selected *Urdhvajatrugata* conditions and bedtime-oriented treatment.^{3,5}
- Modern evidence supports the general importance of food and biological timing in drug response, but direct validation of individual Ayurvedic *Kalas* remains limited.⁷⁻¹⁰
- Available clinical evidence is preliminary and supports the need for controlled trials comparing the same formulation, dose and *Anupana* at different classical timings.¹¹⁻¹³

DISCUSSION

The review indicates that *Bhaishajya Sevana Kala* is best understood as a therapeutic scheduling system based on functional physiology. It extends beyond a simple before- or after-food instruction. The classical physician adjusts timing according to *Bala*, *Agni*, *Dosha*, *Vata* subtype, disease site and expected intensity of action. Warnings regarding strong fasting medicine in vulnerable patients add a clear safety dimension. Thus, *Kala* selection is part of individualized therapeutic planning.^{1,2,3,12}

A contemporary interpretation can be developed through food-effect *pharmacology* and *chronopharmacology*. Food changes the luminal environment, *gastrointestinal motility*, *dissolution* and *absorption* of orally administered substances, while *circadian rhythms* influence processes involved in drug disposition and response. This supports the general biological relevance of fed state, fasting state and administration time. Direct mapping of *Dosha* periods to modern *circadian biomarkers* would, however, be premature. Each classical *Kala* should be tested with defined formulations, standardized meals, measurable outcomes and appropriate *pharmacokinetic* or clinical endpoints.^{7,8,9,10}

A major limitation is the shortage of comparative studies using the same medicine, dose, preparation and *Anupana* at different classical timings. The reported *Prameha* trial with *Guduchi* suggests that timing may influence selected clinical outcomes, but the evidence is too limited for broad conclusions. Future studies should document meal composition, digestive status and adherence, and may stratify patients by *Agni* or other relevant Ayurvedic variables. They should also define the exact interval between medicine and food, monitor adverse effects, and use standardized outcome measures so that the effect of timing can be separated from the effects of dose and formulation. Such designs could determine measurable effects on efficacy, tolerance and symptom control and strengthen evidence-based temporal prescribing in Ayurveda.^{11,12,13}

CONCLUSION

Bhaishajya Sevana Kala is an important Ayurvedic prescribing principle that integrates medicine with food, *Agni*, *Dosha*, *Vata* subtype, disease location and patient strength. The classical categories express distinct therapeutic intentions: fasting administration for stronger action in suitable patients, meal-related administration for moderated or direction-specific action, repeated administration for recurring symptoms, morsel-related administration for selected *Prana*-associated functions, and bedtime administration for specific indications. Modern research supports the general importance of administration timing but does not independently validate the classical categories. Individualized application and comparative clinical studies are therefore required.

CONFLICT OF INTEREST- Nil.**SOURCE OF SUPPORT-None.****REFERENCES**

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