The official Newsletter of SLSLM









In a Mutshell



Editor's view	2
From Struggle to Strength	
- a transforming journey	4
Intermittent Fasting Approach to Cancer	8
• Keto vs. Carbs - The Science Behind the Hype	12
SLSLM Diary	16
Newsreel	20
 Food for Thought - Banana Pancake 	23
Upcoming Events	24
Exciting Exam Promotion	25
Become a Member	28

FOOD AS MEDICINE



Editors View



Food as Medicine: Your daily prescription for Health

Dr. Dilumini Dharmawardene MBBS, Dip IBLM



It is with great enthusiasm that I welcome all our readers to OLA LEAF, the lifestyle medicine newsletter of the SLSLM. As the new editor, I'm honoured to join you on this journey toward better health and well-being adhering to the concepts of lifestyle medicine.

Lifestyle medicine is a powerful, evidence-based approach to cultivate sustainable habits to prevent, treat, and even reverse chronic diseases. It places the patient in the driver's seat by empowering the patient to take charge of their own health through informed choices.

As its core: Lifestyle medicine advocates six key pillars.

- Whole food plant predominant diet
- *Regular physical activity*
- Good quality restorative sleep
- Stress management
- Avoiding risky substances
- Positive social connections

For this edition, I've chosen the theme "Food as Medicine", highlighting one of the most influential pillars of lifestyle medicine. Why food? Because every single day, we make countless decisions about what, when, and how we eat. Think about it: from the moment you wake up and consider what to eat for breakfast, to whether you'll grab takeout or cook the meals at home, your food choices shape your well-being.

Even seemingly small decisions like whether to add milk in your coffee or tea or finishing your child's leftovers add up over time. Therefore something as simple as food on your plate has the power to be your most accessible form of medicine for your health.

In today's fast-paced world, where food marketing is omnipresent and social media often distorts our perceptions, being mindful of what we eat has never been more crucial. Cooking healthy meals at home more often with fiber rich, nutrient-dense, antioxidant packed whole plant foods using a rainbow of colourful produce, and seasoning with herbs and spices can transform not only your meals but also your health..







Food as Medicine: Your daily prescription for Health

According to ACLM (American college of lifestyle medicine) for the treatment, reversal and prevention of lifestyle related chronic disease ACLM recommends an eating plan based predominantly on a variety of minimally processed vegetables, fruits, whole grains, legumes, nuts and seeds.

Their evidence-based guidance encourages us to:

- Eat whole plant based foods (fruits and vegetables)
- Embrace a rainbow of coloured plant foods
- Incorporate legumes, nuts, and seeds for plant based
- proteins
- Favour low glycemic, high fiber whole grains
- Eat the leafy greens
- Season with herbs and spices
- Stay well-hydrated with plenty of water

Herbs and spices included in the ACLM plate help to elevate the flavor of food while boosting the anti-oxidant and phytonutrients content of the dish, making healthy food truly enjoyable.

In this edition of OLA LEAF, you'll find inspiring stories, practical tips, and expert insights on how to turn your kitchen into your pharmacy. We'll share the transformative journey of a young lady who reclaimed her health through lifestyle medicine proving that change is not only possible but profoundly rewarding.

I truly believe that lifestyle medicine is the best prescription for a vibrant, healthy life. But in the end, the choice is yours:

Will you take food as your medicine or take medicine as your food?



Transformative Journey



From struggle to strength:

My 25kg Weight Loss Journey – A Tribute to Lifestyle Medicine



For as long as I can remember, I've struggled with my weight. As a child, I was told it was just "puppy fat," but it never went away. By my teenage years, I was noticeably overweight, but like most stubborn kids, I refused to change my eating habits. I loved fast food, indulged in large portions, and had an unshakable sweet tooth. My parents tried their best to encourage a healthier lifestyle, but their advice fell on deaf ears.

In my twenties, I knew my weight was affecting my confidence. The more time passed, the more I turned to fad diets for a quick fix. I tried every single one cabbage soup, Atkins and more. Some worked temporarily, but as soon as I went back to my old habits, the weight piled back on. It was a vicious cycle, one I couldn't seem to escape.

At 31, I was the heaviest I had ever been,

Transformative Journey



From struggle to strength:

My 25kg Weight Loss Journey – A Tribute to Lifestyle Medicine

almost 90kg, and classified as morbidly obese for my height. I met the love of my life and planned to get married and like many brides-to-be, I lost a few kilos for my wedding, but it was short-lived. Within a year, I was back to my highest weight. Then came the devastating realization:- I was struggling to conceive.

After countless doctor visits, I was with diagnosed PCOS. and my gynecologist strongly advised me to lose weight. Instead of feeling motivated, I felt resented the advice angry. Ι and stubbornly refused to change. It wasn't until years later, at 36, that something finally clicked.

One evening, while scrolling through Facebook, I came across an article about a woman who had been so overweight she couldn't play with her toddler. Something about her story resonated deeply within me. Maybe it was because I so desperately wanted children myself, or maybe I was finally ready to face the truth that I needed to change. That night, I made a promise to myself: Enough was enough. It was time to take control of my health.

I knew fad diets wouldn't work, so I focused on sustainable changes. I created a realistic meal plan, prioritizing balance over restriction. Breakfast was a filled chapati, lunch was rice and curry with minimal rice, and dinner was a healthy salad. I made sure to eat at least two

hours before bed, drank plenty of water, and ensured I got eight hours of sleep every night.



Exercise, which had once felt like a punishment, became a daily habit. I started small brisk walks and morning swims, but as the weight came off, I felt stronger and more capable. Intermittent fasting was gaining popularity at the time, and I decided to give it a try. Starting with a 14-hour fast, I quickly noticed how much better I felt. The more I committed to my new lifestyle, the more I realized how much I had been holding myself back.

