



Review Article

SWASTHAVRITTA IN CONTEMPORARY HEALTHCARE: BRIDGING AYURVEDA PREVENTIVE MEDICINE WITH ARTIFICIAL INTELLIGENCE-ENABLED ADVANCEMENTS

Harsh N. Pandya^{1*}, Ajitsinh K. Gohil², Hemant C. Chudasama³, Vrushabh S. Pandit⁴, Apurva Maru⁵

¹2nd Year PG Scholar, ²Assistant Professor, ⁴Second Year PG Scholar, ⁵Third Year PG Scholar, Department of PG Samhita and Siddhant, ³Associate Professor, Department of Swasthavritta and Yoga, Government Akhandanand Ayurveda College, Ahmedabad, Gujarat, India.

Article info

Article History:

Received: 20-07-2026

Accepted: 21-08-2026

Published: 10-09-2026

KEYWORDS:

Swasthavritta, Ayurveda, Preventive medicine, Dinacharya, Artificial intelligence, Digital health, Non-communicable diseases, Prakriti.

ABSTRACT

Swasthavritta, one of the eight classical branches of Ayurveda (*Ashtanga Ayurveda*), is the discipline devoted exclusively to preserving health in the healthy and preventing disease through daily regimen (*Dinacharya*), seasonal regimen (*Ritucharya*), ethical conduct (*Sadvritta*) and dietary discipline (*Ahara-Vihara*). As the global burden of non-communicable diseases (NCDs) continues to rise, and as Artificial Intelligence (AI) increasingly permeates healthcare, there is renewed interest in re-examining *Swasthavritta* through a contemporary, technology-enabled lens. **Objective:** To review the conceptual and scientific basis of *Swasthavritta*, appraise its relevance to present-day preventive healthcare, and critically synthesize emerging artificial-intelligence-enabled advancements supporting its practice. **Methods:** A narrative literature search was performed across PubMed/MEDLINE, Google Scholar, ScienceDirect and the AYUSH Research Portal. Classical Ayurveda texts and peer-reviewed reviews, original studies, and policy documents published predominantly between 2015 and 2026 were prioritized. **Discussion:** *Dinacharya* and *Ritucharya* show conceptual and partial mechanistic overlap with chronobiology and chrono nutrition, and have been proposed as a quaternary-prevention strategy against NCDs. Machine-learning models can classify *Prakriti* constitutional types from phenotypic data with high accuracy, sensor-based *Nadi Pariksha* devices are being explored for objective pulse diagnosis, and national digital-health infrastructure is scaling Ayurveda preventive services. **Conclusion:** *Swasthavritta* offers a systematized, low-cost preventive framework with renewed relevance to the modern NCD epidemic. Artificial intelligence holds promise for standardizing, personalizing and scaling its application, provided larger prospective trials, harmonized data standards and ethically governed technology co-design accompany its adoption.

INTRODUCTION

Ayurveda, one of the oldest continuously practised systems of medicine, is traditionally organized into eight clinical branches (*Ashtanga Ayurveda*). Among these, *Swasthavritta* is dedicated exclusively to the preservation of health in the healthy and the prevention of disease, rather than the treatment of established pathology^[1].

Classical Ayurveda literature articulates this preventive aim through the axiom that the science exists to protect the health of the healthy and to alleviate the disorder of the diseased, reflecting a deliberate prioritization of prevention over cure^[21].

Contemporary healthcare systems, meanwhile, are contending with an unprecedented and rising burden of non-communicable diseases (NCDs). The World Health Organization estimates that NCDs—principally cardiovascular disease, cancers, chronic respiratory disease and diabetes—account for approximately three-quarters of all global deaths, with the majority of premature deaths occurring in low- and middle-income countries^[2]. Updated Global Burden of Disease estimates for 2021 place NCD-related mortality at close to 44 million deaths and 1.73 billion

Access this article online

Quick Response Code



<https://doi.org/10.47070/ayushdhara.v13i4.2921>

Published by Mahadev Publications (Regd.)
publication licensed under a Creative Commons
Attribution-NonCommercial-ShareAlike 4.0
International (CC BY-NC-SA 4.0)

disability-adjusted life years annually, driven substantially by modifiable behavioural and metabolic risk factors^[3]. Against this backdrop, *Swasthavritta* emphasis on circadian alignment, seasonal adaptation, dietary regulation and ethical conduct is increasingly viewed not as ritualistic tradition but as an early, systematized articulation of lifestyle medicine^[4].

