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ROLE OF CLASSICAL PATHYA–APATHYA AND SADVRUTTA IN THE MANAGEMENT OF PRAMEHA: A REVIEW BASED ON BRIHATTRAYI

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ABSTRACT

Prameha is a well-documented metabolic disorder in Ayurveda characterized by "Prabhuta Avila Mutrata" (excessive and turbid urination), and is closely comparable to Diabetes Mellitus in modern medicine. It is primarily a Santarpanottha Vyadhi involving vitiation of Kapha, Meda, and Kleda, along with impairment of Agni and Srotas. Classical Ayurvedic texts emphasize that its management extends beyond pharmacological interventions and strongly depends on dietary regulation (Pathya–Apathya), lifestyle modification (Vihara), and ethical discipline (Sadvrutta). This review critically analyzes references from Brihattrayi—Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya—to explore the therapeutic significance of classical Pathya–Apathya Ahara and Sadvrutta in the management of Prameha. The study highlights key dietary components such as Yava (barley), Mudga (green gram), Kulattha (horse gram), Tikta–Kashaya Rasa predominant vegetables, and therapeutic beverages, along with lifestyle measures like Vyayama and avoidance of Divaswapna. The findings suggest that Ayurvedic dietary and lifestyle principles act as both preventive and therapeutic interventions by targeting the underlying pathology of insulin resistance, obesity, and metabolic dysregulation. The integrative approach of Ahara, Vihara, and Sadvrutta demonstrates strong alignment with contemporary concepts of lifestyle medicine and evidence-based diabetes management.

KEYWORDS: Prameha, Diabetes Mellitus, Pathya–Apathya, Brihattrayi, Sadvrutta, Lifestyle Medicine, Ayurveda, Metabolic Disorder.

INTRODUCTION

Prameha is one of the most important metabolic disorders described in Ayurvedic literature and is characterized predominantly by excessive and turbid urination (Prabhuta Avila Mutrata). Acharya Sushruta and Vagbhata identifies Prabhuta (increased quantity) and Avilata (turbidity) of urine as the cardinal clinical features of the disease,[1] indicating derangement of urinary and metabolic functions. Owing to similarities in etiological factors, pathogenesis, clinical manifestations, and long-term complications, Prameha is widely correlated with Diabetes Mellitus and other metabolic disorders in contemporary medicine.

In recent decades, Diabetes Mellitus has emerged as a major global public health challenge. Rapid urbanization, excessive caloric intake, consumption of processed foods, physical inactivity, obesity, psychological stress, and sedentary habits have contributed significantly to its increasing prevalence. These causative factors closely resemble the Ayurvedic concept of Santarpana (overnourishment), which forms the fundamental basis for the development of Prameha.

Ayurveda considers Prameha as a Santarpanottha Vyadhi predominantly involving Kapha Dosha, Meda Dhatu, and Kleda. The disease results from the interaction of vitiated Doshas with susceptible Dushyas such as Meda, Mamsa, Lasika, and Rakta, ultimately affecting Mutravaha Srotasa and producing characteristic urinary abnormalities. The classical texts consistently emphasize that improper dietary habits (Ahara), faulty lifestyle practices (Vihara), and lack of behavioral discipline are the principal contributors to disease manifestation and progression.

Acharya Charaka clearly states: Prameha, along with disorders such as Sthaulya (obesity) and Kushtha, arises primarily due to excessive nourishment and indulgence in Kapha-promoting dietary and lifestyle practices.[2]

From a pathophysiological perspective, continuous consumption of Guru, Snigdha, Madhura, and Abhishyandi Ahara, combined with lack of physical activity and excessive sleep, leads to Kapha Vriddhi, Meda accumulation, Agnimandya, and excessive Kleda production. These pathological alterations cause Srotorodha and dysfunction of Mutravaha Srotasa, culminating in the manifestation of Prameha. This Ayurvedic explanation bears a remarkable resemblance to the modern concepts of obesity, insulin resistance, metabolic syndrome, and Type 2 Diabetes Mellitus.

The Brihattrayi—Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya—place significant emphasis on the role of Pathya Ahara, Apathya Ahara, Vihara, and Sadvrutta in the prevention and management of Prameha. Dietary regulation is not merely considered supportive care but a primary therapeutic intervention capable of correcting the underlying metabolic derangements responsible for disease progression. Likewise, lifestyle measures such as Vyayama and avoidance of Divaswapna, along with adherence to Sadvrutta, contribute to restoration of metabolic balance and maintenance of overall health.

