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MAPPING MODERN INTERMITTENT FASTING TO CLASSICAL AYURVEDIC DIETARY PRINCIPLES: A NARRATIVE COMPARATIVE REVIEW

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ABSTRACT

Background: Intermittent fasting (IF) has drawn wide interest as a strategy for improving metabolic health, managing weight, and possibly extending lifespan. Many of its core ideas, though, overlap closely with dietary concepts already laid out in classical Ayurvedic texts. **Objective:** To compare modern intermittent fasting regimens against classical Ayurvedic dietary principles, and to look at the wider therapeutic framework Ayurveda builds around them. **Materials and Methods:** This narrative review drew on classical Ayurvedic sources like Charak Samhita, Sushruta Samhita, Ashtanga Hridaya, and Bhavaprakasha with particular attention to *Ahara Vidhi*, *Kalabhojanam*, *Upavasa*, and *Langhana*. Contemporary literature on intermittent fasting, circadian biology, and meal-timing strategies was reviewed via electronic databases, and the conceptual overlaps and differences were synthesized narratively. **Results:** There is substantial overlap between modern intermittent fasting models and Ayurvedic dietary principles. Time-restricted feeding, one-meal-a-day (OMAD), two-meal regimens (2MAD), and whole-day fasting all find parallels in *Kalabhojanam*, *Prahara-baddha Bhojanam*, *Ekashana*, *Dvikalika Bhojanam*, and *Ekadashi Upavasa*. But Ayurveda goes further, folding fasting into a broader framework that accounts for digestive capacity (*Agni*), constitutional type (*Prakriti*), seasonal change, disease stage, contraindications, and specific therapeutic use. **Conclusion:** Modern

intermittent fasting and classical Ayurvedic dietary principles share real conceptual ground. Where contemporary fasting focuses mainly on meal timing and metabolic outcomes, Ayurveda situates fasting within a comprehensive, individualized system of health promotion and disease management offering a wider lens on dietary regulation than timing alone can provide.

KEYWORDS: Chrono nutrition, Intermittent fasting, *Kalabhojanam*, *Langhana.*

1. INTRODUCTION

Dietary timing has become a significant factor in metabolic health, standing alongside the older focus on what and how much we eat. Among current nutritional strategies, intermittent fasting (IF) has drawn substantial scientific and public attention for its possible role in weight management, insulin sensitivity, metabolic regulation, cardiovascular health, and healthy ageing.[1] Rather than dictating food choice, IF works mainly on timing, structuring the day into periods of feeding and fasting. Common regimens include time-restricted feeding (TRF), alternate-day fasting, one-meal-a-day (OMAD), two-meal-a-day (2MAD), and periodic whole-day fasting, several of which have shown favorable metabolic outcomes in both experimental and clinical settings.

These approaches are often framed as modern innovations, but many of their core ideas closely track concepts already present in classical Ayurvedic literature. Ayurveda has long held that good health depends not just on what and how much one eats, but on eating at the right time (*Kalabhojanam*), eating in proportion to digestive capacity, structured fasting (*Upavasa*), therapeutic fasting (*Langhana*), and adjusting all of this to constitution (*Prakriti*), digestive strength (*Agni*), season (*Ritu*), and disease state. Together, these principles form a fairly complete system for regulating food intake, one aimed at keeping the body in balance and heading off disease before it starts.

Recent work in chronobiology and chrono nutrition has brought fresh scientific attention to aligning food intake with the body's internal rhythms, an approach that lines up conceptually with several Ayurvedic recommendations on meal timing and digestion. Even so, most contemporary discussion of intermittent fasting stays within a metabolic or nutritional frame, while Ayurvedic texts place fasting inside a wider preventive and therapeutic system. And while the parallels between IF and Ayurveda have been noted before, a systematic

comparison mapping individual fasting models onto specific Ayurvedic principles is still largely missing.

This review sets out to compare modern intermittent fasting regimens against classical Ayurvedic dietary principles. By mapping contemporary fasting strategies onto concepts such as *Kalabhojanam, Prahara-baddha Bhojanam, Ekashana, Dvikalika Bhojanam, Upavasa*, and *Langhana*, it aims to identify where the two converge conceptually, while also drawing out the broader, individualized, and therapeutic framework Ayurveda offers around fasting. A comparison of this kind may offer a useful angle for bringing traditional dietary knowledge into conversation with contemporary nutritional science.

