



AYURVEDA FOR PEOPLE AND PLANET: A NARRATIVE REVIEW OF PREVENTIVE HEALTH AND ENVIRONMENTAL SUSTAINABILITY

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ABSTRACT Human health depends on stable ecological systems, yet preventive-health and environmental agendas are often considered separately. Ayurveda places preservation of health at the centre of practice through concepts including Swasthavritta, Dinacharya, Ritucharya and Sadvritta. This narrative review examines how selected Ayurvedic principles may inform environmentally responsible health practice without treating Ayurveda as an historical equivalent of planetary health. PubMed/MEDLINE, authoritative institutional sources and major Ayurvedic compendia were examined up to 28 August 2026. The literature indicates cautious convergence around prevention, context-sensitive diet, moderation, reduced avoidable consumption and biodiversity stewardship. Direct evidence that specific Ayurvedic regimens improve environmental outcomes is, however, limited. Increasing demand for herbal products may intensify overharvesting, substitution, adulteration, processing burdens and packaging waste. A credible people-and-planet approach therefore requires authenticated materials, sustainable cultivation and collection, traceable supply chains and measurement of health and environmental outcomes. Ayurveda may contribute useful preventive and ethical perspectives, but sustainability must be demonstrated rather than presumed.

KEYWORDS : Ayurveda; Preventive health; Planetary health; Environmental sustainability**INTRODUCTION:**

Non-communicable disease, climate disruption, biodiversity loss and pollution share upstream drivers in food systems, urban environments and patterns of consumption. Planetary health links human wellbeing with the natural systems on which civilization depends.¹ One Health similarly recognizes the interdependence of people, animals, plants and ecosystems.² Prevention therefore concerns both personal behaviour and the conditions shaping food, water, exposure and healthcare.

Ayurveda gives prevention a central place: its classical purpose includes maintaining the health of healthy persons as well as treating illness.³ *Swasthavritta* (maintenance of health), *Dinacharya* (daily regimen), *Ritucharya* (seasonal regimen), *Sadvritta* (health-supporting conduct) and appropriate diet organize behaviour in relation to person, place and time.³⁻⁵ This review examines their possible relevance to people-and-planet health while identifying limits and ecological risks.

REVIEW METHODOLOGY:

A narrative review was undertaken because the question spans classical texts, preventive health, sustainability science and policy. Searches up to 28 August 2026 used PubMed/MEDLINE and official resources of the World Health Organization (WHO), Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services, Ministry of Ayush and National Medicinal Plants Board. Search terms combined “Ayurveda” with “prevention,” “sustainability,” “biodiversity” or “medicinal plants,” and included “planetary health,” “One Health” and “sustainable healthcare.”

Peer-reviewed literature, authoritative reports and the *Charaka Samhita*, *Sushruta Samhita* and *Ashtanga Hridaya* were included. Promotional and unverifiable sources were excluded. Findings were synthesized thematically. This was not a systematic review; database coverage and formal risk-of-bias assessment were limited, and interpretative links should be treated as hypotheses where direct evidence is absent.

Ayurveda and Preventive Health:

Ayurvedic prevention is contextual. *Dinacharya* links regularity with sleep, cleanliness, activity and self-care; *Ritucharya* modifies conduct according to seasonal change; and dietary reasoning considers quality, quantity and individual capacity. *Prakriti* (constitution), *Agni* (digestive-metabolic capacity), *Desha* (place), *Kala* (time) and *Matra* (appropriate quantity) resist uniform prescriptions.^{3,5} These concepts may support structured routines, dietary attentiveness and seasonal risk communication. They must not replace vaccination, screening or indicated care, nor obscure poverty, pollution, unsafe work and other social determinants.

The contemporary value of these ideas lies partly in presenting prevention as repeated behaviour embedded in time, place and community rather than as an occasional intervention. Their limits must remain visible: broad validation of a tradition cannot replace testing of defined practices, populations, safety outcomes and comparators. Individual responsibility should therefore be situated within

supportive public-health and social conditions.

In practice, preventive advice should be feasible, culturally acceptable and proportionate to individual need. Recommendations concerning sleep, activity, food quantity and seasonal adaptation require clear descriptions, monitoring and safeguards for vulnerable groups. Shared decision-making can help distinguish sustainable self-care from delayed diagnosis or unnecessary restriction. This approach retains Ayurveda's contextual reasoning while making its contemporary application accountable to patient safety and measurable benefit.

Table 1. Selected Ayurvedic Principles and Possible People-and-planet Relevance

Principle	Preventive relevance	Possible sustainability relevance	Caution
Dinacharya	Regular sleep, hygiene and activity	Repeated, potentially low-resource self-care	Health and ecological effects need separate testing
Ritucharya	Season-sensitive behaviour	Seasonal awareness	Seasonal is not automatically low-impact
Ahara–Matra	Dietary quality and moderation	May reduce excess and waste	Impact depends on production and access
Desha–Kala	Place- and time-responsive advice	Context-specific decisions	Not a substitute for life-cycle evidence

Ayurveda and Planetary Health:

The most defensible bridge is functional, not historical. Moderation and attention to season and place may encourage lower-waste habits, but environmental performance depends on production, transport, storage and disposal. Contemporary food research demonstrates possible health–environment co-benefits while also requiring local adaptation and attention to affordability.^{6,7} Ayurvedic dietary reasoning can add contextual questions; it cannot replace nutritional or life-cycle evidence.

