IJARSCT
International Journal of Advanced Research in Science, Communication and Technology
International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal
ISSN: 2581-9429
Volume 6, Issue 3, November 2026
Impact Factor: 8.2

Prevention of Lifestyle-Related Disorders with Special Reference to Āhāra Vidhi Vidhāna: A Conceptual Review

Debapriya Maity[1], Krishna Sarkar[2], Vishwanath B. Kakde[3]
[1]Assistant Professor, Belley Shankarpur Rajib Gandhi Memorial Ayurvedic College and Hospital, India
[2]Associate Professor, Department of Swasthavritta and Yoga,
[3]Associate Professor, Department of Saṃhitā-Siddhanta & Sanskrit
[2,3]Future Institute of Ayurvedic Medical Sciences, Bareilly, Uttar Pradesh, India
[1]debapriya.ayus@gmail.com

Abstract : *Background: Lifestyle-related disorders are strongly influenced by modifiable behaviours, including unhealthy dietary patterns, physical inactivity, tobacco use and harmful alcohol consumption. Ayurveda places Āhāra (food) at the centre of health preservation and describes Āhāra Vidhi Vidhāna as a set of principles governing not only food selection but also quantity, timing, compatibility, environment, eating pace and individual suitability. Objective: To conceptually examine the preventive relevance of Āhāra Vidhi Vidhāna in relation to contemporary lifestyle-related disorders and preventive nutrition. Materials and Methods: A narrative conceptual review was undertaken primarily from the Caraka Saṃhitā, with supporting Ayurvedic literature and contemporary public-health guidance identified in the source manuscript. The principal textual basis was Caraka Saṃhitā, Vimānasthāna 1 (Rasavimāna), particularly verses 24–25. Results: The classical rules—Uṣṇam Aśnīyāt, Snigdham Aśnīyāt, Mātrāvat Aśnīyāt, Jīrṇe Aśnīyāt, Vīryāviruddham Aśnīyāt, Iṣṭe Deśe Iṣṭa-Sarvopakaraṇam, Na Ati-drutam Aśnīyāt, Na Ati-vilambitam Aśnīyāt, Ajalpan-Ahasan-Tanmanāḥ Bhunjīta and Ātmānam Abhisamīkṣya Bhunjīta—provide a coherent behavioural framework for appropriate eating. Their contemporary relevance is strongest in portion awareness, structured eating, attention to food, moderation of eating speed and personalised dietary counselling. Conclusion: Āhāra Vidhi Vidhāna may be useful as a culturally grounded preventive-counselling framework when integrated with nutritionally adequate diets, physical activity, adequate sleep, avoidance of tobacco and harmful alcohol use, and appropriate medical care. The relationship is conceptual and hypothesis-generating; it should not be represented as proof that the complete classical framework independently prevents specific non-communicable diseases.*

Keywords: Āhāra; Āhāra Vidhi Vidhāna; Ayurveda; lifestyle disorders; non-communicable diseases; Agni; Pathya; Viruddha Āhāra; preventive nutrition.

I. INTRODUCTION

Ayurveda is traditionally concerned with preservation of health in the healthy and management of disease in the diseased. This preventive orientation is expressed in the classical statement:

प्रयोजनंचास्य स्वस्थस्य स्वास्थ्यरक्षणम्।आतुरस्य विकारप्रशमनंच॥

The statement frames health preservation as a principal purpose of Ayurveda. In contemporary public health, non-communicable diseases (NCDs), particularly cardiovascular diseases, diabetes, cancers and chronic respiratory diseases, represent a major burden. Unhealthy diet, physical inactivity, tobacco use and harmful alcohol consumption are recognised modifiable behavioural risk factors. [6-8]

Copyright to IJARSCT
www.ijarsct.co.in
DOI: 10.48175/IJARSCT-40880

IJARSCT
International Journal of Advanced Research in Science, Communication and Technology
International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal
ISSN: 2581-9429 Volume 6, Issue 3, November 2026 Impact Factor: 8.2

Diet is especially important because dietary behaviour influences nutritional adequacy, energy balance and long-term metabolic health. Contemporary healthy-diet guidance emphasises adequacy, balance, moderation, diversity and food safety, while recognising variation according to individual and cultural circumstances. [6,9] Ayurveda approaches dietary health through a broader conceptual system that includes Rasa, Guna, Vīrya, Vipāka, Prabhāva, Mātrā, Kāla, Deśa, Agni, Prakṛti and Satmya, together with rules governing the manner of eating.