2. MATERIAL AND METHODS

Study design: This was a narrative comparative review, built to examine where contemporary intermittent fasting (IF) regimens and classical Ayurvedic dietary principles line up conceptually, and where they part ways. The comparison covered philosophical basis, dietary recommendations, therapeutic applications, and the contextual factors each system builds in. Unlike a systematic review, the aim here was interpretive synthesis, not quantitative evidence grading.

Data source: Classical Ayurvedic literature formed the primary source base were Charak Samhita, Sushruta Samhita, Ashtanga Hridaya and Bhavaprakasha. Chapters covering *Ahara Vidhi* (dietary principles), *Kalabhojanam, Prahara-baddha Bhojanam, Ekashana, Dvikalika Bhojanam, Upavasa, Langhana, Agni,* and *Kala* were reviewed directly.

Contemporary scientific literature came from PubMed, Scopus, and Google Scholar, covering intermittent fasting, time-restricted feeding, circadian rhythm, chrono nutrition, meal timing, therapeutic fasting, OMAD, 2MAD, and the metabolic effects of fasting.

Literature selection: Peer-reviewed original research, clinical trials, narrative and systematic reviews, and relevant experimental studies in English were included, with preference given to work describing physiological effects, therapeutic applications, circadian alignment, and metabolic outcomes tied to intermittent fasting.

Comparative analysis: Classical Ayurvedic dietary concepts were set against contemporary fasting models to pull out points of convergence and divergence, with particular attention to meal timing, fasting duration, digestive physiology, therapeutic indications,

contraindications, individualization, and seasonal factors. The findings were pulled together narratively, tracing how traditional Ayurvedic dietary principles relate to modern fasting strategies while pointing to the broader clinical and philosophical framework that sets Ayurveda apart.

5. RESULTS

1. Dietary guidelines of Ayurveda

Ayurveda treats dietary regulation (*Ahara Vidhi*) as a basic determinant of health, and it holds that both when and how food is eaten shape digestion, metabolism, and susceptibility to disease. Classical texts don't lay down one meal schedule for everyone. Instead, they build recommendations around physiological rhythm, digestive capacity (*Agni*), and the surrounding environment, which amounts to a personalized approach to eating rather than a fixed protocol.

Kalabhojanam sits at the center of this,[2] eating at times that match the body's own rhythms. Bhavprakash warn that irregular meal timing weakens digestion, allows *Ama* (toxic metabolites) to form, and opens the door to systemic disease.[3] *Prahara-baddha Bhojanam* pushes the idea further by naming specific windows, the morning meal falls after the first *Prahara* but before the second,[4] the evening meal before the first night *Prahara* ends.[5] Early eating before *Prahara* completion leads to *Ama Utpatti* [6] while delayed intake beyond two *Praharas* results in depletion of strength (*Bala Kshaya*).[7] *Kshuda-anusarini Bhojanam* matters just as much which means eating only when hunger is real.[8] Classical texts list what counts as a sign that digestion has actually finished like clear belching, a sense of enthusiasm, a body that feels light, waste eliminated without obstruction, hunger and thirst arising on their own.[9] Food taken under those conditions is said to build tissue and strengthen vitality (*Ojas*);[10] food taken without them is considered harmful to both digestion and *Doshic* balance.[11] *Ekashana Bhojanam*[12] (one meal a day) and *Dvikalik Bhojanam*[13] (two meals a day) provide structured models of meal frequency. Meal frequency also varies with digestive strength like *Ekashana*, one meal a day, is suited to people whose digestion runs weak (*Durbalagni)*,[12] with timing adjusted by season like forenoon in long-night seasons, afternoon in short-night seasons and midday during equinox.[14] *Dvikalika Bhojanam*,[13] two meals daily, suits people with balanced digestion (*Samagni*)[13] and is advocated by Acharya Charak[15] and Acharya Sushruta too. Whatever the frequency, moderation holds the texts recommend filling only two-thirds of the stomach.[16] Bhavprakash links meal timing to

Agnihotra Kala (sunrise and sunset)[17] underscores just how tightly Ayurvedic dietary practice is bound to natural circadian rhythm.

