

**ROLE OF KALA IN AYURVEDIC THERAPEUTICS WITH SPECIAL REFERENCE TO BHESHAJYA KALA**

**\*<sup>1</sup>Dr. Suryanand Giri, <sup>2</sup>Dr. Namrata Chauragde, <sup>3</sup>Dr. Swati Vyas, <sup>4</sup>Dr. Krishna Kumar Tiwari, <sup>5</sup>Dr. Meenakshi Chauhan**

<sup>1</sup>PG Scholar, <sup>2</sup>Professor, HOD, <sup>3</sup>Asso. Professor, <sup>4</sup>Asso. Professor, <sup>5</sup>Assi. Professor  
Department of Samhita Siddhant, Mansarovar Ayurved Medical College, Hospital and  
Research Centre, Bhopal (M.P.).

Article Received on 15 Feb. 2026,  
Article Revised on 05 March 2026,  
Article Published on 16 March 2026,

<https://doi.org/10.5281/zenodo.19044752>

**\*Corresponding Author****Dr. Suryanand Giri**

PG Scholar, Department of Samhita  
Siddhant, Mansarovar Ayurved  
Medical College, Hospital And  
Research Centre, Bhopal (M.P.).



**How to cite this Article:** \*<sup>1</sup>Dr. Suryanand Giri, <sup>2</sup>Dr. Namrata Chauragde, <sup>3</sup>Dr. Swati Vyas, <sup>4</sup>Dr. Krishna Kumar Tiwari, <sup>5</sup>Dr. Meenakshi Chauhan (2026). Role Of Kala In Ayurvedic Therapeutics With Special Reference To Bheshajya Kala. World Journal of Pharmaceutical Research, 15(6), XXX-XXX.  
This work is licensed under Creative Commons Attribution 4.0 International license.

**ABSTRACT**

Kala is recognized in Ayurveda as an indispensable factor governing physiological processes and therapeutic outcomes. The principle of Bheshajya Kala emphasizes that the efficacy of a medicine depends not only on its pharmacological properties but also on its appropriate timing of administration. Classical texts such as Charaka Samhita, Sushruta Samhita, and Astanga Hridaya describe various classifications of drug administration timing in relation to food intake, digestive strength (Agni), Dosha predominance, and patient constitution. This review analyzes the conceptual and clinical significance of Kala with special reference to Bheshajya Kala through classical textual study. The findings suggest that proper timing enhances drug absorption, optimizes Agni-Bheshajya interaction, improves therapeutic precision, and reduces adverse effects. The concept reflects an early understanding of time-dependent drug action comparable to modern chronopharmacology. Thus,

Bheshajya Kala represents a scientifically relevant and individualized approach that strengthens the effectiveness of Ayurvedic therapeutics and supports precision-based clinical practice.

**KEYWORDS:** Kala, Bheshajya Kala, Agni, Dosha, Ayurvedic therapeutics.

## INTRODUCTION

*Kala* is an essential and unavoidable causative factor responsible for all actions and effects and is described as an *Anayathasiddha Nimitta Karana*, indicating that no activity occurs without its influence. Hence, Ayurveda accords great importance to the concept of *Kala*, and its clinical relevance is demonstrated through the principle of *Bheshajya Kala*.<sup>[1]</sup>

Ancient Acharyas elaborated the relationship between medicine and *Kala* in detail. Acharya Vagbhata states.

**“Kalo Bheshajya Yoga Krt” (A. S. Su. 1/45)**

This highlights that appropriate timing ensures the desired therapeutic effect of a medicine. Acharya Charaka also emphasizes that medicines administered at the proper *Kala* are more effective than those given at inappropriate times.<sup>[1]</sup>

Normal digestion and metabolism are governed by *Agni*, and impairment of *Agni* leads to disease manifestation. Therefore, restoration and maintenance of *Agni* remains the primary objective of Ayurvedic treatment. The metabolism of medicine by *Agni* depends on food intake, nature of the drug, time of administration, and physiological condition of the patient. *Bheshajya Kala* was designed to optimize this interaction, often using food as a therapeutic medium to regulate *Agni*–*Bheshajya* interaction according to disease and individual constitution.<sup>[1,2]</sup>