In parallel, artificial intelligence (AI) has moved from a peripheral research interest to a mainstream tool across healthcare, and its intersection with traditional medicine systems- including Ayurveda, Traditional Chinese Medicine and Thai Traditional Medicine- is now attracting formal attention from global health authorities^[13,14]. Machine learning, computer vision, natural language processing and sensor-based digital diagnostics are being explored to objectify constitutional assessment, digitize classical diagnostic methods, and personalize preventive recommendations at scale^[15].

This review therefore aims to: (a) outline the conceptual and physiological framework of *Swasthavritta*; (b) examine the scientific rationale linking its daily and seasonal regimens to modern biomedical correlates; (c) appraise its contemporary relevance to the global NCD and mental-health burden; and (d) critically synthesize emerging artificial-intelligence-enabled advancements, together with the challenges and future research directions relevant to their responsible integration.

MATERIALS AND METHODS

This is a narrative review rather than a systematic review or meta-analysis. A structured but non-exhaustive literature search was conducted across PubMed/MEDLINE, Google Scholar, ScienceDirect and the AYUSH Research Portal for material published predominantly between 2015 and 2026, supplemented by seminal earlier studies where conceptually necessary. Classical Ayurveda texts (*Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*) were consulted in standard published translations for conceptual grounding. Priority was given to peer-reviewed reviews, original research and authoritative policy documents from the World Health Organization and India's Ministry of AYUSH; promotional or non-peer-reviewed commercial material was excluded from the evidence synthesis. Given the conceptual and cross-disciplinary scope of the topic, a formal PRISMA-based systematic methodology was not undertaken, and findings are presented narratively and thematically.

Conceptual Framework of *Swasthavritta*

The term *Swasthavritta* combines "*Swastha*"- a state in which the *Doshas*, *Agni* (digestive-metabolic fire), *Dhatu*s (tissues) and *Malas* (excretory products) are in equilibrium and the mind, senses and soul

remain pleasantly disposed- with "*Vritta*," meaning regimen or conduct^[1]. Classical texts organize its preventive strategy under four interlinked pillars: *Dinacharya*, *Ritucharya*, *Sadvritta* (including *Achara Rasayana*), and *Ahara-Vihara*^[4].

Dinacharya (Daily Regimen)

Dinacharya prescribes a sequence of practices timed to the natural rise and fall of *Vata*, *Pitta* and *Kapha* across the twenty-four-hour cycle: waking before sunrise (*Brahma muhurta*), oral and tongue hygiene, oil-pulling, nasal instillation (*Nasya*), self-massage (*Abhyanga*), structured exercise (*Vyayama*), bathing, and time-appropriate meals, among other practices^[1,4]. The stated intent is to harmonize *Doshic*, digestive and mental rhythms so as to sustain long-term health and delay disease onset.

Ritucharya (Seasonal Regimen)

Ritucharya extends this logic across the year, prescribing season-specific adjustments to diet, activity and cleansing procedures to pre-empt the accumulation of *Doshas* associated with particular seasons- for example, moderating *Kapha*-provoking foods in spring or adapting hydration and cooling measures through the hotter months^[4].

Sadvritta and *Achara Rasayana* (Code of Conduct)

Sadvritta comprises an ethical and behavioural code- truthfulness, non-violence, self-restraint, respect for elders and social harmony- framed in classical texts as cultivating *Sattva guna* (mental clarity and equanimity) and, through *Achara Rasayana*, conferring rejuvenate and immunity-supportive benefits comparable to pharmacological *Rasayana* therapy^[1]. This dimension situates *Swasthavritta* within a psychosocial model of health that anticipates contemporary interest in behavioural and social determinants of wellbeing.

Ahara-Vihara (Diet and Lifestyle)

Ahara-Vihara governs dietary discipline and daily lifestyle conduct, including classical guidance on the quantity, timing, compatibility and manner of food intake (*Ashta Ahara Vidhi Visheshayatana*) and rules of physical and behavioural conduct that together support digestive efficiency (*Agni*) and metabolic balance^[1,4].