Fasting has its own place in this system. *Upavasa*, as practiced through *Ekadashi Vrata*, is ritual fasting with both a spiritual and a physiological side. Ekadashi fast prescribes abstinence from cereals, pulses, spices and even food and water for 24 hours, preceded by light food on *Dashmi* and concluded with controlled refeeding post-sunrise on *Dvadashi.*[18] *Langhana* takes fasting further, into therapy "*Langhanam Param Aushadham*," fasting as the foremost medicine, indicated for obesity, indigestion, fever, skin disease, and *Kapha*-dominant conditions generally.[19] The texts describe that proper fasting feels like lightness in the body, clearer senses and improved appetite.[20] They also warn against overdoing it, since excessive fasting aggravates *Vata* and can leave a person debilitated.[21] Children, the elderly, pregnant women, anyone already weakened, and people with *Vata*-predominant disorders are told to avoid it.[22] *Kala* itself, finally, means more in this system than clock time. Alongside daily meal timing (*Nityaga Kala*) it takes in season, age, and disease stage (*Avasthika Kala*).[23] which is what keeps Ayurvedic dietary advice dynamic and individualized rather than a rule applied the same way to everyone. This layered idea of time is really the conceptual foundation the whole personalized approach rests on.

2. Comparing Ayurvedic dietary principles with modern intermittent fasting

Table no. 1: Comparative analysis between Ayurvedic dietary principles and modern intermittent fasting terminologies.

Ayurvedic principle	Modern IF equivalent	Shared principle	Distinct Ayurvedic perspective
Kalabhojanam	Time-restricted feeding	Timed eating	Includes season, constitution, disease stage
Prahara-baddha Bhojanam	12:12 / 16:8	Defined eating window	Based on digestive physiology
Ekashana	OMAD	Single daily meal	Individualized according to Agni
Dvikalika Bhojanam	2MAD	Two meals daily	Moderation and digestive strength
Upavasa	Whole-day fasting	Periodic fasting	Spiritual and physiological objectives
Langhana	Therapeutic fasting	Metabolic rest	Disease-specific indication and contraindication

Modern intermittent fasting (IF) covers a range of strategies like time-restricted feeding (TRF), OMAD, 2MAD, adaptive fasting, periodic whole-day fasting that all regulate when

and how often food is eaten rather than what's on the plate. Set against classical Ayurvedic literature, the overlap is hard to miss: much of what modern nutritional science treats as new territory in meal timing and fasting already has a counterpart in Ayurvedic dietary philosophy. *Kalabhojanam* maps most directly onto Time restricted feeding (TRF)[24] both call for eating within a defined period and leaving room afterward for digestion and metabolic recovery. But TRF stops at circadian alignment and fasting duration, while Kala in Ayurveda reaches further, into season, age, digestive capacity, and disease state, giving it a wider frame for thinking about timing. *Prahara-baddha Bhojanam* lines up with structured schedules like 16:8[25] and 12:12,[26] since both specify a window for eating. Where Ayurveda diverges is in warning against both ends of the window eating too soon, before the last meal has digested, and eating too late, past the point where strength starts to drain. The concern isn't fasting duration for its own sake; it's protecting how well digestion actually works. *Ekashana* and OMAD[27] are close cousins one meal a day, either way. Ayurveda doesn't recommend it across the board, though; it's meant for people with weaker digestion, and the timing shifts with the season. *Dvikalika Bhojanam* parallels 2MAD[28] in the same way, capping intake at two meals while also insisting on moderate portions matched to digestive strength. *Kshuda-Anusarini Bhojanam* (eat only on genuine hunger) resembles adaptive or ad libitum fasting.[29] conceptually, but Ayurveda spells out the physical signs of true hunger and completed digestion in much more detail, which separates real physiological need from appetite driven by habit, mood, or the sight and smell of food. Periodic *Upavasa* (*Naimittika Upvasa*), especially *Ekadashi Vrata*, looks like modern whole-day fasting[30] on the surface, both run roughly 24 hours. But *Upavasa* isn't only about metabolism. It carries spiritual discipline, behavioral restraint, and psychological grounding alongside it, none of which show up in a typical fasting protocol today. Of everything in this comparison, *Langhana* comes closest to therapeutic fasting.[31] as used for obesity, diabetes, and inflammatory disease. Even here, though, Ayurveda goes well beyond the modern application naming disease-specific indications, describing what a correctly administered fast should look like clinically, listing contraindications, and defining a clear therapeutic endpoint. Fasting in this system isn't a lifestyle choice so much as a treatment, built into a larger plan for managing disease. Put together, these comparisons show real common ground between intermittent fasting and classical Ayurvedic dietary principles like meal timing, digestive rest, metabolic regulation all show up on both sides. But Ayurveda consistently pushes past those shared basics, adding individualized assessment, seasonal adjustment, digestive physiology,