The results were incredible. **In just three months, I had lost 15kg.** Seeing the changes in my body and energy levels only fueled my determination. Over the next four months, I shed the remaining

Transformative Journey



From struggle to strength:

My 25kg Weight Loss Journey – A Tribute to Lifestyle Medicine

10kg, reaching my goal weight of 65kg.

It was only after losing 25kg that I truly grasped the burden I had been carrying. I imagined hauling around a 25kg suitcase everywhere I went. It was no wonder I had always felt tired and sluggish. For the first time in my life, I had a normal BMI. My fasting blood sugar came down from 120 to 101 and I was not prediabetic anymore! Clothes shopping became a joy rather than a struggle, as I fit into medium and even small sizes when I had once struggled with XL and XXL. However the most incredible moment of all, was being able to conceive naturally a few months after my weight loss. It was something I had once believed impossible. The weight loss didn't just change my appearance, it changed my entire future.

Even after reaching my goal, I never went back to my old ways. Healthy living had become a part of me. Over time, my journey led me to an unexpected path, I transitioned to a vegetarian diet, and a month later, I became fully vegan.



What started as an ethical choice soon became а for health. passion T researched plant-based diets extensively and was amazed by the science behind their benefits. When I checked my fasting sugar blood and lipid profile before and after my lifestyle changes, the results were remarkable. My health markers were the best they had ever been. My fasting blood sugar went from 101 to 86.7. Total cholesterol went from 245 to 171, LDL from 172 to 96.9, TG from 109 to 85.6 and HDL 50 to 57.2.

Transformative Journey



From struggle to strength:

My 25kg Weight Loss Journey – A Tribute to Lifestyle Medicine

In 2023, a colleague introduced me to Lifestyle Medicine. For the first time, I realized that everything I had done, my diet, exercise, and mindset shifts, had a strong scientific foundation. Intrigued, I pursued a diploma and became a certified Lifestyle Medicine Practitioner. Now, I'm passionate about helping others struggling with their weight, guiding them toward real, lasting change.

I remember watching The Biggest Loser, a show where overweight participants competed in weight loss challenges. One thing stuck with me: they said most contestants regained the weight within six years. But if they made it past that mark,

they had a higher chance of keeping it off for life.

It's been 11 years since I lost weight, and I've never looked back. I know with certainty that if I hadn't made this change, I'd be battling chronic diseases like diabetes and heart disease, conditions that run in my family. Instead, I am living proof that transformation is possible.

My journey wasn't just about losing weight. It was about reclaiming my health, my confidence, and my future. If my story can inspire even one person to take that first step, then every challenge along the way was worth it.



Feature Article

Intermittent fasting approach to cancer: Review

Chathumini Yashodha Munaweerasinghe and Dr. Egwin Julie Eugene *Cardiff Metropolitan University, Uk campus, International College of Business and Technology, Colombo, Sri Lanka*

Introduction

Cancer is an umbrella term used to denote a group of diseases that are brought about by the uncontrolled growth and division of abnormal cells in our body. These abnormal cells, have the capacity to invade and damage nearby tissues (local invasion) and have the potential to travel to other areas of the body via the lymphatic system or circulation systems causing metastases (1). The American Cancer Society in the United States expects to see 1,958,310 new cancer cases and 609,820 cancer- related deaths in 2023 (2). Despite the decline of cancer mortality rates by an overall 33% since 1991, incidence for breast, prostate, and uterine corpus cancers are rising even with advances in treatments (2). The burden of cancer is increasing rapidly and is the second most common cause of death in Sri Lanka (3). Cancer management advancements have been shaped by the assumption of cancer as solely contributed by genetics driven by mutations and genomic changes leading to the cancer phenotype. Despite the daily identification of numerous mutations and genetic changes as potential therapeutic targets, the slow progress in cancer treatment raises significant concerns given the high research expenditure (4).

Ketone bodies, created during fasting, serve ลร an alternate enerav source. Leptin, which is produced by fat cells. affects cancer progression, whereas adiponectin improves insulin sensitivity and decreases inflammation. Intermittent fasting influences a number of cellular pathways, including Insulin-like growth factor 1, activated AMP protein kinase, and mammalian target of rapamycin, all of which are involved in cell survival. proliferation, and metabolism (5).

In modern societies, frequent overeating combined with sedentary lifestyles leads to metabolic issues. However, humans and animals evolved in environments with scarce food, develop adaptations for physical and mental performance during fasting (6). Fasting has a long history as a cultural, religious, and therapeutic practice.

Hippocrates, the father of modern medicine, recognized the value of fasting, stating that eating while sick feeds the illness. This highlights the historical significance of fasting as a potential approach to health and well-being (7). Compared conventional to more approaches to calorie restriction, Intermittent fasting is thought to be less restrictive. It concentrates on when to eat rather than what foods to eat. Only specific times of the day or week are used for eating meals.





Feature Article

Intermittent fasting approach to cancer: Review

Intermittent fasting comes in two different basic forms. Time-restricted feeding is the most widely used version. There are three possible uses for it: **16/8**, **18/6**, **and 20/4**. 16:8, which consists of a 16-hour fast followed by an 8-hour interval for eating. Another form involves alternating a 24hour fasting phase with a 24-hour eating session twice or three times each week (**5:2 and 4:3 method**) (8).

Overeating and a diet high in processed meats and foods can contribute to cancer by overwhelming mitochondria, causing oxidative stress and cell mutations. Intermittent fasting enhances immunity, promotes autophagy, and shifts energy source to ketones, starving cancer cells.

Compared to toxic treatments, intermittent fasting may offer a more sustainable metabolic therapy.

