MOVING MEDICINE FORWARD

A Clinician's Introduction to Food as Medicine

A concise, evidence-based guide to using health-promoting nutrition alongside standard medical care

Food is not an alternative to medicine. Food is one of the tools of medicine.

Why this belongs in the clinical conversation

Dietary patterns are major modifiable determinants of cardiometabolic health. Plant-forward dietary patterns rich in vegetables, fruits, legumes, intact whole grains, nuts and seeds are associated with lower cardiovascular and type 2 diabetes risk; importantly, food quality matters, because a diet can be plant-based yet metabolically poor if dominated by refined grains, sweets, sugar-sweetened beverages and ultra-processed foods.[1,2,3]

- In controlled feeding studies, dietary pattern changes can lower blood pressure independently of weight loss, with further benefit from sodium reduction.[4,5,6]
- Randomized plant-based interventions have produced clinically meaningful weight loss and improvements in insulin sensitivity and ectopic fat.[7,8]
- In type 2 diabetes, intensive dietary interventions can reduce HbA1c and medication needs; formal remission is achievable in some patients.[9,10,15]
- In established coronary disease, an intensive lifestyle program including a very-low-fat vegetarian diet produced angiographic regression; because the intervention was multifactorial, diet alone cannot be credited for the effect.[12]

What "health-promoting nutrition" means in practice

CENTER THE PLATE ON	REDUCE / MINIMIZE
Vegetables • fruit • beans/lentils/peas • intact whole grains • potatoes/sweet potatoes • nuts and seeds	**Refined grains • added sugars • sugary drinks • ultra-processed foods • excess sodium • saturated-fat-rich foods**

For fully plant-based patients, vitamin B12 is non-negotiable. Appropriately planned vegetarian and plant-based patterns can be nutritionally adequate in adults.[13]

Four common clinical applications

1 HYPERTENSION **Food can function as antihypertensive therapy**
The DASH feeding trial lowered blood pressure without weight loss; among hypertensive participants, systolic pressure fell about 11 mm Hg more than with the control diet. Lower sodium intake adds further benefit. Vegetarian diets also reduce systolic and diastolic blood pressure in trials.[4,5,6,14]
CLINICAL PRESCRIPTION Increase potassium-rich whole plant foods; sharply reduce sodium-dense restaurant and processed foods; add weight loss when appropriate. Monitor home BP because medication requirements may change.

2 OBESITY **Change caloric density, not merely portion size**
Whole-food plant-based randomized trials demonstrate substantial weight loss without mandated calorie counting. Because whole plant foods such as vegetables, fruits, legumes and intact grains are composed largely of water and fiber, their calorie density is low; eating generous portions of soups, salads and steamed vegetable dishes to comfortable satiety can therefore support steady weight loss without persistent hunger. In a 16-week low-fat plant-based trial, weight loss occurred together with improved insulin sensitivity and reductions in liver and intramyocellular fat.[7,8]
CLINICAL PRESCRIPTION Build volume and satiety with vegetables, legumes, intact grains, potatoes and fruit. Reduce oils, fried foods, cheese, pastries, sweets and other highly energy-dense ultra-processed foods.

3 INSULIN RESISTANCE & TYPE 2 DIABETES **Remission is possible in selected patients**
Randomized low-fat plant-based trials have improved glycemic control, insulin sensitivity and cardiometabolic risk factors. A 2025 randomized whole-food plant-based intensive lifestyle trial reduced HbA1c and medication use more than standard care; some participants achieved diabetes remission.[8,9,10,15]
CLINICAL PRESCRIPTION Emphasize legumes, intact grains, vegetables, whole fruit and other fiber-rich foods while reducing refined carbohydrates and saturated-fat-rich foods. In patients with excess adiposity, sustained weight loss and reduction of ectopic fat are important therapeutic targets.

4 ATHEROSCLEROTIC CORONARY ARTERY DISEASE **Risk-factor improvement - and evidence of regression in intensive lifestyle care**
Vegetarian interventions in people with or at high cardiovascular risk improve LDL cholesterol, body weight and glycemic control. In the Lifestyle Heart Trial, an intensive lifestyle program incorporating a very-low-fat vegetarian diet, exercise, stress management, smoking cessation and social support produced measurable regression of coronary stenosis over five years, while controls progressed.[11,12]
CLINICAL PRESCRIPTION Use nutrition alongside - not instead of - guideline-directed lipid lowering, blood-pressure treatment, smoking cessation, physical activity and other secondary-prevention therapy. Center meals on leafy greens, other vegetables, legumes, intact grains and fruit while reducing saturated-fat-rich and highly refined foods.

