

AYURVEDIC *DINCHARYA* AS A PREVENTIVE FRAMEWORK FOR OCULAR HEALTH: A NARRATIVE REVIEW

Dr. Shashank Shekhar Tiwari^{*1}, Dr. Lakshmi², Dr. Kumari Uma Pandey³

¹Post Graduate Scholar, ²Post Graduate Scholar, ³Professor and HOD,
Department of Shalaky Tantra, Govt. Ayurvedic College and Hospital, Patna.

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*Corresponding Author

Dr. Shashank Shekhar Tiwari

Post Graduate Scholar, Department of
Shalaky Tantra, Govt. Ayurvedic
College and Hospital, Patna.



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ABSTRACT

Background: The global burden of avoidable visual impairment is increasing, and the situation is leading to a renewed interest in traditional preventive systems. Within *Ayurveda*, the idea of *Dincharya*, a systematic routine for every day, includes many eye care methods developed over thousands of years. Many of these practices are ancient, and only in recent decades have they started to be examined by science.

Objective: The current review critically appraises the major *Dincharya*-based ocular procedures described in classical *Ayurvedic* texts and assesses the available modern scientific evidence supporting or contextualising their therapeutic rationale. **Methods:** Classical references were collected from *Charaka Samhita*, *Sushruta Samhita* and *Ashtanga Hridayam*.

We sourced contemporary peer-reviewed studies from PubMed,

MEDLINE, Google Scholar and *Ayurveda* specific research repositories with a focus on publications from the years 2000–2025. **Results:** *Anjana* (medicated collyrium), *Nasya* (nasal oil instillation), *Trataka* (yogic visual concentration), *Netraprakshalana* (eye washing), *Padabhyanga* (foot massage), and *Aschyotana* (medicated eye drops) are some practices with identifiable mechanistic parallels in modern physiology. Although few, clinical studies describe improvements in tear film stability, visual acuity, ocular surface parameters and cognitive-visual integration. **Conclusion:** *Ayurvedic Dincharya* offers a sensible, inexpensive preventative paradigm for ocular health that requires rigorous multicentre clinical research. Standardisation of interventions and outcome measures is the most urgent need before definitive efficacy claims can be made.

KEYWORDS: Dinacharya, Ayurvedic eye care, Nasya, Eye health, Preventive ophthalmology, Chakshushya, Alochaka pitta.

1. INTRODUCTION

Of the five senses, sight is the most common, and its preservation has been stressed by all medical traditions. The *Ayurvedic* writings are very explicit about this necessity. *Acharya Charaka* says that for a person who is unable to see, day and night appear the same, and life itself seems to have lost most of its meaning. Such a statement was no artistic exaggeration. It was a therapeutic requirement that gave rise to one of the most elaborate systems of preventative ophthalmology in pre-modern medicine.

The *Sushruta Samhita*, the basic surgical text of *Ayurveda*, has allotted the whole *Uttara Tantra* to the disease and its management, and the first nineteen chapters are solely dedicated to the diseases of the eye (*Netra Roga*). *Acharya Sushruta* listed seventy-six different ocular conditions, categorised by *dosha* dominance and anatomical location, and suggested both preventive and curative measures, an organisational depth that is remarkable by any historical standard.

The notion of *Dinacharya*, meaning “daily conduct” or “daily regimen”, forms an integral part of the *Ayurvedic* preventive paradigm. *Dinacharya* is not a uniform regimen but a detailed series of activities from morning to evening that are adapted to align an individual’s physiology with the natural circadian rhythms, seasonal changes and constitutional predispositions (*Prakriti*). In this regimen, special emphasis is placed on the eye, with prescribed daily practices aimed at maintaining ocular clarity, alleviating strain and preventing the gradual deterioration of vision.

This conversation is timely in the global context. An estimated 2.2 billion people worldwide have some form of vision impairment, at least half of which is preventable or has yet to be addressed adequately, according to the World Health Organization. The prevalence of refractive errors, dry eye disease and screen-related fatigue in India has increased dramatically over the past 20 years in parallel with increasing occupational and recreational screen exposure. A daily structured regime, emphasising ocular hygiene, neural stimulation and anti-inflammatory lifestyle choices, is not a cultural artefact but a potentially deployable public health strategy. This review connects classical textual authority to modern scientific

evidence, providing a frank assessment of the points of intersection and ones that need further investigation.