Ayurveda follows a personalized treatment approach, as variations in *Dosha*, *Dushya*, strength of the individual, and temporal factors influence therapeutic response. This reflects the *Purusham Purusham Vikshya Siddhanta*. For example, in *Medoroga*, where metabolic activity is reduced, stimulation of metabolism is required. In strong individuals, medicines may be administered during *Pratah Kala* for rapid action, whereas in elderly, anxious, or physically weak individuals, *Pragbhakta* or *Nisa Kala* is preferred to moderate drug metabolism.<sup>[3]</sup>

The expected action of the medicine also determines the choice of *Bheshajya Kala*. *Rasayana* therapy requires stimulation of *Agni* at all levels and is therefore advised during *Pratah Niranna Kala*. *Dipana* drugs are best administered during *Madhyabhakta Kala*. Since both *Kala* and *Agni* are regarded as *Parinamakarabhava*, proper understanding of their interaction enables faster therapeutic response, effective results with lower dosage, and sustained

benefits.<sup>[4]</sup>

## MATERIALS AND METHODS

A comprehensive literary review was conducted using classical Ayurvedic texts including *Charaka Samhita*, *Sushruta Samhita*, *Astanga Samgraha*, *Astanga Hrdaya*, *Kashyapa Samhita*, and *Sarangadhara Samhita*, along with their authoritative commentaries such as Chakrapani, Dalhana, Indu, Hemadri, and Arunadatta.

Conceptual, philosophical, and clinical aspects of *Kala* were analyzed, including etymology, derivational meanings, attributes, inevitability, and impact on *Bheshajya*. Various classifications of *Bheshajya Kala* described by different Acharyas were comparatively studied, and commentarial opinions were reviewed to understand practical clinical application.

## RESULTS

### Concept of *Kala*

#### A. Etymology

The term *Kala* is derived from two principal meanings:

1. संख्याने – referring to enumeration or calculation. This aspect denotes the frequency and repetition of drug administration such as *muhurmuhur*, *sagrasa*, and *grasantara*.
2. प्रेरणे – indicating impulse or stimulation. When medicine is administered at an appropriate *Kala*, it receives physiological impetus facilitating therapeutic action, such as stimulation by *Samana Vayu* and *Pachaka Pitta* during *Madhyabhakta Kala*.

#### B. Nirukti

कलयत्याय इति कालः

कालयति संक्षिपति इति वा कालः । (डल्हण सब्बू. ६/३)

*Kala* pervades all activities and shortens the duration required for manifestation of effects. Proper *Kala* accelerates therapeutic response, as seen in quicker action of medicines administered during *Apana Kala* in *Mutrakricchra*.<sup>[5]</sup>

#### Meaning

तत् कर्मोचितकाले (वाचस्पत्यम्)

*Kala* denotes the most appropriate time for performing a specific action, such as administration of *Rasayana* in *Niranna Kala* for strong individuals.<sup>[6]</sup>

### Modern Scientific Perspective

Modern science defines time as the interval between two non-simultaneous events.<sup>[7]</sup> In Ayurveda, disease manifestation and restoration of equilibrium are non-simultaneous, highlighting the indispensable role of *Kala* in therapeutics.

### C. Gunas of *Kala*

#### *Vaisheshika* Attributes

*Vaisheshika Darshana* attributes the following qualities to *Kala*: *Samkhya*, *Parimana*, *Prithaktva*, *Samyoga*, and *Vibhaga*. Association and dissociation are essential for therapeutic transformation, and their predominance is decided by the physician based on disease and patient condition.<sup>[8]</sup>

#### Dominance of *Rajoguna*

*Kala* is predominantly influenced by *Rajoguna*:

चलं च रजः (सां. का. १३)

रजश्च प्रवर्तकम् । सु.सू. 1/8

Due to this dynamic nature, *Kala* acts as a catalyst, imparting momentum to the administered medicine.<sup>[9,10]</sup>

#### Inevitability of *Kala*

*Kala* is described as an *Anayathasiddha Nimittakarana*, meaning it is indispensable for production of any effect.<sup>[11]</sup> Acharya Charaka includes *Kala* among the causes of disease (C. Su. 1/54)<sup>[12]</sup>, identifies *Parinama* as a synonym of *Kala* (C. Su. 11/42)<sup>[13]</sup>, and establishes its inevitability through the concept of *Duspariharyatva* (C. Vi. 3/10).<sup>[14]</sup>

#### Impact of *Kala* on *Bheshajya*

*Kala* influences *Bheshajya* in multiple ways.