In the present era, where lifestyle disorders are rapidly increasing, these classical Ayurvedic principles possess substantial preventive, therapeutic, and public health significance. Therefore, a comprehensive review of Pathya–Apathya Ahara, Vihara, and Sadvrutta described in the Brihattrayi is essential to understand their role in the holistic management of Prameha and their relevance in contemporary diabetes care.

5. AIM & OBJECTIVES

Aim and Objectives

Aim

To explore the role of classical Pathya-Apathya and Sadvrutta in the prevention and management of Prameha through a comprehensive review of Ayurvedic literature.

Objectives

- To compile and analyze Pathya-Apathya references related to Prameha from Brihattrayi.
- To study the importance of Ahara, Vihara, and Sadvrutta in Prameha management.
- To evaluate the role of Vyayama, Dinacharya, and Nidra regulation in Prameha.
- To correlate Ayurvedic concepts with modern metabolic disorders.
- To highlight the preventive and therapeutic significance of Ayurvedic lifestyle principles.

6. MATERIALS & METHODS

Materials and Methods

This study is a literary review-based research work carried out through systematic analysis of classical Ayurvedic texts and modern scientific literature.

Source Materials

- Charak Samhita
- Sushrut Samhita
- Ashtang Hridaya

Modern Databases Reviewed

- Google Scholar
- PubMed
- DHARA Database

Methodology

Relevant references related to Prameha, Pathya-Apathya, Ahara, Vihara, Sadvrutta, and lifestyle management were compiled, categorized, interpreted, and critically analyzed with modern scientific correlation.

7. REVIEW OF LITERATURE

Dietary Management of Prameha According to Brihattrayi

7.1 Nidana (Diet-Related Causes of Prameha)

The Brihattrayi unanimously recognizes improper diet and sedentary lifestyle as the principal etiological factors of Prameha. excessive comfort, physical inactivity, day sleep, curd, milk, newly harvested grains, jaggery preparations, and excessive nourishment as major causative factors of Prameha.[3] These factors promote Kapha, Meda, and Kleda accumulation, resulting in Agnimandya and derangement of Mutravaha Srotasa. From a modern perspective, these Nidanas closely resemble obesity-promoting dietary habits, sedentary behavior, insulin resistance, and metabolic syndrome. Therefore, avoidance of these causative factors forms the foundation of both preventive and therapeutic management of Prameha.

Nidana Sevana (Guru, Snigdha, Madhura Ahara + Divaswapna + Avyayama) → Kapha Vriddhi → Meda Vriddhi → Agnimandya → Kleda Increase → Srotorodha → Mutravaha Srotodushti → Prameha

Figure 01: Samprapti of Prameha.

7.2 Concept of Pathya Ahara in Prameha

Dietary regulation occupies a central position in the management of Prameha. Ayurveda advocates the use of foods possessing Kapha-Medohara, Kledahara, and Agni-Deepana properties.

Tikta (bitter), Kashaya (astringent) dominant dietary substances reduce Kapha and Meda, improve digestion, and facilitate metabolic correction. These Rasas counteract excessive Kleda and restore physiological balance. Modern nutritional science similarly supports low-glycemic, high-fiber dietary patterns for diabetes management.[4]

7.3 Core Dietary Articles in Prameha

A. Yava (Barley)

Among all dietary substances described in Brihattrayi, Yava occupies the most prominent position. Charaka, Sushruta, and Vagbhata consistently recommend Yava and its various preparations such as Yavodana, Saktu, Apupa, and Yava Churna.[5]

Yava possesses Laghu, Ruksha, Lekhana, Kapha-Medohara, and Kledashoshana properties. It directly opposes the pathological accumulation of Kapha, Meda, and Kleda responsible for Prameha Samprapti.

From a contemporary perspective, barley is rich in soluble fiber, particularly β-glucan, which improves insulin sensitivity, slows glucose absorption, and supports weight management.

B. Millets (Kodrava, Uddalak and Shyamaka)

Sushruta and Vagbhata recommend Kodrava, Shyamaka, and other Trina Dhanya as suitable cereals for Prameha.[6]

These grains are Laghu, relatively Ruksha, and less Kapha-promoting than newly harvested cereals. Their use helps reduce metabolic burden and supports Agni.

