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Review Article

AUSHADHA SEVANA KALA: A COMPREHENSIVE REVIEW OF CLASSICAL CONCEPT AND MODERN CORRELATION

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ABSTRACT:

Ayurveda, one of the oldest systems of medicine, presents a comprehensive approach to health and disease through the classical concept of Trisutra—Hetu (etiological factors), Linga (signs and symptoms), and Aushadha (therapeutics) Among these, Aushadha is not merely concerned with the selection of an appropriate medicine; its therapeutic potential is also closely linked with when, how, and under which physiological conditions it is administered. The classical concept of Aushadha Sevana Kala reflects this time-dependent approach to therapeutics, wherein the timing of medication is determined by factors such as Dosha predominance, Avastha of Agni, Rogi Bala, Roga Bala, Ahara, and the stage of disease.

Acharya Vagbhata aptly emphasized the principle of "Kalo Bhaisajya Yoga," highlighting the importance of selecting an appropriate time for drug administration to achieve the intended therapeutic outcome. Similarly, Acharya Charaka described that medicine administered at the appropriate time produces superior therapeutic effects compared with administration at an inappropriate time. Thus, Ayurveda appears to recognize that the efficacy of a medicine is influenced not only by what is administered, but also by when it is administered.

This review explores the classical concept, classification, determinants, and therapeutic rationale of Aushadha Sevana Kala, with particular emphasis on its relationship with Ahara, Agni, Dosha, and disease condition. Furthermore, an attempt is made to examine its conceptual correlation with contemporary principles of drug absorption, bioavailability, pharmacokinetics, pharmacodynamics, and chronotherapy. Understanding this time-oriented therapeutic principle may provide a meaningful perspective toward individualized and rational drug administration in contemporary Ayurvedic practice. The review therefore aims to bridge the classical wisdom of Aushadha Sevana Kala with emerging concepts of time-dependent therapeutics and explore its potential relevance in modern clinical practice.

KEYWORDS: *Aushadha Sevana Kala, Bheshajya Kala, Agni, Chronopharmacology, Personalized Medicine, Food–Drug Interaction, Pharmacokinetics, Drug Bioavailability*

INTRODUCTION :

Ayurveda, the ancient science of life, does not perceive medicine merely as a substance to be administered to a diseased individual; rather, it considers when, to whom, how, and under what physiological circumstances a medicine is administered[1] to be equally important determinants of therapeutic success. Among these dimensions, Kala (time) occupies a distinctive position. In Ayurveda, time is not merely a measure of hours and days, but a dynamic factor governing physiological processes, Dosha fluctuations, Agni, disease progression, seasonal changes[2]. and the response of the individual to therapeutic intervene practical expression in the classical concept of Aushadha Sevana Kala (Bheshajya Kala)—the appropriate time for administration of medicine. Acharya Charaka emphasizes that the timing of medication should be determined after considering multiple variables rather than following a rigid universal schedule:[3] This principle indicates that the appropriate therapeutic times influenced by the day/time, patient, medicine, disease, chronicity of disease, digestive status and season. Charaka further explains that the strength and condition of the patient must be assessed while determining the manner of drug administration. The sophistication of this concept becomes more evident in the detailed description of Aushadha Sevana Kala the classical Saṃhitas. Charaka describes multiple administration patterns in relation to food and physiological status, including administration on an empty stomach (Abhakta), before food Prāgbhakta), during food (Madhyabhakta), after food (Adhobhakta) between meals (Antarabhakta), along with food (Sabhakta),before and after food (Samudga), repeatedly (Muhurmuhu),and with individual morsels of food (Grāsa/Grāse-Grāse) Āchārya Suśruta similarly gives a systematic enumeration of the Aushadha Kāla:[4] The continuity of this principle across the classical tradition is particularly noteworthy. Vāgbhaṭa also describes ten Aushadha Sevana Kāla in Aṣṭāṅga Hṛdaya, Sūtrasthāna 13, whereas Śārṅgadhara presents a five-fold classification of medicine-administration periods.h consitancy[5]among different Āchāryas demonstrates that the concept was not an incidental recommendation but an integral component of Ayurvedic therapeutic planning.More importantly, Aushadha Sevana Kala is not simply “the time of taking medicine.” It represents a sophisticated attempt to synchronize the action of a therapeutic agent with the state of Agni, Dosha predominance, disease location, food intake, physiological strength and individual constitution. For example, administration before or after meals is described differently according to the therapeutic objective, while administration during meals is associated with digestiv considerations; repeated administration is employed in particular acute manifestations, and administration with food may be preferred according to the patient's strength and tolerance. This patient-centred approach is especially significant in the context of modern personalized medicine. Ayurveda does not propose that the same medicine must invariabl administered at one fixed time to every individual. Instead, the Rogi (patient), Roga (disease), Doṣa, Agni, Bala, Prakṛti, age, season, dietary status and therapeutic objective collectively influence the selection of the appropriate Sevana Kala.[6] In this sense, Aushadha Sevana Kāla can be understood as a practical expression of the broader Ayurvedic principle of individualized therapeutics Interestingly, this classical understanding finds an important conceptual parallel in contemporary biomedical science through the emerging fields of chronobiology and chronopharmacology[7].

