

Analytical Commentary**Mr. Kaizzad Capadia, the Science Protector: Part II in the Context of 2025-2030 U.S. Dietary Guidelines****Abhinav Vitthalrao Pathare**

Master of Science in Applied Public Health, University of Central Lancashire (UCLan), England; Founder, Indian Medical Ethics (IME); Principal Investigator and Chief Scientific Advisor at Public Health India (PHI).

OPEN ACCESS**Corresponding Author:****Abhinav Vitthalrao Pathare**

Master of Science in Applied Public Health, University of Central Lancashire (UCLan), England.

Founder, Indian Medical Ethics (IME).

Principal Investigator and Chief Scientific Advisor at Public Health India (PHI).

Received: 13-01-2026

Accepted: 10-02-2026

Available online: 19-02-2026

Copyright © International Journal of Medical and Pharmaceutical Research

ABSTRACT

This article builds on an earlier reflection on Mr. Kaizzad Capadia's intellectual legacy by examining a recent institutional development in nutrition policy: the 2025–2030 United States Dietary Guidelines for Americans. Rather than treating this as "proof" of any individual's correctness, it poses a narrower scientific question: does the new guidance's language and emphasis signal a meaningful recalibration in mainstream nutritional thinking toward metabolic health and lower-carbohydrate patterns? Employing a paradigm-based lens, this article frames this shift as typical of how large scientific institutions evolve slowly—through cumulative tensions, professional incentives, and structural inertia—rather than sudden reversals.

This article then addresses the central bridging question: why relate a U.S. policy change to an India-based thinker? The core argument is that the U.S. shift situates Mr. Kaizzad Capadia's scientific stance within a broader global reappraisal of nutritional thinking, while acknowledging that India's policy environment continues to operate within its own distinctive structural constraints. Finally, the article explains why Indian dietary guidance may lag in recalibrating—due to food security architecture, agricultural economics, and cultural norms—and calls for patience, methodological humility, and sustained scientific engagement.

Keywords: Kaizzad Capadia; Metabolic health; Low-carbohydrate diets; Dietary guidelines for Americans 2025–2030; Institutional inertia; India; Food security policy; Paradigm shift; Obesity pathogenesis; Science protector.

1) Introduction

This article represents the second part of a reflection on the intellectual legacy of Mr. Kaizzad Capadia and the role of healthy scepticism in nutrition science and public health. In the first part, I examined the philosophical foundation of his thinking, which can be viewed in the reference list (Pathare, 2022) [8]. Building on this foundation, the present article examines whether recent institutional developments in nutritional policy reflect a broader paradigm shift that resonates with the sceptical inquiry Mr. Kaizzad Capadia advocated.

This article now turns to a recent institutional development: the 2025–2030 United States Dietary Guidelines for Americans, released on January 7, 2026, by the U.S. Department of Health and Human Services and the U.S. Department of Agriculture (USDHHS & USDA, 2026) [13]. Rather than asking whether they "prove" anyone right, a more pertinent question is whether they signal a shift in emphasis within mainstream nutritional thinking—and, if so, what that means.

2) The Institutional Shift

The 2025–2030 Dietary Guidelines for Americans reflect a visible, evidence-based movement toward prioritising whole foods and metabolic health, explicitly acknowledging that individuals with certain chronic conditions may benefit from lower-carbohydrate dietary patterns (USDHHS & USDA, 2026) [13]. This represents a de-emphasis on singular serum

cholesterol targets in favour of glycaemic control and broader metabolic regulation, aligning with calls to update guidelines to more accurately reflect the current scientific evidence and more effectively address the metabolic health of the nation (Volek et al., 2023) ^[14].

While not a wholesale reversal—policy evolves incrementally through recalibration rather than rupture—these shifts carry substantial weight, as institutional documents directly shape professional education, funding priorities, and public health messaging (Essa-Hadad et al., 2022; Zaltz et al., 2022) ^{[3][17]}. This development resonates with emerging expert consensus on lower-carbohydrate approaches as an equity-based strategy to meet population-level metabolic needs more precisely (Volek et al., 2023, 2024) ^{[14][15]}. Now, let us move towards understanding the structural and conceptual forces that often slow such transitions in large scientific bodies.

