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INTEGRATING PREVENTIVE PRINCIPLES OF AYURVEDA INTO MODERN PUBLIC HEALTH DOMAINS: A NARRATIVE REVIEW AND PROPOSED CONCEPTUAL FRAMEWORK

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ABSTRACT

Ayurveda, an ancient healthcare system extensively practiced in India and Nepal, has been increasingly explored for its potential role in addressing chronic lifestyle disorders. Public health, on the other hand, focuses on organized community efforts to prevent disease and promote well-being. This review article examines the connections between the health principles of Ayurveda and public health, illustrating how these two systems complement each other in promoting health and preventing disease. A thorough literature review of major Ayurvedic texts such as Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Ashtanga Sangraha, and Bhavaprakasha Nighantu; a public health textbook and a few online databases such as PubMed, Cochrane Library, and Embase were conducted. This study identifies key areas where Ayurvedic principles align with public health practices, such as nutrition, physical activity, personal hygiene, environmental health, and reproductive health. The findings suggest that integrating Ayurvedic principles with modern public health strategies could enhance overall health outcomes. Therefore, based on this synthesis, a conceptual framework aligning Ayurvedic preventive principles with modern public health domains is proposed.

Keywords: Ayurveda, Public Health, Health Principles, Preventive Health, Promotive Health

INTRODUCTION: Ayurveda is widely practiced as one of the popular healthcare systems in India and Nepal, and its popularity is also expanding globally as a form of holistic and integrative medicine.^[1] As global interest in holistic and integrative medicine grows, Ayurveda's relevance in promoting health and preventing diseases is increasingly recognized.^[2] Its principles, rooted in ancient texts, are highly recognized for

their potential in health promotion and in addressing chronic lifestyle disorders, which consist of a major proportion of global disease burden.

Ayurveda focuses on individualized care^[3], while public health emphasizes community-wide interventions. Ayurveda treats the person as a whole and suggests the best regimen for them. Public health, focusing on organized community efforts to prevent disease and promote well-being,

shares many goals with Ayurveda. While medicine deals with the treatment of unhealthy populations, public health emphasizes disease prevention and community-wide health promotion. Despite these differences in the scopes of Ayurveda and public health, the preventive and promotive domain of Ayurveda offers a rich resource of principles related to daily and seasonal regimens, dietetics and behavioral conduct. However, a critical analysis of these principles within a modern public health framework remains underexplored in the purview of contemporary literature.^[4]

Currently, most of the research on Ayurveda is either on the effect of certain herbal medicines on certain diseases and the integration of the concepts of modern public health is often overlooked.^[5] This has created a gap where the strong collaborations between public health strategies and Ayurveda's personalized, prevention-focused knowledge remain untouched. This review attempts to address this gap. It provides a new, structured map that clearly aligns Ayurveda principles with core public health domains, moving beyond theory to show practical connections. This offers public health professionals a new way to utilize traditional knowledge for better community programs. Also, for Ayurveda practitioners, it provides a translational framework to showcase health preventive knowledge of Ayurveda in global health discussions in designing integrative health policies. Therefore, this correlation of health principles highlights how combining these systems leads to more relevant, acceptable, and effective health interventions, especially in communities of

the Indian subcontinent where health traditions like Ayurveda are already accepted and deeply valued. There are two domains of Ayurveda: Longevity of Life (Preventive Perspective) and Ayurvedic Medicine (Curative Perspective). Among these two domains of Ayurveda, 'Longevity of Life' is what connects the modern public health approach with Ayurveda.

AIM

This review study aims to explore the connections between the health principles of Ayurveda and public health, demonstrating how the two systems complement each other in their goals of health promotion and disease prevention.

OBJECTIVES

1. To describe the concepts and health principles of Public Health.
2. To describe the concepts and health principles of Ayurveda.
3. To discuss and connect the health principles of Ayurveda and Public Health.
4. To analyze the similarities between the promotive and preventive aspects of Public Health and Ayurveda.