The mechanisms involved in intermittent fasting that has an effect on cancer

Intermittent fasting has an impact on cancer by shifting the body's energy source away from glucose and toward fatty acids and ketones. Fasting-induced ketosis can result in an anti-angiogenic, anti-inflammatory, and pro-apoptotic tumor environment. Fasting also reduces leptin release, which may help to reduce inflammation and certain malignancies. Intermittent fasting raises adiponectin levels, which have been linked to a lower risk of several cancers and tumor invasiveness. However, the effect of this

on the adiponectin-to-leptin ratio in cancer warrants more research. A study carried out by found out that **fasting** decreased AMP-activated protein kinase activation in lean subjects but not in obese subjects.

Autophagy & AMP-activated protein kinase play a dual role in cancer, regulating both tumor development and suppression depending on the context and cellular circumstances (9). AMPactivated protein kinase regulates cellular energy balance and activates when energy is scarce. AMP-activated protein kinase activation improves prognosis in lung cancer patients, particularly those Serine/Threonine with Kinase 11 mutations. It has the **potential to lower** cancer-specific mortality in colorectal cancer and to slow tumor growth in hepatocellular carcinoma. AMPactivated protein kinase is implicated in melanoma. breast cancer, prostate cancer, ovarian cancer, and leukemia, showing tumor-suppressive potential in some instances (10). Hence, further clinical trials should





Feature Article

Intermittent fasting approach to cancer: Review

be carried out to see how BMI (body mass index) affect AMP-activated protein kinase levels during fasting. Autophagy & amp; AMP-activated protein kinase play a dual role in cancer, regulating both tumor development and suppression depending on the context and cellular circumstances (11). Therefore, more research is needed to better understand the molecular pathways triggered by fasting as shown below in figure 1 (12).



Intermittent fasting has shown promise in the prevention and treatment of cancer, with possible benefits including side protection against treatment effects. increased chemotherapy efficacy, and immune response modulation. More extensive clinical trials, however, are required to confirm its safety and efficacy. This should supplement rather than replace standard cancer therapy.

Since individuals have different responses to intermittent fasting, it requires personalization. Careful monitoring and consideration of the health status of patients are required. While preclinical and pilot trials seem promising, more study is needed to maximize the role of Intermittent fasting in cancer treatment as current studies lack representation of larger clinical samples.

Sri Lankan Society of Lifestyle

Medicine

Thus, it is recommended to study the incidence of cancer in a population that frequently practices fasting as it holds significant potential to understand the impact of prolonged intermittent fasting on cancer prevention and treatment; Tibetan Buddhist practitioners are known to engage in a fasting practice known as Nyungne throughout the year, therefore would be an ideal representation to evaluate the effect of IF on cancer (13).

Conclusion

Intermittent fasting is a dietary program that alternates between eating and fasting periods. It has received attention for its potential health advantages, including impacts on cancer prevention and therapy. The underlying processes by which intermittent fasting affects cancer encompass a variety of molecules pathways that affect cellular and metabolism, proliferation, and immunological responses. While preclinical studies have yielded promising findings, more clinical trials are required to fully understand the potential benefits and limitations of intermittent fasting in cancer prevention and treatment. The complicated interplay

of molecules, pathways, and immunological responses make the field of intermittent fasting and cancer a dynamic and evolving area of investigation.



Feature Article

Intermittent fasting approach to cancer: Review

References

- 1.National Cancer Institute. What Is Cancer? .National Cancer Institute. [Internet]. 2021. [cited 2024 August 2]. Available at: https://www.cancer.gov/aboutcancer/under standing/what-is-cancer.
- 2.Siegel RL., Miller KD, Wagle NS and Jemal A. Cancer statistics, 2023.CA:A Cancer Journal for Clinicians.2023;73(1), pp.17–48.
- 3. Seneviratne, S. Cancer in Sri Lanka; trends, care and outcomes, 2020. The Sri Lanka Journal of Surgery. 2020; 38(3), pp. 01-12.
- 4. Liberti MV and Locasale JW. The Warburg Effect: How Does it Benefit Cancer Cells? Trends in Biochemical Sciences. 2016; 41(3),pp.211-218.doi:https://doi.org/10.1016/j.tibs.2015.1

2.001.

- 5. Ray A and Cleary MP. The potential role of leptin in tumor invasion and metastasis. Cytokine & amp; Growth Factor Reviews. 2017; 38, pp.80–97. doi:https://doi.org/10.1016/j.cytogfr.2017.11 .002.
- 6. Mattson MP, Longo VD and Harvie M. Impact of intermittent fasting on health and disease processes. Ageing Research Reviews. 2017; 39(1), pp.46– 58. doi: https://doi.org/10.1016/j.arr.2016.10. 005.
- 7.Vasim I, Majeed CN and DeBoer MD. Intermittent fasting and metabolic health. Nutrients. 2022; 14(3),p.631. doi:https://doi.org/10.3390/nu14030631.
- 8. Malinowski B, Zalewska K, Węsierska A, Sokołowska MM, Socha M, Liczner G, Pawlak-Osińska Wiciński Κ and Μ. Fasting Intermittent Cardiovascular in Disorders-An Overview. Nutrients. 2019; 11(3), p.673. doi:https://doi.org/10.3390/nu11030673.

