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Aushadha Sevanakāla: Mapping Therapeutic Effects to Dosage Protocols mainly emphasizing to Śārṅgadhara Saṁhitā

Dr. Asif Mohammed¹, Dr. U. Siva Sahithi²

¹Consultant Physician, Technical Head, Manphar Ayurvedic Drugs, Vijayawada, <https://orcid.org/0009-0000-1294-5966>

²Consultant Physician, Suprabath's Sukhayu Ayurveda Multispecialty Hospital, V. Kota.

Abstract

Introduction: In Āyurveda, the therapeutic success of a medicine depends not only on its formulation and ingredients but also on the precise time of administration, known as Auśadha-sevana-kāla. This concept reflects a holistic view where the timing of intake is aligned with doṣa predominance, digestive capacity (agni), disease state (vikṛti), and natural biological rhythms (dinacaryā and ṛtucaryā). Beyond these factors, Āyurveda gives distinctive importance to dosage form and the intended therapeutic action in deciding the ideal kāla.

Methods: Classical Āyurvedic texts, authoritative commentaries, and contemporary interpretations were reviewed to compile references related to Auśadha-sevana-kāla. Emphasis was placed on how different dosage forms—such as decoctions, powders, ghee preparations, and pills—are recommended at specific timings for curative, preventive, or rejuvenative purposes.

Results: The review revealed that decoctions are best administered on an empty stomach for rapid absorption, whereas medicated ghee (ghṛta) is advised post-meal to ensure tissue nourishment and doṣa pacification. Purificatory formulations (śodhana preparations) are timed according to phases of doṣic activity to enhance elimination, while rasāyana (rejuvenative) preparations are optimally consumed at dawn to maximize restorative impact. Thus, kāla is directly linked with the pharmacodynamics of the formulation and its therapeutic intent.

Discussion: Understanding the interplay of kāla, dosage form, and therapeutic goal highlights Āyurveda's integrative and personalized approach. Incorporating these principles into practice can significantly enhance drug efficacy and patient outcomes, offering valuable insights even for contemporary health care.

Keywords: Auśadha-sevana-kāla, Āyurveda, Doṣa, Agni, Vikṛti, Dinacaryā, Ṛtucaryā, Kāla, Therapeutic Action

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Address for Correspondence:

Dr. Asif Mohammed, Consultant Physician, Technical Head, Manphar Ayurvedic Drugs, Vijayawada.
Email ID: asifmohd2223@gmail.com

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Introduction

Auśadha-sevana-kāla—the timing of drug administration—has long been recognized in Āyurveda as a determinant of therapeutic response. In contemporary pharmacotherapy terms, timing integrates meal effects, circadian biology, and formulation-specific absorption to influence clinical outcomes. Decisions are guided by three constructs: (i) agni (digestive/metabolic capacity), (ii) doṣa predominance (Vāta, Pitta, Kapha), and (iii) therapeutic intent (e.g., palliation vs. evacuative procedures vs. rejuvenation). The present section outlines these principles and operationalizes timing recommendations across major Āyurvedic dosage forms.

Key Concepts Governing Timing

Agni (digestive/metabolic capacity). Robust agni supports rapid disintegration, absorption, and assimilation. When agni is diminished, gentler or easily digestible preparations with an appropriate anupāna (vehicle) are preferred to facilitate uptake while minimizing irritation.

Doṣa predominance and chronobiology. Time-of-day selection is aligned to endogenous rhythmicity: conditions dominated by Vāta are often addressed in the evening or night; Pitta is targeted at midday; Kapha is addressed in early morning. Aligning administration to these peaks aims to enhance efficacy while reducing dose burden.

Therapeutic purpose.

- Śamana (palliation): balancing aggravated doṣas and relieving symptoms.
- Śodhana (evacuative “detoxification”): induced elimination (e.g., vamana—emesis, virecana—purgation), typically preceded by oleation and sudation.
- Rasāyana (rejuvenation): promoting longevity, resilience, and immune support.
- Srotas-śodhana (channel-cleansing): restoring patency of srotas (functional channels) to optimize distribution and elimination.

Time of Drug Administration by Dosage Form and Intent

Kaṣāya (herbal decoctions).

