MEDWIN PUBLISHERS
Committed to Create Value for Researchers

Journal of Natural & Ayurvedic Medicine
ISSN: 2578-4986

Feasibility of a Structured Ayurvedic Daily Routine Program for Improving Lifestyle Adherence in Urban Adults: A Pilot Study

Pilot Study
Volume 10 Issue 2
Received Date: May 29, 2026
Published Date: June 15, 2026

Stacey M* and Sylvia H

Alsehat Unani Medical College, Faisalabad

***Corresponding author:** Stacey Melanie, Alsehat Unani Medical College, Faisalabad

Abstract

Urban lifestyles are increasingly characterized by irregular sleep, sedentary behaviour, inconsistent meal timing, prolonged screen exposure, and limited opportunities for structured self-care. Ayurveda emphasizes daily routines (din Acharya) as an important component of maintaining health and supporting physiological balance. However, the feasibility of implementing structured Ayurvedic routines within contemporary urban environments requires systematic evaluation.

Keywords: Ayurveda; Dinacharya; Daily Routine; Lifestyle Adherence; Urban Adults; Feasibility Study; Preventive Health; Behavioural Change; Healthy Lifestyle

Objective

This pilot study was designed to assess the feasibility and acceptability of a structured Ayurvedic daily routine program for improving adherence to selected healthy lifestyle behaviours 9among urban adults.

Introduction

Modern urban living has substantially changed patterns of work, food consumption, physical activity, sleep, and social interaction. Long working hours, commuting, irregular meal schedules, sedentary occupations, and extensive use of digital devices may make consistent healthy behaviors difficult to maintain. Although many lifestyle interventions provide recommendations for improving health, long-term adherence remains a major challenge [1].

Ayurveda places considerable importance on preventive health and the organization of daily activities. The concept of din Acharya, or daily routine, includes practices intended to support hygiene, nourishment, activity, rest, and behavioural discipline. Rather than focusing on a single behaviour, an Ayurvedic routine represents a coordinated pattern of everyday practices [2].

Despite its longstanding conceptual importance, there is limited methodological work examining whether a structured din Acharya-based program can be implemented consistently within modern urban life. A pilot study is therefore appropriate before conducting a larger effectiveness trial. The primary purpose of such a study is not to establish definitive therapeutic efficacy but to determine whether the intervention, recruitment strategy, monitoring procedures, and outcome measures are practical.

Study Design and Participants

The proposed pilot study would use a prospective single-arm feasibility design involving generally healthy urban

CC BY

adults. Participants could be recruited through community outreach, workplaces, educational institutions, and digital advertisements. Adults willing to follow a structured daily routine and maintain regular adherence records would be eligible [3].

Individuals with conditions requiring intensive medical management or those unable to participate in routine activities would be excluded according to predefined criteria. Written informed consent would be obtained before participation.

Structure of the Ayurvedic Daily Routine Program

The intervention would translate selected principles of din Acharya into practical behaviours compatible with urban schedules. Participants would receive guidance concerning regular waking and sleeping times, morning personal hygiene, adequate hydration, structured meal timing, moderate daily physical activity, reduction of unnecessary screen exposure before sleep, and a brief period of relaxation or mindful breathing [4].

The program should avoid presenting all traditional practices as universally appropriate. Participants could receive individualized guidance where clinically justified, while the core feasibility intervention would remain sufficiently standardized for evaluation.

Feasibility Outcomes

The principal outcomes of a pilot study should concern implementation rather than definitive clinical efficacy. Recruitment rate, retention, completion of assessments, adherence to individual routine components, and participant satisfaction would be important indicators.

A daily adherence diary could record whether participants completed each component. Weekly assessments could identify which behaviours were easiest or most difficult to maintain. Researchers should also document reasons for non-adherence rather than simply categorizing participants as compliant or non-compliant [5].

Potential barriers may include variable employment schedules, travel, household responsibilities, social commitments, fatigue, and difficulty maintaining regular sleep or mealtimes. Understanding these barriers can help researchers redesign the intervention before a larger study [1,2].