3) Reasons for the Delay

Gary Taubes has argued that what scientists see is often shaped by what they already believe (Taubes, 2026) ^[12]. Paradigms do not collapse because a new study appears; they shift when accumulated tensions—such as mounting evidence for metabolic dysregulation over simplistic caloric models—become irreconcilable (Kuhn, 1962; Taubes, 2026) ^{[5][12]}. Nutrition science, perhaps more than many disciplines, has been shaped by heavy reliance on observational epidemiology, career incentives favouring consensus, committee structures, and professional alignments.

Thomas Kuhn described paradigm change not as a simple correction but as a process where shared values break down, ushering in revolutionary phases (Kuhn, 1962) ^[5]. The decades-long lag for insulin resistance to gain primacy over insulin deficiency in diabetes discourse exemplifies this (Taubes, 2026) ^[12], as does the incremental acknowledgment of lower-carbohydrate patterns in the 2025–2030 Dietary Guidelines after prolonged carbohydrate-centric policy (USDHHS & USDA, 2026; Volek et al., 2023) ^{[13][14]}. Institutional inertia is not a conspiracy. It is structural.

4) An Indian Thinker in a Global Debate: Mr. Kaizzad Capadia

Mr. Kaizzad Capadia's work unfolded in India, where he emphasised metabolic reasoning, scepticism toward calorie-burning narratives, and the benefits of lowering carbohydrates. Set within an Indian context, his ideas gain broader resonance through the recent U.S. Dietary Guidelines shift (USDHHS & USDA, 2026) ^[13], which prioritises metabolic health and lower-carbohydrate patterns (Volek et al., 2023) ^[14]. This does not validate his ideas solely by geography but situates his thinking within a global reassessment of nutritional dogma, backed by expert consensus on evidence- and equity-based low-carbohydrate approaches (Volek et al., 2024) ^[15]. This alignment suggests that his earlier emphasis on metabolic health was not an isolated position but rather part of a wider, albeit gradual, reassessment of nutritional science that has now reached institutional recognition in the United States.

From 2017 to 2018, I received sustained exposure to his work through structured coursework at the K11 School of Fitness Sciences. In subsequent years, my academic publications—alongside my Master of Science thesis in Applied Public Health (University of Central Lancashire, 2020, England)—corroborated related themes: advocating low-carbohydrate high-healthy-fat integration into official public health dietary guidelines (including the United Kingdom's), critiquing calorie-centric obesity models (Pathare, 2021) ^[7], probing sugar industry influence (Chaudhary & Pathare, 2024) ^[1], and documenting clinical low-carbohydrate successes in metabolic diseases (Pathare & Chaudhary, 2022, 2024a, 2024b) ^{[9][10][11]}. These publications predated the 2025–2030 Dietary Guidelines for Americans, showing the ideas were part of an ongoing discourse rather than isolated insights. As paradigms shift incrementally amid irreconcilable tensions (Kuhn, 1962; Taubes, 2026) ^{[5][12]}, institutions often repeat ideas that have circulated outside the mainstream for years. Now, let us move towards examining the implications of this global shift for India, a nation with distinct structural and cultural constraints.

5) The Question of India

A responsible analysis must now ask: if such recalibration occurred in the United States, what might this mean for India? India's dietary guidelines remain substantially carbohydrate-dominant, emphasizing grain staples both nutritionally and politically (Indian Council of Medical Research (ICMR) & National Institute of Nutrition (NIN), 2024) ^[4]. Any prospective shift would intersect with entrenched structural realities:

- The Public Distribution System (PDS) and food security commitments prioritising affordable grains;
- Agricultural policies rooted in massive wheat and rice production;
- Cultural centrality of grain-based diets;
- Dual burdens of undernutrition (e.g., via programmes like midday meals and ICDS) and rising metabolic diseases (Cuevas, 2019) ^[2];
- Economic and political stakes tied to staple foods.