Primary intent: rapid onset for detoxification or doṣa pacification. Recommended timing: empty stomach, early morning or before meals, for stronger cleansing action. Exemplar: Daśamūla kaṣāya at daybreak for Vāta-predominant pain and stiffness.

Cūrṇa (fine powders).

Primary intent: kindle agni; address dyspepsia and metabolic irregularities. Recommended timing: before meals to stimulate appetite and motility; after meals for post-prandial bloating, acidity, or Kapha complaints. Exemplar: Hīṅgvāṣṭaka cūrṇa before meals to improve digestion.

Vaṭi/Gutika (tablets/pills).

Primary intent: sustained, convenient dosing for chronic indications. Recommended timing: before meals for agni stimulation or metabolic disorders; at

bedtime for Vāta calming and sleep support.

Exemplar: Manasāmitra vaṭi at bedtime for anxiety and sleep initiation.

Ariṣṭa/Āsava (fermented hydro-alcoholic preparations).

Primary intent: enhance digestion; mild laxative or tonic effects with good palatability.

Recommended timing: after meals to aid digestion and absorption.

Exemplar: Daśamūlāriṣṭa post-meal in postpartum convalescence.

Ghṛta (medicated ghee).

Primary intent: rasāyana effects; nourish ojas; pacify Pitta and Vāta; supportive in neurocognitive and chronic conditions.

Recommended timing: early morning on an empty stomach for deep tissue uncton; also for pre-procedure oleation before pañcakarma.

Exemplar: Brāhmī ghṛta at daybreak for memory support.

Taila (medicated oils).

Internal use—snehapāna: early morning, fasting, for pre-procedural oleation.

External use—abhyanga/nasya: morning, before bath, for rejuvenation and Vāta pacification.

Exemplar: Kṣīrabala taila internally in Vāta disorders; externally for neuromuscular tone.

Avaleha/Leha (linctus, herbal jams).

Primary intent: rasāyana, immunomodulatory, nourishing; high patient acceptability.

Recommended timing: morning, on an empty stomach or with milk as indicated.

Exemplar: Cyavanaprāśa each morning for respiratory resilience.

Bhasma and Piṣṭi (calcined minerals, triturated gems).

Primary intent: high-potency micro-dosing for chronic, deep-seated conditions.

Recommended timing: typically after meals to minimize gastric irritation; always with specified anupāna (e.g., honey, ghee, milk, rose water) tailored to the doṣa and target tissue.

Exemplar: Mukta piṣṭi with rose water after meals for Pitta-dominant heat and palpitations.

Table 1. Dosage form, primary intent, recommended timing, and exemplar

Kaṣāya (decoction)	Detoxification; doṣa pacification	Empty stomach; early morning or before meals	Daśamūla kaṣāya
Cūrṇa (powder)	Digestive/metabolic regulation	Before meals (prokinetic); after meals (post-prandial symptoms)	Hingvāṣṭaka cūrṇa
Vaṭi/Gutika (tablet)	Chronic, sustained dosing	Before meals (metabolic); bedtime (Vāta calming)	Manasāmitra vaṭi
Ariṣṭa/Āsava	Tonic; mild laxative	After meals	Daśamūlāriṣṭa
Ghṛta (medicated ghee)	Rasāyana; neurotrophic	Early morning; empty stomach	Brāhmī ghṛta

Taila (internal/external)	Oleation; Vāta pacification	Internal: early morning fasting; External: morning pre-bath	Kṣīrabala taila
Avaleha/Leha	Rasāyana; immune support	Morning; empty stomach or with milk	Cyavanaprāśa
Bhasma/Piṣṭi	High-potency micro-dose	After meals with specified anupāna	Mukta piṣṭi