Safety note: insulin and insulin-secretagogue doses may need prompt adjustment as glucose improves; active glucose surveillance is essential during intensive dietary change.[14]

The 60-second office visit

1. Ask what the patient ate yesterday. 2. Identify the dominant calorie sources. 3. Prescribe a direction and measure the response.
"For the next several weeks, let's make vegetables, beans, intact grains and fruit the center of your meals and sharply reduce ultra-processed and saturated-fat-rich foods. Then we will recheck your weight, BP, glucose, lipids and medication requirements."

Prescribing nutrition safely and credibly

MONITOR MEDICATIONS

BP and glucose can fall as dietary quality improves. Intensify home monitoring when patients use insulin, sulfonylureas, other hypoglycemia-producing agents, antihypertensives or diuretics.

PROTECT NUTRITIONAL ADEQUACY

A fully plant-based diet requires reliable vitamin B12. Depending on age, intake and clinical context, also assess vitamin D, iodine, calcium, iron, zinc and omega-3 status as appropriate.

REFER WHEN NEEDED

Registered dietitians familiar with health-promoting nutrition can convert a broad recommendation into a nutritionally complete, culturally appropriate and sustainable treatment plan.[13]

Practical patient resources

Prevent and Reverse Heart Disease - Caldwell B. Esselstyn, Jr., MD. *Heart-disease-oriented, very-low-fat whole-food plant-based approach.*
The Prevent and Reverse Heart Disease Cookbook - Ann Crile Esselstyn & Jane Esselstyn. *Highly practical recipes consistent with the Esselstyn approach.*
The How Not to Die Cookbook - Michael Greger, MD & Gene Stone. *Broad whole-food plant-based recipes with accessible nutrition framing.*
Forks Over Knives - The Cookbook - Del Sroufe. *Large collection of practical oil-free plant-based recipes.*
Plant-Based Nutrition Reference - Brenda Davis, RD & Vesanto Melina, RD. *Useful reference for nutritional adequacy and life-stage planning.*
For Fork's Sake - Rachel Brown. *A practical guide to making health-promoting, plant-centered eating approachable and sustainable.*
Rochester Lifestyle Medicine Institute 15-Day Jumpstart Program - a structured, medically grounded lifestyle program: https://www.rochesterlifestylemedicine.org/about-jumpstart

THE CLINICAL TAKE-HOME

Do not ask patients merely to "eat healthier." Prescribe a recognizable dietary pattern, monitor objective outcomes, adjust medications when physiology changes, and refer for nutrition expertise when the case warrants it.

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Make the prescription look like food

A week of delicious, easy plant-based eating

These are not rigid "menus." They are examples of ordinary meals patients can recognize, shop for, and prepare with minimal equipment. Portions can be adjusted to appetite, body size, activity level, metabolic goals and medical needs. Flavor comes from herbs, spices, citrus, vinegars, tomato, garlic, onions, mushrooms and modest amounts of nuts or seeds.

DAY 1 - Comfort-food simple

Breakfast: Warm oatmeal with blueberries, sliced banana, cinnamon and ground flax.
Lunch: Hearty lentil-vegetable soup with a large green salad and whole-grain toast.
Dinner: Baked potato topped with smoky black beans, corn, salsa and steamed broccoli.
Snack / dessert: An apple with a few walnuts, or fresh berries.

Easy prep: *Cook a large pot of lentil soup once; enjoy it for two lunches.*

DAY 2 - Mediterranean

Breakfast: Overnight oats with chopped apple, raisins, cinnamon and chia.
Lunch: Chickpea salad pita with tomatoes, cucumber, greens and lemon-tahini dressing.
Dinner: Whole-wheat pasta with tomato-mushroom-lentil sauce, spinach and a crisp side salad.
Snack / dessert: Orange slices or grapes.

Easy prep: *Use canned no-salt-added chickpeas and jarred tomato passata to save time.*

DAY 3 - Familiar and filling

Breakfast: Whole-grain toast with smashed white beans, tomato, fruit and a sprinkle of herbs.
Lunch: Leftover pasta or a quinoa bowl with roasted vegetables, chickpeas and lemon.
Dinner: Three-bean chili over a baked sweet potato with cabbage slaw and avocado slices.
Snack / dessert: Air-popped popcorn, fruit, or carrots with hummus.

Easy prep: *Make double chili; freeze half in single-meal containers.*

DAY 4 - Tex-Mex bowl

Breakfast: Oatmeal with strawberries, banana and ground flax.
Lunch: Black bean, corn and brown-rice bowl with lettuce, tomatoes, salsa and lime.
Dinner: Vegetable fajitas with peppers, onions, mushrooms and pinto beans in warm corn tortillas.
Snack / dessert: Fresh mango or a baked cinnamon apple.