These factors make paradigm recalibration even more protracted in India than in the United States, given divergent agricultural incentives, research ecosystems, and policy priorities. The U.S. example illuminates institutional inertia but offers no assurance of replication amid India's unique context. Scientific evidence evolves in tandem with policy architecture (Yamineva et al., 2023) ^[16], yet accumulating metabolic data—including clinical low-carbohydrate successes

among Indian patients with type 2 diabetes and fatty liver disease (Pathare & Chaudhary, 2022, 2024a) [9] [10]—suggests that, with sustained engagement, public health strategies may eventually adapt to the dual burden of malnutrition and non-communicable diseases (Cuevas, 2019) [2]. Let us examine the practical implications of these intersecting factors for Indian public health and policy development.

6) Science, Policy, and Patience: A Final Reflection on Mr. Kaizzad Capadia's Intellectual Legacy

What, then, should we conclude? Not that dietary debates are settled, nor that one nation's policy shift mandates another's. Rather, healthy scepticism plays a vital role in scientific progress, enabling researchers to question established dogma—such as simplistic caloric models—and integrate emerging metabolic evidence, including expert consensus on lower-carbohydrate approaches as an equity-based strategy for diverse populations (Volek et al., 2023, 2024) [14] [15], while upholding foundational principles of public health nutrition.

At its core, Mr. Kaizzad Capadia's stance was not oppositional but analytical: he encouraged scrutiny of long-held assumptions like calorie-burning narratives (Pathare, 2021) [7], a relevance that endures today amid accumulating clinical successes with low-carbohydrate interventions for metabolic diseases, including type 2 diabetes remission in Indian patients (Pathare & Chaudhary, 2022, 2024a) [9] [10]. His legacy lies in modeling this analytical patience, demonstrating—as Kuhn described in paradigm shifts—that questioning nutritional dogma can coexist with, and indeed strengthen, evidence-based public health solutions amid institutional inertia (Kuhn, 1962; Pathare, 2022; Taubes, 2026) [5] [8] [12].

If Indian dietary policy evolves in the coming decades, it will likely do so gradually, as debate continues, evidence accumulates, and structural constraints persist. Therefore, responsible discourse demands patience. Moreover, the evolution of nutrition science illustrates that such institutional change is possible, although it remains contingent on local agricultural economics, food security policy, and cultural dietary norms. In India, for instance, these norms continue to reinforce grain-centric dietary guidance, making rapid policy recalibration unlikely in the near term. Ultimately, Mr. Kaizzad Capadia embodied this intellectual posture, prioritising scientific inquiry to ensure nutritional recommendations remain responsive to evolving metabolic evidence rather than static tradition. Mr. Kaizzad Capadia's intellectual legacy continues to align with the broader scientific imperative to refine causal models of obesity and metabolic disease, particularly as conventional strategies have struggled to stem the rising tide of non-communicable conditions (Ludwig et al., 2022) [6].

7) Conclusion

The central lesson of this article is not about proving anyone right or wrong. It is calibration. Institutional documents change slowly, and when they do, they often reflect years of accumulated debate, evidence, and tension. The 2025–2030 U.S. Dietary Guidelines illustrate that recalibration within mainstream nutrition science is possible. They do not settle every controversy, nor do they mandate uniform global replication.

Mr. Kaizzad Capadia's contribution must therefore be understood in measured terms. His emphasis on metabolic reasoning and scepticism toward simplified calorie narratives did not position him in opposition to public health institutions; rather, it placed him within a longer scientific tradition that questions prevailing assumptions while remaining committed to evidence-based refinement. That posture remains relevant irrespective of geography.

For India, the path forward is unlikely to mirror that of the United States. Agricultural economics, food security systems, and cultural dietary patterns shape policy as much as emerging data. Rapid transformation is improbable. Gradual reassessment, informed by local evidence and structural realities, is more plausible.

Scientific progress rarely unfolds as rupture. It advances through patient scrutiny, responsible debate, and institutional learning. If there is a legacy to be drawn here, it is not validation but method: the disciplined willingness to question, to evaluate, and to wait.

8) Contextual Clarification

This commentary does not claim causal influence between any individual's work and institutional policy shifts. The analysis is interpretive and acknowledges ongoing scientific contestation within nutrition science.