Scientific Rationale: *Swasthavritta* and Modern Biomedical Correlates

A growing body of narrative and conceptual literature has sought to map *Dinacharya* and *Ritucharya* onto measurable chronobiological processes. Reviews correlating Ayurveda time-based concepts with circadian and circannual rhythm science suggest that the diurnal *Doshic* patterns described in classical texts parallel documented oscillations in

cortisol secretion, digestive enzyme activity, gastric motility and gut-microbial rhythmicity, and propose that alignment with these rhythms through *Dinacharya*, *Ritucharya*, appropriate diet and sleep may support metabolic and immune health^[6].

Building on this framing, Rai and colleagues proposed Ayurveda's daily regimen practices as a "scientific system model" suitable for quaternary prevention- a concept describing the avoidance of unnecessary medicalization and harmful over-intervention^[5]. Their analysis situates modifiable practices such as sleep timing, structured physical activity and diet within an integrated preventive framework against NCDs, arguing that such low-cost, self-directed regimens may reduce dependence on pharmacological and procedural intervention for lifestyle-driven conditions. It is important to note, however, that much of this supporting literature remains narrative, mechanistic or based on small trials of individual components rather than large randomized evaluations of *Dinacharya* as a composite intervention- a gap discussed further in Section 8.

Contemporary Relevance: *Swasthavritta* Against the Rising Burden of Non-Communicable Diseases

The public-health case for revisiting *Swasthavritta* is strengthened by the scale of the contemporary NCD burden. The World Health Organization attributes roughly 74% of global deaths- an estimated 41-43 million annually- to NCDs, with cardiovascular disease, cancers, chronic respiratory disease and diabetes as the leading contributors and with a disproportionate share of premature deaths occurring in low- and middle-income countries^[2]. Global Burden of Disease Study 2021 estimates similarly report approximately 43.8 million NCD-related deaths and 1.73 billion disability-adjusted life years globally, with cardiovascular disease and neoplasms contributing the largest disease-specific burden^[3].

Contemporary *Swasthavritta* literature reframes common lifestyle disorders- obesity, diabetes, hypertension, and stress-related and mood disturbances- through classical Ayurveda pathophysiology (for example, impaired *Agni* and *Dosha-dushya sammurchana*), and argues that *Nidana Parivarjana* (avoidance of causative factors) through disciplined *Dinacharya*, *Ritucharya* and diet offers a sustainable, low-cost and self-directed complement to pharmacological management, which is often limited by relapse, cost and side-effect burden^[4]. The psychosocial dimension embedded in *Sadvritta* similarly resonates with present-day interest in lifestyle psychiatry and social prescribing as adjuncts to conventional mental-health care.

Yoga, Naturopathy and the Integrative Public-Health Dimension

Swasthavritta curricula, as structured under India's national Ayurveda education framework, formally incorporate Yoga and Naturopathic principles alongside classical Ayurveda preventive concepts, reflecting a broader integrative model of public health practice that spans individual counselling and community-level disease-prevention activity^[1].

Independent biomedical evidence lends partial support to this integrative framing. A systematic review of randomized controlled trials found that yoga practice was associated with favourable modulation of inflammatory and immune markers across clinical and healthy populations, although the included trials were heterogeneous and of variable methodological quality^[7]. Similarly, a systematic review of twenty randomized controlled trials of mindfulness meditation, encompassing more than 1,600 participants, reported replicated but tentative associations between meditation practice and favourable changes in inflammatory signalling, immune-cell counts and markers of cellular ageing^[8]. These findings offer indirect biological plausibility for the mind-body and *Rasayana*-oriented components of *Swasthavritta* while underscoring the continued need for larger, more rigorously controlled trials.

At the global policy level, the Seventy-eighth World Health Assembly adopted the WHO Global Traditional Medicine Strategy 2025-2034 in May 2025, which explicitly prioritizes strengthening the evidence base, ensuring safety and regulation, and integrating evidence-based traditional, complementary and integrative medicine- including Ayurveda and its allied disciplines of *Yoga* and Naturopathy- into national health systems^[9,10].

Artificial Intelligence and *Swasthavritta*: Emerging Advancements

The convergence of artificial intelligence with traditional medicine is now formally recognized at the global policy level. In July 2025, the World Health Organization, the International Telecommunication Union and the World Intellectual Property Organization jointly released a technical brief mapping AI application across traditional medicine at the AI for Good Global Summit, describing a roadmap for harnessing this potential while safeguarding cultural heritage and data sovereignty^[14]. Consistent with this, a 2025 narrative mini-review synthesizing peer-reviewed literature from 2017 to 2025 across PubMed, Scopus and Google Scholar identified five principal domains of AI application in traditional medicine: diagnostic pattern recognition, multi-source personalization frameworks, digital preservation of

traditional knowledge, telemedicine-enabled service delivery, and AI-supported herbal pharmacology and safety assessment [13].