METHODOLOGY

The methodology for this study involved a comprehensive literature review to understand the core principles and concepts of both Ayurveda and public health. Major Ayurvedic texts such as Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Ashtanga Sangraha, and Bhavaprakasha Nighantu were reviewed to extract relevant information on Ayurvedic health principles. Additionally, databases such as PubMed, Cochrane Library, and Embase were searched for relevant journals and articles on Ayurvedic principles and public health.

Terminologies like “Ayurveda”, “longevity”, “holistic health”, “public health”, “health principles” and “preventive medicine” were used to search online databases. Out of 15 articles, 11 matched the aim of the present study and were included for the literature review. The literature was reviewed and synthesized to identify key themes and principles that connect Ayurveda and public health. The findings were organized into thematic domains, core actions, and intervention domains to ease the comparative analysis. These domains and their components are the teachings and practices of Prof. Dr. Yogendra Prasad Pradhananga (MPH, DrPH). He is renowned for having served as a public health consultant at the WHO from Nepal. He has been involved in teaching since the beginning of his career at Nepal Institute of Health Science (NIHS), Kathmandu. He has also served as the chairman of Nepal Public Health Association (NEPHA). The primary thought to conduct the present study originated from the unique concept in the public health domain, as explained by Prof. Dr. Yogendra Prasad Pradhananga in one of his seminars on the title “Changing Perspectives of Public Health in Nepal: A Critical Outlook” as a part of the health policy discussion series on 2019 September 24 highlighting various domains of public health, difference between public health and medicine and deeper insights on promotion, prevention and protection of health. The analytical framework was inspired by the seminal teachings of Prof. Pradhananga, and these

concepts have been operationalized and synthesized for this comparative analysis.

LITERATURE REVIEW

Health Principles and Concept of Health in Public Health

Public Health is defined as the science and art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts for the cleanliness of the environment and the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing services early diagnosis and preventive treatment of disease, and the development of the social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health. This definition was given by Charles-Edward Amory (C.E.A.) Winslow (1923).^[6] This definition explains what public health is, how public health is achieved, and what are the types of interventions done to achieve it. However, some of the phrases need to be reviewed as per the definition of public health given by C.E.A. Winslow, as it differs from the present context of modern public health. The two phrases, i.e., medical and nursing services, early diagnosis, and preventive treatment of disease, are beyond the concept of public health and aren't included in the basic public health concept. Summarizing the above definition, there are three domains of public health, viz. thematic domain, the core actions domain, and the intervention domain, as shown in Table 1.

Table 1: Three Major Domains of Public Health with their Components

I. Thematic Domain	II. Core Actions Domain	III. Intervention Domain
1. Nutrition	1. Promoting health	1. Health Education
2. Physical Activity	2. Preventing health risk factors, injuries, and diseases	2. Health Promotion (in terms of enabling process by Ottawa Charter)
3. Personal Hygiene	3. Protecting health (Biological/Chemical)	3. Policy/ Regulatory
4. Environmental Health	4. Controlling Outbreaks/Epidemics	4. Infrastructure (Physical)
5. Family Health	5. Encouraging early detection, treatment, and compliance to treatment	5. Community Organization, Mobilization, Action
6. Reproductive Health		6. Managerial
7. Immunity		
8. Health Risk Factors		
9. Communicable Diseases		
10. Non-communicable Diseases		
11. Smoking/ Alcoholism		
12. Disasters		

Domains of Public Health and their Components

The thematic domain refers to the subject or topic of concern related to health. These are the areas, such as health, disease, injury, risk factors, and related themes, that public health deals with. The core actions domain refers to the actions taken for topics within the thematic domain. They can be abbreviated as the P3CE model, which includes P-promotion, P-prevention, P-protection, C-controlling epidemic of risk factors, and E-encouraging people in the disease domain for early detection, treatment, and compliance. The intervention domain refers to all programs or interventions carried out to address the core domain. These programs are designed, implemented, and evaluated in relation to