9) Methodological Note

This article is an analytical commentary based on review of publicly available dietary guidelines, scientific reports, and peer-reviewed literature. The analysis has been informed by the author's academic training in public health and prior scholarly engagement with metabolic health and dietary policy, including structured exposure to Mr. Kaizzad Capadia's work during formative coursework.

10) Positionality Statement

The author engaged with Mr. Kaizzad Capadia's work between 2017 and 2018 through structured coursework. This article presents an independent academic analysis informed by that period of intellectual engagement.

11) Conflict of Interest

The author declares no financial, commercial, or institutional affiliation with the K11 School of Fitness Sciences or any related entity. This work was undertaken independently, without external funding, sponsorship, or commissioned support.

12) About Author: Abhinav Vitthalrao Pathare

Abhinav is a public health and community medicine researcher with interdisciplinary training spanning applied public health, exercise sciences, and engineering.

He is the founder of Indian Medical Ethics (IME)—a public health initiative dedicated to examining, challenging, and addressing medical negligence, misconduct, and ethical accountability within Indian healthcare.

Abhinav serves as principal investigator and chief scientific advisor at Public Health India (PHI), an Indian low-carbohydrate research organisation focused on lifestyle, chronic disease, and public health policy.

He completed his Master of Science in Applied Public Health with merit from the University of Central Lancashire, United Kingdom (2020). His dissertation critically examined the nutritional determinants of obesity and explored the role of low-carbohydrate dietary approaches within official dietary guidelines in the United Kingdom.

He also holds a bachelor's degree in engineering and formal training in exercise and fitness sciences, providing him with an interdisciplinary lens to examine public health issues from biological, behavioural, and systemic perspectives.

In 2021, his article "Exercise Does Not Solve Obesity" stimulated debate across professional and academic platforms. In 2023, his co-authored diabetes remission case study was recognised by the Metabolic Health Conference Committee India as India's first published case study using a low-carbohydrate approach.

His research has been cited in a scholarly reference work published by Springer Nature and referenced across recognised academic and institutional platforms, including the University Mental Health Charter (England).

Abhinav aims to contribute to evidence-based reform in public health policy and medical ethics in India through rigorous research, transparent debate, and cross-cultural academic engagement.

His current research interests include:

- Addressing medical negligence, misconduct, and malpractice in Indian healthcare
- Evaluating the scientific foundations of national dietary guidelines (India and UK)
- Examining the role of Low-Carbohydrate High-Fat (LCHF) dietary approaches in clinical and public health nutrition
- Applying Whole System Approaches (WSA) to health promotion

13) References

1. Chaudhary, A. B., & Pathare, A. V. (2024). The calorie-burning myth: Examining sugar companies' influence in obesity science and sports. *European Journal of Cardiovascular Medicine*, 14(6), 654. <https://healthcare-bulletin.co.uk/article/the-calorie-burning-myth-examining-sugar-companies-influence-in-obesity-science-and-sports-2648/>
2. Cuevas, S. (2019). The nutritional and economic effects of palm oil trade liberalisation in India: A policy analysis [London School of Hygiene & Tropical Medicine]. In *LSHTM Research Online (London School of Hygiene and Tropical Medicine)*. <https://doi.org/10.17037/pubs.04652031>
3. Essa-Hadad, J., Rudolf, M., Mani, N., & Malatskey, L. (2022). Mapping lifestyle medicine in undergraduate medical education: a lever for enhancing the curriculum. *BMC Medical Education*, 22(1). <https://doi.org/10.1186/s12909-022-03929-z>
4. Indian Council of Medical Research (ICMR), & National Institute of Nutrition (NIN). (2024). *Dietary Guidelines for Indians*. <https://www.nin.res.in/dietaryguidelines/pdfjs/locale/DGI07052024P.pdf>
5. Kuhn, T. (1962). *The Structure of Scientific Revolutions*. The University of Chicago. <https://www.lri.fr/~mbl/Stanford/CS477/papers/Kuhn-SSR-2ndEd.pdf>
6. Ludwig, D. S., Apovian, C. M., Aronne, L. J., Astrup, A., Cantley, L. C., Ebbeling, C. B., Heymsfield, S. B., Johnson, J. D., King, J. C., Krauss, R. M., Taubes, G., Volek, J. S., Westman, E. C., Willett, W. C., Yancy, W. S., & Friedman, M. I. (2022). Competing paradigms of obesity pathogenesis: energy balance versus carbohydrate-insulin models [Review of *Competing paradigms of obesity pathogenesis: energy balance versus carbohydrate-insulin models*]. *Int. J. Med. Pharm. Res.*, 7(1): 2168-2172, 2026

carbohydrate-insulin models]. European Journal of Clinical Nutrition, 76(9), 1209. Springer Nature. <https://doi.org/10.1038/s41430-022-01179-2>