- 9. Wijngaarden MA, van der Zon GC, van Dijk KW, Pijl H and Guigas B.. Effects of prolonged fasting on AMPK signaling, expression, and mitochondrial gene respiratory chain content in skeletal muscle from lean and obese individuals. American Iournal of Physiology-Endocrinology Metabolism, and 2013;304(9), pp.E1012-E1021. doi:https://doi.org/10.1152/ajpendo.00008 .2013.
- 10. Debnath J, Gammoh N. and Ryan KM. Autophagy and autophagy-related pathways in cancer. Nature Reviews Molecular Cell Biology. 2023; pp.1–16. doi:https://doi.org/10.1038/s41580-023-00585-z.
- 11. Virginia.edu. Nyungné: Fasting Practice |Mandala Collections - Texts. [Internet].
 2018. [cited 2024 July 30]. Available at: https://texts.mandala.library.virginia.edu/t ext/nyungn%C3%A9-fasting-practice.
- Longo VD, Mattson MP. Fasting: molecular mechanisms and clinical applications. Cell Metab. 2014 Feb 4;19(2):181-92. doi:10.1016/j.cmet.2013.12.008
- 13.Li, W., Saud, S.M., Young, M.R., Chen, G. andmHua, B. (2015). Targeting AMPK for cancer prevention and treatment. Oncotarget, [online] 6(10). doi:https://doi.org/10.18632/oncotarget.36 29.





Myth vs. Fact



Keto vs. Carbs: The Science Behind the Hype

Dr. Raaidah Daniel Nutrition Consultant, MD, Msc., PN1-NC DipIBLM

In today's digital world, we are constantly bombarded with conflicting health information online Selfevery day. proclaimed wellness experts who hand out unverified nutritional advice often leave the regular person with more guestions than answers. Among the most debated topics, of the one most controversial discussions is the debate over weight loss diets, particularly low carbohydrate diets.

The **keto diet**, a fad diet that has gained popularity in the last decade, actually traces back to 1921, when Dr. R. Woodyatt, an endocrinologist, discovered that fasting produces ketone bodies (1). Following this, Dr. Russell Wilder of the Mayo Clinic proposed this diet for the treatment of pharmacoresistent childhood epilepsy (2).

The use of this diet as a weight loss wonder is primarily due to the metabolic adaptation that occurs with a high intake of fat (70-90% of the diet), which forces the body to use fat as an alternative fuel source, instead of carbohydrates (3) . A meta-analysis of randomized controlled trials demonstrates its effectiveness in rapid, short term weight loss and the management of type-2 DM (4). Within 6-12 months of following the ketogenic diet, other biomarkers such as blood pressure and triglycerides also show a decrease (5).

And the benefits don't stop there: when used as a short-term medical nutrition therapy, the ketogenic diet has also been associated with improvements in seizure frequency and severity, Metabolic syndrome (prediabetes, insulin resistance, high BP) and polycystic ovary syndrome (by improving fasting insulin reproductive and hormone levels). Additionally, research suggests potential benefits in neurological conditions such (enhancing behavioral as autism outcomes when combined with other therapies), Amyotrophic lateral sclerosis (by supporting ATP production), and Alzheimer's and Parkinson's (due to its neuroprotective effect)(2). It is evident benefits of carbohydrate that the restriction extend beyond weight loss and metabolic health.



Myth vs. Fact

Keto vs. Carbs: The Science Behind the Hype

If keto offers so many benefits, why shouldn't we all jump on the 'keto train'? Why are carbs considered the ultimate enemy when it comes to weight loss/ weight gain? The CIM (Carbohydrate-Insulin Model) can be considered here. According to the CIM, eating more carbohydrates leads to hormonal and cellular changes that promote calorie deposition in adipose tissue, exacerbate hunger, and lower energy expenditure thereby leading to weight gain (6). Interestingly, recent controlled studies found that participants consuming a lowfat, high-carbohydrate diet spontaneously consumed significantly fewer calories compared to those on a ketogenic diet, directly contradicting the central predictions of the carbohydrate-insulin model (7).





this То challenge perspective, if carbohydrates were truly the culprit, how do we explain their association with a reduced risk of CVD and lower rates of obesity in the 'Blue Zones' where diets are predominantly carb-centric? (8). A European meta-analysis of over 800,000 people found that vegans and vegetarians (who typically relv on carbohydrate-rich food sources) have a 15-21% reduced risk of CVD (9). And it is also interesting to note that when protein and calories are matched in both low carbohydrate (keto) versus higher carb diets there is no superior fat-loss effect offered by the keto diet as demonstrated in several metabolic ward studies (10) (11).

What is often overlooked by the "carbophobic" mindset are the critical and distinguishing nutritional differences between refined, heavily processed carbs (white bread, desserts, pastries) and beneficial sources such as fruit (12), whole grains (13), and legumes (14). These complex carbohydrates are all independently linked to a neutral or decreasing effect on weight. This then begs us to consider the fact that not all carbs are equal, and some can in fact be nutritious.

The consequences of cutting out an entire food group will also leave you at a much greater risk of micronutrient deficiencies such as Vitamins B, C,

Myth vs. Fact

Keto vs. Carbs: The Science Behind the Hype

Selenium and Magnesium(15), which then lead to fatigue, muscle weakness and changes in cognition.

Research published in the European Heart Journal shows that lower carbohydrate diets increased the risk of early death by 22%, cardiovascular-related death by 35%, and cancer-related death by 8% (16). This increased risk was not due to the absence of carbs but rather the replacement of calories with foods high in saturated fats, along with the reduction in polyphenols and fiber that would typically be obtained from vegetables, fruit and whole grain. Evidence from large-scale studies show that diets rich in whole, unprocessed carbohydrates are associated with lower cardiovascular disease risk, better weight management, and improved longevity(17).

Playing devil's advocate, it can be argued that the rapid weight loss and metabolic improvements seen with the ketogenic diet make a very compelling case for its role as a short-term 'magic pill' for obesity and related metabolic diseases.

But can it actually stand the test of time? Its long-term sustainability and potential health risks cannot be ignored. And on the other end of the spectrum, the vilification of carbohydrates—particularly in the context of weight management reduces a complex and essential nutrient to an oversimplified villain.