Time Of Drug Administration Based On Therapeutic Intent Conceptual framework

In Ayurveda, auśadha sevana kāla (timing of drug administration) aligns therapeutic intent with diurnal physiology and meal-related pharmacokinetics. Classical practice distinguishes five dosing windows across the day—sunrise, day-meal—anchored, evening-meal—anchored, repeated short-interval dosing, and night—later elaborated into practical sub-windows relative to meals (before, with, mid-meal, immediately after, and post-digestive). Clinically, timing is individualized by (i) agni (digestive/metabolic capacity), (ii) the predominant doṣa pattern (especially Vāta subtypes across the day), and (iii) the primary therapeutic aim (evacuative, palliative, reductive, nutritive, or rejuvenative). Shahrangadhara view of auśadha sevana kāla is much related to whole day with respect to Agni, Doshas and therapeutic intent. He explained 5 auśadha sevana kāla ^[1], later they were

clearly elucidated and divided in to 11 different categories as followed

Prathama kāla – Suryodaya / early-morning dosing[2]

Dawn dosing is performed fasting, leveraging high gastric receptivity and natural morning Kapha predominance. It is preferred for evacuative procedures such as virecana (purgation) and vamana (emesis), and for reductive (lekhanā) regimens where food would blunt or delay onset. Fast-acting liquid forms (e.g., kaṣāya, svarasa, phāṇṭa) are commonly used to maximize early absorption.

Dvithiya kāla – Divasa bhojana/ Day-meal—anchored dosing[3] (pre-, with-, mid-, post-meal; and post-digestive)

Therapies tied to the main daytime meal are tuned to agni modulation and Vāta subtypes:

- **Before meals (pre-prandial):** used to kindle agni and address Apāna-vāta dysfunction; the fasting state primes gastric motility and acid response.

- **With food:** appropriate in aruci (low appetite/aversion) where co-administration improves acceptance and sensory priming.
- **Mid-meal:** chosen for Samāna-vāta vitiation and agnimāndya (hypodigestia), positioning the drug during peak digestive processing.
- **Immediately after the meal:** applied for Vyāna-vāta targets, supporting post-prandial distribution and circulation-linked effects.
- **Post-digestive (between meals):** used when a post-absorptive state improves onset or tolerability, e.g., hiccup, spasmodic or tremulous states.

Trithiya kāla – Sayankāla bhojana/ Evening-meal–anchored dosing[4]

When Udāna-vāta or laryngo-respiratory symptoms predominate (e.g., voice fatigue/hoarseness), dosing during or immediately after the evening meal provides local contact and settling effects. For Prāṇa-vāta phenomena, post-meal evening timing can aid

respiratory coordination while maintaining adherence in wind-down hours.

Chaturdha kāla/ Repeated short-interval dosing[5]

“Muhur-muhur” (short, repeated intervals) is reserved for paroxysmal or urgent presentations (e.g., hiccup, vomiting, dyspnea, toxidromes). Where gastric irritation is a concern, co-administration with soft food/gruel (sannam) buffers mucosa, sustains hydration, and extends gastric contact time. Protocols should prespecify interval, maximum number of doses, and stopping rules.

Panchama kāla – Nishi/ bedtime dosing[6]

Bedtime (nīsi) dosing suits ENT-predominant conditions, sleep induction, and regimens requiring either reductive (lekhanā) or nutritive (br̥mhaṇā) actions during circadian rest. Night administration benefits from reduced competing stimuli, longer gastric residence, and alignment with sleep biology; rasāyana (rejuvenative) preparations are frequently scheduled either at daybreak or at night for these reasons.

Table 2. Therapeutic action mapped to optimal time and rationale

Therapeutic action	Optimal time window	Primary rationale
Dīpana & Pācana (stimulate/normalize digestion)	Before meals (pre-prandial)	Primes agni; favorable gastric kinetics in the fasting state

Br̥mhaṇa (nourishment/anabolism)	Immediately after meals	Synergy with post-prandial absorption and tissue accretion
Lekhanā (reductive/scraping)	Dawn, fasting; or pre-meal	Mobilizes excess doṣas with minimal food interference
Rasāyana (rejuvenation)	Early morning or bedtime	Enhanced assimilation during rest/low-interference periods
Sleep induction (nidrājanana)	Night/bedtime	Aligns with circadian sleep drive; prolonged gastric residence
Virecana (purgation)	Morning, fasting	More predictable colonic activity and safety profile
Vamana (emesis)	Early morning	Natural Kapha predominance facilitates emesis

Anupāna (Vehicle) and Its Impact on Timing

Anupāna—the co-administered vehicle—modulates palatability, disintegration, absorption, tissue targeting, and tolerability. Selection is individualized by doṣa profile, agni status, formulation, and therapeutic intent; it also influences the optimal dosing window (fasting, with meal, post-meal, bedtime).

