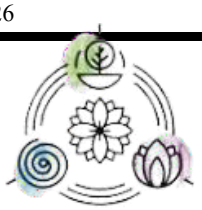
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Review Article

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"DINACHARYA AND RITUCHARYA: THE CHRONOBIOLOGICAL PHILOSOPHY OF AYURVEDA"

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ABSTRACT

Background: Ayurveda prescribes daily (dinacharya) and seasonal (ritucharya) regimens for the maintenance of health. These regimens are based on the idea that the doshas vary with time of day, season and stage of life, and that conduct should be adapted to these cycles. **Objective:** To review the classical content of dinacharya and ritucharya, their theoretical basis in the doshic rhythms, and their relation to modern findings on circadian biology and seasonal variation of physiology. **Methods:** Classical texts were studied in translation. PubMed was searched in November 2026 for papers on daily and seasonal regimens in Ayurveda and for selected modern reviews on circadian metabolism. **Results:** Dinacharya covers waking before sunrise, evacuation, oral hygiene, oil massage, exercise, bathing, timing of meals and sleep. Ritucharya describes diet and conduct for each of six seasons, based on the accumulation and aggravation of doshas in the seasons. A small study found that lipid levels vary by season and constitution. Modern literature shows that circadian disruption increases metabolic risk and that time-restricted feeding may improve metabolic health, which is consistent in principle with the Ayurvedic emphasis on timing. **Conclusion:** Dinacharya and ritucharya represent an early chronobiological approach to prevention. The concept is supported in general terms by circadian research, but direct trials of the classical regimens are lacking.

KEYWORDS: Ayurveda, Dinacharya, Ritucharya, Chronobiology, Circadian rhythm, Seasonal regimen, Prevention

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INTRODUCTION

The Samhitas place the preservation of health of the healthy person before the treatment of the sick, and give specific rules for daily and seasonal conduct (Ch. Su. 5, 6; A.H. Su. 2, 3; Su. Chi. 24)[1-3]. The rules recognise that the same food or activity may be beneficial in one season or hour and harmful in another. The Ayurvedic account of health through preventive regimens has been summarised in a general review as including different dietary and lifestyle recommendations for each season of the year[4]. In an age of rising chronic disease, with growing attention to circadian biology and lifestyle medicine, it is appropriate to review the classical content and assess its modern relevance.

MATERIALS AND METHODS

Classical regimens were taken from the Charaka Samhita (Sutrasthana chapters 5 and 6), Ashtanga Hridaya (Sutrasthana chapters 2 and 3) and Sushruta Samhita (Chikitsasthana chapter 24)[1-3]. PubMed was searched in November 2026 for Ayurvedic literature on regimens, and for modern reviews on circadian physiology and metabolism. Indexed papers used include a study of season and constitution on lipid parameters[5], a review of a Purana that describes dinacharya and ritucharya[6], a general review of Ayurveda in health care[4] and a review of circadian physiology of metabolism[7].

OBSERVATION AND RESULTS

1. Dinacharya

The daily regimen begins with waking in the brahma muhurta, the period before sunrise. It includes evacuation of bowels and bladder, cleaning of teeth, tongue scraping, gargling and rinsing, nasal application of oil (nasya), application of collyrium, chewing of betel in suitable persons, oil massage of the body (abhyanga), exercise to half the capacity of the person, bathing, wearing clean clothes and regulated meals (A.H. Su. 2; Ch. Su. 5)[1,2]. The Samhitas also emphasise the observance of right conduct, which is described in the part on sadvritta. The principal meal is taken when hunger is felt, after the previous meal has been digested, and sleep is taken at night. The regimen is tailored to constitution, age and season. For example, exercise is advised in moderation and in the cooler seasons, and less in the summer.

