

From Prevention to Wellness: The Expanding Scope of Swasthavritta in Modern Healthcare

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Abstract

The increasing prevalence of noncommunicable diseases, psychological distress, sleep disturbances, environmental health threats, and lifestyle-related disorders has exposed the limitations of healthcare systems that remain predominantly disease-centred. Modern healthcare increasingly recognises that sustainable improvements in population health require health promotion, risk-factor modification, patient participation, and supportive social and environmental conditions. Swasthavritta, the preventive and health-promotive branch of Ayurveda, offers a comprehensive framework that extends beyond the avoidance of disease to the cultivation of physical vitality, mental equilibrium, ethical conduct, social harmony, and spiritual well-being. Its principal domains, including Dinacharya, Ritucharya, Ahara Vidhi, Sadvritta, Achara Rasayana, Trayopastambha, Yoga, environmental hygiene and control of communicable diseases, correspond with several contemporary concepts such as lifestyle medicine, chronobiology, behavioural medicine, salutogenesis, personalised prevention, planetary health and integrated primary healthcare. This review examines the evolving relevance of Swasthavritta in modern healthcare and analyses its potential contribution to noncommunicable disease prevention, mental health promotion, healthy ageing, occupational wellness, community health and digitally supported self-care. It also discusses the need for scientific validation, standardised interventions, safety monitoring, interdisciplinary collaboration and culturally sensitive implementation. Swasthavritta should not be regarded merely as a collection of traditional daily practices, but as a dynamic science of health maintenance capable of supporting the transition from episodic treatment to continuous wellness-oriented care.

Keywords: Swasthavritta, preventive healthcare, wellness, Ayurveda, lifestyle medicine, Dinacharya, health promotion, Yoga, noncommunicable diseases, personalised medicine.

Introduction

The dominant model of healthcare during the last century has been largely organised around the diagnosis and treatment of established disease. This model has produced remarkable achievements in emergency medicine, surgery, antimicrobial therapy, vaccination and the management of acute illnesses. Nevertheless, it has been less successful in addressing conditions produced by prolonged interaction among unhealthy behaviour, psychosocial stress, environmental exposure, disrupted biological rhythms, and social determinants of health. Cardiovascular diseases, cancers, diabetes, and chronic respiratory disorders remain leading causes of death worldwide, and many of their major risk factors, including tobacco use,

unhealthy diet, physical inactivity, and harmful alcohol consumption, are modifiable. [1,2] The World Health Organization consequently emphasises prevention, health promotion, early risk detection, and sustained primary healthcare as essential components of noncommunicable disease control.

This changing health landscape has renewed interest in medical systems that view health as an actively maintained state rather than the passive absence of disease. Ayurveda defines its purpose through the preservation of health in the healthy and the alleviation of disease in the ill. This dual objective establishes prevention and health promotion as fundamental medical responsibilities rather than optional additions to treatment. Swasthavritta embodies this preventive orientation by describing individual conduct, diet, sleep, physical activity, seasonal adaptation, mental discipline, social behaviour, hygiene, rejuvenation and community-level measures required for sustaining health.

The word *Swasthavritta* combines *Swastha*, referring to an individual established in a balanced state of self, and *Vritta*, denoting regimen, conduct, practice, or disciplined way of living. Its scope is therefore broader than personal hygiene. It includes the organisation of life in accordance with biological needs, environmental changes, ethical principles, and the individual's constitutional characteristics. Ayurveda conceptualises health as a state in which Dosha, Agni, Dhatu and Mala function appropriately while the senses, mind, and inner self remain contented.[3] Such a definition resembles modern multidimensional models of health that include physical, psychological, social, and subjective well-being.

The purpose of this review is to critically examine the expanding relevance of Swasthavritta in modern healthcare, identify its relationship with contemporary preventive sciences, and explore the requirements for its responsible integration into clinical practice and public health.

Conceptual Foundations of Swasthavritta

Swasthavritta is based on the understanding that health emerges from a dynamic relationship between the individual and the surrounding environment. Human physiology is continuously influenced by food, activity, sleep, climate, age, occupation, emotions, sensory exposure and social behaviour. Disease may therefore develop not only from a specific external cause but also from repeated incompatibility between personal habits and biological requirements.