Modern research has demonstrated that several physiological processes—including gastrointestinal motility, hepatic enzyme activity, endocrine secretion, immune function, metabolism and renal clearance show temporal variations associated with biological rhythms Consequently, the pharmacokinetics and pharmacodynamics of a medicine may also vary according to the time at which it is administered[8]. Chronopharmacology, therefore, examines how biological timing influences drug absorption, distribution, metabolism, excretion, receptor sensitivity and therapeutic response.[9] Same pharmacological agent may not necessarily produce identical effects when administered at different times of the day. This has led to increasing interest in time-dependent drug efficacy, toxicity, tolerability and therapeutic optimization At this point, an intriguing convergence between classical Ayurveda and contemporary pharmacological science emerges.

Importance of time in drug administration-

The conceptual frameworks are not identical, and it would be scientifically inappropriate to claim that ancient Ayurvedic Aushadha Sevana Kāla was simply a description of modern circadian pharmacology. However, both recognize a fundamental therapeutic principle: the biological context in whicha medicine is administered can

influence its response.This provides a meaningful basis for comparative exploration rather than forced equivalence.

The classical emphasis on Agni, food intake, Dosha state, disease stage and patient strength, when viewed alongside modern understanding of gastrointestinal physiology, metabolic rhythms, circadian biology and chronopharmacology, opens an important avenue for interdisciplinary interpretation. Ayurvedic concepts may therefore be examined not by replacing their classical meanings with modern terminology, but by identifying areas where contemporary physiological and pharmacological knowledge can provide a possible explanatory framework.

Thus, Aushadha Sevana Kāla represents much more than a traditional instruction regarding the timing of medicatio . It reflects an integrated therapeutic philosophy in which the medicine, the patient, the disease, digestion, food, physiological state and time are considered as interacting components of treatment [10]. The detailed descriptions found across Charaka, Suśruta, Vāgbhaṭa and Śārṅgadhara demonstrate the depth and continuity of this principle in Ayurvedic literature. In the era of personalized medicine, chronotherapy and precision therapeutics, revisiting Aushadha Sevana Kāla provides an opportunity to examine an important classical Ayurvedic concept through both textual and contemporary scientific perspectives. Therefore, the present review aims to explore the classical foundations, classifications, determinants, therapeutic rationale and clinical relevance of Aushadha Sevana Kāla, while critically examining its possible correlation with modern concepts of chronobiology and chronopharmacology.

AIM - this article is aimed to explore the classical concept of Aushadha Sevana Kala in Ayurveda, to understand its therapeutic significance and clinical relevance and establish its correlation with modern chronopharmacology and time-dependent drug administration.

OBJECTIVES

1. To define Aushadha Sevana Kala.

2. To review its classification according to different Acharyas.

METHODOLOGY

1. Study Design: Narrative review.

2. Classical Sources: Ayurvedic Samhitas and authoritative classical texts were reviewed.

3. Literature Search: Relevant Ayurvedic and modern scientific literature was collected.

CLASSICAL CONCEPT OF AUSHADHA SEVANA KALA

Definition of Aushadha Sevana Kala: Aushadha Sevana Kala refers to the appropriate time or therapeutic occasion for the administration of medicine, selected according to the nature of the drug, disease condition, digestive status, Dosha predominance, strength of the patient and other relevant factors. In Ayurveda, the therapeutic effect of a medicine is not considered to depend solely upon the selection of the drug; rather, its proper timing of administration is an essential determinant of therapeutic success.Acharya Charaka emphasizes the importance of determining the appropriate Kala by considering the patient, medicine, disease, signs of digestion and season:[11]The above statement indicates that the appropriate therapeutic time should be determined after careful consideration of various factors. Thus, Kala represents not merely a particular clock time but an appropriate therapeutic window in which the medicine is expected to produce its desired action.