- 1. Origin and maturity** – Drugs should be collected in their natural season for optimal potency.
- 2. Freedom from adverse effects** – *Kalanupahata Bheshajya* ensures efficacy.<sup>[15]</sup>
- 3. Potency retention** – Explained as *Saviryatavadhi*.<sup>[16]</sup>
- 4. Time of collection of plant parts**  
ग्रीष्मे मूलानि शिशिरे वा (च.क. १/१०)
- 5. *Kala Samskara*** – Fermentation, aging, repeated processing.<sup>[17,18]</sup>

6. **Auspicious occasions** – e.g., Pushya Nakshatra.<sup>[19]</sup>
7. **Gap between collection and consumption** – Bhallataka.<sup>[20]</sup>
8. **Frequency of processing** – Tilvaka processing enhances potency.<sup>[21]</sup>

## CONCEPT OF BHESHAJYA KALA

### Etymology

भिषजः कर्म भेषज ।

भेषं रोगभयं जयति ।

भिषजा संस्त द्रव्यं भेषज्यम् ।

Bheshajya denotes all therapeutic measures employed by a physician.<sup>[22]</sup>

### Conceptual Understanding

*Bheshajya Kala* refers to systematic consideration of time in relation to administration and frequency of medicine.<sup>[23]</sup>

### Classification of Bheshajya Kala

- Charaka describes *Dasa Ausadha Kala*.<sup>[24]</sup>
- Sushruta uses the term *Abhakta Kala*.<sup>[25]</sup>
- Kashyapa emphasizes localized drug action.<sup>[26]</sup>
- Astanga Samgraha introduces *Ekadasa Kala* by adding *Nisa Kala*.<sup>[27]</sup>
- Astanga Hrdaya indicates *Samana Ausadhi Kala*.<sup>[28]</sup>
- Sarangadhara simplifies them into *Panca Kala*.<sup>[29]</sup>

### Opinion of Commentators

All commentators largely agree on administration principles of *Niranna*, *Pragbhakta*, *Madhyabhakta*, *Adhobhakta*, *Antarabhakta*, *Sabhakta*, *Samudga*, *Muhurmuhu*, *Grasa*, and *Nisa Kala*, with minor variations regarding exact timing and association with food.<sup>[1–6]</sup>

## DISCUSSION

The concept of *Kala* occupies a central position in Ayurvedic philosophy and therapeutics, as it governs not only physiological and pathological processes but also determines the success or failure of therapeutic interventions. Ayurveda recognizes *Kala* as an *Anayathasiddha Nimitta Karana*, implying that it is an inevitable causative factor whose influence cannot be bypassed in any biological event. The application of this philosophical concept into clinical

practice is reflected in the principle of *Bheshajya Kala*, which systematically integrates time with drug administration.

The present review highlights that *Kala* is not merely a chronological factor but a dynamic entity influencing Agni, Dosha movement, tissue receptivity, and drug metabolism. The therapeutic outcome of a medicine is significantly altered when it is administered in harmony with physiological timing. This explains why the same drug, when administered at different *Kalas*, produces varying clinical responses. Such an approach demonstrates the advanced understanding of chronobiology embedded within Ayurvedic therapeutics.

Classical Acharyas have unanimously acknowledged the importance of *Kala*, though their methods of classification and emphasis differ. Acharya Charaka presents a comprehensive framework by correlating *Bheshajya Kala* with Agni, Dosha dynamics, disease stage, and patient strength. His concept of *Jirnalingaveksa Kala* further reinforces that assessment of digestion and metabolism is fundamental to deciding the appropriate time of drug administration. In contrast, Acharya Sushruta places relatively greater emphasis on the duration of therapy and the psychological and neurological effects of medicines, indicating an early understanding of mind–body interactions in therapeutics.