2. MATERIALS AND METHODS

The main textual references were collected from the following classical Ayurvedic texts: *Charaka Samhita* (Sutra Sthana, Chikitsa Sthana) – protocols on *Dinacharya* and *Chakshushya* drugs. *Sushruta Samhita* (Uttara Tantra, Chapters 1 to 19) – clinical classifications and ophthalmic procedures. *Ashtanga Hridayam* (Sutra Sthana, Uttara Sthana) – procedural details of *anjana*, *nasya* and *netra tarpana*. Vaidya Jadavji Trikamji Acharya, *Sushruta Samhita* (Critical Edition), 8th ed. (Chaukhamba Sanskrit Sansthan). Tripathi B., *Charaka-Chandrika*, (Chaukhamba Sanskrit Prakashan, reprint 2014). Method: Narrative review. Electronic databases searched PubMed/MEDLINE, Scopus, Google Scholar, DOAJ and AYUSH Research Portal.

3. CLASSICAL BASIS AND SCIENTIFIC EVIDENCE FOR DINCHARYA PRACTICES

3.1 Conceptual Basis: The Eye in Ayurvedic Physiology

Alochaka Pitta is a sub-type of *Pitta* dosha which affects our perception and understanding of the world around us. In *Ayurveda*, the eye is the primary seat of *Alochaka Pitta*. Only when the three doshas are in appropriate balance is vision clear and pure. *Pitta* controls sharpness and light processing *Vata* influences the movement of the nerves and eyes and *Kapha* governs the lubrication and strength of the ocular tissues. The *tridoshic* concept is wonderfully congruent with physiology. Dryness, nerve associated loss of eyesight, accommodative dysfunction frequently suggest *vata* excess. Symptoms of aggravation of *Pitta* are photophobia and inflammation. Lid problems are related to *Kapha* imbalance, heaviness and mucus. This is a heuristic classification and not a direct match to the current pathophysiology and is effective in directing the choice of *Dinacharya* procedures for varied ocular constitutions.

3.2 Anjana Karma (Collyrium with Medicament)

Anjana Karma is one of the most frequently stressed practices in all three major *Samhitas*. In the *Dinacharya* section, *Acharya Charaka* starts with the instruction of applying *Anjana*, highlighting its importance in daily eye care. There are three main types: *Lekhana* (clearing type), *Ropana* (healing/tissue-regenerating), and *Prasadana* (clarifying/brightening), each for different *doshic* states. *Triphala Anjana* is suggested as a daily *prasadana* formulation.

Scientific Appraisal: Unlike conventional eye drops, which are rapidly washed off the ocular surface by lacrimation and blinking, *Anjana* formulations in a semisolid or solid form have much higher residence time on the ocular surface. The Journal of Research in Ayurvedic Sciences (2025) describes the processing of *Anjana* formulations with *Bhasma* to a particle size of 10-500 nm for improved penetration across the blood-aqueous barrier and sustained drug delivery.^[9] A preliminary study of a new *Prasadana Anjana* using PSA, XRD, FTIR and HPTLC confirmed that *Mukta Pishti* was nanosized (80-300 nm) with retention of the aragonite crystalline phase – markers of physicochemical integrity critical to bioavailability.^[10]

3.3 *Aschyotana* and *Netraprakshalana* (Eye Drops and Eye Wash)

Aschyotana is the instillation of a medicated liquid into the eye, virtually identical to modern eye drops in delivery mechanism. *Netraprakshalana* is rinsing the eyes with medicated decoctions. Both are normal *dinacharya* items, to be performed after applying *Anjana*.

Scientific Appraisal: A clinical study on *Triphala Kwath* eye wash in computer vision syndrome showed significantly more relief in burning, redness and fatigue in comparison to the distilled water control group.^[8] *Triphala* contains gallic acid, ellagic acid and chebulinic acid polyphenols with proven antioxidant and anti-inflammatory properties relevant for ocular epithelial protection. An exploratory clinical study of meibomian gland dysfunction (MGD) was published in 2026 in Frontiers in Medicine. The study assessed combined *Pratimarsha Nasya*, *Triphala*-based *Avagundana*, and *Moringa oleifera Aschyotana* in 30 patients and reported statistically significant improvement in OSDI, Tear Film Break-Up Time (TBUT), and Schirmer's Test I ($p < 0.001$ for all primary outcomes) with no adverse events.^[1]

3.4 *Nasya Karma* (Nasal Therapy with Oil)

Nasya, the nasal administration of medicated oil, is mentioned as the main route for management of disorders of the head, eyes and brain. *Ashtanga Samgraha* states that the nasal cavity is the gateway to the brain, and the medicaments introduced therein reach the central nervous system through the cribriform plate. Within *Dinacharya*, the recommended form is *Pratimarsha Nasya*, two to four drops of *Anu Taila* daily.