Etymology and Meaning of Aushadha :The term Aushadha refers to a substance possessing therapeutic properties and employed for the prevention, alleviation or treatment of disease. In the Ayurvedic therapeutic framework, Aushadha occupies a fundamental position as one of the components of Trisutra Ayurveda—Hetu, Linga and Aushadha. Aushadha is not limited to the medicinal substance alone; its therapeutic application involves appropriate selection,, dosage, Anupana, route and timing of administration. Therefore, the concept of Aushadha in relation to Aushadha Sevana Kala highlights that the therapeutic potential of a medicine depends on its appropriate utilization. From this perspective, the medicine and its time of administration can be considered complementary components of rational Ayurvedic therapeutics. A properly selected medicine, when administered at an inappropriate time, may not produce the intended therapeutic response to its fullest potential.

Meaning of Sevana: The term Sevana denotes intake, administration or appropriate utilization. In the context of Aushadha Sevana, it refers to the systematic and purposeful administration of medicine according to the

therapeutic requirement of the individual. Ayurveda gives considerable importance to the strength and condition of the patient while deciding the manner and timing of drug administration. Acharya Charaka states [12] This principle illustrates that a strong patient may be administered medicine in the morning on an empty stomach, whereas in a weak patient the medicine may be administered along with light and wholesome food. Thus, Sevana represents much more than simply taking a medicine; it reflects patient-specific and condition-specific administration of therapy.

Meaning and Concept of Kala; Kala literally means time, period or appropriate occasion. In Ayurveda, however, the concept of Kala has a much broader clinical significance. It represents the temporal circumstances that influence physiological functions, disease progression and therapeutic response. In relation to Aushadha Sevana, Kala may include the time in relation to food, stage of digestion, Dosha predominance, disease condition, strength of the patient and time of day. Acharya Charaka explains:[13] This description demonstrates that Ayurvedic Kala should be understood as a context-dependent therapeutic time, rather than simply a fixed chronological period. The selection of an appropriate Kala is therefore an important part of individualized treatment planning

Comparative Perspective

A comparison of the classical descriptions reveals a common therapeutic principle across the Ayurvedic traditions: Aushadha Sevana Kala is individualized rather than universally fixed. Charaka gives particular importance to patient strength, Dosha and disease-specific requirements; Sushruta systematically organizes the timings according to their relationship with food; Ashtanga Hridaya provides a concise classification incorporating night administration; Ashtanga Sangraha expands the classification further; and Sharangadhara presents a simplified fivefold practical approach.[19]

Despite differences in terminology and number of timings, all these descriptions converge on the fundamental idea that the temporal relationship between medicine, food, digestion and the patient's condition can influence therapeutic management. This classical perspective provides an important foundation for further discussion of food–drug interactions, individualized dosing and the contemporary concept of chronotherapy.[20]

Table no. 1- Comparative Description of Aushadha Sevana Kala According to Different Acharya

Sr. No.	Acharya / Classical Text	Number of Kala	Principal Aushadha Sevana Kala	Major Emphasis
1	**Acharya Charaka – Charaka Samhita**	10	Before food, during food, after food, Muhurmuhu, Samudga, with food, Grasa, Grasantara, etc.	Patient strength, Dosha, disease condition and therapeutic objective
2	**Acharya Sushruta – Sushruta Samhita**	10	Abhakta, Pragbhakta, Adhobhakta, Madhyabhakta, Antarabhakta, Sabhakta, Samudga, Muhurmuhu,	Relationship of medicine with food and digestive process
3	**Acharya Vagbhata – Ashtanga**	10	Ananna, Annadau, Madhye, Ante,	Food-related timing with

	Hridaya		Kavalantare, Grase Grase, Muhurmuhu,	inclusion of night administration
4	**Acharya Vagbhata – Ashtanga Sangraha**	11	Food-related timings along with Nishi and other specified periods	Expanded and individualized approach to drug timing
5	**Acharya Sharangadhara – Sharangadhara Samhita**	5	Morning, daytime meal, evening meal, Muhurmuhu and night	Simplified and clinically practical classification