AI in *Prakriti* Assessment and Personalization

Prakriti- the sevenfold constitutional typology (based on the relative predominance of *Vata*, *Pitta* and *Kapha*) that underlies individualized *Swasthavritta* counselling- has traditionally relied on subjective clinical questionnaires administered by trained practitioners. Tiwari and colleagues applied unsupervised and supervised machine-learning approaches to phenotypic data from 147 healthy individuals of extreme *Prakriti* types, demonstrating that these constitutional classes form distinct, statistically verifiable clusters within a multidimensional trait space; the resulting classification models were subsequently validated in an independent, genetically distinct North Indian population [16].

Building on this foundation, Khatua and colleagues applied dense neural-network deep-learning models to an expanded, validated dataset of 233 extreme-*Prakriti* individuals drawn from two genetically diverse Indian cohorts, benchmarking their approach against conventional supervised methods and demonstrating that features could be transferred between populations- a step toward scalable, potentially app-based *Prakriti* self-assessment tools [17]. Such computational frameworks could, in principle, allow practitioners or individuals to obtain a standardized constitutional profile as a starting point for personalized *Dinacharya*, *Ritucharya* and dietary prescriptions, moving *Swasthavritta* toward a more data-driven model of precision preventive medicine [15].

AI-Assisted Digital Diagnostics

Among the classical eightfold examination methods (*Ashtavidha Pariksha*), pulse examination (*Nadi Pariksha*) has attracted particular technological attention. 2024 review cataloguing sensor-based *Nadi Pariksha* research spanning roughly two decades and multiple countries found growing use of photoplethysmography and pressure-transducer sensor arrays combined with signal-processing and machine-learning classifiers aimed at objectifying *Vata-Pitta-Kapha* pulse signatures; the review concluded, however, that standardization of protocols, larger validation cohorts, and comparability across competing devices remain substantially unresolved [18]. Parallel efforts are exploring computer-vision-based tongue and facial image analysis, and machine-learning-based clinical decision-support tools have been piloted for specific applications such as risk stratification and management support in Ayurveda-guided care of gestational diabetes, illustrating a

gradual shift from descriptive digitization toward genuine decision support [13].

Digital Health Infrastructure Supporting Preventive Ayurveda

Beyond individual diagnostic tools, national-level digital infrastructure is increasingly enabling the delivery of *Swasthavritta*-based preventive services at scale. India's Ministry of AYUSH has developed an integrated digital ecosystem- the AYUSH Grid-spanning clinical health information systems, capacity-building and research portals, drug-administration platforms, and public outreach initiatives, which interoperates with the national Ayushman Bharat Digital Mission and the eSanjeevani telemedicine service [12]. This infrastructure has expanded substantially in recent years: AYUSH-qualified doctors have been posted across thousands of primary and community health centres and district hospitals, and this digital scaffold is explicitly aligned with the broader national effort to mainstream AYUSH-including its preventive and promotive *Swasthavritta* components- into primary health care [11].

AI and Network Pharmacology in *Rasayana* Research

Rasayana formulations, central to *Swasthavritta* health-promotive and rejuvenate armamentarium, are increasingly being investigated using network pharmacology, an approach that integrates computational target prediction, protein-protein interaction mapping and pathway-enrichment analysis to explain the multi-component, multi-target mechanisms characteristic of polyherbal formulations. During the COVID-19 pandemic, for instance, Khanal and colleagues used gene-set enrichment and network-pharmacology methods to characterize plausible molecular pathways underlying an AYUSH-recommended immune-supportive herbal decoction and turmeric-milk formulation, illustrating how computational approaches can generate testable mechanistic hypotheses for classical preventive formulations [19]. More broadly, AI-augmented virtual screening and network-based drug-repurposing methods are being proposed to accelerate research into classical Ayurveda formularies while respecting the polypharmacological logic that distinguishes Ayurveda pharmacology from single-molecule biomedical drug development [13].

Challenges and Limitations

Evidence heterogeneity and limited external validation: The large majority of AI-Ayurveda studies published to date are proof-of-concept, retrospective, or based on modestly sized cohorts, with reported performance metrics that vary considerably and limited prospective, externally validated evidence [13].

