

**Impact
Factor
3.025**

ISSN 2349-638x

Refereed And Indexed Journal

**AAYUSHI
INTERNATIONAL
INTERDISCIPLINARY
RESEARCH JOURNAL
(AIIRJ)**

UGC Approved Monthly Journal

VOL-IV

ISSUE-VIII

Aug.

2017

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A Conceptual Study on Aushadha Sevana Kala W.S.R. To Prathama Kavala Bhojya of Hingvastaka Churna In Agnimadhya

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Abstract :

The Dravya should be administered according to Desha, Kala, Bala (Roga and Rogi) Vaya etc¹. The drugs are active not only due to properties but also due to their intrinsic composition, administered in particular time and with a mode of administration². Ayurvedic classics have mentioned different AushadhaSevanaKalas for different conditions^{3,4,5,6,7}. In the phalasaruti of Hingvastaka choorna its specifically mentioned that prathamakavalabhojya along with ghrita cures agnimandhya⁸. To know the efficacy of the Aushadha SevanaKalas clinical study carried out with two different kala.

Introduction

Kala is influencing evaluates of the universe in different ways. Time and tide wait for no man. There is a time for everything. It is a known fact that the physiological factor of the human body changes with the functions of time, time bound rhythms. Heart beat has a rhythm. A rhythm has been defined as a sequence of events that repeat themselves through time in the same set order and at the same interval. This is quite obvious in the case of three Doṣa also.

Jaṭharagnimandya is an abnormal status of the AnnavahaSrotas, which is the initial condition of any disorder. Because it is an accepted fact by all the Acharyas that Agnimandya forms an integral part in the pathogenesis of each and every disease. Charaka has explained as proper agni helps a person to live a long healthy life and its impairment gives rise to vyadhi and also the alleviation and aggravation of the Doshas dependant on Agni. Therefore Agni is considered to be most important factor and its should be protected from its derangement.

In BhaishajyaRatnavali, Hingvastaka Churna has been mentioned in the treatment of Agnimandhya, where in the Sevanakala is mentioned as PrathamaKavalaBhojya along with Ghrita as anupana. Hingvashtakachurna contains eight ingredients which are easily available and dipanapachana in nature.

त्रिकटुकमजमोदासैन्धवं जीरकं द्वे

समधरणधृतानामष्टमो हिङ्गुभागः ।

प्रथमकवल भुक्तं सर्पिषाः चुर्णमेतज्जनयति

जठराग्निं वातरोगांश्च हन्यात् ॥

(भै.र.अग्नीमांद्य चिकित्सा)

Even small quantity of medicine produces profound effect when its associated to proper time of administration, preparation, and mode of administration. Large quantity of medicine produces very little effect when its associate with improper time of administration, preparation, and mode of administration. So in Chikitsa, AushadhaSevana

Kala is playing a major role⁹. Hence "A CONCEPTUAL STUDY ON AUSHADHA SEVANA KALA W.S.R. TO PRATHAMA KAVALA BHOJYA OF HINGVASTAKA CHURNA IN AGNIMADHYA has been selected for the present study.

(1) Pratah Niranna Kala :

Bhesaja should be administered on empty stomach. Activity of Bhesaja in this Kala : It becomes highly potent due to no contact of Bhesaja with food. Bhesaja Virya remains unaltered. Agni and Bhesaja interaction is initiated in this Kala. Thus the disease in which Abakta Kala is mentioned, will definitely eradicate the disease concerned.

It is advocated in the following situations –

Type of patient : A strong person in whom Agni is in a stimulated condition can only tolerate the Bhesaja given at the Abhakta Kala. A debilitated person, whose Dhatu and Dosa status is weak, cannot bear the quick metabolic effect of the Bhesaja. They will experience immediate and severe Balaksya.

तत् बालवृद्धस्तु पीत्वा ग्लानिं परां समुपयान्ति बलक्षयम च ।सु .3 ६४/६७

Physiology of the Sarira at this Kala : The Amasaya and Srotas are devoid of Kapha, at the Pratah Niranna Kala. Kapha is the entity of the body which can with stand and is responsible for the resistance of change. When the channels are devoid of Kapha, the Bhesaja has a direct interaction with Agni and produces quick and strong effects over the Sarira. The Agni at all levels Jatharagni, Bhutagni and Dhatvagni could be stimulated if given Bhesaja in this Kala. Type of Disease : A strong disease expects a strong Bhesaja at the proper Kala i.e. Niranna Kala. This Kala provides quick and definite cure of the disease.