Responsibility also extends beyond patients. Institutions can avoid unnecessary products and procedures, conserve water and energy, segregate waste and measure material use. WHO's current traditional medicine strategy places evidence, safety, equity, sustainability and biodiversity within the same policy frame.⁸ Local sourcing may improve traceability yet remain harmful when slow-growing wild species are harvested destructively.

A people-and-planet interpretation therefore requires institutional accountability. Preventive programmes should be assessed by adherence, safety, patient-reported benefit and appropriate healthcare use—not by the volume of products dispensed. Teleconsultation may reduce patient travel in suitable follow-up settings, but digital access, privacy, infrastructure and clinical appropriateness must also be considered. Sustainability is a measured property of a service or supply

chain, not a label attached to tradition.

Healthcare institutions can begin with simple baseline audits of electricity, water, procurement, food services, patient travel, single-use materials and waste segregation. Priorities should be selected according to burden, feasibility and clinical risk, followed by time-bound indicators and transparent reporting. Reducing low-value consumption may provide simultaneous financial and environmental gains, whereas poorly planned substitutions can shift burdens elsewhere. Environmental improvement should therefore be assessed across the complete pathway rather than at a single visible stage.

Medicinal Plants, Biodiversity And Sustainable Ayurveda:

Herbal demand may support cultivation and livelihoods but can intensify pressure on wild populations. Destructive collection, habitat loss, uncertain identity and adulteration threaten quality and conservation. Research on traded Ayurvedic materials supports authentication, restoration, cultivation and sustainable management.⁹ India's medicinal-plant resources promote good agricultural practice, field collection and post-harvest management.¹⁰

A responsible supply chain should record botanical source, plant part, origin and harvest method; prefer cultivation when it reduces wild pressure; apply non-destructive collection; and maintain traceability. Substitution must be classically defensible, authenticated, clinically appropriate and legally permitted. Manufacturing impacts from water, energy, solvents, packaging and expired inventory also require evaluation. Expansion without safeguards can convert cultural popularity into ecological liability.

Risk assessment should consider conservation status, plant part, wild or cultivated origin, regeneration time, geographic vulnerability and trade volume. Roots, bark and whole plants may require closer scrutiny than renewable parts, although species-specific ecology is decisive. Conservation rules should involve collectors and knowledge holders, protect livelihoods and support equitable benefit sharing. Packaging reduction must never compromise product stability, safety or regulatory compliance.

Traceability should connect each finished batch with authenticated raw material, supplier, collection or cultivation location, processing steps and quality-control results. High-risk ingredients may require independent verification and periodic ecological review. Cultivation is not universally preferable: land, water, agrochemical use and genetic diversity also matter. Procurement decisions should therefore balance conservation, quality, livelihoods and therapeutic necessity rather than relying on a single “wild” or “cultivated” label.

Challenges And Future Directions:

Direct studies rarely measure health and environmental outcomes together, while “natural,” “traditional” and “local” are often used as unverified sustainability claims. Research should pair clinical outcomes with material use, waste, emissions, water demand, biodiversity risk, affordability and equity. Life-cycle assessment is needed for representative formulations and services. Education should combine classical reasoning with evidence appraisal, botanical identification and sustainable procurement. Conservation initiatives must involve knowledge holders, protect rights and support benefit sharing.

Pragmatic studies could compare clearly described routine-based programmes with usual care while documenting travel, consumables and downstream service use. Manufacturers and institutions should publish procurement standards and report environmental indicators for high-volume products. Regulators can require traceability and conservation plans for high-risk ingredients and prohibit unsupported “green Ayurveda” claims. These steps would allow beneficial practices to be identified while acknowledging that some may show no ecological advantage or require redesign.

A common reporting framework would improve comparison across studies and institutions. At minimum, reports should specify the intervention, population, duration, clinical outcome, adverse events, resource inputs, waste, cost and equity implications. Qualitative work with patients, practitioners, farmers and collectors can explain feasibility and unintended effects. Such mixed evidence is necessary before preventive or herbal practices are promoted as models of planetary health.

Table 2. Research and Implementation Priorities

Area	Current problem	Recommended action	Indicator
Prevention	Benefit assumed	Measure clinical and resource outcomes	Health, travel, material and waste data
Medicinal plants	Origin may be unclear	Traceability and conservation plans	Verified source and harvest
Manufacturing	Impacts hidden	Product life-cycle assessment	Energy, water, emissions and packaging
Policy	Broad green claims	Define standards and prohibit unsupported claims	Public reporting

CONCLUSION:

Ayurveda offers a preventive vocabulary centred on routine, season, moderation, conduct and sensitivity to context. These principles can inform questions about health with fewer material burdens, but they do not themselves prove environmental benefit. A credible people-and-planet Ayurveda must combine classical integrity with clinical evidence, social equity, botanical authentication, sustainable sourcing and transparent measurement. Its contribution should be tested through interdisciplinary study rather than presumed through romantic equivalence.

Declarations:

- **Funding:** None.
- **Conflict of Interest:** NIL.
- **Ethical Approval:** Not applicable. This narrative review used published literature and did not involve human participants, animals or identifiable personal data.
- **Data Availability:** No new data were generated. All sources used are included in the reference list.
- **Author Contribution:** Dr Ved Bhushan Maithani conceptualized the review, conducted the literature review and thematic synthesis, drafted and critically revised the manuscript, and approved the final version.
- **Acknowledgement:** The author gratefully acknowledges Uttaranchal Ayurvedic College, Dehradun, and the Chairperson/ Head and faculty members of the PG Department of Samhita Evam Siddhant for their institutional and academic support.

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