Modern studies demonstrate that millets possess low glycemic index, high fiber content, and beneficial phytochemicals that improve glycemic control and metabolic health.

C. Pulses (Mudga, Kulattha, Chanaka)

The Brihattrayi repeatedly recommends Mudga, Kulattha, Chanaka, and Adhaki for Prameha patients.[7]

These pulses possess Kapha-Medohara, Deepana, and Pachana properties. They help reduce excessive Meda accumulation and support proper metabolism.

Their high protein and fiber content aligns closely with modern diabetic dietary recommendations aimed at improving satiety, glycemic control, and weight management.

D. Functional Dietary Substances: Madhu and Takra

Madhu (Honey) is regarded as a unique Pathya Dravya due to its Lekhana, Medohara, and Kapha-Shamaka properties. Properly administered Madhu helps reduce pathological Meda and Kleda accumulation.[8]

Takra (Buttermilk) is valued for its Deepana, Pachana, Grahi, and Kledahara actions. It improves Agni, reduces Ama formation, and supports metabolic efficiency.[9]

Modern evidence suggests that honey contains antioxidant compounds, whereas fermented dairy products such as buttermilk support gut microbiota and digestive health. Together, these substances represent classical examples of functional foods in Ayurveda.

7.4 Therapeutic Diet Models: Comparative Perspective of Brihattrayi

Although the three classical authorities differ slightly in presentation, their dietary principles demonstrate remarkable uniformity.

Charaka emphasizes Shamana-based dietary management and advocates Mantha, Yava preparations, Mudga Yusha, Tikta Shaka, Jangala Mamsa Rasa, and medicinally processed dietary formulations.

Sushruta presents a clear Pathya–Apathya framework and recommends aged grains, barley, legumes, bitter vegetables, and lean meat soups while discouraging Kapha-promoting foods.

Vagbhata expands the concept further by introducing processed functional foods such as Triphala-processed Yava Saktu, medicated dietary preparations, and therapeutic food processing techniques.

Collectively, these recommendations demonstrate that food was regarded not merely as nutrition but as a primary therapeutic intervention aimed at correcting metabolic dysfunction.

Pathya Ahara (Yava, Mudga, Kulattha, Takra, Tikta-Kashaya Ahara) → Kapha Shamana → Meda Kshaya → Kleda Reduction → Agni Deepana → Improved Metabolic Function

Figure 02: Dietary Intervention Pathway in Prameha.

Charaka → Shamana Ahara + Therapeutic Beverages
↓
Sushruta → Pathya–Apathya Classification + Lifestyle Regulation
↓
Vagbhata → Functional Food Processing + Practical Lifestyle Integration
↓
Holistic Management of Prameha

Figure 03: Brihattrayi Integrated Dietary Model.

7.5 Therapeutic Beverages in Prameha

The Brihattrayi recognizes the therapeutic importance of beverages in Prameha management. Charaka recommends Sarodaka, Kushodaka, Madhu Udaka, Triphala preparations, and medicated waters for continuous metabolic support.[10]

These beverages possess Kapha-Medohara, Kledahara, Mutrala, and Deepana properties. Their use extends dietary management beyond solid foods and incorporates therapeutic hydration as part of treatment.

The concept closely resembles modern functional beverages and nutraceutical nutrition, where bioactive compounds are integrated into daily hydration practices to improve metabolic health.

Thus, Ayurveda regards even drinking water as a potential therapeutic tool capable of supporting glycemic regulation, digestion, urinary health, and overall metabolic balance.

7.6 External Therapies and Lifestyle Medicine

The text does not limit treatment to diet alone. Vigorous exercise (Vyayama), Udvartana (dry powder massage), medicated bathing, and herbal applications containing Usheera, Tvak, Ela, Agaru, and Chandana are prescribed. These measures aim to reduce Kapha, improve circulation, and promote metabolic activity.[11]

Modern Relevance

- Exercise remains a cornerstone of diabetes management
- Udvartana may be interpreted as a form of mechanical stimulation promoting circulation and physical activation
- Herbal external therapies support hygiene, comfort, and well-being
- Represents an early integrative lifestyle medicine approach combining diet, exercise, and behavioural interventions