(2) Pragbhakta Kala : Time before meals is the appropriate Kala for Bhesaja in take.

Activity of Bhesaja in this Kala :

The Bhesaja intake is followed by food. Thus it is the first target of Agni and not the food. Thus it undergoes Asu Paka (quick metabolism) at the same time, it does not produce Balaksaya, the reason being the food follows the Bhesaja, thus the Bhesaja cannot produce severe metabolic effects on the body. The mechanical expulsion of the Bhesaja is avoided due to food intake; hence can be given in the debilitated patients. The Bhesaja admits elective affinity for Amasaya and eradicates Dosas indulged.

The time before meals, is the Kala when Apana Vayu is in a state of activity. Thus the Kala is the appropriate for Apana Vayu vitiated conditions. Apana Karya Ksetra is Adah kaya, hence the Apana Kala is the appropriate time to enhance the strength of lower part of the body.

(3) Adhobhakta Kala :

Kala after meals is the Adhobhakta Kala, both after lunch and dinner. It is useful in the following conditions:

(1) Component of Vata vitiated is the determinant : After lunch, there is stimulation of Vyana Vayu and after dinner of Udana Vayu, there by they could be given in the respective disorders.

(2) Purpose of administration of Bhesaja is the determinant : The Gati of Udanavayu which is active in this Kala facilitates the activity of Bhesaja to enhance the strength of the upper part of the body. (A. H. Su. 12).

(3) In Krsa patients for sthulikarana purpose.

(4) Madhyabhakta Kala: Bhesaja is administered in between meals.

Activity of the Bhesaja in this Kala - is described by Kasyapa and Susruta practically. Bhesaja is compressed by meals at the upper and lower ends, so it cannot spread and is forced to act locally and eradicates the Sthanika Dosas. Systemic action of the Bhesaja on the Sarira bhavas i.e. Dosa & Dhatu is delayed.

In between meals, Samanavayu is stimulated. Samana Vayu and Agni association is known, thus the Paka of Bhesaja is enhanced. As Samana Vayu and Pacaka Pitta are both suited in the Kosta, Madhyabhakta Kala is indicated in Paittika and Kosthagatavyadhi and in Samana Vayu vitiated conditions.

In persons who have a hypoactive agni (Mandagni), this is the Kala to administer Agnidipaka Bhesaja.

(5)Muhurmuhu Kala : Frequent administration of Bhesaja regardless of Bhukta or Abuktavastha is Muhurmuhu Kala.

Diseases in which it is indicated are –

Pranavahasrotogata Vyadhis-Svasa, Kasa, Hikka, Udakavaha Srotogata Vyadhis-Trt and in Annavaha Srotogata Vyadhi -Chhardi and Visa (Vikara).

It is worth noting, that all the conditions mentioned above demand quick and immediate therapeutic intervention. They could also be life threatening, unless proper treatment is done. In Svasa, the vegavastha is the condition in which prompt medication is mandatory. In Kasa, when the patient is restless of coughing, in Trt there is severe Rasa ksya laksana .Same is the case with Chhardi. In Visavikara, the Visa shows quick effect, which is to be counter acted by the frequent administration of Visaghna dravya. It seems that parenteral administration was less frequent in the older periods, thus Acaryas found Muhurmuhu Kala as a remedy to tackle these conditions. While all the commentators are of the view that Bhesaja should be given regardless of the meals in the Muhurmuhu Kala, it means the prakrt paka of Bhesaja when given in morning and in evening i s slow. In Muhurmuhu Kala, in order to achieve immediate relief, the Bhesaja is given frequently, so its concentration is maintained as its paka is enhanced. The Kala provides an opportunity to administer large quantity of Bhesaja to pacify the aggravated Dosas.