Table 3. Vehicles commonly used in Ayurveda and their timing implications

Vehicle (anupāna)	Typical indication emphasis	Preferred timing window	Practical rationale / cautions
Honey (madhu)	Kapha reduction, lekhanā (reductive)	Pre-meal or dawn (fasting)	Hygroscopic/“scraping” qualities; aids early absorption. Avoid in infants; use cautiously in heat-dominant (Pitta) states.
Ghee (ghṛta)	Pitta/Vāta pacification, rasāyana, neurotrophic support	Early morning fasting or bedtime	Lipid vehicle supports mucosal protection and deep tissue unction; can slow gastric emptying. Use judiciously in low agni or dyslipidemia.
Milk	Br̥mhaṇa (nourishing), Vāta–Pitta conditions, rasāyana	Post-meal (for nourishment) or bedtime (sedative support)	Buffers irritation, supports anabolism; consider lactose intolerance and mucous tendency in Kapha.
Warm water	Dīpana/pācana (digestive support), evacuative protocols	Pre-meal, with procedure (e.g., vamana/virecana), or between meals	Enhances gastric motility and dilutes heaviness; useful for tolerance and hydration.

Discussion

This review operationalizes auṣadha sevana kāla (timing of drug administration) into reproducible,

meal- and clock-anchored windows aligned with therapeutic intent and supported by appropriate anupāna. Three determinants consistently shape

timing decisions: (i) agni (digestive/metabolic capacity), which dictates whether fasting or fed states are preferable; (ii) diurnal patterns of doṣa expression—Kapha at dawn, Pitta around midday, Vāta toward evening/night—informing when to target symptom peaks; and (iii) the intended action (evacuative, palliative, reductive, nutritive, or rejuvenative), which in turn guides formulation and vehicle choice.

Translationally, these principles parallel modern chronopharmacology and meal-effect pharmacokinetics. Fasting or pre-meal dosing can accelerate onset and reduce dilution, whereas co-administration with food buffers irritancy and can enhance acceptability. Lipid vehicles (e.g., ghr̥ta) plausibly improve solubilization of lipophilic actives and prolong mucosal contact; aqueous vehicles (warm water) facilitate gastric emptying and procedure support; honey may modify mouthfeel and perceived heaviness while classically addressing Kapha. These are testable hypotheses that can be linked to measurable endpoints (e.g., symptom chronotypes, GI transit times, sleep metrics).

Clinical application. Protocols should document clock time, relation to

meals (fasting/with/mid-/after/post-digestive), chosen anupāna, doṣa phenotype, and agni status; for repeated dosing, specify intervals and stop criteria. Safety reporting must include vehicle-related cautions (e.g., honey avoidance in infants; lactose intolerance; dyslipidemia/steatorrhea with ghee).

Context of contemporary lifestyles. Irregular schedules (shift work, late meals, chronic stress) can disrupt doṣa rhythms and agni. Individualizing timing—while preserving the therapeutic aim—improves adherence and may restore predictability. Where canonical schedules are impractical, clinicians can retain intent (e.g., pre-meal dīpana) by anchoring to the patient's consistent main meal or stable sleep window.

Limitations. High-quality comparative trials stratified by timing and vehicle remain limited. Many claims are grounded in classical rationale and clinical experience; rigorous prospective studies are needed to quantify effect sizes and refine windows.

Conclusion

Timing is a primary design variable in Ayurvedic therapeutics, not a cosmetic detail. Aligning auśadha

sevana kāla with therapeutic intent and pairing formulations to suitable anupāna can enhance efficacy, tolerability, and adherence. Standardized documentation of clock time, meal relation, vehicle, doṣa phenotype, and agni will improve reproducibility and facilitate outcomes

research. By integrating kāla, agni, doṣa, and prakṛti into scheduling decisions, clinicians can deliver coherent, individualized care that respects classical principles and meets contemporary methodological standards.

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