Lack of standardization: The absence of universally accepted operational definitions for *Prakriti*-phenotyping items, *Nadi*-signal acquisition protocols, and clinically meaningful outcome measures constrains cross-study comparability and limits the generalizability of trained algorithms across devices and populations^[18].

Data privacy, cultural integrity and algorithmic bias: Incorporating sensitive constitutional, phenotypic and genomic data into AI systems raises concerns around informed consent, data sovereignty and the risk of reductively encoding a holistic, individualized clinical-reasoning system into rigid computational categories, a concern explicitly flagged in the WHO-ITU-WIPO technical mapping of AI in traditional medicine^[14].

Regulatory lag: Consumer-facing *Dinacharya*-tracking and *Prakriti*-assessment applications have proliferated more rapidly than frameworks for their clinical validation, quality assurance and regulatory oversight^[13,14].

Risk of decontextualization: Reducing *Swasthavritta* to isolated, app-tracked habits- wake time, water intake, step counts- risks detaching these practices from their underlying Ayurveda physiological rationale (*Dosha-agni-dhatu* balance) and from the ethical, *Sadvritta*-based dimension that gives the framework its holistic coherence^[1].

Future Directions

Larger, prospective, and where feasible randomized studies evaluating composite *Dinacharya* and *Ritucharya* interventions against standard-care or waitlist controls, with pre-registered outcome measures, are needed to move the evidence base beyond mechanistic plausibility toward clinical-grade confirmation^[5,7,8]. Federated and privacy-preserving machine-learning architectures could allow pooling of *Prakriti*-phenotype and *Nadi*-signal datasets across institutions without centralizing sensitive personal data, directly addressing the small-sample and data-privacy concerns noted above. Embedding interoperable, internationally recognized terminologies- such as the Traditional Medicine Module 2 of ICD-11 and India's NAMASTE coding portal- within AI training pipelines would further enable meaningful comparison between Ayurveda and biomedical outcome measures^[12]. Finally, sustained co-design involving Ayurveda physicians, computer scientists, bioethicists, regulators and patient communities is essential to ensure that AI tools augment, rather than flatten, the individualized clinical reasoning that defines authentic *Swasthavritta* practice, consistent with the guiding principles set out

in the WHO Global Traditional Medicine Strategy 2025–2034^[9,10].

CONCLUSION

Swasthavritta represents a systematized, centuries-old preventive-medicine framework whose emphasis on circadian alignment, seasonal adaptation, dietary discipline and ethical conduct anticipates several themes now central to modern lifestyle medicine and quaternary prevention. Amid a global non-communicable disease epidemic that continues to strain biomedical health systems, *Swasthavritta* practical, low-cost and largely self-directed model retains significant contemporary relevance. Artificial intelligence- through machine-learning-based *Prakriti* classification, sensor-driven digital diagnostics, network pharmacology, and expanding national and global digital-health infrastructure- is beginning to supply the standardization, scalability and personalization that classical *Swasthavritta* practice has historically lacked. Realizing this potential responsibly, however, will require larger prospective trials, harmonized data standards, and governance frameworks that safeguard both scientific rigour and the holistic integrity of Ayurveda preventive medicine.

REFERENCES

1. Gajapure SS, Gulhane O. Role of *Swasthavritta* in Ayurveda for healthy life: a review. *J Ayurveda Integr Med Sci*. 2022; 7(6): 148-51.
2. World Health Organization. Noncommunicable diseases. Geneva: World Health Organization; 2025. Available from: <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>
3. Li J, Pandian V, Davidson PM, Song Y, Chen N, Fong DYT. Burden and attributable risk factors of non-communicable diseases and subtypes in 204 countries and territories, 1990-2021: a systematic analysis for the Global Burden of Disease Study 2021. *Int J Surg*. 2025; 111(3): 2385-97.
4. Kaur PJ. Lifestyle diseases and their prevention through *Swasthavritta*. *J Emerg Technol Innov Res*. 2025; 12(10): e1-6.
5. Rai VK, Singh V, Rai S. Ayurveda daily regimen practices (*Dinacharya*): a scientific system model approach suitable as a quaternary prevention strategy for non-communicable diseases. *TMR Integr Med*. 2022; 6: e22020. doi:10.53388/TMRIM202206020.
6. Lekshmy ML, Chandran H, Irshad H, UshaKumari C, Nair LP. Ayurvedic perspective of circadian rhythm. *J Ayurveda Integr Med Sci*. 2021; 6(2): 187-94. doi: 10.21760/jaivs.v6i02.1270.
7. Yeun YR, Kim SD. Effects of yoga on immune function: a systematic review of randomized