therapeutic use, and explicit safety limits which makes for a considerably more complete framework than fasting protocols offer on their own.

3. Ayurveda's wider conceptual framework

Even with all this overlap, Ayurveda places fasting inside a much larger physiological and therapeutic picture. It isn't defined purely by how long someone abstains from food, meal timing gets folded together with digestive function (*Agni*), constitutional type (*Prakriti*), season (*Ritu*), age, disease stage (*Avasthika Kala*), and the person's overall clinical state. Fasting ends up as one piece of a broader dietary strategy, not a standalone intervention. Individualization is really the defining feature here. Most IF regimens run on a fixed schedule applied to everyone; Ayurvedic recommendations shift with digestive capacity, *Doshic* predominance, physical strength, environment, and whatever the therapeutic goal happens to be. The underlying assumption is that the same intervention won't suit two different people equally. Ayurveda also cares about the quality of what's eaten, not just the timing of it. The texts address what to eat, how much, and under what physiological conditions recognizing real hunger, letting the previous meal finish digesting, keeping portions moderate, steering clear of habits that dull digestion. Most contemporary IF research doesn't go there; it stays largely focused on the feeding window itself. The therapeutic side is another point of departure. Modern intermittent fasting is studied mainly as a lifestyle change aimed at metabolic health, body composition, and cardiometabolic risk. *Langhana*, by contrast, functions as an actual treatment, with defined indications, contraindications, expected clinical responses, and a stopping point. And it isn't for everyone the texts explicitly rule it out for children, the elderly, pregnant women, anyone already weakened, and patients with *Vata*-predominant disorders, which reflects a real concern for safety and case-by-case clinical judgment. Moderation runs through all of this too. *Kalabhojanam* and *Langhana* are framed as beneficial when used appropriately, but the same texts warn against *Anashana*[2] (excessive fasting) and *Pramitashana*[2] (excessive restriction), recognizing that both undereating and disrupted physiological function carry real risk. The goal isn't to push fasting duration as far as it'll go it's to keep digestion working well and the body in balance. Taken as a whole, intermittent fasting and Ayurveda converge on several core ideas around meal timing and digestive regulation. Ayurveda simply carries those ideas further, weaving in individualized assessment, digestive physiology, therapeutic application, and contextual adjustment into one coherent system. The two aren't really competing frameworks as Ayurvedic principles offer

useful context for understanding both what intermittent fasting can do and where its limits are.

DISCUSSION

This review points to real conceptual overlap between contemporary intermittent fasting (IF) and classical Ayurvedic dietary principles. The two traditions come out of entirely different philosophical and scientific starting points, yet both land on the same basic moves like regulate meal timing, leave proper gaps between meals, protect digestive efficiency, and avoid eating continuously through the day. Several ideas nutritional science is investigating right now, in other words, already have a counterpart sitting in classical Ayurvedic literature.