It serves the following purposes –

1. To maintain the constant level of concentration of the drug and make it more bio available.
2. To provide more sublingual absorption of drug for faster action.

In Muhurmuhur Kala, time interval should be minimum in between consequently administered drug.

(6) Sabhakta Kala : Bhesaja is given mixed with food in this Kala. Conditions in which this Kala of administration is indicated –

- 1) Disease afflicted is the determinant : Sabhakta Kala is employed in Arocaka Aruci and in Sarvangasamsrita vyadhi.

- 2) Type of patient involved is the determinant : In women, old, children, debilitated patients, delicate and patients who exhibit unpalatability to certain medicinal formulations are to be given Bhesaja at the Sabhakta Kala .
- 3) To maintain the integrity of Bala and Agni : The Sabhakta Kala is indicated.

(7) Grasa Kala:

Means with each and every morsel of food, Bhesaja is given. It is advocated in –

- 1) Prana Vayu vitiated conditions :
- 2) Formulations mean to stimulate Agni : Curma, vataka, Leha and Agni dipana yoga are to be given at the Grasa Kala..
- 3) Type of Bhesaja : Vajikarana Bhesaja are to be given at the Grasa Kala. : According to modern pharmacokinetics, it can be said that Bhesaja given at Sagrasa Kala facilitates absorption of the Bhesaja from the buccal mucosa and reaches systemic circulation and thus facilitates rapid onset of action.

(8) Grasantara Kala :

Means Kala in between two morsels, is meant for Bhesaja intake. It is advocated in the following situations –

- 1) Component of Vata vitiated : In Prana Vayu vitiated conditions, Grasantara Kala is mentioned:
- 2) Aim of administration of Bhesaja : For Vamana purpose, the Grasantara Kala is indicated. Susruta mentions that is the Kasaghna Dhuma which is indicated at the Grasantara Kala (Su.ci.40/18) in which kasa comes in bouts and so Grasantara in take of Dhuma provides symptomatic relief.
- 3) Disease is the determinant : Grasantara Kala is indicated in Hrdroga. (A.S.Su. 23)

(9) Nisa Kala :

Nisa Kala of Bhesaja administration, is after digestion of food consumed; in the evening after passage of 3 hours. (A.S. Su.23/18). A brief account of the data suggested by Acaryas in which Bhesaja is given at the Nisa Kala is –

- 1) Site of disease is the determinant - Urdhvajatrugata vikara means the diseases occurring above the neck. Sira, Urah, and Kanta are the Kapha Sthanas situated in the area (A.H. Su.11). Thus the Nisa Kala, in which there is Kapha vrddhi due to Kala Prabhava is an aid to the activity of Bhesaja used and Bhesaja admits elective affinity (Gamitva) towards the part, above the neck.
- 2) Purpose of administration of Bhesaja : Lekhana and Brumhana Bhesaja are indicated at the Nisa Kala by Sarngdhara (Sa.S.P.Kh.1).. Sarangdhara also specifies Ananna condition for Bhesaja intake.
- 3) Type of Bhesaja is the determinant : Pacana and Samana Bhesaja should be given in this Kala.

(10) Antarabhakta Kala.

Appropriate Kala for Bhesaja intake is Madhyanha, when the previous food consumed is digested; and after Bhesaja is metabolised ,again food is to be taken in the evening. (Indu _A.S.Su23/18). In this Kala the Agni is in a stimulated condition (Madhyanha) (Pitta Kala) A.H. Su.1. Acaryas advocates the Antarabhakta Kala in the following conditions :

- 1) The type of patient is the determinant : In a person who has Diptagni ,the power of transformation is tremendous, and thus the Bhesaja is metabolised when consumed in between the meals.

2) The component of vata vitiated is the determinant : In Vyana vitiated disorders, Antarabhakta Kala is advocated.

3) Activity of Bhesaja on the Sarira : It is mentioned by Acarya Susruta, that Bhesaja given at this Kala shows Hradya, Pathya, Dipana and Manobalakara effect.