7.7 Apathya Ahara in Prameha

Dietary restriction is as important as dietary inclusion in the management of Prameha. The Brihattrayi unanimously emphasizes the avoidance of foods that aggravate Kapha, Meda, and Kleda, which constitute the principal pathological factors in Prameha. Acharya Charaka highlights the importance of **Nidana Parivarjana** as the foremost therapeutic principle: This principle establishes that successful management of Prameha depends upon avoiding the etiological factors responsible for disease manifestation.[12]

Acharya Sushruta further advises the avoidance of:

The prohibited dietary articles include milk, excessive fats, sugarcane products, jaggery, curd, flour-based heavy foods, and the meat of domestic, marshy, and aquatic animals. These substances are predominantly **Guru, Snigdha, Madhura, and Abhishyandi**, thereby promoting Kapha aggravation, Meda accumulation, Agnimandya, and excessive Kleda formation. The avoidance of Sauvīraka, Tuṣodaka, Surā, Maireya, and Ikṣuvikāra suggests that Suśruta recognized the adverse metabolic effects of sugar-rich and fermented beverages in Prameha. Although described in ancient terminology, these substances share characteristics with modern sugar-sweetened beverages, alcoholic drinks, and refined sugar products, all of which are known contributors to obesity, insulin resistance, and poor glycemic control. This reflects an early dietary strategy aimed at minimizing rapidly absorbable carbohydrates and excess caloric intake.[13]

From a modern perspective, these recommendations closely correspond to the restriction of calorie-dense foods, refined carbohydrates, sugary beverages, processed foods, excessive saturated fats, and obesity-promoting dietary patterns. Thus, the Ayurvedic concept of Apathya Ahara reflects contemporary principles of dietary risk-factor reduction in diabetes and metabolic syndrome.

Table 01: Pathya - Apathya Summary.

Category	Recommended (Pathya)	Avoid (Apathya)
Cereals	Old rice, barley, kodrava millet	Refined flour preparations
Pulses	Mung, chickpea, pigeon pea, horse gram	—
Vegetables	Bitter & astringent vegetables	Sweet/starchy foods
Oils	Mustard oil	Excess ghee
Dairy	—	Milk, curd
Sweeteners	—	Sugar, jaggery products
Beverages	Light preparations	Alcoholic & fermented drinks
Meat	Lean wild animal meat	Domestic, marsh & aquatic animal meat

7.8 Lifestyle (Vihara) in Prameha

Lifestyle modification forms a cornerstone of Prameha management in all classical Ayurvedic texts. The Brihattrayi consistently advocates physical activity as an effective means of reducing Kapha, Meda, and Kleda while improving Agni and metabolic efficiency.

Acharya Sushruta & Acharya Vagbhata advises

- Regular Vyayama (exercise)
- Long-distance walking
- Physical labor and agricultural work
- Outdoor activities and active living
- Controlled food intake and occasional fasting
- Avoidance of sedentary habits

A major lifestyle factor repeatedly identified in the Brihattrayi is **Divaswapna (day sleep)**

Day sleep contributes to Kapha and Meda aggravation, resulting in metabolic sluggishness and obesity. Modern research similarly identifies physical inactivity and sedentary behavior as major risk factors for insulin resistance, obesity, and Type 2 Diabetes Mellitus.

Thus, the classical concept of Pathya Vihara strongly aligns with contemporary recommendations emphasizing regular exercise, weight management, and reduction of sedentary behavior as first-line interventions in diabetes care.

7.9 Sadvrutta (Behavioral and Psychosomatic Regulation)

Beyond diet and physical activity, Ayurveda recognizes the critical importance of psychological discipline and behavioral regulation in the management of Prameha. The principles of Sadvrutta (righteous and balanced conduct) promote emotional stability, self-control, and the strict regulation of daily habits, thereby directly supporting metabolic health through a mind-body approach.

A. Core Components of Psychosomatic Sadvrutta

Sadvrutta addresses the deep connection between mental states and physical diseases. In Prameha, it emphasizes:

Mental Calmness & Emotional Control: Cultivating a peaceful mind to prevent fluctuating emotions.

Stress Management: Actively reducing psychological stress, which directly impacts metabolic functions.

Proper Sleep–Wake Cycle: Maintaining regular daily rhythms (Dinacharya) to balance bodily bio-energies.

Discipline in Dietary Habits: Practicing mindful eating and overcoming psychological cravings.

Avoidance of Excessive Indulgence & Laziness: Eliminating lethargy (Alasya) and the desire for continuous sedentary comforts.