all or some of the five core actions of the public health themes. Public health deals with various health topics like nutrition, physical activity, personal hygiene, environmental health, family health, reproductive health, immunity, health risk factors, communicable diseases, and non-communicable diseases etc. They individually and collectively fall under the thematic domain of public health. That's why promoting health to the point of total health is public health's primary objective. The second is preventing the conditions that increase the risk of developing diseases, known as prevention. Practically avoiding the factors that generate risk factors, the risk factors themselves causing disease and injury, is the proper definition of prevention. When promotion and prevention fail, then protecting health

comes into action. As we have failed to prevent pathogens and other factors from entering our bodies, it is now important to protect the latter stages of the body from developing a state of disease with vaccinations. The next step is to control the outbreaks of health risk factors and diseases before they take the form of epidemics and later epidemics into pandemics. In regards to suspected and diagnosed patients, encouraging early detection, treatment, and compliance with treatment comes under the core actions domain.

The intervention domain contains those programs that can be implemented to put the five core actions on public health themes through different interventions. The first method is by educating the public about healthy living. The second is enabling and empowering them towards healthy living, which is known as health promotion (in terms of the Ottawa Charter).^[7] When the strategy of health education and health promotion fails, then to support the above two interventions, various policies and regulations are brought forward. For instance, we have urged people to give up smoking far too much. Enough drug de-addiction programs have been implemented. However, because these initiatives were ineffective, it was necessary to enact laws like the Tobacco Act. Developing physical infrastructures is another intervention that is followed. For example, building clean drinking water tanks, pipelines, taps, sanitary toilets, etc., prevents risk factors of causing diseases.

Health Principles and Concepts of Health in Ayurveda

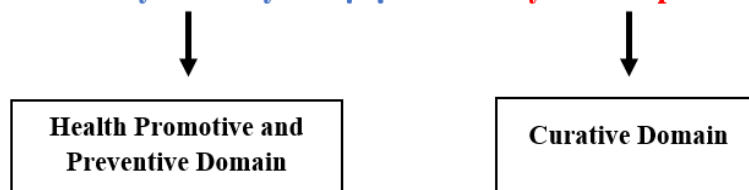
Between the period of 1200 BC – 600 BC, Acharya Sushruta, a great surgeon and teacher of Ayurveda, defined health under five principal criteria, viz. (i) a state of equilibrium of *Tridosha*, the three major physiological governing principles of the body, (ii) a state of equilibrium of *Agni* (Digestive fire), the process of digestion and metabolism in the body, (iii) a state of equilibrium of *Dhatu*, the mechanism of formation of seven body tissues, (iv) in the proper excretion of waste products, and (v) the sense organs, mind, and soul are in a state of bliss.”^[8] The harmonious interaction of various elements for mutual benefit is a concept that aligns with the principles of Ayurveda, as outlined in the definition of health above.

Major domains of Ayurveda

Acharya Charaka has described the two major aims, which in this context can also be termed as the domains of Ayurveda, as shown in Figure 1.^[9]

- 1. Longevity of Life (Health Promotive and Preventive Domain):** *Svasthasya Svaasthya Rakshanam* - means to protect and preserve the health of the healthy individuals.
- 2. Ayurvedic Medicine (Curative Domain):** *Aturasya Vikaraprashamanam* - refers to curing the disease of unhealthy individuals.

prayojanam cāsyā svasthasya svāsthyarakṣaṇam-āturasya vikārapraśamanam ca



(Ref: Charaka Samhita, Sutra Sthana 30/26)

Figure 1: Two Major Domains of Ayurveda

Among these two domains of Ayurveda, Longevity of Life, i.e., the health promotive and preventive perspective, connects with the public health approach. This is the primary goal of Ayurveda. Longevity of life is termed “*Ayu*” or “*Deerghayu*,” which means expanding the span of life. *Ayu* is defined as the combination of body, sense organs, mind, and soul.^[10] In other words, it means life exists and extends only if these four entities co-exist. For life to exist and for an individual to achieve *Dharma*, *Artha*, *Kama*, and *Moksha*, the *Arogya* (complete state of health) is mandatory.^[11] Health promotion and prevention are the main focuses of Ayurveda. Ayurveda is person-centred and has a broad scope of usage. Ayurveda represents several principles and approaches to preventative healthcare.