Scientific Appraisal: The naso-ocular connection as described in *Ayurveda* has been surprisingly corroborated by modern ophthalmology. Tyrvaya (varenicline nasal spray, 2021)

is FDA-approved for dry eye disease and works by stimulating the trigeminal nerve endings in the nose to activate the lacrimal functional unit to produce more natural tears. In 2022, a phase 3 clinical trial showed statistically significant improvements in tear production and OSDI scores over four weeks. *Anu Taila* and varenicline have no chemical similarities, but the common route of administration validates a biological pathway, which was discovered by Ayurveda centuries ago, that nasal stimulation has a meaningful effect on tear film physiology.

3.5 *Trataka* (Yogic Gazing)

Trataka is one of the six *Shatkriyas* discussed in *Hatha Yoga Pradipika* and mentioned in *Ayurvedic Swasthavritta* literature. The practice is a sustained unblinking stare at a point (classically a lamp flame) until tears flow, mixing voluntary oculomotor training, sustained attention and reflex lacrimation.

Scientific Appraisal: *Trataka* has received more rigorous clinical investigation than most of the other *Dinacharya* practices. A study published in *Frontiers in Psychology* demonstrated a significant improvement in forward Corsi span ($p < 0.001$) and backward Corsi span ($p < 0.05$) in the Corsi-Block Tapping Task, a validated spatial and working memory assessment, following a single session of *Trataka*; *Trataka* outperformed conventional eye exercises on all measures.^[2] A controlled trial by *Mallick et al.* (2010) demonstrated improvements in visual acuity and critical flicker fusion frequency (CFFF), a sensitive measure of visual processing speed and retinal function.^[3] A thesis-level research project (Garg, 2023) validated a significant reduction in self-reported visual strain following structured *Trataka* sessions, with tele-yoga and in-person sessions producing similar results, indicating a high scalability.^[4]

3.6 *Padabhyanga* and Lifestyle Restrictions

The practice of *Padabhyanga* is rubbing oil on the soles of the feet, may seem to have no connection with the eyes, and yet the *Charaka Samhita* clearly states that it will provide *Drushtiprasadana* (clarity of vision). The classical rationale associates *Marma* points on the feet (*Kshipra*, *Talahridaya*) with optic pathways and head circulation. Foot massage reduces sympathetic arousal in the modern context, and increased sympathetic tone has been associated with reduced retinal vascular autoregulation and exacerbation of dry eyes.

Classical *Dinacharya* also recommends certain behavioural avoidances that have direct ocular relevance: reading in dim light, suppressing blinking or sleep urges, exposure to smoke and

dust, and prolonged fixation on very bright or very small objects. This list maps remarkably well with current occupational eye hygiene guidelines and the clinical rationale for the 20-20-20 rule.

Table 1: Summary of *Dincharya*-based ocular practices Classical basis and scientific evidence.

Practice	Classical Reference	Ocular Indication	Scientific Evidence
<i>Anjana</i> (Collyrium)	<i>AH, Su. 2/14; SS Ch. St 40/21</i>	Daily eye hygiene, anti-inflammatory, and <i>Chakshushya</i>	<i>Bhasma</i> particle size 10-500 nm; improved drug delivery (2025)
<i>Aschyotana</i> / <i>Netraprakshalana</i>	<i>AH Ut. St. 24/17-19; SS Ut. 5/18</i>	Burning, redness, tear film instability Computer vision syndrome (CVS)	CVS MGD study $p < 0.001$ <i>Triphala</i> eyewash > distilled water
<i>Pratimarsha Nasya</i>	<i>AS Nasya Vidhi 29/2 AH Su.St. 20</i>	Visual fatigue, headache, lacrimal regulation;	FDA-approved <i>Tyrvaya</i> (2021) confirms the nasal-lacrimal axis
<i>Trataka</i>	<i>Hatha Yoga Pradipika, 2/31</i>	Oculomotor conditioning, asthenopia, accommodative fatigue	($p < 0.001$) <i>Mallick et al.</i> (2010) Improved CFFF Frontiers in Psychology (2021). Spatial memory
<i>Padabhyanga</i>	<i>CS Su.St. 5/16; AH Su.St. 2/8.</i>	<i>Drushtiprasadana</i> : Eye Circulation Through <i>Marma</i>	Decreases sympathetic arousal Indirectly related to ocular perfusion
Lifestyle avoids	<i>SS Ut. (1); CS Su.St. (1); 5</i>	Screen strain: Avoidance of aggravation of <i>pitta-vata</i>	20-20-20 rule and contemporary occupational eye hygiene Corresponds to Screen strain: Avoidance of aggravation of <i>pitta-vata</i>

AH: Ashtanga Hridayam AS: Ashtanga Samgraha SS: Sushruta Samhita CS: Charaka Samhita CVS: Computer Vision Syndrome MGD: Meibomian Gland Dysfunction CFFF: Critical Flicker Fusion Frequency.