B. Modern Relevance & Psychoneuroendocrinology

The ancient guidelines of Sadvrutta remarkably align with modern psychosomatic medicine:

The Stress Connection: Modern studies prove that psychological stress adversely affects metabolic regulation through neuroendocrine pathways.

Hormonal Impact: Chronic stress triggers increased cortisol secretion, which is a major contributor to insulin resistance and poor glycemic control.

Contemporary Applications: Practices such as meditation, yoga, mindfulness, relaxation techniques, and disciplined daily routines serve as the modern, practical applications of Sadvrutta in contemporary diabetes care.

C. The Role of Self-Discipline and Restraint

Acharyas emphasize that managing Prameha requires Indriya Nigraha (restraint of the senses) and Muni-vritti (living a simple, disciplined, and austere life similar to that of a sage). This mental restraint prevents the patient from indulging in sedentary habits, excessive sleep, and overeating, which are the root causes of metabolic stagnation.

Clinical Applicability & Key Message

Collectively, the principles of Sadvrutta provide a comprehensive psychosomatic approach to Prameha management. It highlights that substantial metabolic benefit can be achieved through mental discipline alone. By promoting long-term emotional stability and self-control, Sadvrutta acts as a foundational therapy that complements physical treatments, ensures metabolic stability, and significantly improves the patient's overall quality of life.

8. DISCUSSION

8.1 Integrated Pathogenesis Reversal Model of Prameha

The classical Ayurvedic management of Prameha is based on the principle of reversing the underlying Samprapti rather than merely controlling symptoms. According to Brihattrayi, Prameha develops through excessive consumption of Madhura, Guru, Snigdha, and Abhishyandi Ahara along with sedentary lifestyle practices, leading to Kapha Vriddhi, Meda accumulation, Kleda increase, and Agnimandya. These pathological changes ultimately result in Srotorodha and dysfunction of Mutravaha Srotasa.

The dietary and lifestyle interventions recommended in the Brihattrayi act in the opposite direction of disease progression. Pathya Ahara such as Yava, Mudga, Kulattha, Kodrava, Shyamaka, Takra, and Tikta–Kashaya dominant foods possess Kapha-Medohara, Kledahara, Lekhana, and Agni-Deepana properties. Simultaneously, Vyayama, controlled eating habits, and avoidance of Divaswapna facilitate Meda reduction and restoration of metabolic activity.

Thus, the therapeutic pathway may be represented as:

Pathya Ahara + Pathya Vihara → Kapha Shamana → Meda Kshaya → Kleda Shoshana → Agni Deepana → Srotoshodhana → Metabolic Homeostasis

This integrated approach demonstrates that Ayurveda addresses the root pathology of Prameha rather than focusing solely on glycemic control.

8.2 Comparison with Contemporary Dietary and Lifestyle Management

A striking similarity exists between the dietary recommendations of Brihattrayi and modern evidence-based diabetes management.

Classical Ayurvedic texts advocate Yava, Kodrava, Shyamaka, Mudga, and Kulattha as staple dietary articles. Modern nutritional science recognizes these foods as rich sources of dietary fiber, complex carbohydrates, plant proteins, and low-glycemic-index nutrients that help improve insulin sensitivity and reduce postprandial glucose fluctuations.

Similarly, the avoidance of Dadhi, Ikshu Vikara, Guda, Pishtanna, excessive dairy products, and heavy fatty foods corresponds closely with modern recommendations restricting refined carbohydrates, sugary beverages, processed foods, and calorie-dense diets.

The emphasis placed on Vyayama, walking, agricultural labor, and active living by Sushruta and Vagbhata parallels current recommendations advocating regular aerobic exercise, resistance training, weight reduction, and reduction of sedentary behavior as first-line interventions for Type 2 Diabetes Mellitus.

Furthermore, the Ayurvedic concept of therapeutic beverages such as Sarodaka, Kushodaka, Madhu Udaka, and Triphala-based preparations resembles the modern concept of functional foods, nutraceuticals, and metabolically beneficial hydration strategies.

Therefore, many classical recommendations described in Brihattrayi demonstrate remarkable consistency with current scientific approaches to metabolic disease management.

8.3 Ayurveda as a Preventive System of Medicine

One of the most significant observations emerging from this review is the preventive orientation of Ayurvedic healthcare.