Classical Classification of Aushadha Sevana Kala: From Meal-Timing to Therapeutic Precision; The concept of Aushadha Sevana Kala represents one of the distinctive features of Ayurvedic therapeutics, wherein the efficacy of medicine is considered in relation to food, digestion, Dosha, disease, patient strength and the intended therapeutic action. The classical texts describe different timings of medicine administration rather than prescribing a single universal schedule. This suggests that, in Ayurveda, "when the medicine is administered" is considered almost as important as "which medicine is administered."[21]Sushruta describes ten principal Aushadha Sevana Kala—Abhakta, Pragbhakta, Adhobhakta, Madhyabhakta, Antarabhakta, Sabhakta, Samudga, Muhurmuhu, Grasa and Grasantara [22]

1 Abhakta — Administration on an Empty Stomach

- Administration: In Abhakta Kala, the medicine is administered when the stomach is free from previously consumed food, generally after adequate digestion of the previous meal. The medicine is given alone, with or without an appropriate Anupana, rather than being mixed with food.[23]

- Classical indication;Sushruta describes Abhakta as a potent mode of administration capable of producing a relatively strong therapeutic action. It is particularly suitable for strong individuals and conditions requiring a more direct action of the medicine. However, it is not preferred for children, elderly individuals, women and persons of weaker constitution because it may produce fatigue and loss of strength. [24]

- Therapeutic advantage:The absence of food provides less interference from the meal and allows the medicinal substance to act without being diluted or mixed with the bulk of food. This makes Abhakta particularly attractive when a stronger or relatively rapid therapeutic response is desired.

- Limitation: Its stronger action may not be well tolerated by individuals with poor strength, sensitive digestion or low tolerance to medicines. Therefore, Abhakta demonstrates an important Ayurvedic principle: the same timing is not suitable for every patient.

- Possible modern correlation: Conceptually, Abhakta may be compared with fasting or empty-stomach administration in modern pharmacotherapy. Some medicines show altered absorption when taken with food, and food may delay gastric emptying or modify drug bioavailability. However, the exact pharmacokinetic effect is drug-specific and therefore Abhakta should not be considered universally equivalent to modern "empty-stomach" instructions.[25]

.2 Pragbhakta — Administration Before Food

- Administration: In Pragbhakta Kala, the medicine is administered just before the intake of food. The subsequent meal follows the administration of medicine.

- Classical indication: Sushruta states that Pragbhakta medicine is rapidly digested, does not significantly diminish strength and is protected from being expelled because it is subsequently covered by food. It is considered particularly suitable for children, elderly persons, women and individuals of delicate or timid constitution. [26]

- Therapeutic advantage:Administration immediately before food provides a relatively gentle method of medication because the medicine is followed by food. It may improve acceptability and reduce the likelihood of irritation or intolerance associated with administration on an empty stomach.

- Limitation: Its use depends on the patient being able to consume food soon after administration. The timing may also influence drug absorption depending on the formulation and its interaction with food.

- Possible modern correlation: Pragbhakta may be conceptually correlated with pre-prandial medication, in which administration before meals is deliberately timed to coincide with subsequent food intake. In contemporary pharmacotherapy, such timing is used for medicines whose action is intended to coincide with meal-related physiological changes. This is a conceptual parallel rather than a direct equivalence.

3 Adhobhakta — Administration After Food

- Administration: In Adhobhakta Kala, the medicine is administered after completion of a meal.

- Classical indication: Sushruta describes Adhobhakta as particularly useful in disorders involving the upper part of the body and as supportive of strength. Ayurvedic reviews further correlate post-prandial administration with specific Vata functions depending upon the timing of the meal.

- Therapeutic advantage: Administration after food may provide better gastrointestinal tolerance and may be useful when administration on an empty stomach is undesirable. The presence of food may also modify the rate of dissolution and absorption of certain medicines.

- Limitation: Food can either increase, decrease or delay drug absorption depending upon the medicine. Therefore, post-prandial administration cannot be considered universally advantageous.

- Possible modern correlation: Adhobhakta has a clear conceptual relationship with post-prandial drug administration. Modern pharmacology recognizes that food can alter gastric emptying, dissolution, absorption and bioavailability. Hence, the Ayurvedic emphasis on the relationship between medicine and meals provides an interesting framework for discussing food–drug interactions.

