

# A plea for nutrition in medicine



March is **National Nutrition Month**. I'll use this occasion to issue a clarion call for making nutrition a linchpin of medical therapy across ALL specialties. Here's a rundown of how it could advance the health of diverse patients:

- **Gastroenterology:** Rates of IBS, GERD, inflammatory bowel disease and GI cancers are soaring. Diet has a major impact via food intolerance, toxicity of ultra-processed foods, and assaults on microbiome integrity. It's now acknowledged that, in addition to traditional gastrointestinal ailments, perturbations in digestion may have ramifications for all the systems of the body.
- **Endocrinology:** This specialty includes the management of diabetes, which has obvious nutritional correlates. Diet and lifestyle are paramount in preventing or reversing the consequences of blood sugar dysregulation.
- **Neurology:** Neurodegenerative diseases have taken an increasing toll as our population ages. The discovery of the "gut-brain" axis implicates diet as a driver of brain pathology; blood sugar regulation may be a cornerstone of dementia prevention; key nutrients may support brain and nervous system health.
- **Cardiology:** While efforts to encourage an ultra-low-fat diet by major heart organizations may be misguided when it's actually excess carbohydrates that

deserve the spotlight, it's a time-tested proposition that there's a diet-heart connection. In addition to prevention of atherosclerosis, key nutrients like omega-3s, magnesium, Aged Garlic Extract, and CoQ10 may support care of patients with heart failure, atrial fibrillation and hypertension.

- **Rheumatology:** New research supports the use of an “anti-inflammatory diet” as well as supplements like vitamin D, omega-3s, and curcumin in management of rheumatic conditions.
- **Dermatology:** Skin conditions are often superficial manifestations of systemic allergies and inflammation, which can be modulated by diet change.
- **Hematology/Oncology:** There are obvious influences of diet on cancer *prevention*; what is not commonly acknowledged is that diet and supplements can impact the success of conventional therapies, and prolong survival.
- **Infectious Disease:** COVID should have been a teachable moment about the impact of diet on immunity; avoidance of obesity, the condition of the microbiome, and levels of key nutrients like vitamin D and zinc have been proven to shape outcomes.
- **Urology:** Diet has a definitive impact on prostate cancer occurrence and survival; progressive urology programs have begun to offer lifestyle counseling to their prostate cancer patients.
- **Nephrology:** In impaired kidney function, or with patients on dialysis, nutrition plays a crucial role; nephrologists are way ahead of their medical colleagues in understanding this, and consultation with dietitians is mandatory for renal patients.
- **Ophthalmology:** The pioneering AREDS studies underscored the benefits of nutrition in macular degeneration; other eye problems, including glaucoma, have dietary correlates.
- **ENT/Pulmonology:** Food allergies and inflammation stoke respiratory tract diseases; chronic sinusitis and asthma are often diet-related.
- **OB-GYN:** It's obvious that pregnancy outcomes are impacted by diet; Many gynecological conditions like PMS, endometriosis, PCOS and chronic vaginitis respond to nutritional interventions.
- **Psychiatry:** Nutritional Psychiatry is making great strides. The Food-Mood connection is well established, and certain supplements may be potent tools for alleviating mental conditions.
- **Pediatrics:** Rates of childhood obesity are soaring; neurodevelopmental disorders like ADHD may have dietary antecedents. Early interventions can stave off adult degenerative diseases.
- **Surgery:** Cue the old adage: “The operation was a success but the patient died.” Surgeons acknowledge this, and want nutritionally-replete patients who are more likely to survive the rigors of surgery.
- **Sports Medicine/Orthopedics:** Even in this “spare-parts” oriented field, sports nutrition is emerging as an essential contributor to optimization of athletic performance and rehabilitation.
- **Dentistry:** It was dentist Weston Price, who, in the 1930s traveled to remote parts of the world to document the ravages of transition to a modern diet by members of traditional cultures; his photos document cavities, gum disease and malocclusion as a result of adoption of industrially-processed refined foods.

Nevertheless, nutrition training and knowledge among medical professionals remains woefully lacking, according to the latest surveys. It's not for lack of interest by

idealistic young medical students. But by the time they graduate, they're ground down by overwhelming demands of memorization and fact regurgitation, exhausted by punishing rotations that undermine their personal adherence to balanced lifestyles, and thoroughly indoctrinated in a pharmaceutical paradigm:

*"Despite the paucity of nutrition curriculum in medical school, the study found that interest among medical students in nutrition is uniformly high. Previous research has shown that keen interest in nutrition among incoming medical students typically wanes by the time of graduation. It is easy to imagine why. When medical students do not see nutrition substantively incorporated into their curriculum and do not observe clinical mentors incorporating nutritional interventions into their care plans, what else can they conclude but that nutrition is not as important as they had once believed?"*

It's not surprising that medical specialists don't have the time or bandwidth to become experts in nutrition, except for a few, like myself and colleagues, who have devoted their careers to mastering nutrition science. But, at least, physicians should learn where nutritional approaches are appropriate, and how to make referrals to nutrition experts as part of a team approach:

*" . . . without a solid foundation of clinical nutrition knowledge and skills, physicians worldwide are generally not equipped to even begin to have an informed nutrition conversation with their patients and to fully identify opportunities for referral."*

But medical education is not addressing the need. According to survey data:

*"22% of polled physicians recall receiving no nutrition education in medical school. While the majority of physicians recollect receiving some nutrition education in medical school, 35% of those polled said that came in the form of a single lecture or a section of a single lecture. Unfortunately, the situation does not improve during medical residency. Seventy-three percent of those surveyed felt they received minimal or no education during their medical residency necessary for counseling patients on nutrition topics."*

And, despite the urgent need, we're lagging behind our international peers:

*"Lack of nutrition education appears to be more prevalent in the Americas, where 58% of physicians had no memory of, or there was a notable absence of, nutrition education in medical school. In Asia and Europe, the absence of any education seemed like less of a problem: only 30% of polled physicians in those continents recalled no medical education on nutrition."*

And after graduation from medical school, things only get worse:

*"Lack of nutrition education persists after completion of graduate medical education, where almost half of polled physicians had not received any nutrition continuing medical education. Moreover, physicians were unlikely to be readers or consumers of nutrition education through studies, books, or documentaries post graduation. In fact, 67% of physicians read about nutrition less than once every 3 months."*

The review concludes:

*"Without adequate education in training, it is no surprise that most physicians around the world do not feel well equipped to counsel their patients about*

*nutrition.”*

As we commemorate Nutrition Month, we need to do better. Is there not an urgent need for training doctors how to harness nutritional modalities, and insist that we place qualified clinical nutritionists on the front lines of EVERY medical specialty?

My professional organization, the American Nutrition Association (ANA) has stated:

*“Nutrition should be a core element of our healthcare culture and system, and all health professionals should be equipped and empowered to integrate nutrition into their work.”*

To this end, the ANA offers a range of training programs to help acquaint health professionals with the potential for personalized nutrition. Learn more about the educational work of the American Nutrition Association on their website.