One of the more striking findings is that Ayurveda never treats fasting as something separate from everything else, it's one piece of a larger dietary system. Modern IF protocols are usually defined just by how long the fasting and feeding windows run. Ayurveda folds meal timing together with digestive capacity (Agni), constitutional type (Prakriti), season (Ritu), disease stage, and the specific therapeutic goal at hand. Fasting gets interpreted case by case, clinically, rather than handed down as a fixed rule which is really what sets Ayurveda apart from the standardized protocols most clinical research tests today. Work in chronobiology and chrono nutrition has been pushing the same direction lately: aligning food intake with the body's own circadian rhythm. Evidence is building that meal timing itself affects glucose metabolism, insulin sensitivity, hormone regulation, and energy balance, separate from how many calories are eaten. These findings come out of modern methods, but they echo what *Kalabhojanam* and the broader Ayurvedic thinking on digestive rhythm and meal timing said a long time ago. That's not the same as claiming direct equivalence as it's more that the older framework might offer a useful lens for reading the newer research. The differences matter too. Contemporary IF stays focused mostly on metabolic endpoints like weight loss, better insulin sensitivity, lower cardiovascular risk, metabolic flexibility. Ayurveda pushes fasting past that, into therapeutic indications, contraindications, clinical assessment, and expected physiological response. It also weighs food quality, quantity, and manner of eating, along with digestive readiness, as equally important, meal timing is just one part of a much bigger picture of dietary management.

None of this should be overstated. What this review turns up are philosophical and functional parallels, not proof of shared history or scientific equivalence between IF protocols and Ayurvedic practice. Concepts like Agni, Ama, and Dosha belong to their own theoretical

system and don't translate cleanly into biomedical language. So, the similarities here are best read as conceptual correspondence, not evidence that the same mechanisms; or the same origins, are at work.

There are limits to this review worth naming. Being a narrative comparative review, the synthesis is interpretive, which leaves it open to selection bias. No formal quality assessment of individual studies was done, and there's no quantitative synthesis of outcomes. Direct comparative clinical trials testing Ayurvedic dietary principles against standardized IF protocols are also still scarce. What's needed going forward is well-designed randomized controlled trials that look not just at fasting duration but at individualized timing, digestive assessment, seasonal adjustment, and the therapeutic applications drawn from classical Ayurvedic principles.

On the whole, intermittent fasting and Ayurveda converge on core principles of dietary regulation while differing sharply in scope and clinical application. Modern nutritional science supplies mechanistic explanations for many of the physiological effects tied to meal timing; Ayurveda offers a wider, individualized framework that ties dietary behavior to digestive physiology, clinical decision-making, and prevention. Bringing the two perspectives together could open up useful interdisciplinary research and push toward more personalized dietary interventions.

6. CONCLUSION

This review makes a reasonably clear case that modern intermittent fasting (IF) and classical Ayurvedic dietary principles line up conceptually, especially around meal timing, digestive rest, and the physiological upside of eating on a regulated schedule. Time-restricted feeding, OMAD, 2MAD, periodic fasting, and therapeutic fasting all have real counterparts in *Kalabhojanam, Prahara-baddha Bhojanam, Ekashana, Dvikalika Bhojanam, Upavasa,* and *Langhana*.

Ayurveda doesn't stop at that overlap, though. It sets fasting inside a wider, more individualized system that accounts for digestive capacity (*Agni*), constitutional type (*Prakriti*), season (*Ritu*), disease stage, therapeutic indication, contraindication, and the person's overall clinical picture. That pushes the conversation past fasting duration alone, toward personalized dietary regulation as something built into health promotion and disease management rather than bolted onto it.

Intermittent fasting and Ayurvedic dietary principles don't have to be read as rival systems. They look more like complementary angles on the same territory like meal timing and metabolic regulation. Contemporary nutritional science supplies the mechanistic detail on how fasting affects the body; Ayurveda brings a clinical framework built around individualized care and context-driven decisions.

What's still missing is the comparative clinical work, well-designed studies testing how classical Ayurvedic dietary principles might actually integrate with contemporary fasting strategies, toward preventive and therapeutic approaches that are both evidence-based and personalized.

7. DECLARATIONS

Conflict of Interest: The authors declare no conflicts of interest.

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Author Contributions: HBD: literature search, data extraction, manuscript drafting. AAP: conceptualization, supervision, critical revision. HSP: manuscript review and intellectual contribution. All authors approved the final version for submission.

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