This article doesn't claim to have the ultimate answer but instead presents the evidence for you to consider: **Should we continue waging war on an entire macronutrient group and walk down** the path of extreme restriction, or is it time to shift towards a more balanced approach—one that prioritizes nutrient quality over elimination and aligns with the principles of lifestyle medicine and long-term well-being?





Myth vs. Fact

REFERENCES:

- 1.Wheless JW. History of the ketogenic diet. Epilepsia. 2008;49(s8):3-5.
- 2.Krishnan D, Mehndiratta C, Agrawal T. Ketogenic Diet as Medical Nutrition Therapy. Journal of Social Health and Diabetes. 2019;7:73-6.
- 3.Sumithran P, Proietto J. Ketogenic diets for weight loss: A review of their principles, safety and efficacy. Obes Res Clin Pract. 2008;2(1):I-II.
- Choi YJ, Jeon SM, Shin S. Impact of a Ketogenic Diet on Metabolic Parameters in Patients with Obesity or Overweight and with or without Type 2 Diabetes: A Meta-Analysis of Randomized Controlled Trials. Nutrients. 2020;12(7).
- 5. Batch JT, Lamsal SP, Adkins M, Sultan S, Ramirez MN. Advantages and Disadvantages of the Ketogenic Diet: A Review Article. Cureus. 2020;12(8):e9639.
- 6.Ludwig DS, Ebbeling CB. The Carbohydrate-Insulin Model of Obesity: Beyond "Calories In, Calories Out". JAMA Internal Medicine. 2018;178(8):1098-103.
- 7. Hall KD, Guo J, Courville AB, Boring J, Brychta R, Chen KY, et al. Effect of a plant-based, low-fat diet versus an animal-based, ketogenic diet on ad libitum energy intake. Nat Med. 2021;27(2):344-53.
- 8.Buettner D, Skemp S. Blue Zones: Lessons From the World's Longest Lived. Am J Lifestyle Med. 2016;10(5):318-21.
- 9. Dybvik JS, Svendsen M, Aune D. Vegetarian and vegan diets and the risk of cardiovascular disease, ischemic heart disease and stroke: a systematic review and meta-analysis of prospective cohort studies. Eur J Nutr. 2023;62(1):51-69.
- 10. Hall KD, Bemis T, Brychta R, Chen KY, Courville A, Crayner EJ, et al. Calorie for Calorie, Dietary Fat Restriction Results in More Body Fat Loss than Carbohydrate Restriction in People with Obesity. Cell Metab. 2015;22(3):427-36.
- 11.11. Hall KD, Chen KY, Guo J, Lam YY, Leibel RL, Mayer LE, et al. Energy expenditure and body composition changes after an isocaloric ketogenic diet in overweight and obese men. Am J Clin Nutr. 2016;104(2):324-33.

- 12. Mytton OT, Nnoaham K, Eyles H, Scarborough P, Ni Mhurchu C. Systematic review and metaanalysis of the effect of increased vegetable and fruit consumption on body weight and energy intake. BMC Public Health. 2014;14:886.
- 13. Maki KC, Palacios OM, Koecher K, Sawicki CM, Livingston KA, Bell M, et al. The Relationship between Whole Grain Intake and Body Weight: Results of Meta-Analyses of Observational Studies and Randomized Controlled Trials. Nutrients. 2019;11(6).
- 14. Kim SJ, de Souza RJ, Choo VL, Ha V, Cozma AI, Chiavaroli L, et al. Effects of dietary pulse consumption on body weight: a systematic review and meta-analysis of randomized controlled trials. Am J Clin Nutr. 2016;103(5):1213-23.
- 15. Calton JB. Prevalence of micronutrient deficiency in popular diet plans. J Int Soc Sports Nutr. 2010;7:24.
- 16. Mazidi M, Katsiki N, Mikhailidis DP, Sattar N, Banach M. Lower carbohydrate diets and allcause and cause-specific mortality: a population-based cohort study and pooling of prospective studies. Eur Heart J. 2019;40(34):2870-9.
- 17. Reynolds A, Mann J, Cummings J, Winter N, Mete E, Te Morenga L. Carbohydrate quality and human health: a series of systematic reviews and meta-analyses. Lancet. 2019;393(10170):434-45.





SLSLM Diary



Welcoming our new Executive Director: Ms. Dinili Seneviratne

Dr. Samandika Saparamadu President and Acting Vice President of Research, SLSLN

The Sri Lankan Society of Lifestyle Medicine (SLSLM) was founded with a bold and urgent of reverse the trend mission to noncommunicable diseases (NCDs) in Sri Lanka by shifting the focus from disease treatment to health promotion, prevention, and disease reversal. Over the years, we have grown from a visionary idea to a thriving professional community integrating evidence - based lifestyle interventions into mainstream healthcare. Central to our iournev has been the obiective of empowering health professionals with the right tools, nurturing a culture of prevention bridging gap between the and the healthcare system and its communities. This calls for uniting diverse stakeholders allied health professionals, doctors, policymakers, educators & citizens - toward a shared vision of health transformation.

To drive this ambitious mission forward, we recognized the need for a dynamic leader, someone who not only understands lifestyle formal through training and change personal experiences but lives it, someone connects across the social and who professional spectrum with ease, and someone with a love for innovation and service. After а competitive selection process, we are proud to announce the appointment of Ms. Dinili Seneviratne as the Executive Director of SLSLM. In this role, Dinili will work hand in hand with the board to ensure positive impact.



Dinili brings over 20 years of rich and diverse experience across corporate

banking, retail entrepreneurship, coaching, and mental health. As the founder and director of Kadapatha Clothing Gallery, she grew a homegrown concept into a successful multi-outlet retail chain operating in some of Colombo's most prominent shopping destinations. Her ability to build and scale a business from the ground up and stay customer-focused and mission-driven speaks to her entrepreneurial spirit and vision.

