

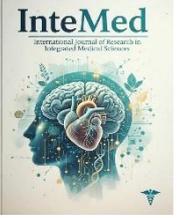


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Review Article

Ayurvedic Daily Regimen as a Tool to Prevent Lifestyle Disorders

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ABSTRACT

Lifestyle disorders such as obesity, diabetes mellitus, hypertension, cardiovascular diseases, and metabolic syndrome have emerged as major global health concerns. Sedentary habits, unhealthy dietary patterns, disturbed sleep, and psychological stress contribute significantly to their pathogenesis. Ayurveda emphasizes preventive healthcare through *Dinacharya* (daily regimen), a structured lifestyle framework described in classical texts including *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*. Practices such as early rising, oral hygiene, oil pulling, exercise (*vyayama*), massage (*abhyanga*), regulated diet, and proper sleep are designed to maintain physiological balance and prevent disease. This review critically examines the role of Ayurvedic daily regimen in preventing lifestyle disorders, correlating classical principles with modern biomedical evidence. The integration of *Dinacharya* into contemporary preventive medicine may offer a cost-effective and holistic approach to global health challenges (1–4).

Keywords: Dinacharya, lifestyle disorders, prevention, Ayurveda, circadian rhythm, metabolic syndrome

1. Introduction

Lifestyle disorders are non-communicable diseases primarily associated with behavioral and environmental factors (5). According to global health data, cardiovascular diseases, diabetes, and obesity account for a substantial proportion of morbidity and mortality worldwide (6). Sedentary lifestyle, excessive calorie intake, disrupted circadian rhythms, and chronic stress are major contributors (7).

Ayurveda, the traditional system of Indian medicine, emphasizes preventive healthcare (*swasthavritta*) through daily and seasonal regimens (1). *Dinacharya* provides structured guidance to maintain homeostasis of *dosha*, *agni*, and *dhatu*, thereby preventing disease onset (2,3). Modern research increasingly recognizes the importance of routine, circadian alignment, physical activity, and stress regulation in preventing metabolic disorders (8,9).

This review evaluates Ayurvedic daily regimen as a preventive strategy against lifestyle disorders through classical and modern perspectives.

2. Materials and Methods

A narrative review was conducted using classical Ayurvedic texts including *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* (1–3). Modern scientific literature related to lifestyle disorders, circadian biology, preventive medicine, and integrative health was retrieved from PubMed, Scopus, and WHO databases (5–10). Comparative analysis was performed to correlate Ayurvedic principles with contemporary biomedical understanding.

Concept of *Dinacharya* in Ayurveda

Dinacharya refers to daily behavioral guidelines designed to maintain physiological equilibrium (1). The regimen includes:

- *Brahma muhurta utthana* (early rising)
- Oral hygiene practices (*dantadhavana*, *jihva nirlekhana*)
- Oil pulling (*gandusha*)
- Physical exercise (*vyayama*)
- Massage (*abhyanga*)
- Bathing (*snana*)
- Timely meals
- Adequate sleep (*nidra*)

These practices aim to prevent vitiation of *dosha* and maintain digestive fire (*agni*) (2).

Role of *Dinacharya* in Prevention of Lifestyle Disorders

Regulation of Circadian Rhythm

Early rising and regular sleep timing align biological rhythms with natural light-dark cycles (8). Circadian disruption is strongly associated with obesity, diabetes, and cardiovascular diseases (9,10). Ayurveda's emphasis on routine mirrors modern chronobiology principles.

Oral Hygiene and Systemic Health

Practices such as tongue scraping and oil pulling reduce oral microbial load (11). Emerging evidence links periodontal health with cardiovascular disease and diabetes (12,13).

***Abhyanga* (Oil Massage) and Stress Reduction**

Daily oil massage improves circulation, reduces sympathetic overactivity, and promotes relaxation (14). Chronic stress contributes to hypertension and metabolic syndrome (15). Mind-body interventions have shown beneficial effects on stress biomarkers (16).

***Vyayama* (Exercise)**

Ayurveda recommends moderate physical activity according to individual strength (1). Modern guidelines advocate regular exercise for prevention of obesity, diabetes, and cardiovascular disorders (17,18). Physical activity improves insulin sensitivity and lipid metabolism (19).

Dietary Regulation

Ayurveda emphasizes timely, balanced meals to maintain *agni* (2). Irregular eating patterns are associated with metabolic syndrome (20). Nutritional discipline supports glycemic control and weight management (21).

***Nidra* (Sleep Hygiene)**

Adequate sleep is considered one of the three pillars of health (*trayopastambha*) (3). Sleep deprivation is linked to obesity, insulin resistance, and hypertension (22,23). Proper sleep maintains hormonal balance including leptin and cortisol regulation (24).

Integration with Modern Preventive Medicine

Preventive medicine focuses on lifestyle modification including diet, exercise, stress management, and sleep hygiene (5). Ayurveda's daily regimen offers a structured and culturally rooted model that complements

contemporary preventive healthcare (25). Studies on integrative lifestyle interventions show improved metabolic parameters and reduced cardiovascular risk (26,27).

