



Conceptual study of bhaishajya-kal in ayurveda: A review

Hari Krishna Shriwas¹, Sandeep Tiwari²

¹ Assistant Professor, Department of Maulik Siddhanta, Sri B.G. Garaiya Ayurvedic College Rajkot, Gujarat, India

² Assistant Professor, Department of Rog nidan avm Vikriti Vigyan, Dhanwantari Ayurvedic College Bareilly Uttar Pradesh, India

Abstract

Ayurveda, the most ancient medical science, has given *Trisutras*, namely, *Hetu* (causative factor), *Linga* (signs and symptoms), and *Aushadha* (treatment). The last part of this trio has been given equal importance as the former two. Our Science has always believed that there will be rhythmic changes in the predominance of bodily *doshas* with time. Hence when a medicine is given it is equally important to take into consideration *Vaya*, *Agni Bala*, *Rogi Bala*, *Roga Bala*, *Ritu*, etc. *Bhaishajya Kala* is the essential tool for the administration of *Aushada*, negligence may lead to a grave deficit in the treatment. Apart from this, the time of administration of medicine is equally important as the timed dosage is surely going to improve the treatment outcome.

Keywords: *Trisutras, Aushadha, Ayurveda, Kala*

Introduction

Kal is derived from *Kal* whose elucidating meanings are: to calculate to enumerate. The numerical aspect of *Kal* is very important regarding *karma* in therapeutic view branches of *Ayurved* like in *panchakarma*, *Bhaishajya Kalpana*, *Rasshastra*, *Dravyaguna*, etc. On the other hand, modern therapeutic branches have also the great utilization of the same aspect.

Kala is the unique and specific causative factor of all types of effects, at the same time, it is unavoidable. It is described as *Anayathasiddha Nimitta Karana*, which means no action is possible without the causative association of *Kala*. That is why, *Ayurveda* being the science of life, emphasizes the concept of *Kala*. Though *Kala* has a relationship with all the effects, to prove it practically in the clinical aspect, the problem was undertaken.

Acarya Vagbhata has stated that *Kalo Bhaishajya Yoga Kurt* (A. S. Su. 1/45), which means *Kala* fulfills the aim of administration of *Bhesaja*. In accordance, *Acarya Charaka* says that *Bhesaja* given at appropriate *Kala* is more efficacious than one given at inappropriate *Kala*. *Optimum digestion and metabolism in a healthy individual are attributed to Agni*. The hypoactivity of *Agni* produces the majority of disorders like *Agnimandya*, *Jvara*, *Atisara*, and *Grahani*. So, the essence of all the therapeutic interventions is to re-establish, maintain and preserve the integrity of *Agni*.

The *Bhesaja* is the means used by the physician to restore the transforming capacity of *Agni*. The rate of metabolism of *Bhesaja* by *Agni* is affected by factors - food, type of *Bhesaja* used, time of administration, and *Sariravastha*. The stalwarts of *Ayurveda* have designed the *Bhaishajya Kala*, in which food is predominantly used as a vehicle to achieve the expected therapeutic results. The *Pancamahabhutas* are in a latent state of activity in *Anna* and *Bhesaja*, they could be conceived to be in the dynamic phase. The sequence of food- *Bhesaja*, by the choice of appropriate *Bhaishajya Kala*

could be decided by a physician according to the *Agni-Bhesaja* interaction needed in a specific disease and diseased.

Aims and Objectives

The present study has been undertaken with the following aims and objectives.

1. To study the *Aushadha Sevana Kala* in various *Ayurvedic* texts.
2. To understand the concept behind the *Aushadha Sevana Kala* in detail.

Material and Methods

Only *Ayurvedic* textual materials have been used for this study, from which various references have been collected. Mainly used books in the studies are *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, and available Commentaries on these *Samhitas*. Literature Review The general knowledge of *Aushadha seven Kala* is elaborated in the following texts.

1. *Charaka Samhita Chikitsa-Yoni vyapat chikitsa Adhyaya*.
2. *Sushruta Samhita Uttara tantra-Swasthavritta Adhyaya*.
3. *Astanga Hridaya Sutrasthana-Doshopkramaniya Adhyaya*.

Concept of Aushadha Sevana kala

According to *Asthang sangraha* has delineated the times of administration of drugs are eleven in number such as:

Abhakta Kaal [Without Food]: Administration of the drug without giving any food. eg. The empty stomach is known as *abhakta*. That means the drug should be given early in the morning after the completion of the digestion of food taken in the previous night, and the diet will be given only after the completion of the process of digestion of the given

drug.

- As the drug is administered without food it is called *abhakta* and is having more potency. It should be given to the strong persons early in the morning, after the completion of the period of *Kapha* predominance. eg. At about 9 A.M.
- Weak persons should not be administered medicine during the period of *abhakta*.

Pragbhakta Kaal [Before Meals]: Administration of the drugs, just before the meal is known as *Pragbhakta*. It is indicated to treat the diseases caused by *Apana Vata*. To give strength to the counterpart of the body. To treat the disorders of the lower extremities. It is useful to make the body thin.