The Ayurvedic framework of health maintenance operates through regulation rather than excessive restriction. Proper regulation of Ahara, Nidra and Brahmacharya, described as the three supporting pillars of life, contributes to strength, complexion, growth, cognition, and longevity.[3] Dinacharya organises daily behaviour; Ritucharya facilitates seasonal adaptation; Sadvritta governs ethical, psychological and social conduct; Achara Rasayana promotes rejuvenation through behaviour; and Yoga cultivates physical stability and mental self-regulation. Together, these concepts form an integrated health system rather than isolated recommendations.

This model differs from a purely risk-oriented approach. Contemporary prevention often begins by identifying disease-specific risk factors, whereas Swasthavritta begins by strengthening the conditions that sustain health. It therefore resembles the salutogenic model, which focuses on the origins and resources of health, resilience, adaptability, and an individual's capacity to manage internal and external challenges. Swasthavritta also acknowledges individual variation through Prakriti, Agni, Satmya, age, strength, geographical habitat and season. This provides a conceptual foundation for personalised lifestyle guidance rather than uniform prescriptions.

From Disease Prevention to Positive Wellness

Prevention is commonly classified as primordial, primary, secondary, tertiary, and quaternary prevention. Swasthavritta contributes particularly to primordial and primary prevention because it aims to prevent the development of unhealthy social and behavioural patterns before measurable disease appears. It can also support secondary prevention through awareness of early imbalance and tertiary prevention through lifestyle regulation, rehabilitation, Yoga, and restoration of functional capacity.

However, the significance of Swasthavritta extends beyond conventional prevention. Wellness involves the active pursuit of optimal functioning, emotional stability, meaningful social participation, self-awareness, and quality of life. A person may be free from diagnosable illness yet experience fatigue, poor sleep, emotional instability, reduced concentration, digestive discomfort, or lack of purpose. Swasthavritta addresses this intermediate space between disease and ideal health by encouraging disciplined daily routines, appropriate nourishment, restorative sleep, sensory moderation, constructive relationships and mental composure.

Ayurveda thus considers health to be cultivated through repeated daily choices. This orientation is especially relevant to chronic diseases, in which small behavioural exposures accumulate over many years. The transition from prevention to wellness does not replace clinical treatment; rather, it broadens the goals of healthcare from controlling pathology to improving functional, psychological, and social well-being.

Dinacharya and Circadian Health

Dinacharya describes the systematic organisation of activities such as awakening, natural evacuation, oral hygiene, physical exercise, bathing, food intake, work, relaxation and sleep. Although the classical recommendations arose in a traditional cultural context, their underlying principle of temporal regularity has considerable relevance to circadian biology.

Human physiology follows approximately 24-hour rhythms regulated by central and peripheral biological clocks. Sleep-wake timing, light exposure, food intake, hormonal secretion, body temperature, metabolism and immune activity are temporally organised. Irregular sleep, late-night light exposure, shift work and inconsistent meal timing may disturb circadian organisation and contribute to metabolic, cardiovascular, gastrointestinal, and psychological dysfunction. [4,5] Dinacharya may therefore be interpreted as an early behavioural framework for synchronising lifestyle with natural biological rhythms.

The instruction to awaken at an appropriate early hour should not be applied rigidly without considering sleep duration, age, occupation, illness, and seasonal variation. Its rational application requires adequate nocturnal sleep and avoidance of chronic sleep deprivation. Similarly, recommendations concerning exercise, meals, and sleep should be adapted to individual capacity. The modern significance of Dinacharya lies less in mechanical replication of every historical practice and more in its emphasis on regularity, self-observation, cleanliness, movement, moderation, and alignment with daily physiological cycles.

Ritucharya and Seasonal Adaptation

Ritucharya describes modifications in diet and behaviour according to seasonal changes in climate, digestive capacity, strength, and Dosha predominance. Modern research confirms that environmental temperature, humidity, daylight duration, air quality, allergen exposure, food availability and infectious disease patterns vary with season. These variations may affect physical activity, sleep, mood, blood pressure, respiratory symptoms, appetite and immune responses.

Seasonally adapted healthcare can include modification of clothing, hydration, food preparation, physical activity, sleep environment, and exposure to heat, cold, pollution, or allergens. Ritucharya provides a framework for anticipatory health planning rather than waiting for seasonal illness to appear. Its public-health relevance may be particularly important in the context of climate change, heatwaves, altered disease patterns, food insecurity and worsening air pollution.