Promotional Activities

***Dinacharya* (Daily regimen):**^{[12][13][14]} *Brahma Muhurta Uthishta* (Waking up just before sunrise), *Shaucha Vidhi* (Defecation and urination), *Dantadhawana* (Tooth brushing), *Jihvanirlekhana* (Tongue cleansing), *Sneha Gandusha Dharana* (Retaining oil in mouth), *Mukha* and *Netra Prakshalana* (Washing of face and eyes), *Sugandhita Dravya Dharana* and *Tambula Sevana* (Use of mouth freshener and betel leaves), *Anjana* (Application of collyrium), *Nasya* (Nasal

irrigation), *Dhumapana* (Inhalation of medicated smoke), *Vyayama* (Physical exercise), *Kshaura Karma* (Regular cutting of hair, nail, etc), *Abhyanga* (Body massage with oil), *Sharira Parimarjana* (Body cleansing), *Snana* (Bathing), etc.

***Ritucharya* (Seasonal regimen):**^{[15][16][17]}

Comprehensive information on how to maintain health and deal with seasonal and climatic variations. It includes wholesome and unwholesome foods and regimens to be followed in a particular season.

***Pathya Ahara* (Wholesome diet):** There is a unique concept of Ayurveda Dietetics explained by *Acharya Charaka* in *Charaka Samhita*. Ayurveda also gives the concept of food as medicine and medicine as food.

1. *Ashta Ahara Vidhi Vishesha Ayatana*^[18] – Guidelines for selecting an appropriate food
2. *Ahara Vidhi Vidhana*^[19] – Rules of eating food
3. *Nitya Sevaniya Ahara*^[20] – Concept of balanced diet
4. *Nitya Asevaniya Ahara*^[21] – Foods not to be eaten daily
5. *Dwadasha Ashana Pravicharana*^[22] – different ways of food administration based on the quality and quantity of food
6. *Bhojana Krama*^[23] – Sequence of consumption of food as per its quality

7. *Trividha Kukshi Pramana*^{[24][25]} – Quantity of food to be consumed
8. *Bhojanottara Vidhi*^[26] – Post-prandial regimens

Viruddha Ahara (Incompatible food):^[27]

An incompatible food is the wrong food. Ayurveda says, to train the body to digest the *Viruddha Ahara*, one should practice it for a longer time and in small quantities. People won't experience any negative effects once they become accustomed to it. ***Vihara (Physical activities):*** Suitable physical activities like *Chankramana* (walking) and *Vyayama* (physical exercises) are advised for maintaining health.

Protective Actions

Vyadhikshamatva (Immunity):^[28]

Ayurveda defines immunity by two factors, viz. *Vyadhi Utpada Pratibandhakatva* and *Vyadhi Bala Virodhitva*. *Vyadhi Utpada Pratibandhakatva* refers to resistance to the formation of diseases and resistance to causative factors of diseases. *Vyadhi Bala Virodhitva* refers to the capacity to prevent the spread of diseases in the body, and the capacity of the body to block the diseases in their primary stage. *Prakara Yoga* is an indigenous method of enhancing the body's immunity, which is narrated only in Chapter 35 of the textbook *Arogya Kalpadrumam*.^[29] It is one of the popular texts of the 18th CAD on paediatrics from Kerala, written by Vaidya Kaikkulangara Rama Varrier. A comprehensive immunization plan for newborns from birth to 12 years of age is elaborately explained. *Ayurvedic* texts describe *Ojovriddhikara Bhava/Bala Vriddhikara Bhava* as additional concepts to boost immunity.

Preventive Actions

Nidana Parivarjana:^[30] To avoid the known causes of disease, e.g., avoid drinking contaminated water to avoid diarrhoea, cholera, jaundice, fever, etc.

