



Review Article

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## A CRITICAL REVIEW OF *DINACHARYA* DESCRIBED IN *AYURVEDIC SAMHITA* AND ITS RELEVANCE IN THE PREVENTION OF LIFESTYLE DISORDERS

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### ABSTRACT

**Background:** Lifestyle disorders have become an important public-health concern because unhealthy dietary habits, inadequate physical activity, disturbed sleep, prolonged sedentary behaviour, psychological stress and irregular daily routines contribute to the development of *obesity, type 2 diabetes mellitus, hypertension, cardiovascular diseases* and other chronic disorders. *Ayurveda* gives major importance to preservation of health through *Swasthavritta*, particularly *Dinacharya*, which describes a systematic daily regimen according to physiological needs and natural biological rhythms. Practices such as *Brahma Muhurta Jagarana*, oral hygiene, *Abhyanga*, *Vyayama*, *Snana*, appropriate food habits, regulation of natural urges and disciplined conduct collectively provide a lifestyle-oriented approach to health promotion.

**Aim and Objectives:** To critically review *Dinacharya* described in major *Ayurvedic Samhita* and assess its possible relevance in the prevention of lifestyle disorders.

**Materials and Methods:** A conceptual review of *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya* and other relevant Ayurvedic literature was undertaken. Classical principles of *Dinacharya* were analysed according to their preventive significance. Relevant contemporary literature

concerning physical activity, sleep, circadian health, oral hygiene and lifestyle-related disease prevention was also considered.

**Observations and Results:** *Dinacharya* provides a comprehensive sequence of activities extending from awakening to sleep. Its major components regulate hygiene, physical activity, food behaviour, sleep and psychosocial conduct. Several of these principles show conceptual agreement with established lifestyle measures used for reducing modifiable risk factors of chronic disease.

**Discussion:** Regular practice of suitable components of *Dinacharya* may support *Dosha* balance, *Agni*, proper metabolic function, sleep regularity and healthy behavioural patterns. Its preventive relevance is strongest when interpreted as an integrated lifestyle framework rather than as proof that every individual classical procedure independently prevents a specific modern disease.

**Conclusion:** *Dinacharya* represents an important preventive concept of *Ayurveda* with considerable contemporary lifestyle relevance. Appropriate adaptation according to *Prakriti*, age, season, health status and occupation may support health promotion and prevention of lifestyle-related risk factors.

**Keywords:** *Dinacharya*; *Ayurveda*; *Swasthavritta*; lifestyle disorders; prevention; *Samhita*

## INTRODUCTION

Lifestyle disorders are chronic health conditions in which behavioural and environmental factors play an important role in disease development and progression. Major modifiable factors include unhealthy diet, inadequate physical activity, tobacco exposure, harmful alcohol use and related metabolic abnormalities. Contemporary changes such as prolonged sitting, irregular meals, disturbed sleep and reduced physical activity further influence metabolic health. The increasing burden of *cardiovascular diseases*, *diabetes mellitus*, *obesity* and other *noncommunicable diseases* has therefore shifted considerable attention towards prevention through sustainable modification of everyday behaviour.<sup>1</sup>

The primary objective of *Ayurveda* is not limited to treatment of disease; preservation of the health of a healthy individual is equally important. The classical texts describe *Swasthavritta* through dietary regulation, daily regimen, seasonal regimen, ethical conduct and control of harmful sensory and behavioural exposures. *Charaka Samhita* discusses appropriate food quantity, seasonal adaptation, natural urges, control of the senses and wholesome conduct, establishing a broad preventive framework in which repeated daily behaviour influences health.<sup>2</sup>

Among these preventive principles, *Dinacharya* occupies a practical position because it converts health principles into activities that can be followed every day. *Ashtanga Hridaya* presents these practices systematically, beginning with timely awakening and continuing through elimination, personal hygiene, *Abhyanga*, *Vyayama*, bathing and appropriate conduct. The sequence suggests that maintenance of health requires regularity rather than occasional therapeutic intervention. In the present context, *Dinacharya* can therefore be critically examined as a structured lifestyle model relevant to behavioural and metabolic risk reduction.<sup>3</sup>

## AIM AND OBJECTIVES

**Aim:** To critically review the concept of *Dinacharya* described in Ayurvedic classical texts and assess its relevance in the prevention of lifestyle disorders.