Acharya Kashyapa introduces a unique perspective by emphasizing the localized action of drugs administered at specific *Kalas*. This suggests that Ayurvedic pharmacology not only considers systemic action but also recognizes site-specific therapeutic targeting. The descriptions provided by Vagbhata in *Astanga Samgraha* and *Astanga Hrdaya* synthesize earlier concepts while incorporating patient-related factors such as strength, digestive capacity, and physiological state at a particular time. The inclusion of *Nisa Kala* in *Astanga Samgraha* further expands the clinical utility of *Bheshajya Kala*, especially in chronic and Vata-dominant disorders.

Sarangadhara's contribution lies in simplifying the complex classical classifications into a practical fivefold system without compromising their therapeutic essence. His approach reflects the need for adaptability in clinical practice, making the concept of *Bheshajya Kala* more accessible to physicians. Although Sarangadhara does not explicitly discuss individual patient variations, his classification remains clinically relevant due to its emphasis on timing in relation to meals and daily routine.

The opinions of commentators such as Chakrapani, Indu, Hemadri, and Arunadatta further strengthen the practical applicability of *Bheshajya Kala*. Their detailed clarifications regarding exact timing, association with food, and frequency of administration indicate that the concept was actively practiced and refined over generations. The overall consensus among commentators suggests that while minor interpretational differences exist, the fundamental principles of *Bheshajya Kala* remain uniform.

From a contemporary perspective, the Ayurvedic concept of *Kala* closely aligns with modern principles of chronopharmacology, which emphasize that drug efficacy and toxicity vary according to biological rhythms. The Ayurvedic approach, however, is more holistic, as it simultaneously considers digestion, mental state, Dosha predominance, and tissue status. Thus, *Bheshajya Kala* represents a scientifically sound and clinically relevant principle that enhances therapeutic precision, minimizes adverse effects, and optimizes drug utilization.

## CONCLUSION

*Kala* is an indispensable determinant of physiological balance, disease manifestation, and therapeutic response in Ayurveda. Its role as an inevitable causative factor underscores the importance of time-conscious clinical decision-making. The principle of *Bheshajya Kala* translates this philosophical understanding into a practical therapeutic tool, enabling physicians to administer medicines at the most appropriate time for maximum efficacy.

The classical descriptions of *Bheshajya Kala* reveal a highly individualized and dynamic approach to treatment, where the timing of drug administration is tailored according to disease nature, Dosha involvement, digestive status, patient strength, and therapeutic objective. Proper application of *Bheshajya Kala* not only enhances drug absorption and metabolism but also reduces the required dosage, accelerates clinical response, and ensures sustained therapeutic benefits.

The variations observed among different Acharyas and commentators should be viewed as complementary rather than contradictory, reflecting the adaptability and depth of Ayurvedic therapeutics. When understood and applied judiciously, *Bheshajya Kala* strengthens the scientific foundation of Ayurveda and bridges classical wisdom with modern concepts of time-dependent drug action.

In the present era, where personalized and precision medicine is gaining prominence, the concept of *Bheshajya Kala* offers valuable insights for developing integrative therapeutic protocols. Therefore, a thorough understanding and consistent clinical application of *Kala* in drug administration is essential for achieving optimal outcomes and preserving the holistic essence of Ayurvedic treatment.