7. Pathare, A. V. (2021). Exercise Does Not Solve Obesity: The “Calorie-Burning Theory” is Misleading and Incorrect. *International Journal of Dental and Medical Sciences Research, 3(5), 328. <https://knowledge.lancashire.ac.uk/id/eprint/39920/>*
8. Pathare, A. V. (2022). Mr Kaizzad Capadia: “The Science Protector” Like Dr Burwell from Harvard and Dr Sackett from Oxford University. *International Journal of Medical Science and Current Research (IJMSCR), 5(1), 4280. <https://www.ijmscr.com/asset/images/uploads/16431823710447.pdf>*
9. Pathare, A. V., & Chaudhary, A. B. (2022). Contemporary directions in fatty liver disease in light of low-carbohydrate approach: a review by Public Health India. *European Journal of Molecular and Clinical Medicine, 9(2), 808. <https://publichealthindia.com/wp-content/uploads/2022/05/LCHF-NAFLD.pdf>*
10. Pathare, A. V., & Chaudhary, A. B. (2024a). 2.5-Month effects of a high-intensity low-carbohydrate intervention on glycemic and lipid profile: A type-2 diabetes near-to-remission case study of a 65-year-old Indian woman with recent bilateral knee replacement surgery. *Journal of Population Therapeutics and Clinical Pharmacology, 31(3), 1398. <https://doi.org/https://doi.org/10.53555/jptcp.v31i3.5141>*
11. Pathare, A. V., & Chaudhary, A. B. (2024b). Remarks on Metabolic Health Conference 2024: In light of personal experience and scientific literature. *International Journal of Medical and Pharmaceutical Research, 5(3). https://www.researchgate.net/publication/381195106_Remarks_on_Metabolic_Health_Conference_2024_In_light_of_personal_experience_and_scientific_literature*
12. Taubes, G. (2026). MAHA’s New Dietary Guidelines, Pluribus, and the “Moonie Steve” Thought Experiment. In *Substack. https://open.substack.com/pub/uncertaintyprinciples/p/mahas-new-dietary-guidelines-pluribus?r=77fe81&utm_medium=ios*
13. USDHHS & USDA. (2026). *Dietary guidelines for Americans, 2025–2030. <https://cdn.realfood.gov/DGA.pdf>*
14. Volek, J. S., Clinthorne, J. F., & Yancy, W. S. (2023). Applying a nutrition security lens to the Dietary Guidelines for Americans to address metabolic health. *Frontiers in Nutrition, 10. <https://doi.org/10.3389/fnut.2023.1141859>*
15. Volek, J. S., Yancy, W. S., Gower, B. A., Phinney, S. D., Slavin, J., Koutnik, A. P., Hurn, M., Spinner, J. R., Cucuzzella, M., & Hecht, F. (2024). Expert consensus on nutrition and lower-carbohydrate diets: An evidence-and equity-based approach to dietary guidance [Review of *Expert consensus on nutrition and lower-carbohydrate diets: An evidence- and equity-based approach to dietary guidance*]. *Frontiers in Nutrition, 11, 1376098. Frontiers Media. <https://doi.org/10.3389/fnut.2024.1376098>*
16. Yamineva, Y., Kulovesi, K., & Recio, E. (2023). Conclusion. In *Brill | Nijhoff eBooks* (p. 392). Brill. https://doi.org/10.1163/9789004684089_016
17. Zaltz, D. A., Bisi, L. E., Ruskin, G., & Hoe, C. (2022). How independent is the international food information council from the food and beverage industry? A content analysis of internal industry documents. *Globalization and Health, 18(1). <https://doi.org/10.1186/s12992-022-00884-8>*