Āhāra Vidhi Vidhāna therefore provides an appropriate focus for examining how a classical behavioural nutrition framework may contribute to preventive counselling without assuming equivalence between Ayurvedic concepts and biomedical mechanisms.

II. AIM AND OBJECTIVES

Aim: To conceptually review the role of Āhāra Vidhi Vidhāna in prevention of lifestyle-related disorders and examine its relevance to contemporary preventive nutrition.

Objectives: (1) to describe Āhāra Vidhi Vidhāna; (2) to explain the principal dietary rules described by Caraka; (3) to discuss the relationship between improper dietary practices and lifestyle-related risk; (4) to explore the preventive significance of quantity, timing, compatibility, eating environment and behaviour; (5) to compare selected Ayurvedic principles conceptually with contemporary nutrition; and (6) to identify limitations and areas for future research.

III.. MATERIALS AND METHODS

Study design: The article is a narrative conceptual review. The primary source was the Caraka Saṃhitā, with emphasis on Sūtrasthāna and Vimānasthāna passages concerning Āhāra and Āhāra Vidhi Vidhāna. Supporting Ayurvedic texts and contemporary public-health sources cited in the source manuscript were also considered. [1-5,6-12]

Scope of interpretation: Classical concepts were retained in their Ayurvedic context. Contemporary correlations are presented as conceptual parallels rather than biomedical equivalences. No claim is made that the complete Āhāra Vidhi Vidhāna framework has independently been clinically proven to prevent or treat a specific NCD. This distinction is important because the present design is narrative and hypothesis-generating rather than systematic or interventional.

IV.. AYURVEDIC BASIS OF PREVENTIVE NUTRITION

4.1 Āhāra as a supporting pillar of life

Caraka describes Āhāra, Svapna and Brahmacarya as the three Upastambhas, or supporting pillars of life. [1] The classical passage states:

त्रय उपस्तम्भा इति—आहारः, स्वप्नो, ब्रह्मचर्यमिति।एभिस्त्रिभिर्युक्तियुक्तैरुपस्तब्धमुपस्तम्भैःशरीरं बलवर्णोपचयोपचितमनुवर्तते यावदायुः॥

Food is therefore not treated merely as a source of calories. Within the Ayurvedic framework it supports Prāṇa, Bala, Varṇa, Dhātu nourishment, Ojas, Agni, growth, vitality and longevity. Caraka further describes the extensive contribution of food to life, complexion, voice, happiness, satisfaction, nourishment, strength and intellectual function. [3]

प्राणा प्राणभृतामन्नमन्नं लोकोऽभिधावति।वर्णः प्रसादः सौस्वर्यं जीवितं प्रतिभा सुखम्॥तुष्टिः पुष्टिर्बलं मेधा सर्वमन्ने प्रतिष्ठितम्॥

4.2 Āhāra, Agni and nourishment

Ayurvedic physiology describes a conceptual sequence in which Āhāra is processed through Agni, transformed into Āhāra Rasa and contributes to nourishment of the Dhātus. The seven Dhātus are Rasa, Rakta, Māṃsa, Meda, Asthi, Majjā and Śukra. In this framework, appropriate dietary practice is integral to maintenance of strength and functional integrity. This conceptual model should not be reduced to a one-to-one mapping with any single modern physiological pathway.

V. ĀHĀRA VIDHI VIDHĀNA: CLASSICAL DIETARY RULES

Caraka gives a structured set of instructions for proper eating in Vimānasthāna 1/25. [2] The principal passage is reproduced below:

IJARSCT
International Journal of Advanced Research in Science, Communication and Technology
International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal
ISSN: 2581-9429 Volume 6, Issue 3, November 2026 Impact Factor: 8.2

तस्य सादुण्यमुपदेक्ष्यामः—उष्णमश्नीयात्।स्निग्धमश्नीयात्। मात्रावदश्नीयात्। जीर्णेऽश्नीयात्।वीर्याविरुद्धमश्नीयात्। इष्टेदेशे इष्टसर्वोपकरणं चाश्नीयात्।नातिद्रुतमश्नीयात्। नातिविलम्बितमश्नीयात्।अजल्पन्नहसन्तन्मना भुञ्जीत।आत्मानमभिसमीक्ष्य भुञ्जीत सम्यक्॥

5.1 Uṣṇam Aśnīyāt—appropriately warm food

The instruction to consume appropriately warm food is presented within the classical framework as favourable to palatability and digestion. In contemporary preventive application, the principle may encourage attention to freshness, preparation and digestibility. It should not be interpreted as a requirement to consume excessively hot food.