Unlike conventional disease-centered approaches that often begin after disease manifestation, Ayurveda emphasizes prevention through Nidana Parivarjana, Pathya Ahara, regulated lifestyle, and Sadvrutta. Acharya Charaka clearly identifies avoidance of causative factors as the foremost therapeutic intervention in Prameha.

The repeated emphasis on proper diet, daily exercise, avoidance of day sleep, mental discipline, moderation in food intake, and behavioral regulation demonstrates that Ayurveda views health maintenance as a continuous process rather than a reaction to disease.

In the context of rising global prevalence of obesity, metabolic syndrome, and Type 2 Diabetes Mellitus, these preventive principles assume considerable public health significance. The Brihattrayi therefore presents a comprehensive lifestyle-based model that integrates nutrition, physical activity, behavioral discipline, and psychosomatic balance for long-term metabolic health.

Table 02: Important Pathya Ahara in Prameha.

Pathya Dravya	Ayurvedic Action	Classical Reference
Yava	Lekhana, Medohara, Kledahara	Brihattrayi
Kodrava	Laghu, Kapha-Hara	Sushruta, Vagbhata
Shyamaka	Kapha-Medohara	Sushruta, Vagbhata
Mudga	Deepana, Pachana	Charaka
Kulattha	Lekhana, Medohara	Brihattrayi
Chanaka	Kapha-Hara	Brihattrayi
Takra	Kledahara, Grahi	Sushruta
Madhu	Lekhana, Medohara	Charaka
Tikta Shaka	Kapha-Shamana	Brihattrayi
Jangala Mamsa Rasa	Balya without Kapha aggravation	Brihattrayi

Table 03: Important Apathya Ahara in Prameha.

Apathya Dravya	Pathological Effect
Dadhi	Kapha and Kleda increase
Ikshu Vikara	Madhura excess and Meda accumulation
Guda	Kapha aggravation
Pishtanna	Agnimandya and Meda increase
Kshira (excessive)	Kapha Vriddhi
Sneha excess	Meda accumulation
Gramya Mamsa	Guru and Abhishyandi
Anupa Mamsa	Kapha aggravation
Audaka Mamsa	Kleda increase
Alcoholic preparations	Metabolic derangement

Table 04: Ayurvedic–Modern Correlation in Prameha.

Ayurvedic Concept	Modern Correlation
Meda Vriddhi	Obesity
Agnimandya	Metabolic dysfunction
Kleda Vriddhi	Fluid and metabolic imbalance
Santarpana	Overnutrition
Kapha Prakopa	Insulin resistance tendency
Srotorodha	Metabolic and vascular impairment
Divaswapna	Sedentary lifestyle
Vyayama	Exercise therapy
Pathya Ahara	Medical nutrition therapy
Nidana Parivarjana	Risk-factor modification

9. CONCLUSION

Prameha is a classical Santarpanottha Vyadhi characterized by Kapha predominance, Meda accumulation, Kleda excess, and Agnimandya. The Brihattrayi unanimously recognizes Ahara, Vihara, and Sadvrutta as fundamental determinants in both the development and management of the disease.

The present review demonstrates that Pathya Ahara is not merely supportive nutrition but serves as a primary therapeutic intervention capable of correcting the underlying metabolic derangements responsible for Prameha. Dietary articles such as Yava, Mudga, Kulattha, Kodrava, Shyamaka, Takra, and Tikta–Kashaya dominant foods possess Kapha-Medohara, Kledahara, and Agni-Deepana properties that directly oppose disease pathogenesis.

Equally important is the avoidance of Apathya Ahara, including Guru, Snigdha, Madhura, and Abhishyandi foods, which contribute to Kapha and Meda aggravation. Classical recommendations regarding exercise, active living, avoidance of Divaswapna, and adherence to Sadvrutta further strengthen metabolic regulation and disease prevention.

The collective evidence from Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya indicates a unified and holistic therapeutic framework in which food functions as medicine, lifestyle serves as therapy, and behavioral discipline supports long-term health. The remarkable correlation between these classical principles and modern concepts of diabetes prevention, lifestyle medicine, and metabolic health underscores the continuing relevance of Ayurvedic wisdom in contemporary healthcare.

Future clinical and interdisciplinary research may further validate and integrate these principles into evidence-based strategies for the prevention and management of diabetes and related metabolic disorders.

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