Ritu Shodhana Karma (Seasonal bio-purification):^{[31][32]}

This is an efficient method of managing seasonal diseases (*Kalaja Vyadhi*). Diseases are caused by the body's three *Doshas* being aggravated seasonally. Ayurveda recommends *Basti Karma* (medicated enema) to prevent *Vata* disease in *Varsha Ritu*. In the *Vasanta Ritu*, *Vamana Karma* (medicated emesis) controls diseases of *Kapha Dosha*, while in the *Sharada Ritu*, *Virechana Karma* (medicated purgation) controls *Pitta Dosha* diseases. Timely *Raktamokshana* (bloodletting) and *Virechana Karma* in *Sharada Ritu* can also help prevent blood diseases.

Food according to Prakriti (Individual body constitutions):^[33]

Highlighting the person-centred approach of Ayurveda, it says every individual has a unique body constitution based on *Dosha*, and thus they are prone to certain diseases. Consuming food opposite to their predominant *Dosha* helps to prevent the vitiation of *Doshas*, causing diseases. For example, a *Vata Prakriti* person should consume hot, unctuous, smooth, heavy food that tastes sweet, salty, sour, and fleshy, such as wheat, milk, curd, jaggery, sweets, and fleshy foods. A *Pitta Prakriti* person should consume foods like ghee, bitter gourd, gram flour, sugar, jaggery, and other cold, soft, heavy, and unctuous foods with sweet, bitter, and astringent tastes. A *Kapha Prakriti* person should consume hot, light, dry food with a pungent, bitter, and astringent taste.

Table 2: Regimens advised in Ayurveda for Reproductive Health based on stages in life

SN.	Stages in life	Wholesome regimens to be followed
1	Puberty	<i>Rajaswala Charya</i> ^[34]
2	Pregnancy	<i>Garbhini Paricharya</i> ^[35]
3	Post partum	<i>Sutika Paricharya</i> ^[36]
4	Lactating mother	<i>Stanyapana Vidhi</i> ^[37]

Regimens Based on Stages in Reproductive Health Life: For instance, premenstrual cramps and dysmenorrhea can be prevented by following *Rajaswala Charya*, which advises avoiding acidic, pungent, cold foods, garlic, curds, bean sprouts, and sweets made with cow colostrum, etc. Similarly, premature births, stillbirths, etc., can be avoided if *Garbhini Paricharya* is followed properly. Postpartum complications can be avoided when *Sutika Paicharya* is followed correctly. The right method of lactation by the mother to the child prevents nutrition deficiency-related diseases in children. (Table 2)

Sadvritta (Codes of right conduct):^[38] Social behaviour and conduct of the individual based on religious rituals and practices is known as *Sadvritta*. This includes factors for mental and social health.

Rasayana^[39] (Rejuvenation) and **Vajeekarana**^[40] (Promotion of fertility and libido): *Rasayana* therapy acts as a delaying agent for the biological factors that cause ageing. It is a unique concept in geriatric health. The ancient *Ayurvedic* remedy that promotes sexual vitality and wellness is called *Vajeekarana*.

Santarpana Janya Vyadhi and Apatarpana Janya Vyadhi (Non-Communicable diseases):^[41] Excessive exposure to the nourishment of the body up to its saturation leads to diseases like

obesity, diabetes, carbuncles, urticaria, itching, skin diseases, etc. and are known as *Santarpana Janya Vyadhi*. Whereas undernourishment of the body leads to various conditions like malnutrition, body emaciation, decreased muscle mass and strength, oligospermia, poor digestion, depletion of *Ojas* (a vital component of the body associated with immunity and general strength), etc., and are known as *Apatarpana Janya Vyadhi*.

Control Actions

Aupasargika Vyadhi^[42]/**Sankramaka Roga (Communicable diseases) and Janapadodhwansha (Epidemics):** *Aupasargika Vyadhi/Sankramaka Roga*, also known as infectious disease or disease transmission through contact. The *Charaka Samhita* explains how the elements *Vayu* (air), *Udaka* (water), *Desha* (soil and land), and *Kala* (time) contribute to the spread of epidemics known as *Janapadodhwansha*.