5.2 Snigdham Aśnīyāt—appropriate unctuousness

Snigdha food is described as supporting nourishment and other desirable functions. In modern application, Snigdha should not be interpreted as unrestricted high-fat intake. Dietary fat quality and quantity remain important, and the classical instruction must be read together with Mātrā, individual suitability and the wider Ayurvedic assessment.

5.3 Mātrāvat Aśnīyāt—appropriate quantity

Mātrā is one of the most directly relevant principles for preventive dietary counselling. Caraka relates appropriate quantity to preservation of digestion and avoidance of disturbance. [2] Conceptually, excessive intake may contribute to sustained excess energy intake, weight gain and metabolic risk. Mātrā therefore offers a culturally familiar route to portion awareness. It should not, however, be converted into a universal calorie prescription because Ayurvedic quantity is contextual and individualised.

A practical preventive interpretation is: select a nutritionally adequate meal, assess the individual's needs and avoid habitual overeating. This interpretation is compatible with the contemporary emphasis on moderation and energy balance, while preserving the distinction between the two frameworks.

5.4 Jīrṇe Aśnīyāt—eat after digestion of the previous meal

जीर्णेऽश्नीयात्।

Caraka advises eating after adequate digestion of the preceding meal and describes indicators such as appetite, clear belching, appropriate movement of Vāta, normal elimination, clarity and lightness. [2] The preventive message can be expressed as avoidance of unnecessary, habitual or distracted eating. It should not be equated directly with a specific modern physiological measurement such as gastric emptying time.

5.5 Vīryāviruddham Aśnīyāt—avoid incompatible dietary practices

वीर्याविरुद्धमश्नीयात्।

Viruddha Āhāra is a broader Ayurvedic concept involving incompatibility related to properties, potency, processing, combination, quantity, timing and individual suitability. [2,5] In contemporary counselling, the safest interpretation is to recognise repeated intolerance or adverse responses to particular preparations and to individualise dietary advice. The classical category should not be presented as proof that every traditionally incompatible combination causes a universally established biomedical disorder.

5.6 Iṣṭe Deśe Iṣṭa-Sarvopakaraṇam—appropriate environment

इष्टेदेशे इष्टसर्वोपकरणं चाश्नीयात्।

Food should be consumed in a suitable place with suitable arrangements. The source text associates an appropriate environment with protection from mentally disturbing circumstances. [2] In modern settings this principle is relevant to screen use, working while eating, travelling, stressful environments and multitasking. A clean, comfortable and relatively calm eating environment may support attention to food and quantity.

5.7 Na Ati-drutam Aśnīyāt—avoid rapid eating

नातिद्रुतमश्नीयात्।

The instruction discourages excessively rapid eating. Its contemporary behavioural relevance lies in allowing adequate chewing, awareness of the meal and recognition of quantity and satiety. It can therefore be translated cautiously into a recommendation for moderate eating pace rather than a claim about a specific disease mechanism.

IJARSCT
International Journal of Advanced Research in Science, Communication and Technology
International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal
ISSN: 2581-9429 Volume 6, Issue 3, November 2026 Impact Factor: 8.2

5.8 Na Ati-vilambitam Aśnīyāt—avoid excessively prolonged eating

नातिविलम्बितमश्नीयात्।

The complementary rule discourages unnecessarily prolonged eating. Caraka relates prolonged eating to reduced satisfaction and other disturbances within the classical framework. [2] Practically, the principle supports a structured meal duration and discourages prolonged, distracted eating.

5.9 Ajalpan-Ahasan-Tanmanāḥ Bhunjīta—attentive eating

अजल्पन्नहसन्तन्मना भुञ्जीत।

The instruction recommends eating without excessive conversation or laughter and with attention directed to the meal. Modern mindful-eating approaches similarly emphasise awareness of hunger, satiety, taste, eating rate and environmental distractions. The comparison is useful for counselling, but "mindful eating" should be regarded only as a contemporary conceptual parallel, not as an exact translation of Tanmanāḥ Bhunjīta.