4. DISCUSSION

4.1 Evidence synthesis

These practices together demonstrate a consistent pattern. The *Dincharya* regimen is not a set of unrelated therapies but an integrated system addressing the eye simultaneously from multiple physiological perspectives: ocular surface integrity (*Anjana*, *Aschyotana*, and *Netraprakshalana*), tear film homeostasis (*Pratimarsha Nasya* and *Avagundana*), neuromuscular conditioning (*Trataka*), vascular support (*Padabhyanga* and *Abhyanga*) and behavioural protection (avoidance regimens). This multi-modal targeting distinguishes it from single-intervention approaches and may account for the larger and more sustained effects seen in whole-system *Dincharya* studies versus isolated intervention studies.

The most robust evidence in recent times is for *Trataka* with controlled trials with objective outcome measures published in indexed journals. Nanotechnology-based analytical studies are supporting the evidence for *Anjana*. The Frontiers in Medicine study on MGD is one of the most clinically rigorous Ayurvedic ophthalmic trials to date, employing objective tear film parameters and formal statistical testing.^[1]

4.2 Limitations of the existing evidence base

The honest answer is that the evidence base, while promising, is still nascent. Most clinical studies are single-arm, non-randomised or have small sample sizes ($n < 50$). Blinding is inherently challenging in trials of physical or behavioural interventions. Intervention protocols vary widely across studies – *Trataka* duration, *Nasya* oil type, and *Anjana* formulation – making cross-study comparison difficult. Many of the *Ayurvedic* ocular benefits (visual brightness, freshness, and reduced strain) are subjective and do not map cleanly onto standard ophthalmic metrics such as intraocular pressure, best-corrected visual acuity, or optical coherence tomography findings. A methodological need exists for the development of validated patient-reported outcome measures specific to *Ayurvedic* eye care, which has not been sufficiently addressed in the field.

4.3 Contemporary relevance and research agenda

The burden of screen-related visual fatigue, dry eye disease and myopia is rapidly increasing across all age groups, with paediatric myopia alone expected to affect 50% of the world's population by 2050.^[11] A regimented daily protocol consisting of *Trataka*, *Triphala* eye wash and *Nasya*, all performed at home with minimal equipment requirements, has obvious public health appeal in resource-limited settings. The philosophical foundations of *Dincharya* – prevention before cure, customisation based on constitution, and integration of physical practice with mental rest are also predictive of many principles that modern-day integrative medicine is rediscovering.

Future research priorities should include (1) multi-centre RCTs of whole-*Dincharya* protocols in high-prevalence conditions such as dry eye disease and computer vision syndrome; (2) standardised pharmacognostic characterisation of *Anjana* formulations; (3) mechanistic investigation of the naso-ocular axis by tear cytokine profiling; (4) long-term cohort studies of visual decline in populations with and without *Dincharya* practice; and (5) development of validated, culturally appropriate patient-reported.

5. CONCLUSION

The Ayurvedic system did not arrive at ocular care by mistake. Classical physicians, over centuries of empirical observation, developed a daily eye-care regime that encompassed the organ from surface to nerve, from the mechanics of lubrication to the discipline of visual attention. *Dincharya*, in its ophthalmic dimension, is a truly systems-level approach to preventive ophthalmology that modern integrative medicine would do well to examine closely.

The current scientific evidence mechanistically validates some of the core practices. The cognitive and oculomotor benefits of *trataka* have been demonstrated in controlled settings. *Anjana's* drug delivery properties relevant to nanotechnology offer a modern pharmacological framework to an ancient formulation. The nasolacrimal axis, upon which the rationale for *Nasya* is based, has been independently confirmed in the form of FDA-approved nasal spray therapy for dry eye. And a multi-component Ayurvedic approach to meibomian gland dysfunction has shown significant objective improvements in a prospective clinical study.

What is needed now in the field is not more plausibility arguments but rigorous, standardised clinical trials that can speak to modern evidence standards without sacrificing the integrative

nature of the practices being tested. There is already a dialogue between classical wisdom and modern science and it is more productive than ever.