**Objectives:** To study the major components of *Dinacharya*, understand their preventive importance according to Ayurvedic principles, develop a generalized *Samprapti* of lifestyle-related disorders, and correlate appropriate classical recommendations with contemporary preventive-health concepts.

## MATERIAL AND METHODS

The present work is a conceptual structured review. Classical information related to *Dinacharya*, *Swasthavritta*, *Sadvritta*, diet, exercise, sleep, natural urges and prevention of disease was reviewed from *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya* and *Bhavaprakasha*. The concepts were arranged according to daily sequence and critically interpreted with particular reference to lifestyle-related risk factors. Contemporary evidence concerning *physical activity*, *sedentary behaviour*, *circadian rhythm*, sleep regularity, nutrition and oral health was considered for conceptual correlation. The review does not assume direct biomedical equivalence between individual Ayurvedic procedures and modern preventive interventions.<sup>2 3 4</sup>

## CONCEPTUAL STUDY - AYURVEDIC REVIEW

### Concept and Importance of *Dinacharya*

The word *Dinacharya* denotes the conduct or regimen to be followed regularly during the day. Its purpose is maintenance of physiological stability by coordinating activities such as waking, evacuation, hygiene, physical activity, bathing, food intake, work, conduct and rest. *Ayurveda* considers health to depend on the equilibrium of *Dosha*, proper functioning of *Agni*, balanced *Dhatu*, normal elimination of *Mala* and a pleasant state of mind and senses. A disciplined routine can contribute to these conditions by reducing repeated exposure to inappropriate *Ahara* and *Vihara*. The concept should therefore be understood as a comprehensive behavioural framework rather than a single preventive procedure.<sup>2 3</sup>

### *Brahma Muhurta Jagarana*

*Ashtanga Hridaya* advises a healthy person concerned with preservation of life to awaken during *Brahma Muhurta*. Early and regular awakening creates an organised beginning to the day's activities and provides sufficient time for elimination, hygiene, exercise and other daily practices. From a contemporary viewpoint, the most relevant principle is regularity of the sleep-wake schedule. Human physiology demonstrates approximately 24-hour *circadian rhythms* affecting sleep, hormonal activity, metabolism and cardiovascular functions. Evidence associates persistent sleep irregularity and *circadian disruption* with adverse cardiometabolic outcomes; however, the classical timing of *Brahma Muhurta* itself should not be interpreted as a universally proven biomedical prescription independent of total sleep duration and individual requirements.<sup>3 5</sup>

## ***Mala Pravritti and Non-Suppression of Natural Urges***

Regular elimination is included in the early daily routine. *Ayurveda* gives considerable importance to natural bodily urges and describes adverse consequences of repeatedly suppressing certain urges. The preventive principle is that normal physiological requirements should be respected rather than habitually disturbed because of work schedules or social circumstances. In modern lifestyles, long working hours, travel, prolonged screen use and irregular routines may encourage postponement of defecation, urination, sleep or hunger. *Vega Dharana* is therefore relevant as a behavioural concept promoting attention to normal physiological signals, while clinical symptoms related to elimination still require appropriate individual evaluation.<sup>2 4</sup>

## ***Dantadhavana and Jihva Nirlekhana***

Daily cleansing of the teeth and tongue forms an important part of Ayurvedic personal hygiene. Classical texts describe suitable substances and methods for *Dantadhavana* according to individual condition and advise cleaning of the tongue through *Jihva Nirlekhana*. These practices aim to maintain cleanliness of the mouth, improve freshness and remove accumulated coating. Their contemporary relevance is particularly evident in the importance placed on regular oral hygiene. Modern research also recognizes significant associations between poor oral health, especially *periodontal disease*, and several systemic *noncommunicable diseases*, although the direction and causality of many associations remain complex. Thus, the strongest correlation is the shared preventive emphasis on consistent oral hygiene rather than a claim that classical oral procedures independently prevent systemic disease.<sup>4 6</sup>