Kulaja Roga (Congenital diseases):^[43] *Pumsavana Karma/Vidhi* is explained as a preventative measure against many congenital diseases. It is the method prescribed for pre-conception. It is usually seen that congenital diseases occur before conception. The classical aim of *Pumsavana Karma* is to ensure a healthy fetus, which inherently prevents developmental anomalies.

Aligning Preventive Principles of Ayurveda Within Public Health Domains

The above analysis reveals significant connections and parallels between these two approaches to health and wellness.

1. **Nutrition:** Ayurveda and public health both emphasize the importance of proper nutrition for maintaining health and preventing disease. Ayurveda provides detailed guidelines for selecting appropriate food (*Ashta Ahara Vidhi Vishesha Ayatana*) and rules for eating (*Ahara Vidhi Vidhana*). These principles align with public health's focus on adequate and appropriate food consumption to prevent malnutrition. Both systems recognize the significance of meal timing and its impact on health. Ayurveda's concept of *Viruddha Ahara* (incompatible foods) and *Nitya Sevaniya Ahara* (balanced diet) corresponds to public health's emphasis on balanced nutrition. The *Ayurvedic* principles of *Trividha Kukshi Pramana* (quantity of food to be consumed) and *Bhojanottara Vidhi* (post-prandial regimen) further demonstrate the detailed approach to nutrition that complements modern public health guidelines.

2. **Physical Activity:** Both Ayurveda and public health recognize the importance of physical activity for maintaining health. Ayurveda's concepts of *Vyayama* (exercise) and *Chankramana* (walking) align with public health's promotion of fitness activities, aerobics, and other forms of exercise.

3. **Personal Hygiene:** Ayurveda places great emphasis on personal hygiene through various practices such as *Shaucha Vidhi* (elimination of alimentary excreta),

Dantadhawana (tooth brushing), *Kavala* (gargling), and *Snana* (bathing). These practices closely parallel modern public health's WASH (Water, Sanitation, and Hygiene) protocols. Ayurveda's inclusion of mental hygiene through practices like *Sadvritta* (code of good conduct) and *Acharya Rasayana* (good physical and mental conduct) demonstrates a holistic approach to hygiene that encompasses both physical and mental aspects.

4. **Environmental Health:** Ayurveda's concept of *Janapadodhwamsa* emphasizes respecting and preserving the natural environment, avoiding pollution and toxins, and adopting eco-friendly practices. This aligns with modern public health's focus on environmental health and sustainability.

5. **Reproductive Health:** Both systems place significant importance on reproductive health. Ayurveda's principles, such as *Garbhavridhikara Bhava* (factors responsible for fetal growth) and *Garbha Upaghatakar Bhava* (factors harmful to the fetus) correspond to modern prenatal care guidelines. Ayurveda's *Garbhini Paricharya* (regimens for pregnant women) and *Sutika Paricharya* (postnatal care) align with contemporary maternal and child health practices in public health.

6. **Immunity and Disease Prevention:** Ayurveda's concept of *Vyadhikshamatva* (disease resistance) closely relates to the modern understanding of immunity in public health. Both systems emphasize the importance of building and maintaining a strong immune system to prevent diseases.

7. **Health Risk Factors and Disease Classification:** Ayurveda's *Nidana* (etiological factors) considers diet,

lifestyle, and treatment as potential sources of health risks, which aligns with public health's approach to identifying and mitigating health risk factors. Both systems also categorize diseases into communicable (*Aupasargika Vyadhi* in Ayurveda) and non-communicable diseases.

8. Health Promotion and Disease Prevention: Ayurveda's principles of *Rituanusara Shodhana Karma* (seasonal bio-purification), *Pathya-Apathya* (wholesome and unwholesome food), *Dinacharya* (daily regimen), and *Ritucharya* (seasonal regimen) align with public health's focus on health promotion and disease prevention. The *Ayurvedic* concept of *Nidana Parivarjana* (eliminating causative factors of diseases) corresponds to public health's emphasis on preventing health risk factors and diseases.