Easy prep: *Frozen pepper-and-onion strips and canned beans make this a 15-minute dinner.*

Fast combinations for busy days

5-minute breakfasts: oatmeal + berries + flax; whole-grain toast + nut/seed butter + fruit; unsweetened soy yogurt + oats + fruit; leftover sweet potato + cinnamon + banana.
Packable lunches: hummus-and-vegetable wrap; lentil soup in a thermos; quinoa-bean salad; leftover grain bowl; whole-grain pita stuffed with chickpeas, greens and tomato.
Simple snacks: fruit; raw vegetables with hummus; roasted chickpeas; a small handful of nuts; air-popped popcorn; edamame.
Flavor boosters: lemon or lime, balsamic or rice vinegar, mustard, salsa, fresh herbs, nutritional yeast, smoked paprika, curry powder, za'atar, garlic, ginger and toasted seeds.

No-recipe dinners patients can memorize

Loaded potato: baked potato + beans + broccoli + salsa. **Green grain bowl:** brown rice + lentils + spinach + mushrooms + lemon. **Fast pasta:** whole-grain pasta + jarred tomato sauce + white beans + frozen spinach.

Soup supper: low-sodium vegetable soup + added beans + whole-grain toast + fruit. **Breakfast-for-dinner:** oatmeal + berries + flax, with steamed greens or a simple bean salad on the side.

Three more easy days

Simple enough for a weekday. Good enough to look forward to.

DAY 5 - Soup-and-sandwich day

Breakfast: Berry-banana smoothie bowl topped with oats and pumpkin seeds.
Lunch: Tomato-white bean soup with a whole-grain hummus-and-vegetable sandwich.
Dinner: Red lentil curry with brown rice, peas, cauliflower and spinach.
Snack / dessert: Pear with a spoonful of peanut or almond butter.

Easy prep: *Red lentils cook quickly and need no soaking.*

DAY 6 - Weekend abundance

Breakfast: Steel-cut oats with pears, walnuts and cinnamon.
Lunch: Big chopped salad with romaine, chickpeas, cucumber, tomatoes, carrots, beets and warm potatoes.
Dinner: Mushroom-lentil shepherd's pie with peas and a side of steamed greens.
Snack / dessert: Frozen banana "nice cream" blended with berries.

Easy prep: *Bake extra potatoes and vegetables while the oven is on.*

DAY 7 - Sunday supper

Breakfast: Whole-grain pancakes topped with warm berries and sliced fruit.
Lunch: Minestrone packed with beans, vegetables and whole-grain pasta, plus salad.
Dinner: Stuffed bell peppers with quinoa, black beans, corn, tomatoes and herbs; side of green beans.
Snack / dessert: Fresh fruit, or baked peaches with cinnamon.

Easy prep: *Make minestrone in a large pot; freeze several portions for busy days.*

MIX-AND-MATCH SUPPER

Base: Brown rice, quinoa, barley, whole-grain pasta, baked potato or sweet potato.
Beans: Black beans, lentils, chickpeas, kidney beans, edamame or split peas.
Vegetables: Add at least two: greens, broccoli, cauliflower, mushrooms, peppers, cabbage, squash or carrots.
Finish: Salsa, lemon-herb sauce, tomato-basil sauce, curry, hummus, or a spoonful of tahini.

Easy prep: *Cook one grain and one bean ahead; dinner becomes assembly rather than cooking.*

The "make it easy" pantry

Keep on hand
Oats • brown rice • quinoa • whole-grain pasta • canned no-salt-added beans • lentils • potatoes • sweet potatoes • canned tomatoes • frozen berries • nuts and seeds • herbs and spices

Shortcuts that still count as real food
Frozen vegetables • pre-washed greens • canned beans • microwaveable brown rice with no added oil • unsalted tomato sauce • chopped vegetables • frozen fruit • oil-free hummus or bean spread

One simple formula: Start with a starch or intact grain + add a bean or lentil + add two or more vegetables + finish with a vivid sauce or seasoning.
Examples: potato + black beans + broccoli + salsa; brown rice + chickpeas + spinach + curry; whole-grain pasta + lentils + mushrooms + tomato-basil sauce.

Batch-cook once, eat several times

Sunday 60-minute setup: Put a pot of brown rice or quinoa on the stove; roast two sheet pans of mixed vegetables; simmer a pot of lentils or beans; wash salad greens; mix one bright sauce. During the week, recombine these into bowls, wraps, soups, salads and stuffed potatoes.

Emergency meal: Microwave a potato or frozen brown rice, add canned beans and frozen vegetables, then top with salsa or oil-free hummus. Dinner can be on the table in under 10 minutes.

The point is not culinary perfection. It is to show patients that a therapeutic eating pattern can be colorful, abundant, satisfying and entirely ordinary.

A final word

"A healthcare system devoted to restoring health should understand - and practice - the science of creating health."

Moving Medicine Forward • Food as Medicine • Clinician education

Educational material for clinicians. Nutritional therapy should be individualized for age, pregnancy, frailty, kidney disease, eating disorders, gastrointestinal disease, food allergy, medication use and other relevant clinical circumstances.