In parallel, Dinili has built a thriving career as a certified life and relationship coach, lifestyle medicine advocate for treating multiple sclerosis, mental health advocate, and educator. Her professional qualifications span health psychology, nutrition, addiction recovery, and coaching. Her approach is deeply personal and purpose-led, focused on empowering individuals and communities to take ownership of the change

process, overcome barriers, build resilience, and lead healthier lives.

We warmly invite you to reach out to Dinili at info@slslm.org or via phone at +94 75 769 7370. As we approach our annual

conference in September 2025, we are excited to work together to advance the dream of healthcare transformation in Sri Lanka. Here's to a new chapter of SLSLM!



SLSLM Diary



Revolutionizing Healthcare

A Shift from One-on-One Consultations to Group-Based Digital Intervention

Dr. Mufeedha Fausz *VP Education, SLSLM*



On the 11th of February

2025. SLSLM in conjunction with the university of Sabaragamuwa hosted a session with Dr Dominic Dotzauer from Germany. He is an expert in digital guidance for life transformation and psychological change, grounded in evidence-based approaches. With a doctorate in this field, he has successfully applied his expertise to build transformative systems that his team uses to help hundreds of clients through virtual and aroup based health behavior change approaches. Based in Berlin, he is a Council Member of the True Health Initiative. advocating for sustainable, research-driven health solutions.

In the face of an overwhelmed healthcare system, he highlights that physicians and patients alike are grappling with challenges. Doctors are often overworked, especially in Sri Lanka seeing more than 100 patients in just a few hours with little time to make a



meaningful impact. With only 2.4 minutes per patient, the current system prioritizes speed over lasting change, leaving doctors fatigued and patients underserved.

He argues that there is a way to scale healthcare interventions, offering more efficient and impactful solutions without further burdening physicians?

The answer may lie in shifting from traditional one-on-one consultations to a more scalable, digital group-based approach. By leveraging tools like WhatsApp, Zoom, and Telegram, physicians can reach multiple patients simultaneously, delivering faster, more effective care. This model uses peer support, real-time feedback, and group education to foster better health outcomes while reducing the strain on doctors and the healthcare system.

> Dr. Dotzauer explains that the key to success lies in creating a system that provides support, accountability, and motivation.

SLSLM Diary



Revolutionizing Healthcare

A Shift from One-on-One Consultations to Group-Based Digital Intervention

Dr. Dotzauer, a prominent advocate for this approach, shared his own transformation from traditional consultations to group-based interventions. After pursuing a PhD in health behavior change, he became convinced that healthcare could benefit from shifting away from a one-on-one model. He emphasized that doctors need not be the sole source of advice and support for patients. Instead, a system of support — with peers learning from each other and holding one another accountable — can yield better, quicker, and more sustainable results.

For example, in the context of weight loss and nutrition counseling, patients often know what they should be doing but struggle to follow through. Dr. Dotzauer explains that the key to success lies in creating a system that provides support, accountability, and motivation. With group interventions, patients are not only guided by a doctor but also by a community of peers, which can significantly reduce anxiety and improve long-term outcomes.

Dr. Dotzauer shared a powerful example of a patient who struggled with weight issues for years. The patient found it difficult to overcome feelings of shame related to overeating and losing control. However, through group discussions, the patient gained a sense of shared experience and learned to manage their behavior with the support of others. This group dynamic helped them reduce shame, improve their health, and ultimately become a mentor and facilitator for others. Dr. Dotzauer believes that patients can often relate better to someone who has experienced similar struggles than to an expert or doctor, making group settings more effective and supportive. Dr. Dotzauer believes the future of healthcare lies in peer-led, rather than expert-led, interventions. By utilizing digital tools and group dynamics, healthcare can be more accessible, scalable, and impactful. This shift could lead to faster recovery, happier patients, and better overall outcomes. The key to success, he argues, is building a system of support that helps patients help one another.

During a lengthy Q&A session, Dr. Dotzauer addressed concerns about privacy, managing anxiety, and overcoming mistrust in digital group settings. While these are valid issues, he emphasized that with proper systems in place, these challenges can be managed effectively, making digital group interventions a promising model for the future of healthcare.

In conclusion, the shift from individual consultations to digital, group-based interventions offers a path toward more efficient, supportive, and scalable healthcare. By leveraging the power of peer support and digital tools, healthcare professionals can improve patient outcomes without adding additional strain to an already overburdened system

SLSLM Diary

RESET 2025:

Transforming Workplace Wellness in Sri Lanka - Event Summary



The Sri Lankan Society of Lifestyle Medicine is pleased to announce the successful completion of RESET 2025, the 4th annual Wellness Fair organized by Kalyana Sri Lanka, a collective dedicated to transforming the mental health landscape in the country. This timely event, themed "From Burnout to Balance," brought together industry professionals to explore innovative approaches to workplace wellness. The event was held on Saturday, January 25th, 2025, at Ishq Colombo.

The program focused on four strategic pillars of workplace wellness. Resilient Living addressed burnout identification and stress management techniques. The Lifestyle Medicine component explored its six fundamental pillars. The Financial Wellness segment examined financial management and its impact on mental well-being. Positive Connections focused on building emotional resilience through stronger professional relationships.

The Lifestyle Medicine sessions featured IBLM-certified physicians from SLSLM. Dr. Rasarie Wimalana presented evidence-based strategies using lifestyle medicine pillars for addressing burnout, while Dr. Dilumini Dharmawardene shared expertise on improving workplace sleep quality. Dr. Raaidah Wahab provided specialized nutrition consultations to attendees.

Through interactive workshops and comprehensive wellness programs, RESET 2025 emphasized that workplace well-being is crucial for organizational success in today's professional environment.