(11) Samudga Kala :

Bhesaja is administered at the time immediate before and after meals. Bhesaja acts as a box for Ahara, so it is called as Samudga Kala. It is advocated in the conditions :

(1) Vyadhi - Hikka, Kampa and Aksepaka

Main Dosas involved in the pathogenesis of Hikka are Kapha and Vata. (C. Ci.17/8). As per A. H. Su.1/7, Kapha is situated in the Urdhvasarira and Vata in the Adah Sarira. The simultaneous pacification of the Kapha and Vata (i.e. action on both the parts of body) Urdhvah and Adha Samsrita Dosa, is possible, when Bhesaja is given at the Samudga Kala.

In Aksepaka, the Dosas are localized in Pani and Pada as per the Samprapti (C. Ci. 28/150), so the action of Bhesaja is expected on both the extremities of the body is availed of by the administration of Bhesaja at the Samudga Kala.

As Samudga Kala acts on Vyana, Apana and Udana Vayu, it could be advocated Bhasajya Kala in Vataja Prameha and Sukradosa (Su. Ni. 1/20).

In all the diseases, Hikka, Kampa and Aksepaka, there is an evident Gati Vikrti of Vata Dosa. Samudga Kala probably helps in the therapeutic activity of the Bhesaja in correcting the pathogenesis and establishing Anulomana of Vata Dosa.

(2) Status of Dosas in the Body : When the vitiated dosas are localized in the both upper and lower parts of the body, Samudga Kala is indicated.

(3) Type of Patient : A patient who consumes light food, should be given Bhesaja at Samudga Kala.

(4) Type of Dravya : Pacana Dravya is advised to be given in this Kala.

Aim And Objectives :

Aim :

To study the effect of AushadhaSevana Kala.

Objectives :

- To make comprehensive literary study of AushadhaSevana Kala.
- To study the effect of HingvastakaChurna by administering in rathamaKavalaBhojya Kala and Anta Bhojya Kala in Agnimandhya.
- To compare the effect of the drug which is given in two different Kalas.

Selection Criteria :

Inclusive Criteria :

- Patient having AgnimandhyaLakshana.
- Age group between 20-60 years.
- Irrespective sex, caste, marital status and economic class.

Exclusive Criteria :

- Patient having any type of cancer especially associated with gastro intestinal tract, pancreas, liver.

- Agnimandhya occurs during renal failure, hepatitis, peptic ulcer, gastro esophageal reflux, acute gastritis, gall stone.

Criteria for Assessment:

Assessment will be done initially before intervention of medicine and there after every 5 days for the period of 15 days in the case proforma on the basis of improvement in the following parameters on various rating scales^{10,11,12}.

Kshudhamandya :
Praseka
AmashayaPradeshaGaurava
Aruchi
Vistambha
Shirshoolam

Materials &Methods:

1. Literary study :

AushadhaSevana Kala references obtained from Ayurvedic classics were compiled.

2. Clinical study:

Clinical Study is conducted in two groups having 30 patients in each group.

Group 'A' -	Drug	:	Hingvastaka Churna
	Dose	:	2 grams / Bd
	Sevana Kala	:	With first bolus of food (Lunch and Dinner)
	Duration	:	15 Days
	Anupana	:	Ghrita
Group 'B' -	Drug	:	HingvastakaChurna
	Dose	:	2 grams / Bd
	Sevana Kala	:	After food (Lunch and Dinner)
	Duration	:	15 Days
	Anupana	:	Ghrita

Patients were kept routine diet and follow ups were recorded every 5 days interval.

Results:

Statistical analysis of Group A and Group B Wilcoxon Sign Rank Test is applied and for the comparison the results of both groups Unpaired 't' test is applied.

Prathamakavalabhojya shown highly significant in **KshudhaMandhya** (at P value (< 0.0001)***) ,**Vistambha** (at P value (< 0.0004)***)and shown significant results in **Aruchi** (at P value (< 0.0108)*).The remaining 3 symptoms (**Praseka,AmashayaPradeshaGauravaand Shirashoola**) were not significant,butthe mean score and percentage of improvements are more than anta kavalabhojya.This may be regularization of vatadosha and simultaneously increase the agnibala happens in theprathamakavalabhojya which is not happen in Anta kavalabhojya.So concluded with Aushadhasevanakala is not simply the kala,the efficacy of the drug changes according to the kala.

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