5.10 Ātmānam Abhisamīkṣya Bhunjīta—individual suitability

आत्मानमभिसमीक्ष्य भुञ्जीत सम्यक्।

Caraka emphasises self-assessment of suitability—what supports or does not support the individual. [2] Factors identified in the source include Prakṛti, Agni, age, strength, physical activity, season, place, disease status, food tolerance and Satmya. This individualised orientation is conceptually compatible with contemporary recognition that nutritional needs vary with age, activity, culture and health status.

VI. RELATIONSHIP TO LIFESTYLE-RELATED DISORDERS

"Lifestyle disorders" is used here as a broad contemporary expression for chronic diseases in which modifiable behaviours contribute substantially to risk; it is not a direct classical Ayurvedic disease category. WHO identifies unhealthy diet, physical inactivity, tobacco use and harmful alcohol use among major behavioural risk factors for NCDs. [6-8] Āhāra Vidhi Vidhāna therefore represents one component of a comprehensive preventive programme rather than an isolated treatment system.

6.1 Quantity and obesity risk

Long-term positive energy balance is an important contributor to excess adiposity. Mātrā provides a culturally grounded language for portion awareness and avoidance of habitual overeating. Its value in preventive counselling is behavioural and contextual rather than a fixed quantitative prescription. Future intervention studies should determine whether structured Ayurvedic portion guidance improves energy intake, anthropometric measures or metabolic markers.

6.2 Meal timing and eating pattern

Jīrṇe Aśnīyāt encourages a structured relationship between meals and digestive readiness. Contemporary research has renewed interest in meal timing and circadian eating patterns, but the Ayurvedic idea of digestion should not be directly equated with a single physiological variable. The defensible preventive message is to reduce unnecessary, highly irregular and distracted eating.

6.3 Eating environment and attention

The instruction to eat in an appropriate place and with attention has particular relevance where meals occur alongside screens, work, travel or emotional stress. Attention to the meal may help an individual recognise hunger, satiety, pace and quantity. This is a behavioural hypothesis suitable for empirical testing rather than a claim of established clinical efficacy.

6.4 Food compatibility and individual tolerance

Viruddha Āhāra can be understood as a classical framework for recognising inappropriate combinations or circumstances. Modern application should remain evidence-sensitive and individualised. Advice should consider nutritional adequacy, allergy or intolerance, disease status, medication requirements and food safety rather than assuming that all classical incompatibilities have the same biomedical significance.

IJARSCT
International Journal of Advanced Research in Science, Communication and Technology
International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal
ISSN: 2581-9429
Volume 6, Issue 3, November 2026
Impact Factor: 8.2

VII. CONCEPTUAL CORRELATION WITH CONTEMPORARY NUTRITION

Āhāra Vidhi principle	Classical emphasis	Possible contemporary relevance
Uṣṇa	Appropriately warm food	Freshness, preparation and palatability
Snigdha	Appropriate unctuousness	Attention to dietary-fat quality and quantity
Mātrāvat	Appropriate quantity	Portion awareness and moderation
Jīrṇe Aśnīyāt	Eat after prior meal is digested	Structured eating; avoid unnecessary eating
Vīryāviruddha	Avoid incompatible practices	Individual tolerance and compatibility
Iṣṭa Deśa	Suitable environment	Clean, calm eating environment
Na Ati-druta	Avoid rapid eating	Eating pace and awareness
Na Ati-vilambita	Avoid excessive prolongation	Structured meal duration
Tanmanāḥ	Attentive eating	Mindful/attentive eating as a conceptual parallel
Ātmānam Abhisamīkṣya	Consider individual suitability	Personalised nutrition

The table represents conceptual correlation only; it does not establish equivalence between Ayurvedic constructs and biomedical categories.

VIII. INTEGRATED PREVENTIVE MODEL

An evidence-sensitive application of Āhāra Vidhi Vidhāna can be organised into ten practical domains:

- Select an adequate and varied dietary pattern.
- Consider individual quantity and avoid habitual overeating.
- Maintain an appropriate and reasonably structured eating routine.
- Consider individual food tolerance and suitability.
- Eat in a clean, comfortable and relatively calm environment.
- Prefer a moderate eating pace rather than rapid eating.
- Avoid unnecessarily prolonged and distracted meals.
- Give attention to hunger, satiety and the meal itself.
- Integrate dietary practice with physical activity, adequate sleep, stress management, and avoidance of tobacco and harmful alcohol use.
- Use appropriate medical screening and evidence-based treatment when disease is established.