19







Salt regulation policy implementation is impactful in reducing population salt consumption with consequent blood pressure reduction



Health and Aging in Africa: Longitudinal Studies in South Africa

- South Africa introduced strict salt restriction policies in 2013 regulating the salt content of 13 processed food items. Reductions from 25% to 80% were made which became fully effective in 2019
- A cohort study evaluated the impact of these regulations on urinary sodium excretion and blood pressure among randomly selected group of adults (≥40 years) living in rural South Africa
- Data were collected in 3 phases (2014/2015, 2018/2019, and 2021/2022) and included 5509 participants. Urinary spot Na was used to estimate the 24hour urinary sodium excretion along with blood pressure.
- A statistically significant reduction in estimated 24hr Urinary Na excretion was noted across the board in a linear fashion (0.22g reduction between phase 1 and 2 while 0.23g reduction between phase 2 and 3)
- Systolic blood pressure reduced by 1.3mmHg with every gram reduction in sodium excretion and was sustained throughout the study.
- This study sheds light to the real-world impact of population-based reforms in controlling salt consumption with modest blood pressure control in a high-risk population.

Source: Gaziano T, Kapaon D, du Toit JD, et al. Sodium Reduction Legislation and Urinary Sodium and Blood Pressure in South Africa. JAMA Cardiol. Published online February 05, 2025. doi:10.1001/jamacardio.2024.5410







Healthy lifestyle factors and better cardiovascular

health can mitigate onset of migraine

American Heart Association(AHA) Life's Essential 8



- A large prospective cohort study based on the UK biobank registry looked at the causal relationship between healthy lifestyle factors and cardiovascular health on the onset of migraine in adults.
- 332,895 participants between ages of 37-73 years without baseline migraine were selected and followed up for 13.5 years. 47.2% of the cohort were male.
- Healthy lifestyle scores were determined via touchscreen questionnaires at baseline assessing 7 established lifestyle factors (BMI, smoking status, alcohol consumption, physical activity, diet, sleep pattern and sedentary time) and cardiovascular health was determined using AHA life's essential 8 score.
- Those with an ideal healthy lifestyle score had a significant reduction in migraine risk (11.38%, p<0.001) which remained statistically significant after accounting for socioeconomic status and education.
- Specifically, maintaining an ideal BMI, 150min/week physical activity, 7 hours sleep duration, healthy sleep pattern, and < 4hours sedentary time have all been associated with substantial reduction in migraine risk.
- Those with high cardiovascular health based on life's essential 8 score led to a 22.05% (p<0.001) reduction in migraine risk.
- Robust progressive assessment of lifestyle factors would be needed to establish true causality.

Source: Lei Y, Zhang L, Shan Z, Gan Q, Xie Q, Huang Y, Yan W, Xiao Z. Poor healthy lifestyle and life's essential 8 are associated with higher risk of new-onset migraine: a prospective cohort study. J Headache Pain. 2024 May 17;25(1):82.







Healthy lifestyle behaviour can reduce polypharmacy in older adults– Loma Linda longevity study

- Polypharmacy or the use of 5 or more medication in old age is a recognised cause for hospital admissions due to adverse effects, drug interactions and non-compliance.
- In this questionnaire based cross-sectional study 611 older adults (Age ≥ 75 years) residing in Bernadino and Riverside (bordering the infamous Loma Linda, California) were assessed on lifestyle behaviour and medication use.
- Loma Linda California is recognised as the only blue Zone in US where the average lifespan exceeds the national figure by 7-10years.
- Lifestyle index was calculated based on fruit, vegetable and fat consumption, physical activity, smoking status, alcohol consumption and sleep duration
- Significant inverse association was seen between fruit intake (more than 3 servings/day), mild physical activity (at least 3 times a week) and overall healthy lifestyle behaviour and polypharmacy adjusted for gender, age, BMI, education and marital status.
- High saturated fat intake (Dairy, cheese, processed and red meats, French fries) at least once a week was linked with polypharmacy (>6 medications per day) independent of other lifestyle factors (p=0.02).
- Smoking (current/past history) was directly linked with polypharmacy and was noted to be co-associated with other negative health behaviours.
- Randomised studies are needed to establish the causal relationship that is representative of the general population.

Source: Bardesi A, Alabadi-Bierman A, Paalani M, Beeson WL, Dos Santos H. The Association Between Healthy Lifestyle Behaviors and Polypharmacy in Older Adults: The Loma Linda Longevity Study. Am J Lifestyle Med. 2024 Nov 13:15598276241299383.





Mrs. Yagel Azariya



Banana Pancake Recipe

Preparation time: around 10 minutes Ingredients: (2 medium sized pancakes)

- Banana 1 medium size, peeled and cut into pieces
- Rolled Oats powdered 4 tablespoons (used as an alternative to wheat flour)
- Egg 1
- Baking powder a pinch
- Vanilla flavor one drop
- Honey 2 tablespoons (as a sweetener)
- Butter 30 g
- pepper

Cooking Method: (Cooking time around 10 minutes)

· Blend the banana pieces, powdered oats, egg, baking powder, vanilla flavor and honey (if needed, sweetened) together in a blender until the ingredients become a smooth

battered paste without any lumps (all the ingredients can be mixed with a fork for a smooth batter if there is no blender available).

- Heat a pan over a medium flame and add half of the butter to grease the pan.
- Pour half of the smooth batter into the pan and make a nice circle by using the back of the spoon or spatula.
- Cook until bubbles form on the surface, then flip and cook the other side until golden brown.
- Remove the pancake from the pan and again add the rest of the butter to grease it.
- Pour the balance batter into the pan and make the other pancake as above.
- The 2 Medium size pancakes are ready to serve with any fresh fruits/honey/butter for a healthy breakfast.