4 Madhyabhakta — Administration in the Middle of Food

- Administration: Madhyabhakta Kala refers to administration of medicine during the middle of a meal, after food intake has already begun but before the meal is completed.

- Classical indication:It is particularly associated with disorders involving Samana Vayu and conditions located in the gastrointestinal region. Classical reviews also associate Madhyabhakta with digestive disorders and Pittaja conditions. [27]

- Therapeutic advantage:The medicine is introduced while digestion is actively progressing. This provides a distinctive opportunity for the medicinal substance to interact with food and the ongoing digestive process.

- Limitation:Its application is dependent on proper meal timing and patient compliance. Furthermore, food may alter the absorption profile of medicines in unpredictable ways.

- Possible modern correlation: Madhyabhakta may be conceptually related to administration with or during meals. Modern pharmacology recognizes that the fed state can influence gastric emptying, intestinal absorption and systemic exposure. Therefore, this classical timing can be discussed in relation to fed-state pharmacokinetics, without claiming direct equivalence.[28]

5 Antarabhakta — Administration Between Two Meals

- Administration: Antarabhakta Kala refers to administration of medicine between two principal meals, generally after the previous meal has been digested and before the next meal is taken.

- Classical indication: Sushruta describes Antarabhakta as Hridya, conducive to mental well-being and appetite, and generally beneficial. Classical descriptions also associate it with an appropriate interval between meals and a state in which the previous food has undergone digestion. [29]

- Therapeutic advantage: This timing creates a distinct interval in which medicine is administered without simultaneous intake of food. It may therefore provide a

balance between the stronger empty-stomach approach and the food-associated modes of administration.

- Limitation: The timing requires adequate spacing between meals and may be difficult to maintain in individuals with irregular dietary schedules.

- Possible modern correlation: Antarabhakta can be conceptually compared with between-meal dosing. In modern pharmacotherapy, administration intervals are often selected to achieve an appropriate exposure profile while avoiding interference from food. This makes Antarabhakta particularly interesting from the perspective of dose scheduling and food–drug interaction.

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6 Sabhakta — Administration Along With Food

- Administration: In Sabhakta Kala, the medicine is administered together with food, either mixed with the food or taken concurrently with it.

- Classical indication: Sushruta considers this method especially convenient for children, elderly persons, women, individuals of delicate constitution and those who are reluctant to take medicines. It is also described in relation to generalized disorders. [30] Therapeutic advantage:

Food can mask unpleasant taste, odour and other sensory characteristics of medicines, thereby improving acceptability and compliance. This makes Sabhakta particularly valuable when palatability and tolerability are important.

- Limitation: Mixing medicine with food may modify its absorption, stability or bioavailability. It may also be inappropriate for medicines that require administration on an empty stomach or whose absorption is significantly affected by particular foods.

- Possible modern correlation: Sabhakta has a close conceptual relationship with drug administration with food in modern medicine. Contemporary pharmacology recognizes both positive and negative food–drug interactions, making the classical consideration of food at the time of drug administration particularly relevant.

7 Samudga — Administration Before and After Food

- Administration: Samudga Kala involves administration of medicine at both sides of the meal—before and after food. The therapeutic exposure is therefore positioned around the meal rather than being restricted to a single point.

- Classical indication: Sushruta describes Samudga as particularly useful when the deranged Doshas are moving in both upward and downward directions. Classical reviews also associate it with conditions such as Hikka and other disorders involving abnormal movement of Dosha. [31]

- Limitation: It requires greater adherence to the prescribed schedule and may increase the complexity of administration. It may therefore be less convenient for patients with poor compliance.

- Possible modern correlation: Samudga may be conceptually compared with split or meal-linked dosing, where administration is deliberately divided around a physiological event. In modern pharmacotherapy, divided dosing is used when maintaining drug exposure or matching therapeutic action with physiological events is desirable

8 Muhurmuhu — Frequent or Repeated Administration

- Administration: Muhurmuhu literally conveys repeated or frequent administration. Instead of giving a medicine as a single conventional dose, it is administered repeatedly at short intervals according to the clinical requirement.

- Classical indication: This Kala is particularly emphasized in acute or repeatedly occurring symptoms such as Shwasa (dyspnoea), Kasa (cough), Hikka (hiccup), Trishna (thirst), Chardi (vomiting), Visha (poisoning) and Swarabhanga (hoarseness of voice). [32] Therapeutic advantage:

Repeated administration can provide continued therapeutic support when symptoms recur frequently or when a single dose may not adequately control the clinical manifestation.