## ***Anjana, Nasya, Gandusha and Related Hygiene Measures***

Classical daily regimens include procedures directed towards care of the eyes, nose, mouth and head, including appropriate use of *Anjana*, *Nasya* and *Gandusha*. These procedures reflect the Ayurvedic emphasis on regular care of structures repeatedly exposed to the external environment. Their selection, substance, frequency and suitability vary according to the individual and textual indication. Some procedures traditionally included under daily care should not be indiscriminately practised in identical form by every person. Their present value should therefore be considered through individualized Ayurvedic assessment, safety and appropriate indications rather than unrestricted self-administration.<sup>3 4</sup>

## ***Abhyanga***

*Abhyanga* refers to application and massage of oil over the body and is particularly advised for regular care of the head, ears and feet. Classical descriptions associate it with nourishment, comfort, maintenance of the skin and body, and reduction of fatigue. In the broader context of lifestyle medicine, the importance of *Abhyanga* lies in introducing planned self-care and relaxation into the daily schedule. It may also encourage body awareness and reduce the tendency to maintain an uninterrupted work-oriented routine. Nevertheless, its proposed role in specific metabolic or cardiovascular disease prevention should be distinguished from the stronger evidence available for exercise, diet and sleep interventions.<sup>3</sup>

## Vyayama

*Vyayama* is one of the most relevant components of *Dinacharya* in relation to contemporary lifestyle disorders. Ayurveda recommends physical exercise in an appropriate quantity according to individual strength, age, season and health status rather than excessive exertion. Proper exercise is described as promoting lightness, work capacity, firmness and improved digestive function. This individualized approach is important because modern sedentary living is strongly associated with adverse health outcomes. Current public-health guidance recommends regular moderate-to-vigorous physical activity and reduction of sedentary behaviour because physical activity provides significant benefits for cardiovascular and metabolic health. Thus, *Vyayama* offers one of the clearest areas of conceptual convergence between classical *Dinacharya* and modern preventive recommendations.<sup>3,7</sup>

## Udvartana and Snana

*Udvartana*, generally involving rubbing or massage with suitable powders, is described in association with reduction of excessive unctuousness and heaviness, whereas *Snana* forms part of routine cleanliness and bodily refreshment. Bathing after appropriate physical activity supports hygiene and marks the transition from exercise and personal care to occupational and social activity. Ayurvedic texts also specify conditions in which particular procedures may require modification or avoidance. These recommendations highlight that *Dinacharya* is not intended as a mechanically identical routine for everyone; its application depends on strength, *Dosha*, season and health status.<sup>3,4</sup>

## Regulation of Ahara

Although *Dinacharya* is often discussed mainly in terms of morning practices, dietary discipline is fundamental to everyday preventive care. *Charaka Samhita* gives extensive importance to *Matra*, quality, compatibility, digestive capacity and proper method of eating. Repeated overeating, eating before previous food has been adequately digested, inappropriate food combinations and unsuitable timing may disturb *Agni* and contribute to *Ama* and *Dosha* imbalance according to Ayurvedic understanding. Contemporary preventive guidance similarly places healthy dietary patterns and avoidance of excessive salt, free sugars and unhealthy fats among major measures for reducing metabolic and cardiovascular risk.<sup>2,8</sup>