6. REFERENCES

1. P, Sreelekha & Salethoor, Sushma & K, Shanti. (2026). Integrating ayurvedic eye care into primary health practice: an exploratory study on the combined effect of pratimarsha nasya, avagundana, and aschyotana in meibomian gland dysfunction. *Frontiers in Medicine*, 12: 10.3389/fmed.2025.1732091.
2. Swathi PS, Bhat R and Saoji AA (2021) Effect of Trataka (Yogic Visual Concentration) on the Performance in the Corsi-Block Tapping Task: A Repeated Measures Study. *Front. Psychol.*, 12: 773049. doi: 10.3389/fpsyg.2021.773049.
3. Mallick T, Kulkarni R. The effect of trataka, a yogic visual concentration practice, on critical flicker fusion. *J Altern Complement Med.*, 2010 Dec; 16(12): 1265-7. doi: 10.1089/acm.2010.0012. Epub 2010 Nov 23. PMID: 21091294.
4. Garg R. Effect of Trataka (Yogic Visual Practices) in Reducing Visual Strain and concentration [Master's Thesis]. VAYU Foundation, 2023; Available from: <https://vayuusa.org>
5. Kesavan N, Krishnan EM T, Saniya CK, Ramana G, Role of Dinacharya in Eye Care - A Preventive Approach. *J Ayu Int Med Sci.*, 2024; 9(2): 117-121. Available From <https://jaims.in/jaims/article/view/2948>
6. Monika Jangra, Ashu, Manoj Kumar. Maintenance of Ocular Health by Ayurveda. *J Ayurveda Integr Med Sci [Internet]*. 2024 May 7 [cited 2026 Jun. 18]; 9(3): 173-7. Available from: <https://jaims.in/jaims/article/view/3178>
7. Abegunasekara, N. & Sharma, Neha & Sharma, Anjali & Rudani, Bhumika. (2022). PREVENTION AND CURE OF OCULAR DISORDERS THROUGH AYURVEDA: A REVIEW ARTICLE. *World Journal of Pharmaceutical Research*, 11: 420. 10.20959/wjpr20229-24654.
8. Bhutada, Roshna Sukhdevji. The Effect of Eye Exercise, Triphala Kwath Eyewash, and Instillation of Distilled Water on Computer Vision Syndrome. *Journal of Datta Meghe Institute of Medical Sciences University*, 14(Suppl 2): p S78-S82, September 2019; | DOI: 10.4103/jdmimsu.jdmimsu_202_19.
9. Sharma, Shikha & Tripathi, Ankur & Bavalatti, Narayan & Manjusha, Rajagopala. (2025). Anjana Karma in ocular therapy: Clinical insights into a topical and noninvasive

- approach: A narrative review. *Journal of Research in Ayurvedic Sciences*, 9: 92-100. 10.4103/jras.jras_394_24.
10. Kalihari, Dr & Patil Bhole, Trupti. (2025). A Preliminary Study Of The Development Of An Innovative Prasadana Anjana [Ophthalmic Collyrium] Containing Triphala Ghrita, Soot and Mukta Pishti. *International Journal of Environmental Sciences*, 2989-3005. 10.64252/146amx27.
 11. Holden BA, Fricke TR, Wilson DA, et al. Global Prevalence of Myopia and High Myopia and Temporal Trends from 2000 through 2050. *Ophthalmology*, 2016; 123(5): 1036-1042.
 12. World Health Organization. *World Report on Vision*. Geneva: WHO; 2019. Charaka Samhita. Tripathi B, ed. Charaka-Chandrika Hindi Commentary. (Dinacharya — Anjana, Padabhyanga); Sutra Sthana 24/17-19.
 13. Sushruta Samhita. Vaidya Jadavji Trikamji Acharya, ed. 8th ed. Varanasi: Chaukhamba Sanskrit Sansthan. Uttara Tantra, Ch. 1-19 (Netra Roga); Chikitsa Sthana 40/21 (Triphala Anjana).
 14. Ashtanga Hridayam. Tripathi B, ed. *Nirmala Hindi Commentary*. Varanasi: Chaukhamba Sanskrit Sansthan; 2012. Sutra Sthana 2 (Dinacharya Adhyaya); Uttara Sthana 24/17-19 (Aschyotana, Netraprakshalana).
 15. Ashtanga Samgraha. Sharma S, ed. Varanasi: Chowkhamba Sanskrit Series Office, 2012; Nasya Vidhi Sutrasthana 29/2. ISBN 978-81-7080-186-3.
 16. Hatha Yoga Pradipika. Swatmarama. Chapter 2 (Trataka as Shatkriya). Kaivalyadhama Institute, Lonavala.