- Limitation: Frequent dosing increases the risk of poor adherence and, depending on the medicine, may increase the possibility of excessive exposure or adverse effects. Therefore, it requires careful clinical judgment.

• Possible modern correlation: Muhurmuhu has an interesting conceptual relationship with frequent dosing and maintenance of therapeutic drug exposure. Modern pharmacokinetics uses dosing intervals to maintain plasma concentrations within a therapeutic range. However, Ayurvedic Muhurmuhu is symptom- and condition-oriented and should not automatically be equated with a fixed modern dosing interval.

9 Grasa — Administration With Each Morsel

• Administration: Grasa Kala refers to administration of medicine along with each morsel of food. The medicinal substance is therefore introduced repeatedly during the course of eating rather than being administered as one isolated dose.

• Classical indication: Classical descriptions associate Grasa with Prana Vayu, improvement of appetite and Vajikarana purposes. Powder, tablet-like preparations and linctus-type formulations may be administered in this manner. [33]

• Therapeutic advantage:The repeated association of medicine with successive morsels creates a distinctive pattern of administration in which the medicine remains closely associated with the act of eating and swallowing. This is particularly intriguing from the Ayurvedic perspective because Prana Vayu governs functions associated with ingestion and swallowing.

• Limitation:The method is relatively inconvenient, requires active patient cooperation and may not be suitable for every dosage form.

• Possible modern correlation: Grasa may be conceptually viewed as a form of repeated micro-administration during food intake. Although it cannot be directly equated with modern pharmacological dosing, the principle raises an interesting question regarding how repeated small exposures may influence therapeutic response and gastrointestinal handling of a medicine.

10 Grasantara — Administration Between Two Morsels

• Administration: .Grasantara Kala refers to administration of medicine in the interval between two successive morsels of food. Thus, unlike Grasa, where medicine accompanies each morsel, Grasantara deliberately places the medicine between successive acts of eating.

• Classical indication: This timing is associated particularly with Prana Vayu-related conditions. Classical literature also describes its use for preparations such as Vamaneeya Dhumapana and selected therapeutic formulations.

• Therapeutic advantage: It provides a precise temporal relationship between swallowing food and administering medicine. This may be particularly relevant when the therapeutic objective is connected with the oral cavity, throat, swallowing mechanism or Prana Vayu.

• Limitation: Grasa, this method demands considerable attention to timing and may be inconvenient in routine practice. It also requires a dosage form suitable for repeated administration during a meal.

• Possible modern correlation: Grasantara can be conceptually related to intermittent administration within a meal, emphasizing the importance of the interval between successive exposures. From a modern perspective, it provides an interesting model for investigating how administration timing within a meal may influence dissolution, gastrointestinal transit and absorption.

Discussion- The concept of Aushadha Sevana Kala highlights the importance of appropriate timing in achieving optimal therapeutic outcomes. Classical Ayurvedic principles indicate that drug administration should be selected according to the patient, disease, Dosha, Agni, strength, food intake, and therapeutic objective. Rational Drug Administration, Appropriate timing promotes systematic and purposeful use of medicines. Therapeutic Efficiency: Proper timing may improve the therapeutic response by aligning drug administration with physiological and pathological conditions.

• Scope and limitation- Standardization and Guidelines: Multicentric studies and systematic evidence may help establish standardized, clinically applicable guidelines for Aushadha Sevana Kala.Future research should therefore focus on integrating classical wisdom with modern scientific methodology to establish evidence-based and personalized approaches to therapeutic drug timing.

Conclusion- Aushadha Sevana Kala is a distinctive and clinically relevant concept of Ayurveda that emphasizes the importance of appropriate timing in drug administration. The classical Acharyas have described different administration timings according to the nature of the medicine, Dosha, Agni, Rogabala, Rogibala, food intake, and therapeutic objective.The concept demonstrates that therapeutic success depends not only on the selection and dose of a medicine but also on when, how, and under which conditions it is administered. Its principles show meaningful conceptual correlation with modern pharmacokinetics, chronopharmacology, food–drug interactions, and personalized therapeutics.Thus, Aushadha Sevana Kala provides a valuable framework for rational, individualized, and disease-specific drug administration. Further scientific and clinical research is required to validate these classical principles and establish their evidence-based application in contemporary Ayurvedic practice.

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