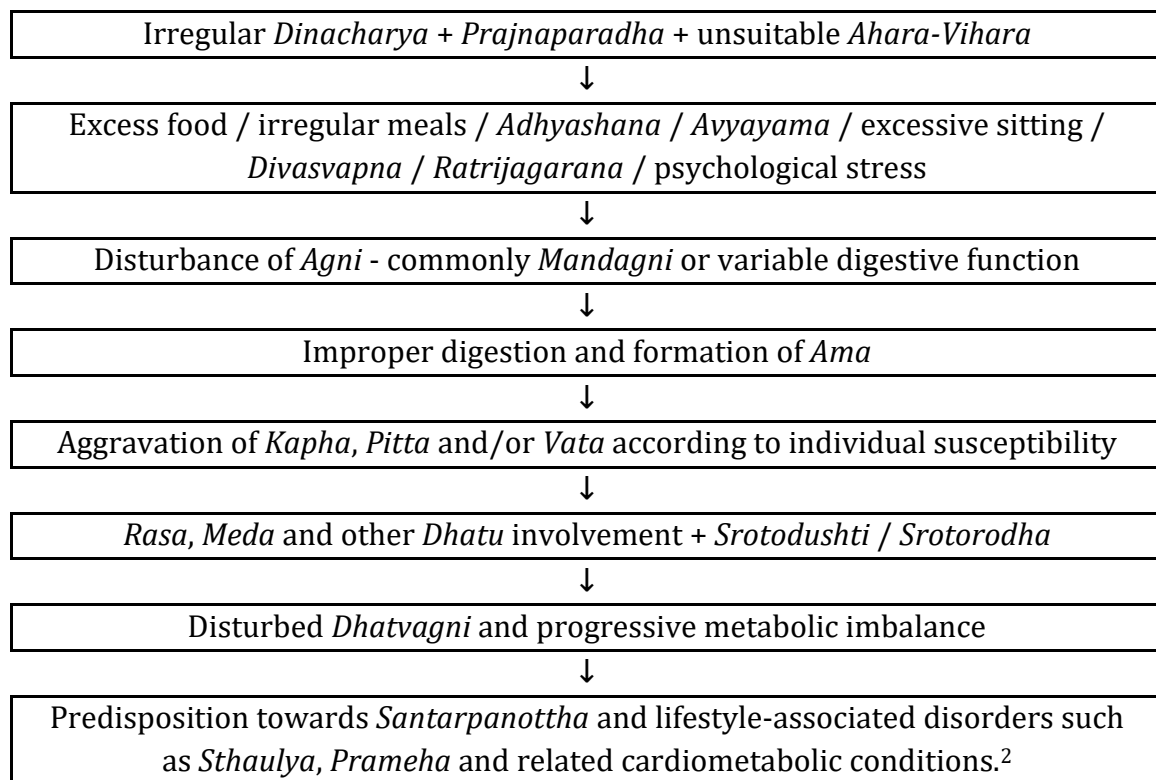
## Sadvritta, Mental Discipline and Sensory Regulation

*Dinacharya* extends beyond bodily cleansing and exercise. *Charaka Samhita* describes regulation of sensory activity and wholesome conduct through principles of *Indriyopakrama* and *Sadvritta*. Control over excessive sensory stimulation, anger, harmful habits and inappropriate behaviour supports mental and social well-being. This becomes relevant in contemporary life because excessive screen exposure, irregular work schedules, chronic psychosocial stress and impulsive food behaviour can interfere with sleep, food choices and physical activity. The Ayurvedic contribution is therefore an integrated view in which mental discipline and behavioural control are considered part of preservation of physical health.<sup>2</sup>

## Ratricharya and Sleep

A complete daily regimen must ultimately include appropriate night behaviour and adequate sleep. *Nidra* is regarded as an important supporting factor of life, and both inadequate and inappropriate sleep can disturb normal functioning. Modern evidence similarly indicates that sleep regularity and maintenance of healthy sleep patterns are associated with cardiometabolic health. For present-day application, the useful principle is establishment of regular sleep and waking times while providing adequate duration and adapting to age, occupation and clinical requirements. Early rising should not be encouraged by reducing necessary sleep, particularly among individuals with night duties or sleep disorders.<sup>5</sup>

### GENERALIZED SAMPRAPTI OF LIFESTYLE-RELATED DISORDERS



**Note:** This represents a generalized Ayurvedic pathway; the specific *Samprapti* differs for each disease.<sup>2</sup>