Nevertheless, traditional seasonal advice must be contextualised geographically. India contains diverse climatic zones, and the classical six-season model may not correspond exactly to every region. A scientifically responsible Ritucharya programme should integrate local meteorological data, occupational exposure, age, comorbidity, and community resources.

Ahara as Preventive and Personalised Nutrition

Ayurveda regards Ahara as a principal determinant of strength, complexion, vitality, satisfaction, and longevity. Its dietary approach includes not only the nutritional properties of food but also quantity, combination, processing, timing, season, digestive capacity, emotional state, and the manner in which food is consumed. This multidimensional perspective is relevant to modern nutrition science, which increasingly recognises that health outcomes are influenced by dietary patterns, food processing, meal timing, eating behaviour, and individual metabolic responses.

The concept of Agni may be understood functionally as the capacity for digestion, absorption, transformation, and metabolic utilisation, although it should not be reduced to a single biochemical process. Ahara Vidhi encourages mindful eating, suitable quantity, appropriate food combinations, and attention to hunger and digestive response. Such principles may support improved dietary awareness and reduce habitual overeating, irregular meals and excessive dependence on highly processed food.

Modern healthy dietary recommendations emphasise vegetables, fruits, whole grains, legumes, nuts and other minimally processed foods while limiting excessive salt, free sugars, unhealthy fats, and industrially processed products. Healthy dietary patterns contribute to the prevention of cardiovascular disease, type 2 diabetes, obesity and certain cancers.[6] Ayurvedic dietary planning can complement these recommendations by incorporating cultural acceptability, seasonality, digestive tolerance, and individual preference.

Emerging research has also examined the possible relationship between personalised Ayurvedic diets, metabolic health, and the gut microbiome.[7] Such hypotheses are promising but require carefully designed clinical studies. Claims regarding Dosha-specific diets should not be presented as established biomedical facts until supported by reproducible evidence.

Physical Activity, Vyayama and Yoga

Vyayama is described in Ayurveda as a regulated physical activity that produces lightness, work capacity, stability, and improved tolerance when performed according to individual strength. The warning against excessive exercise is equally significant, indicating that the health benefits of movement depend on appropriate dose, recovery, age, climate, and physical condition.

Regular physical activity helps prevent and manage cardiovascular disease, hypertension, stroke, diabetes, several cancers, obesity, and mental health problems.[8] Swasthavritta can strengthen physical-activity promotion by combining structured exercise with daily movement, occupational ergonomics, reduced sedentary behaviour, Yoga and awareness of physical capacity.

Yoga expands the preventive scope of Swasthavritta because it integrates posture, breathing, relaxation,

attention regulation, and ethical discipline. Evidence suggests that Yoga may improve selected outcomes in hypertension, diabetes, depression, fatigue, obesity, chronic pain, and quality of life, although the quality and consistency of evidence vary across conditions.[9–12] An umbrella review published in 2025, incorporating 51 systematic reviews and more than 28,000 participants, reported comparatively stronger evidence for effects on depression, blood pressure, blood glucose and fatigue, while evidence for some pain and musculoskeletal outcomes was weaker.[9]

Yoga should therefore be viewed as a supportive health intervention rather than a universal substitute for medical treatment. Programmes should be adapted for age, pregnancy, disability, cardiovascular risk, musculoskeletal limitations, and existing disease. The integration of trained Yoga professionals within primary healthcare may improve accessibility and encourage patient participation in self-care. [13,14]

Nidra and Restorative Health

Nidra is considered one of the principals supports of life. Appropriate sleep contributes to nourishment, strength, learning, emotional stability, reproductive health, and longevity, while inadequate or disturbed sleep affects physical and mental functioning. Modern evidence similarly associates sleep disturbance with impaired cognition, metabolic dysregulation, reduced immune function, accidents, mood disorders and cardiovascular risk.

A Swasthavritta-based approach to sleep includes regular sleep-wake timing, appropriate evening meals, reduction of overstimulation, management of emotional stress, suitable sleeping conditions, and avoidance of habits that interfere with restorative rest. These principles overlap with modern sleep hygiene and behavioural sleep medicine.

However, sleep advice must avoid overgeneralisation. Daytime sleep, for example, may be inappropriate in certain metabolic conditions but beneficial in individuals with sleep debt, exhausting work, illness, extreme heat exposure or specific life stages. Clinical application requires consideration of the person's constitution, disease status, occupation, age, and total sleep duration.