IX. DISCUSSION

The preventive significance of Āhāra Vidhi Vidhāna lies in its multidimensional treatment of eating behaviour. Rather than defining healthy eating only by food composition, the classical framework addresses what is eaten, how much is eaten, when it is eaten, how it is prepared, whether it is compatible, where it is eaten, how quickly it is eaten, whether attention is given to the meal and whether the food is suitable for the individual. This behavioural breadth is potentially useful in modern preventive counselling.

The strongest contemporary parallels are behavioural rather than mechanistic. Mātrā can support discussion of portion awareness; Jīrṇe Aśnīyāt can support structured eating; Na Ati-drutam and Na Ati-vilambitam can support appropriate pace; Iṣṭe Deśe can support a healthier eating environment; Tanmanāḥ Bhunjīta can support attentive eating; and Ātmānam Abhisamīkṣya can support personalised dietary counselling. These parallels should be presented as hypotheses and practical counselling concepts, not as demonstrations that the ancient constructs are scientifically identical to modern nutrition terminology.

The framework also illustrates why dietary advice should not be separated from the broader lifestyle context. NCD prevention requires attention to physical activity, sleep, tobacco, alcohol, stress and appropriate screening. Āhāra Vidhi Vidhāna may enrich culturally relevant counselling, but it should complement—not replace—nutritionally adequate diets, medical diagnosis and evidence-based treatment.

IJARSCT
International Journal of Advanced Research in Science, Communication and Technology
International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal
ISSN: 2581-9429 Volume 6, Issue 3, November 2026 Impact Factor: 8.2

A frequently cited Ayurvedic statement on Pathya is:

पथ्ये सति गदार्तस्य किमौषधनिषेवणै:।पथ्येऽसति गदार्तस्य किमौषधनिषेवणै:॥

The verse highlights the importance of wholesome regimen. In contemporary practice, it should not be interpreted as advice to discontinue prescribed medicines. Rather, Pathya may be understood as a complementary principle supporting adherence to appropriate diet and behaviour alongside indicated medical care.

X. RESEARCH GAP AND FUTURE DIRECTIONS

The current evidence gap is best addressed by testing individual components of Āhāra Vidhi Vidhāna rather than attempting to validate the entire classical framework as one inseparable intervention. Potential research questions include:

- Does structured Ayurvedic meal-timing counselling improve metabolic markers or eating regularity?
- Does guidance on eating speed alter energy intake, satiety or anthropometric outcomes?
- Does distraction-free eating reduce meal quantity or improve satiety awareness?
- Does culturally adapted Ayurvedic portion guidance improve weight-management behaviours?
- Does individualised Ayurvedic dietary counselling improve adherence to healthy dietary patterns?
- Can integrated Āhāra Vidhi programmes improve blood pressure, glucose, lipid profile or anthropometric outcomes over time?
- How do integrated Ayurvedic and standard nutritional counselling compare in controlled studies?

Future studies should define the intervention precisely, use appropriate comparators, prespecify outcomes and report objective clinical measures. Such work would help distinguish conceptual plausibility from demonstrated preventive efficacy.

XI. LIMITATIONS

- The article is a narrative conceptual review and not a systematic review or meta-analysis.
- Classical Ayurvedic principles arise from a distinct theoretical framework and should not automatically be equated with biomedical mechanisms.
- Direct clinical evidence evaluating the complete Āhāra Vidhi Vidhāna package for prevention of specific NCDs remains limited.
- Several contemporary correlations are hypothesis-generating rather than evidence of therapeutic efficacy.
- Dietary advice must consider nutritional adequacy, age, physical activity, cultural practices, affordability, tolerance and disease status.
- Āhāra Vidhi Vidhāna should complement, not replace, evidence-based medical treatment and preventive screening.