9. Immunization and Epidemic Control: Ayurveda's *Swarnamrita Prashana* is described as an *Ayurvedic* form of immunization, which parallels modern vaccination practices in public health. The principles of *Janapadodhwamsa* in Ayurveda also guide controlling epidemics, aligning with public health's approaches to managing outbreaks.

10. Health Education and Promotion: Both systems recognize the importance of health education and promotion. Ayurveda's *Guru Shishya Parampara* (tradition of teacher-student knowledge transfer) aligns with public health's focus on spreading health knowledge through various media and publications.

DISCUSSION

Every individual wish to live a healthy life without being ill. The discipline that deals

primarily with the healthy population is 'Public Health'. When people get ill, they wish for quality treatment. The discipline that deals with the treatment of unhealthy populations is 'medicine'. Therefore, 'medicine' and 'public health' are different. Public health and medical care are not the same, but the two opposite sides of a coin. The primary goals of medicine are patient care, illness diagnosis, treatment, and medico-ethical behavior in the context of social responsibilities, as well as individual and personal medical and nursing services. The medical model prioritizes pathophysiology, etiology, and medical care (infectious disease, oncology, etc.). On the other hand, public health features emphasize five core actions (P3CE – Promotion, Prevention, Protection, Control and Encouragement for early detection), including disease prevention and community-wide health promotion, with a primary focus on promoting the health of the population. Ayurveda is the science of life that deals with the concepts of both public health as well as medicine, which are the two major aims of Ayurveda.

Ayurveda has emphasized individual and community health. It is equally important to maintain and promote health because it is constantly changing due to a variety of factors. The global health crisis is worsened by pollution and degradation of ecosystems, leading to declining quality of life and increasing mortality rates. Ancient medical systems like Ayurveda offer potential solutions for personal and public health. The simple practices described in Ayurveda are incredibly helpful in addressing contemporary public health issues. Within Ayurveda, the field of

Swasthavritta addresses both communicable and non-communicable diseases, with a focus on disease prevention through a holistic approach that includes diet and lifestyle, hygiene, and yoga.

Both systems share a holistic approach to health. These connections suggest that integrating Ayurvedic principles with modern public health practices could potentially enhance overall health outcomes. By combining the time-tested wisdom of Ayurveda with evidence-based public health strategies, a more comprehensive and culturally resonant approach to health promotion and disease prevention could be developed. For example, conducting public programs to see the cost-effectiveness of community-based *Dinacharya* programs, or running programs regarding the impact of *Ritucharya*-based seasonal health advice on seasonal disease prevalence. This integration could be particularly beneficial in regions where Ayurvedic practices are culturally familiar, potentially improving adherence to health guidelines and fostering a more holistic understanding of health and wellness in communities. Despite having a lot of potential in theory and application, Ayurveda and its public health dimension are still trying to make a name and place for themselves globally. Further scope includes that if the Ayurveda practices scientific methodology and is demonstrated with the right supporting documentation and data backed by evidence, it can be introduced to the world market as a possible public health service delivery system. Major factors like preventive, promotional, and social health

have often been ignored since the complementary medical system is excessively focused on molecule-based medications alone. Today, public health is becoming more and more popular, which is encouragingly different from the traditional health systems in meeting the demands of the times, regarding the longevity of life. By these discussions, the famous proverb “Prevention is better than cure” can be restated as “Promotion of health is better than prevention of risk factor and disease”.

CONCLUSION

A person becomes free from all diseases if they regularly consume nutritious foods and engage in healthy activities, decide between what is good and bad in everything and then act wisely, avoid becoming too attached to sensory stimuli, develop a habit of generosity, see everyone as equal, are truthful, forgive others, and associate only with good people. To help the healthy person to protect and maintain his wellness and stay healthy forever, i.e., *svasthasya svaasthya rakshanam*, is what connects Ayurveda and public health, and that can be envisioned through the preventive perspective of health. Thus, there is an association between the health concepts and the principles of Ayurveda and public health. The aims of Public Health and Ayurveda are similar.

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