Sadvritta, Achara Rasayana and Mental Well-Being

The mental-health relevance of Swasthavritta is expressed through Sadvritta and Achara Rasayana. These concepts include self-control, truthfulness, compassion, cleanliness, respect, moderation of sensory exposure, constructive communication, emotional regulation and socially responsible behaviour. They suggest that mental well-being is shaped by daily conduct and relationships, not only by the absence of psychiatric symptoms.

Contemporary healthcare increasingly recognises the bidirectional relationship between mental disorders and noncommunicable diseases. Depression may worsen adherence, physical activity, sleep, dietary behaviour, and disease outcomes, while chronic illness may increase psychological distress.[15] Swasthavritta offers a framework in which psychological health is integrated with physical health from the beginning rather than addressed only after symptoms become severe.

Achara Rasayana is especially notable because it describes rejuvenation through conduct rather than pharmacological substances alone. It implies that emotional stability, supportive relationships, ethical behaviour, and disciplined living can influence long-term health. Although its specific claims require empirical evaluation, the general principle is compatible with evidence concerning social connection, stress regulation, health behaviour and quality of life.

These practices must not be used to blame individuals for mental illness or imply that disease results from moral failure. Mental disorders require compassionate assessment and, when indicated, psychological therapy, medication, crisis intervention and social support. Sadvritta may complement but must not replace professional mental healthcare.

Swasthavritta and Noncommunicable Disease Prevention

The global burden of noncommunicable diseases is closely related to behavioural, metabolic, environmental, and psychosocial exposures. Swasthavritta addresses many of these determinants simultaneously by regulating food, activity, sleep, mental habits, substance use, hygiene and daily routine. This multidomain approach may be more suitable for chronic disease prevention than isolated advice directed at a single risk factor.

For obesity and metabolic disorders, Swasthavritta can combine portion awareness, meal regularity, individualised food selection, physical activity, sleep correction, stress management and behavioural discipline. For hypertension and cardiovascular risk, it may support salt moderation, physical movement, Yoga-based breathing, relaxation, adequate sleep and reduction of tobacco and harmful alcohol use. Meta-analytic evidence indicates that Yoga may produce modest blood-pressure improvements, particularly when breathing and relaxation practices are included.[11]

For diabetes prevention and care, Ayurvedic lifestyle recommendations may support dietary adherence, weight management, movement, sleep, and self-monitoring. Evidence concerning Ayurvedic medicines for type 2 diabetes suggests possible glycaemic benefits, but methodological limitations and variability in formulations require more rigorous trials.[16] Swasthavritta-based lifestyle care should therefore be integrated with, rather than substituted for, established screening, pharmacotherapy and complication monitoring.

The main strength of Swasthavritta in noncommunicable disease prevention lies in its ability to transform advice into a daily routine. Knowledge alone rarely produces sustainable behaviour change. Regular follow-up, realistic goal setting, family participation, culturally appropriate food planning, and supportive community environments are needed to convert traditional principles into measurable health outcomes.

Healthy Ageing and Rasayana-Oriented Wellness

Population ageing has increased the need for strategies that preserve mobility, cognition, independence, nutrition, and social participation. Swasthavritta contributes to healthy ageing through appropriate food, daily movement, sleep regulation, sensory care, social conduct, mental engagement and Rasayana.

Rasayana is commonly translated as rejuvenation, but its classical scope includes the promotion of longevity, memory, intelligence, strength, complexion, immunity and tissue quality. A responsible modern interpretation should distinguish between general health-promotive practices and specific therapeutic claims requiring clinical evidence. Behavioural Rasayana, nutritious food, regular physical activity, social connection, cognitive engagement and sleep optimisation are likely to be more broadly applicable than indiscriminate use of herbal products.

Older adults require individual assessment because fasting, intense purification, excessive exercise, or complex herbal regimens may be harmful in frailty, polypharmacy, renal impairment, liver disease or malnutrition. The future role of Swasthavritta in geriatric care should therefore emphasise function, safety, autonomy, fall prevention, medication review and interdisciplinary supervision.

Environmental, Occupational and Community Health

Swasthavritta is sometimes reduced to personal routine, but classical Ayurvedic literature also addresses air, water, land, sanitation, epidemics, and collective disturbances. The concept of Janapadodhwamsa recognises that communities may be affected by shared environmental factors despite individual differences. This provides an important bridge between Ayurveda and public health.