- controlled trials. *Complement Ther Clin Pract.* 2021; 44: 101446. doi: 10.1016/j.ctcp.2021.101446.
8. Black DS, Slavich GM. Mindfulness meditation and the immune system: a systematic review of randomized controlled trials. *Ann N Y Acad Sci.* 2016; 1373(1): 13-24.
 9. Wong YMA, Ahn S, Bana A, Dua PK, Eggers R, Kuruvilla S, et al. Policy implications of WHO's Global traditional medicine strategy 2025-2034. *Bull World Health Organ.* 2025; 103(11): 715-21. doi:10.2471/BLT.25.293414.
 10. World Health Organization. WHO traditional medicine strategy: 2025-2034. Geneva: World Health Organization; 2025 [cited 2026 Aug 25]. Available from: <https://www.who.int/publications/i/item/9789240113176>
 11. Nesari T, Nesari M, Ruknuddin G, Yadava RK, Huddar V, Dharmarajan P, et al. India's journey in mainstreaming Ayush in primary health care- from tradition to integration. *Front Med (Lausanne).* 2025; 12: 1629515.
 12. Ram TS. Ayush grid: digital health platform. *Int J Ayurveda Res.* 2023; 4(2): 61-9.
 13. Jongjiamdee K, Pornwonglert P, Na Bangchang N, Akarasereenont P. Artificial intelligence in traditional medicine: evidence, barriers, and a research roadmap for personalized care. *Front Artif Intell.* 2025; 8: 1659338.
 14. World Health Organization. WHO, ITU, WIPO showcase a new report on AI use in traditional medicine. Geneva: World Health Organization; 2025 [cited 2026 Aug 25]. Available from: <https://www.who.int/news/item/11-07-2025-who--itu--wipo-showcase-a-new-report-on-ai-use-in-traditional-medicine>
 15. Ranade M. Artificial intelligence in Ayurveda: current concepts and prospects. *J Indian Syst Med.* 2024; 12(1): 53-9.
 16. Tiwari P, Kutum R, Sethi T, Shrivastava A, Girase B, Aggarwal S, et al. Recapitulation of Ayurveda constitution types by machine learning of phenotypic traits. *PLoS One.* 2017; 12(10): e0185380.
 17. Khatua D, Sekh AA, Kutum R, Mukherji M, Prasher B, Kar S. Classification of Ayurveda constitution types: a deep learning approach. *Soft Comput.* 2023; 27(9): 5309-17.
 18. Fatangare M, Bhingarkar S. A comprehensive review on technological advancements for sensor-based Nadi Pariksha: an ancient Indian science for human health diagnosis. *J Ayurveda Integr Med.* 2024; 15(3): 100958.
 19. Khanal P, Duyu T, Patil BM, Dey YN, Pasha I, Wanjari M, et al. Network pharmacology of AYUSH recommended immune-boosting medicinal plants against COVID-19. *J Ayurveda Integr Med.* 2022; 13(1): 100374.
 20. Jamoulle M. Quaternary prevention, an answer of family doctors to overmedicalization. *Int J Health Policy Manag.* 2015; 4(2): 61-4.
 21. Acharya JT, editor. Charaka Samhita of Agnivesha with Ayurveda Dipika commentary of Chakrapanidatta. Sutra Sthana. Varanasi: Chaukhamba Surbharati Prakashan; 2009.

Cite this article as:

Harsh N. Pandya, Ajitsinh K. Gohil, Hemant C. Chudasama, Vrushabh S. Pandit, Apurva Maru. Swasthavritta in Contemporary Healthcare: Bridging Ayurveda Preventive Medicine with Artificial Intelligence-Enabled Advancements. *AYUSHDHARA*, 2026;13(4):550-555.

<https://doi.org/10.47070/ayushdhara.v13i4.2921>

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr. Harsh N. Pandya

2nd Year PG Scholar,
Department of PG Samhita and
Siddhant,
Government Akhandanand Ayurveda
College, Ahmedabad.
Email: pandya68@gmail.com

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.