## REFERENCES

1. Agnivesha. *Charaka Samhita* with Ayurveda Dipika commentary of Chakrapani Datta. Varanasi: Chaukhambha Sanskrit Sansthan.
2. Charaka Samhita, Chikitsasthana (Vaidyamanorama, Hindi Commentary), Chapter 30, Sutra 298–300, Acharya Vidyadhar Shukla, Edition, 2011.
3. Vagbhata. *Astanga Hrdaya* with commentaries of Arunadatta and Hemadri. Varanasi: Chaukhambha Sanskrit Pratishthan.
4. Charaka Samhita, Sutrasthana (Vaidyamanorama, Hindi Commentary), Chapter 11, Sutra 42, Acharya Vidyadhar Shukla, Edition, 2011.
5. Sushruta. *Sushruta Samhita* with Nibandha Sangraha commentary of Dalhana. Varanasi: Chaukhambha Orientalia.
6. Vachaspatyam, Sri Taranatha Tarkavachaspati, Chowkhamba Sanskrit series, Varanasi.
7. Encyclopaedia Britannica, 21: 1159.
8. Tarka Sangraha, Pt. Ramchandra Jha, Choukhambha Sanskrit Series, Varanasi.
9. Sankhya Karika, Chapter 13, Prof. K.T. Pandurangi, Edition 2010, Dvaita Vedanta Studies and Research Foundation, Bangalore.
10. Sushrut Samhita, Sutrasthana, Chapter 1, Sutra 8, Kaviraj Dr. Ambikadatt Shastri, Edition 2014, Chaukhambha Sanskrit Sansthana, Varanasi.
11. Tarka Sangraha, Pt. Ramchandra Jha, Choukhambha Sanskrit Series, Varanasi.
12. Charaka Samhita, Sutrasthana (Vaidyamanorama, Hindi Commentary), Chapter 1, Sutra 54, Acharya Vidyadhar Shukla, Edition, 2011.
13. Charaka Samhita, Sutrasthana (Vaidyamanorama, Hindi Commentary), Chapter 11, Sutra 42, Acharya Vidyadhar Shukla, Edition, 2011.
14. Charaka Samhita, Vimanasthana (Vaidyamanorama, Hindi Commentary), Chapter 3, Sutra 10, Acharya Vidyadhar Shukla, Edition, 2011.
15. Agnivesha. *Charaka Samhita* with Ayurveda Dipika commentary of Chakrapani Datta. Varanasi: Chaukhambha Sanskrit Sansthan.

16. Sharangadhara Samhita, Purva Khanda, Chapter 1, Sutra 51, Dr. Brajmananda Tripathi, Edition 2017, Chaukhambha Surbharti Prakashana, Varanasi.
17. Charaka Samhita, Chikitsasthana (Vaidyamanorama, Hindi Commentary), Chapter 6, Sutra 66-67, Acharya Vidyadhar Shukla, Edition, 2011.
18. Charaka Samhita, Kalpasthana (Vaidyamanorama, Hindi Commentary), Chapter 9, Sutra 10, Acharya Vidyadhar Shukla, Edition, 2011
19. Agnivesha. *Charaka Samhita* with Ayurveda Dipika commentary of Chakrapani Datta. Varanasi: Chaukhambha Sanskrit Sansthan.
20. Charaka Samhita, Chikitsasthana (Vaidyamanorama, Hindi Commentary), Chapter 1, Sutra 13, Acharya Vidyadhar Shukla, Edition, 2011.
21. Charaka Samhita, Kalpasthana (Vaidyamanorama, Hindi Commentary), Chapter 9, Sutra 10, Acharya Vidyadhar Shukla, Edition, 2011.
22. Vachaspatyam, Sri Taranatha Tarkavachaspati, Chowkhamba Sanskrit series, Varanasi.
23. Charaka Samhita, Chikitsasthana (Vaidyamanorama, Hindi Commentary), Chapter 30, Sutra 298–300, Acharya Vidyadhar Shukla, Edition, 2011.
24. Charaka Samhita, Chikitsasthana (Vaidyamanorama, Hindi Commentary), Chapter 30, Sutra 298–300, Acharya Vidyadhar Shukla, Edition, 2011.
25. Sushrut Samhita, Uttar Tantra, Chapter 64, Sutra 65, Kaviraj Dr. Ambikadatt Shastri, Edition 2014, Chaukhambha Sanskrit Sansthana, Varanasi.
26. Kashyapa. *Kashyapa Samhita*. Varanasi: Chaukhambha Sanskrit Bhavan.
27. Vagbhata (Vrddha). *Astanga Samgraha* with Shashilekha commentary of Indu. Varanasi: Chaukhambha Sanskrit Series.
28. Ashtanga Hridaya, Sutrasthana, Chapter 13, Sutra 37, Prof. Banwarilal Gaur, Chaukhambha Orientalia, Varanasi.
29. Sarangadhara. *Sarangadhara Samhita*. Varanasi: Chaukhambha Orientalia.