Measurement and Data Collection

Future studies should combine self-reported adherence with objective measures wherever feasible. Sleep duration may be assessed using validated questionnaires or wearable devices, while physical activity can be monitored through activity trackers. Dietary regularity and perceived stress may be assessed using appropriate validated instruments.

Participant feedback should also be collected through structured questionnaires or brief interviews. Qualitative information can reveal practical difficulties that numerical adherence scores may fail to capture.

Importantly, feasibility outcomes should be reported separately from exploratory health outcomes. Changes in weight, blood pressure, sleep quality, perceived stress, or quality of life may be examined as secondary exploratory measures, but a small pilot study should not be interpreted as definitive evidence of clinical effectiveness.

Ethical and Methodological Considerations

Ethical approval and informed consent are essential. Participants should be informed that the program is a lifestyle intervention and does not replace necessary medical treatment.

Researchers should also avoid overgeneralizing Ayurvedic recommendations. Lifestyle practices may need modification according to age, occupation, health status, environmental conditions, and individual circumstances. Future studies should therefore investigate how standardized intervention components can coexist with appropriate personalization [3,4].

Methods

A prospective pilot framework was developed for adults living in urban settings. Participants would receive a structured daily-routine program incorporating consistent waking and sleeping times, oral hygiene, hydration, regular meal timing, brief physical activity, self-care practices, and a short period of relaxation or mindfulness. Adherence would be assessed using daily routine logs and weekly self-reported measures. Feasibility outcomes would include recruitment, retention, adherence, participant acceptability, completion of assessments, and reported barriers.

Results

The pilot framework indicates that adherence should be evaluated as a multidimensional outcome rather than as simple completion of the entire program. Attention should be given to the proportion of participants maintaining individual routine components, changes in adherence over time, and practical barriers associated with work schedules,

Copyright© Stacey M and Sylvia H.

commuting, family responsibilities, and digital-device use. Such information can guide refinement of intervention intensity, educational materials, monitoring procedures, and outcome measures before a larger controlled study [5].

Discussion

The principal value of a feasibility study lies in identifying whether an intervention can be delivered and followed under real-world conditions. For Ayurvedic lifestyle research, this is particularly important because daily routines depend heavily on individual schedules and social environments.

A structured program may be more sustainable when participants receive gradual behavioural targets rather than being asked to adopt numerous practices simultaneously. Digital reminders, brief educational materials, weekly monitoring, and personalized feedback may improve engagement, although their effectiveness should be evaluated rather than assumed.

The pilot phase can also help determine the most appropriate primary outcome for a future randomized controlled trial. Instead of relying on broad claims of "lifestyle improvement," subsequent research should define measurable outcomes such as adherence percentage, sleep regularity, physical activity, meal-timing consistency, and validated quality-of-life scores

Conclusion

A structured Ayurvedic daily routine program has potential as a practical approach for encouraging healthier lifestyle behaviours among urban adults, but its feasibility should be established before claims regarding effectiveness are made. Pilot research can identify barriers to adherence, determine whether routine components are acceptable, refine monitoring procedures, and establish appropriate outcomes for larger trials. The next generation of Ayurvedic lifestyle research should combine the preventive principles of din Acharya with transparent methodology, validated measurements, participant-centred intervention design, and rigorous clinical evaluation. Such an approach can help translate traditional preventive concepts into practical strategies for contemporary urban populations without losing their broader health-oriented context.

References

1. World Health Organization (2019) WHO Global Report on Traditional and Complementary Medicine 2019. World Health Organization, Geneva.

2. World Health Organization (2013) WHO Traditional Medicine Strategy: 2014-2023. World Health Organization, Geneva.

3. Craig P, Dieppe P, Macintyre S, Michie S, Nazareth I, et al. (2008) Developing and evaluating complex interventions: The new Medical Research Council guidance. BMJ 337: a1655.

4. Eldridge SM, Chan CL, Campbell MJ, Bond CM, Hopewell S, et al. (2016) CONSORT 2010 statement: Extension to randomised pilot and feasibility trials. BMJ 355: i5239.

5. Prochaska JO, Velicer WF (1997) The transtheoretical model of health behavior change. Am J Health Promot 12(1): 38-48.

Copyright© Stacey M and Sylvia H.