Modern applications may include clean water, sanitation, food safety, vector control, waste management, air-pollution awareness, healthy housing, occupational protection, school health and community education. Such measures cannot be replaced by individual immunity-promoting practices. During epidemics, public-health surveillance, vaccination where applicable, infection-control measures, evidence-based treatment and risk communication remain essential.

Occupational Swasthavritta may address prolonged sitting, shift work, irregular meals, screen exposure, sleep disruption, repetitive strain, workplace stress, and inadequate recovery. Workplace wellness programmes can incorporate movement breaks, ergonomic education, breathing practices, healthy food access, sleep awareness and psychosocial support. Their effectiveness should be evaluated using objective outcomes rather than employee participation alone.

Swasthavritta in Primary Healthcare

Primary healthcare provides an appropriate setting for Swasthavritta because it emphasises continuity, community participation, prevention, early intervention, and person-centred care. People at risk of chronic disease require sustained, proactive and accessible support rather than occasional advice during acute consultations.[17]

A Swasthavritta service in primary care could include lifestyle assessment, sleep screening, dietary counselling, physical-activity planning, Yoga referral, tobacco cessation, stress management, seasonal health education, and monitoring of metabolic risk. Such services should operate alongside vaccination, maternal and child health, communicable disease control, screening and clinical treatment.

Integration requires clearly defined professional roles. Ayurvedic physicians can assess classical and contemporary lifestyle factors, while dietitians, psychologists, physiotherapists, Yoga therapists, public-health specialists, and biomedical clinicians can contribute specialised expertise. Referral pathways are essential when patients present with red-flag symptoms, severe mental illness, uncontrolled diabetes, cardiovascular instability, suspected malignancy, infection, or other conditions requiring immediate investigation.

Digital Swasthavritta and Self-Care Technologies

Digital technology offers new opportunities to translate Swasthavritta into continuous health support. Mobile applications, wearable devices, teleconsultation, digital sleep diaries, meal records, activity trackers, and personalised reminders can support routine formation and self-monitoring. Dinacharya-based applications could provide adaptable prompts for sleep, hydration, movement, meals, breathing practices and seasonal modifications.

Nevertheless, digital health is not automatically effective. Web-based interventions may produce short-term improvements, but long-term outcomes are often limited by attrition and declining engagement.[18] Digital Swasthavritta should therefore avoid excessive notifications, rigid Dosha labelling, unsupported diagnostic claims, and commercial pressure to purchase supplements.

Data privacy, accessibility, language, digital literacy, and clinical accountability must be considered. Technology should strengthen therapeutic relationships and self-efficacy rather than replace professional

judgement or increase anxiety through constant monitoring.

Personalisation and Prakriti-Based Prevention

One of the distinctive contributions of Ayurveda is its emphasis on individual variability. Prakriti, Agni, Satmya, age, strength, mental constitution, occupation and habitat influence dietary and behavioural recommendations. This resembles the movement toward personalised and precision prevention, although the underlying frameworks are not identical.

Research has explored possible associations between Ayurvedic constitutional phenotypes and genomic, metabolic, or epigenetic characteristics. [19,20] These studies are exploratory and should not be interpreted as definitive biological validation of all Prakriti concepts. Reliable assessment tools, assessor training, inter-rater agreement, and prospective outcome studies are needed.

The clinical value of personalisation may not depend entirely on identifying a unique molecular signature. Even at a practical level, tailoring recommendations to digestive tolerance, sleep pattern, occupation, physical capacity, climate, cultural diet, and personal preference may improve adherence and safety. Swasthavritta can therefore contribute to person-centred care while its specific constitutional theories continue to undergo scientific evaluation.

Scientific Challenges and Research Priorities

The integration of Swasthavritta into modern healthcare faces significant scientific and methodological challenges. Many publications are descriptive, philosophical, or narrative, with limited use of controlled designs. Interventions frequently combine diet, Yoga, counselling, herbs and daily routines, making it difficult to identify the contribution of each component.

Future research should develop standardised yet adaptable Swasthavritta intervention packages. Core components may be predefined while allowing individual modification based on clinical assessment. Trials should report adherence, co-interventions, adverse events, practitioner qualifications, intervention fidelity, and reasons for withdrawal. Outcomes should include not only laboratory variables but also sleep, physical function, stress, quality of life, healthcare use, work productivity and long-term sustainability.