### RESULTS AND FINDINGS

- *Dinacharya* provides a structured preventive routine combining hygiene, exercise, diet, sleep, sensory regulation and behavioural discipline.<sup>2 3</sup>
- *Brahma Muhurta Jagarana* emphasizes timely and regular waking; its contemporary relevance is best understood in relation to sleep-wake regularity rather than rigidly reducing sleep duration.<sup>3 5</sup>
- *Dantadhavana* and *Jihva Nirlekhana* demonstrate an early preventive emphasis on daily oral hygiene, which remains important for oral and general health.<sup>4 6</sup>
- *Vyayama* has strong contemporary relevance because regular physical activity and reduction of sedentary behaviour are established measures for prevention of major *noncommunicable diseases*.<sup>7</sup>

- Regulation of *Ahara*, quantity and eating behaviour may help prevent repeated dietary excess and is conceptually compatible with modern nutritional approaches to metabolic-risk reduction.<sup>2 8</sup>
- *Sadvritta*, sensory control and regular sleep broaden *Dinacharya* from a purely physical routine into a behavioural and psychosocial health framework.<sup>2 5</sup>
- The preventive value of *Dinacharya* is greatest when its components are individualized according to *Prakriti*, *Bala*, *Agni*, age, season, occupation and existing disease rather than followed mechanically.<sup>3 4</sup>
- Evidence should be interpreted component-wise: modern support is stronger for exercise, healthy diet, sleep regularity and oral hygiene than for claims that every traditional procedure independently prevents a specific modern lifestyle disorder.<sup>5 6 7</sup>

## DISCUSSION

The critical review shows that the preventive importance of *Dinacharya* lies primarily in regularity, moderation and organization of daily behaviour. Lifestyle disorders usually develop through repeated exposure to multiple risk factors rather than a single event. In Ayurvedic terms, persistent unsuitable *Ahara-Vihara* may disturb *Agni*, promote *Dosha* imbalance and contribute to *Srotodushti* and abnormal *Dhatu* metabolism. Regular exercise, disciplined eating, adequate sleep and suitable daily activity may help interrupt this pattern at an early stage. This approach corresponds conceptually with the modern prevention of chronic disease through modification of behavioural risk factors rather than dependence only on treatment after disease becomes established.<sup>1 2</sup>

Among individual practices, *Vyayama*, dietary discipline, regular sleep and oral hygiene have particularly clear contemporary relevance. WHO guidance supports regular physical activity and reduction of sedentary behaviour for health promotion, while research on sleep indicates associations between irregular sleep patterns and adverse cardiometabolic outcomes. Oral-health research also demonstrates important relationships between oral disease and systemic *noncommunicable diseases*, although causal pathways are not established equally for every condition. These findings support selected principles underlying *Dinacharya*, but they should not be used to claim complete biomedical validation of the entire classical regimen.<sup>5 6 7</sup>

The present relevance of *Dinacharya* therefore depends on rational adaptation. A student, office worker, older person, shift worker and individual with established disease cannot necessarily follow an identical routine. Practices should be adjusted according to *Prakriti*, *Vikriti*, *Agni*, *Bala*, *Desha*, *Kala* and occupation. Procedures requiring specific substances or clinical judgment should be practised under suitable professional guidance. When interpreted in this individualized manner, *Dinacharya* can function as an Ayurvedic framework for health education, behavioural regularity and primary prevention, while further well-designed clinical studies are required to determine the independent effects and safety of individual procedures on defined modern health outcomes.<sup>3 4 7</sup>

## CONCLUSION

*Dinacharya* described in Ayurvedic classical texts represents a comprehensive preventive approach based on regular daily behaviour. Its components address personal hygiene, physical activity, food

discipline, sleep, sensory regulation, mental conduct and adaptation to individual capacity. These principles are relevant to contemporary lifestyle disorders because many major chronic diseases are influenced by modifiable behavioural risk factors. The strongest modern correlations are observed with regular *Vyayama*, appropriate dietary behaviour, adequate and regular sleep, oral hygiene and reduction of sedentary habits. However, *Dinacharya* should be applied according to individual constitution, age, season, occupation and health status, and classical procedures should not automatically be presented as independently proven treatments or preventive measures for specific modern diseases.

### CONFLICT OF INTEREST

Nil.

### SOURCE OF SUPPORT

None.

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