Madhyabhakta [During meals]: Administration of the drugs in the middle of the meal or during the meals is known as *madhyabhakta*. It is indicated to treat the diseases caused by the vitiation of *Samana Vata*. Indicated to treat the disorders of the gastrointestinal tract. And also the diseases caused by the vitiation of *pitta*.

Adhobhakta [after meals]: Administration of the immediately after meals is known as *adhobhakta*. It is indicated to treat the disorders of *vyana vata* after lunch. And to treat the disorders of *udana vata*, the drug should be administered after dinner. Indicated to give strength to the upper part of the body. To treat the disorders of the upper part of the body. To treat the *Kapha* disorders. To make the body stout.

Sabhakta [mixed with food during its preparation]: mixing the drug with the food during its preparation or mixed with the food after the preparation and administering are known as *samabhakta*. It is indicated for children, delicate persons, and persons having aversion towards the medicine. Also indicated in anorexia and the diseases affecting the whole body.

Anantara bhakta [in between lunch and dinner]: Administration of the drug in the afternoon, after the digestion of the food taken in the morning hours and again the food, is to be given in the night and after the completion of the digestion of the drug taken in the afternoon is known as *Anantara bhakta*. It is indicated to the persons having strong digestive power. And also suffering from the disorders of *vyana vata*.

Samudga [At the beginning and the end of meals]: divide the drug into two parts and administer one part before meals and the other after meals. It is called *samudga*. Here the food given should be easily digestible and the quantity also less. The drug should be in the form of powder or paste and having the digestive properly, indicated in hiccup, tremors, Convulsions. And also the *dosas* are localized in the lower part of the body.

Muhuruhuh [frequently]: Administration of the drug frequently before food or after food is known as *muhurmuhuh*. Indicated in dyspnoea, cough, hiccup, thirst, vomiting, and the complication of poisons.

Sagrassa [mixed with one morsel]: Administration of

medicine by mixing with a morsel of food is known as *sagrassa*.

Grasantara [in between morsels]: both *sagrassa* and *grasantara* indicated in the disorders of *prana vata*. *Sagrassa* drugs are in the form of powders and pastes. Useful to increase the power of digestion. Aphrodisiacs should be given with the morsel of food.

Nisi [bed time]: Administration of drugs at bedtime is known as *nisi*. Indicated in the disorders of upper parts of the body above the shoulders eg. ENT. And ophthalmic disorders.

Discussion

Ayurvedic system of medicine is unique due to its personalized approach to patient management. Because subtle are the *Vikalpas* of *Dosa* and *Dusya*. The transforming moiety itself is in a state of flux and is highly prone to be affected by individual, diurnal and seasonal variabilities. The same *Bhesaja* may not be given in two patients afflicted with a similar disease. This reflects the *Purusam Purusam Viksya Siddhanta* of *Caraka*.

It can be explained by an example. In *Medoroga*, there is *Medodhatvagnimandya*. Stimulation of *Medodhatvagni* and *Lekhana* of the *Dhatu* is the target to be achieved by the physician. *The Bhaisajya Kala, at this juncture, offers a range of Agni -Bhesaja interactions to suit the disease and diseased.* The *Pratap Kala* could be advocated in a patient who is physically and mentally strong to bear the rapid metabolic effects of the *Bhesaja* by *Agni*, due to the unaltered potency of medicine used.

If the patient is old, women, and anxious (*Satvadurbala*), the same *Bhesaja* can be given at the *Pragbhakta Kala* or *Nisa Kala*. The quick metabolic effects of *Bhesaja* are reduced to a great extent in *Pragbhakta Kala*, as food follows the *Bhesaja* intake and in *Nisa Kala* due to *Kala Prabhava*, which slows down all the metabolic activities of the body. The activity of a *Bhesaja*, anticipated by a physician is also determinant in the choice of *Bhaisajya Kala*. For *Rasayana's* purpose, the *Agni - Bhesaja* interaction should stimulate the *Agni* at all levels - *Jatharagni*, *Bhutagni*, and *Dhatvagni*. So, *Acarya* has advocated the *Pratah Niranna Kala*. When *Dipana Dravya* is to be given in a patient of *Agnimandya*, augmentation of *Jatharagni* is achieved by the administration of *Bhesaja* at the *Madhyabhakta Kala*. Here localized *Agni - Bhesaja* interaction is also facilitated due to the *Samana Vayu* association. *Kala* and *Agni*, both have been accorded the status of *Parinamakrabhava* by the *Acaryas*. Thus, a thorough knowledge of *Agni - Bhesaja* interaction in the *Bhaisajya Kala* will help in the quick action, with reduced dose and for a prolonged duration of the medication used.

Conclusion

Bhaisajya Kaala is the essential tool for the administration of *Aushadha*, negligence may lead to a grave deficit in the treatment. Evaluation of *Vaya*, *Jeernalinga*, *Ritu*, *Vyadhi Dooshya*, *Desha* plays a pivotal role in deciding *Bhaisajya Kaala*. *Ayurvedic* practice is much more oriented on the time of administration of the drug. Clinically the importance of *Aushadha Sevan Kaal* cannot be stressed more, which if improper; the medicine, diet all are for naught

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