Challenges in Implementation

1. Urban lifestyle constraints
2. Lack of awareness about preventive Ayurveda
3. Limited large-scale clinical trials
4. Need for evidence-based validation
5. Cultural adaptation in global contexts

Bridging traditional guidelines with measurable biomedical outcomes is necessary for broader acceptance (28).

3. Discussion

The preventive approach of Ayurveda is proactive rather than reactive. While modern medicine often addresses established disease, *Dinacharya* aims to prevent pathogenesis at its earliest stage by maintaining physiological harmony (1). Scientific research supports many components of daily regimen including exercise, sleep regulation, and stress management (17,22).

However, rigorous clinical trials are needed to quantify long-term benefits and validate classical claims in measurable biomedical terms (29–31).

4. Future Directions

- Community-based preventive programs incorporating *Dinacharya*
- Randomized controlled trials evaluating metabolic outcomes
- Integration into public health policies
- Digital health tools for daily regimen tracking
- Cross-disciplinary collaboration

5. Conclusion

Ayurvedic daily regimen (*Dinacharya*) offers a comprehensive preventive framework targeting behavioral and physiological determinants of lifestyle disorders. Its principles align closely with modern scientific understanding of circadian rhythm, metabolic regulation, stress management, and preventive healthcare. Integrating classical Ayurvedic wisdom with contemporary medical research may provide an effective strategy to combat the growing global burden of lifestyle diseases. (32)

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Conflict of interest:

None.

References

1. Charaka. *Charaka Samhita*. Varanasi: Chaukhamba; 2017.
2. Vagbhata. *Ashtanga Hridaya*. Varanasi: Chaukhamba; 2018.
3. Sushruta. *Sushruta Samhita*. Varanasi: Chaukhamba; 2016.
4. Sharma PV. *Swasthavritta Vigyan*. Varanasi: Chaukhamba; 2015.
5. WHO. Global status report on noncommunicable diseases. Geneva; 2022.
6. GBD Collaborators. Global burden of disease study. *Lancet*. 2020;396:1204–1222.
7. Booth FW et al. Waging war on modern chronic diseases. *J Appl Physiol*. 2000;88:774–787.
8. Panda S. Circadian physiology of metabolism. *Science*. 2016;354:1008–1015.
9. Scheer FA et al. Adverse metabolic effects of circadian misalignment. *PNAS*. 2009;106:4453–4458.
10. Bass J, Takahashi JS. Circadian integration of metabolism. *Cell*. 2010;144:489–501.
11. Asokan S et al. Effect of oil pulling on oral health. *Indian J Dent Res*. 2008;19:102–108.
12. Tonetti MS et al. Periodontitis and cardiovascular disease. *J Clin Periodontol*. 2013;40:S24–S29.
13. Taylor GW. Diabetes and periodontal disease. *Diabetes Care*. 2001;24:181–188.
14. Field T. Massage therapy research review. *Complement Ther Clin Pract*. 2014;20:224–229.
15. Esler M. Stress and cardiovascular disease. *Hypertension*. 2017;70:205–209.
16. Pascoe MC et al. Yoga and stress reduction. *Front Hum Neurosci*. 2017;11:1–13.
17. WHO. Physical activity guidelines. Geneva; 2020.
18. Warburton DE et al. Health benefits of physical activity. *CMAJ*. 2006;174:801–809.
19. Hawley JA, Lessard SJ. Exercise and insulin action. *J Appl Physiol*. 2008;105:1083–1090.
20. Jakubowicz D et al. Meal timing and metabolic syndrome. *Obesity*. 2013;21:2504–2512.
21. Ludwig DS. Dietary glycemic index and obesity. *JAMA*. 2002;287:2414–2423.
22. Spiegel K et al. Sleep loss and endocrine function. *Lancet*. 1999;354:1435–1439.
23. Knutson KL et al. Sleep and cardiometabolic risk. *Circulation*. 2007;115:1647–1655.
24. Taheri S et al. Short sleep duration and obesity. *PLoS Med*. 2004;1:e62.
25. Patwardhan B et al. Ayurveda and preventive health. *J Ayurveda Integr Med*. 2015;6:1–3.
26. Ornish D et al. Intensive lifestyle changes and heart disease. *JAMA*. 1998;280:2001–2007.
27. Sharma M, Rush SE. Mind-body interventions in chronic disease. *J Altern Complement Med*. 2014;20:1–10.
28. Thatte U et al. Challenges in evidence generation for Ayurveda. *J Altern Complement Med*. 2009;15:1–8.

29. Manohar PR. Preventive potential of Ayurveda. *AYU*. 2012;33:1–4.
30. Tillu G et al. Integrative medicine research in India. *J Ayurveda Integr Med*. 2018;9:1–5.
31. Mishra LC. Scientific basis of Ayurvedic lifestyle. *Altern Ther Health Med*. 2004;10:40–45.
32. Lad V. *Textbook of Ayurveda: Principles of Health and Disease*. Albuquerque: Ayurvedic Press; 2002.



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