2. Doshic rhythms across the day

The doshas are described as predominating at different parts of the day and night. Kapha predominates in the early morning and early evening, pitta around midday and midnight, and vata in the late afternoon and early morning before dawn (A.H. Su. 1/8)[2]. The same pattern is described for the stages of digestion and the stages of life, with kapha predominating in childhood, pitta in adulthood and vata in old age. This arrangement forms the rationale for timing of activities such as the early waking in the period dominated by vata and the main meal when pitta and agni are strong.

3. Ritucharya

The year is divided into six seasons in two halves. In the northward course (adana kala) lie shishira (late winter), vasanta (spring) and grishma (summer), in which the sun takes away strength from people, and in the southward course (visarga kala) lie varsha (rainy season), sharad (autumn) and hemanta (early winter), in which strength is restored (Ch. Su. 6/4-8; A.H. Su. 3/1-4)[1,2]. For each season, the texts prescribe a regimen of diet and conduct. In hemanta, with strong digestion, unctuous, sweet, sour and salty foods and oil massage are advised. In shishira, a similar approach is followed with attention to warmth. In vasanta, kapha is aggravated and is managed by light, dry and bitter foods, exercise and emesis. In grishma, sweet, cold and liquid food, and avoidance of exertion, are advised. In varsha, easily digested food, old grains and enemas are advised. In sharad, bitter and sweet foods, and purgation for pitta, are advised (Ch. Su. 6; A.H. Su. 3)[1,2]. The concept of ritusandhi, the junction between two seasons, adds the advice to change regimen gradually over a period of fourteen days.

4. Seasonal and constitutional variation of physiology

There are limited empirical studies of the classical seasonal theory. A study of 54 healthy volunteers showed that lipid levels were higher in the winter months, with the highest levels seen in Kapha and Pitta constitutions in winter, leading the authors to propose that winter is a potential risk period for cardiovascular disease and that these constitutions are more vulnerable[5]. The study is small and cannot be generalised, but it supports the premise that physiology varies across seasons and constitutions. A

review of a Purana describing dinacharya, ritucharya and the effects of food, sleep and sexual indulgence shows that these regimens are also found in the broader literature of the period and were part of the general culture of health[6].

5. Modern circadian biology

Panda has reviewed the circadian physiology of metabolism and states that most mammalian genes exhibit daily fluctuations in expression, that cell-autonomous clocks interact with light-dark and feeding-fasting cycles, that chronic disruption of circadian rhythm increases the risk of metabolic disease in experimental and epidemiological data, and that time-restricted feeding, without caloric reduction, can sustain robust diurnal rhythms and alleviate metabolic disease[7]. These findings agree in general terms with the Ayurvedic idea that timing of activities, including meals, has a bearing on health. The agreement should not be over-stated. The Ayurvedic recommendations on timing are based on the doshic scheme and are not designed from measurements of clock gene expression, and the specific timings and practices have not been tested individually. The appropriate claim is that the principle of aligning behaviour with biological rhythms is supported, while the details of the classical regimen are untested.

DISCUSSION

Dinacharya and ritucharya can be viewed as an early form of lifestyle medicine with a chronobiological logic. They offer a preventive strategy that is low in cost, which may be especially relevant in the context of chronic non-communicable disease. For research purposes, three directions are suggested. First, observational studies could examine seasonal variation of metabolic, immune and mood parameters in groups defined by constitution, as has begun to be done for lipids[5]. Second, intervention trials could test components of dinacharya, such as regular timing of waking, meals and sleep, or abhyanga, in measurable outcomes such as glycaemic control, sleep quality and blood pressure. Third, the use of wearable devices could provide objective measures of sleep and activity rhythms in the practice of dinacharya. Care is needed to avoid claims that exceed the data, and to distinguish the evidence for the general principle of circadian alignment from that for specific classical practices.

CONCLUSION

Dinacharya and ritucharya are a coherent system of preventive regimens based on rhythms of day and season. Their general principle is consistent with modern chronobiology, but the specific practices require testing. Studies combining classical regimens with modern measures of rhythm and metabolism are a promising direction.

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