Health benefits:

- This potassium rich fruit helps with nerve function, maintains the blood pressure, and heart health.
- Bananas are readily available, not expensive, and are a great source of energy which makes it a quick solution without skipping any meals.
- · Other vitamins and mineral content in banana support to have a healthy immune system, bones, and teeth.

Source: Kumar, K.P.S. & Bhowmik, Debjit & S, Duraivel & Manivannan, Umadevi. (2012). Traditional and medicinal uses of banana. Journal of Pharmacognosy and Phytochemistry. 1.51-63. https://www.researchgate.net/publication/285484754_Traditional_and_medicinal_uses_of_banana





Nutritional Facts

Nutrient Calories	Amount 591
Fiber	5.08 g
Sugars	54.32 g
Fat	29.291 g
Vitamin A	274.26 mcg
Riboflavin [Vitamin B2]	10.15 mg
Folate, DFE [Vitamin B9]	5.08 mcg
Vitamin D	54.32 mcg
Vitamin K	29.291 mcg
Choline	274.26 mg
Calcium	10.15 mg
Iron	5.08 mg
Magnesium	54.32 mg
Phosphorus	29.291 mg
Potassium	274.26 mg
Sodium	10.15 mg
Zinc	5.08 mg





British Society of **lifestyle medicine**



WLMO Symposium – Developing Lifestyle Medicine: World Perspectives

29th - 30th May 2025 | Online

Join us for the WLMO Symposium, a two half day symposium on the 29th and 30th of May. This is the first ever WLMO Symposium so make sure you get registered and tune in to both days to make sure you get the full benefit of our speakers and event on Developing Lifestyle Medicine: World Perspectives!

AGENDA Day 1 – Thursday 29th May Day 2 - Friday 30th May 15:45 - Opening Address 09:00 - 10:30 - Africa: 16:00 - 17:30 - USA: · LM in Practice Education · LM in Practice · Research Education · Research 11:00 - 12:30 - Australasia and Western Pacific Rim: 18:00 - 19:30 - Latin America: · LM in Practice Education · LM in Practice · Research Education 12:30 - 14:00 - LUNCH: · Research 20:00 - 21:30 - Europe: 14:00 - 15:30 - Asia: · LM in Practice · LM in Practice Education Education · Research · Research **Register for Day 1 Register for Day 2** More info



LIFESTYLE MEDICINE CERTIFICATION

IBLM DIPLOMA IN LIFESTYLE MEDICINE

WHAT IS IBLM?

The International Board of Lifestyle, is the global body that sets and maintains standards for credentialing of physicians and Allied health professionals in evidence- based Lifestyle Medicine globally.

ELIGIBILITY

- Physicians
 - ^o Hold an MD, MBBS, or equivalent degree
 - Be licensed to practice medicine in Sri Lanka
 - Currently working in Sri Lanka

Professionals

- Master's or Doctorate degree in a health or allied health discipline
- Currently working in Sri Lanka

CORE COMPETENCIES

- Intro to Lifestyle Medicine
- Fundamentals of Health Behaviour Change
- Key Clinical Processes in Lifestyle Medicine
- The Role of the Practitioner's Personal Health & Community Advocacy
- Nutrition Science, Assessment, Prescription
- Physical Activity Science and Prescription
- Emotional Well-being, Assessments and Interventions
- Sleep Health Science and Interventions
- Managing Tobacco Cessation and other Toxic Exposures
- The Role of Connectedness and Positive Psychology



4 STEPS TO COMPLETE THE IBLM DIPLOMA









Dr Rukshanie De Silva MBBS, MD, SCE- Endocrinology and Diabetes, DipIBLM

During my training, I observed, patients with chronic illnesses kept returning, despite treatment. They lacked control over their diseases, leading to devastating outcomes. This pattern troubled me, especially since my family's history of diabetes put me at risk of joining those statistics. A friend introduced me to lifestyle medicine, which revealed the power of evidence-based lifestyle changes to tackle the root causes of chronic diseases. By applying lifestyle medicine, I transformed my own health and empowered my patients to change their outcomes for the better.



Dr. Rasarie Wimalana MBBS, MSc, DipIBLM

Before discovering Lifestyle Medicine, I was frustrated with my approach to chronic disease management, which was largely focusing on treating symptoms rather than addressing root causes. This was due to my limited understanding of how evidence-based lifestyle changes could be therapeutic, as well as my lack of skills in facilitating meaningful behavioral change. Certification in LM, inspired me to transition to full-time Lifestyle Medicine practice. This work brings me profound satisfaction. When I connect with fellow lifestyle medicine practitioners who share the same vision of addressing root causes of disease. I feel part of a greater purpose.



Dr. Raaidah Wahab-Daniel MBBS, MSc, PN1-NC, DipIBLM

Earning the IBLM Diploma has helped me shift from a nutrition-only focus to a more structured, prescription-based approach that incorporates all six pillars of lifestyle medicine. It gave me practical tools to assess and address sleep, stress, and social wellbeing—areas I now integrate into patient care. I'd highly recommend it to any clinician looking to confidently treat the root causes of lifestyle-related issues.



member

Come enjoy the benefits of our membership!

- Access our up-to-date educational material on lifestyle medicine
- Join our webinars
- Learn how to become a certified Lifestyle Medicine practitioner



For more information:

https://www.slslm.org.lk

Newsletter Team

Editor:

• Dr Dilumini Dharmawardene

Creative Director

• Dr Khayali John

Content creators

- Dr. Chinthaki Suranimala
- Ms Chathumini Munaweerasinghe
- Dr Raaidah Daniel
- Dr Rukshanie De Silva
- Dr Mufeedha Fausz
- Dr Rasarie Wimalana
- Ms Yagel Azariya