Pragmatic trials in schools, workplaces, primary-health centres, and community settings may be especially valuable. Mixed-method research can explore why individuals adopt or reject recommendations. Cost-effectiveness studies are required before large-scale implementation. Comparative effectiveness research may determine whether Swasthavritta-based counselling offers advantages over standard lifestyle advice in adherence, patient satisfaction, or clinical outcomes.

Research must also address safety. Herbal products may be contaminated, adulterated, incorrectly identified, or interact with medicines. Extreme fasting, unsuitable purification procedures, excessive exercise and inappropriate breathing practices can produce harm. Ethical integration requires transparent communication about evidence, uncertainty, and alternatives.

Discussion

The expanding scope of Swasthavritta reflects a wider transformation in healthcare. Modern systems are gradually moving from reactive disease management toward prevention, wellness, patient participation, and integrated care. Swasthavritta is relevant to this transition because it offers a coherent framework connecting biological rhythm, nutrition, movement, sleep, behaviour, mental discipline, social responsibility and environmental health.

Its primary strength lies in comprehensiveness. Contemporary lifestyle programmes may address diet, physical activity, or stress separately, whereas Swasthavritta treats them as interdependent components of daily life. Poor sleep affects appetite and emotional regulation; stress affects food choice and metabolic control; sedentary behaviour affects sleep and mood; and social environments influence every health-related decision. A multidomain framework may therefore reflect the actual complexity of chronic disease more accurately than isolated interventions.

A second strength is its emphasis on regularity and self-discipline. Chronic diseases generally develop through repeated exposure rather than isolated events. Dinacharya converts abstract health principles into daily practices, while Ritucharya encourages anticipatory adaptation. Sadvritta acknowledges that behaviour, communication, and relationships influence well-being. Yoga provides practical methods of movement and mind-body regulation. These elements can support health literacy and individual responsibility when presented without blame or moral judgement.

A third strength is cultural relevance. Health advice is more likely to be accepted when it respects local food systems, language, social structure, beliefs, and daily realities. Swasthavritta can provide culturally familiar pathways for communicating preventive health in Indian communities. However, cultural familiarity must not be confused with scientific proof. Traditional authority alone is insufficient to establish safety or clinical effectiveness.

The major risk in expanding Swasthavritta is uncritical overextension. Claims that every classical practice is scientifically proven, that all diseases can be prevented through correct conduct, or that Ayurvedic routines can replace vaccination, emergency care, surgery, antimicrobial therapy or essential medication are neither scientifically justified nor ethically acceptable. Integration should occur through complementarity, evidence generation, professional regulation, and patient safety.

The future of Swasthavritta lies in translation rather than literalism. Translation involves identifying the functional principle behind a recommendation, examining its relevance to current lifestyles, adapting it to diverse populations, testing it scientifically, and integrating it with established care. For example, Brahma Muhurta may be translated into circadian regularity and early-day light exposure without encouraging sleep deprivation. Ritucharya may inform climate-responsive health advice without imposing identical rules across geographical regions. Ahara Vidhi may support mindful and personalised eating without promoting nutritionally inadequate restrictive diets.

Thus, the expansion of Swasthavritta should not be understood as an attempt to replace modern public health or clinical medicine. It represents an opportunity to enrich preventive care through a structured, person-centred, culturally grounded, and multidimensional approach.

Conclusion

Swasthavritta is a comprehensive science of healthy living that extends from personal hygiene and disease prevention to physical vitality, psychological resilience, social well-being, healthy ageing, environmental responsibility, and self-directed wellness. Its principles of Dinacharya, Ritucharya, Ahara, Nidra, Vyayama, Yoga, Sadvritta, Achara Rasayana and individualised living correspond with emerging priorities in lifestyle medicine, chronobiology, mental healthcare, personalised prevention and integrated primary care.

Its greatest contemporary value lies in shifting attention from episodic treatment to the continuous cultivation of health. Nevertheless, meaningful integration requires critical interpretation, high-quality research, standardised training, interdisciplinary collaboration and careful safety monitoring. Traditional

recommendations should be adapted according to age, occupation, climate, disease status, and current scientific knowledge.

When applied responsibly, Swasthavritta can contribute to a healthcare model that does not merely prolong life or suppress disease but helps individuals and communities develop resilience, functional capacity, self-awareness, and sustainable well-being. It therefore offers a valuable conceptual bridge from prevention to wellness in modern healthcare.

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