XII. CONCLUSION

Āhāra occupies a central position in Ayurveda and is described as one of the Trayo-Upastambha, the three supporting pillars of life. Āhāra Vidhi Vidhāna extends dietary guidance beyond food selection to include quantity, timing, compatibility, environment, eating pace, attention and individual suitability. The classical sequence—Uṣṇam, Snigdham, Mātrāvat, Jīrṇe, Vīryāviruddham, Iṣṭe Deśe, Na Ati-drutam, Na Ati-vilambitam, Tanmanāḥ and Ātmānam Abhisamīkṣya—can be interpreted as a structured behavioural model for appropriate eating. [1,2]

In the context of lifestyle-related disorders, its most defensible contemporary value lies in culturally grounded counselling around moderation, structured eating, attention to food, eating environment and individualisation. The framework should be integrated with contemporary preventive measures including nutritionally adequate dietary patterns, physical activity, adequate sleep, avoidance of tobacco and harmful alcohol use, and appropriate screening and treatment. The central research priority is to test specific, clearly defined Āhāra Vidhi interventions using objective

IJARSCT
International Journal of Advanced Research in Science, Communication and Technology
International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal
ISSN: 2581-9429 Volume 6, Issue 3, November 2026 Impact Factor: 8.2

outcomes. Until such evidence is available, the relationship between the classical framework and prevention of NCDs should remain explicitly conceptual and hypothesis-generating.

DECLARATIONS

Ethics approval and consent to participate: Not applicable; this is a conceptual/narrative review based on published and classical literature.

- **Consent for publication**: Not applicable.
- **Competing interests:** Not stated in the source manuscript.
- **Funding:** Not stated in the source manuscript.
- **Author contributions**: The source manuscript identifies three authors; detailed contribution statements were not provided and should be added by the authors before submission if required by the target journal.
- **Data availability**: Not applicable.

Abbreviations

Āhāra — food/diet; Agni — digestive/metabolic principle; NCD — non-communicable disease; Prakṛti — individual constitution; Satmya — suitability/adaptation; Mātrā — quantity; Vīrya — potency; Vipāka — post-digestive effect; Doṣa — Vāta, Pitta and Kapha; Dhātu — tissue; Pathya — wholesome/suitable regimen; Viruddha Āhāra — incompatible dietary practice.

REFERENCES

1. Agniveśa. Caraka Saṃhitā, revised by Caraka and Dṛḍhabala. Sūtrasthāna 11, Tisraiṣaṇīya Adhyāya, verse 35. Edited by Yādavaji Trikamji Ācārya. Varanasi: Chaukhambha Surbharati Prakashan.
2. Agniveśa. Caraka Saṃhitā, revised by Caraka and Dṛḍhabala. Vimānasthāna 1, Rasavimāna Adhyāya, verses 24–25. Edited by Yādavaji Trikamji Ācārya. Varanasi: Chaukhambha Surbharati Prakashan.
3. Agniveśa. Caraka Saṃhitā, revised by Caraka and Dṛḍhabala. Sūtrasthāna 27, Āhāra-related discussion. Edited by Yādavaji Trikamji Ācārya. Varanasi: Chaukhambha Surbharati Prakashan.
4. Vāgbhaṭa. Aṣṭāṅga Hṛdaya, Sūtrasthāna. Varanasi: Chaukhambha Orientalia.
5. Bhāvamiśra. Bhāvaprakāśa Nighaṇṭu. Varanasi: Chaukhambha Bharati Academy.
6. World Health Organization. Healthy diet. Geneva: World Health Organization; 2026.
7. World Health Organization. Noncommunicable diseases. Geneva: World Health Organization.
8. World Health Organization. Noncommunicable diseases: risk factors and conditions. Geneva: World Health Organization.
9. World Health Organization. Healthy diet—India. WHO India.
10. Howal MA, Phule SP. Conceptual review of Ahara Vidhi Visheshayatana. Int J Ayurveda Pharma Res. 2017;5(3).
11. Wajire P, Korde A. Prevention of lifestyle disorders with special reference to “Ahar Vidhi Vidhan”: a conceptual review. Int J Creative Res Thoughts. 2025;13(8):b325-b329.
12. Somaiya MK, Chauhan AP, Pandya SB. Ahara Vidhi Vidhana (dietary guidelines) for preventive health: integrating Ayurvedic principles with modern nutritional science. Int J Ayurveda360. 2026;2(5):1092-1099. doi:10.63247/3048-7390.v2i5.06.

Suggested citation

Maity D, Sarkar K, Kakde VB. Prevention of lifestyle-related disorders with special reference to Āhāra Vidhi Vidhāna: a conceptual review. [Target Journal]. [Year];[Volume]([Issue]):[Pages].

Manuscript preparation note: This manuscript was condensed and structurally edited from the supplied 21-page source document; no unsupported clinical efficacy claims have been added.