Origin Stories

of Lifestyle Medicine Societies

WLMO

World
Lifestyle Medicine
Organisation

Instructions Provided To Contributors.

The WLMO International Development Taskforce has set the Best Practice Task Group a challenge to develop a compendium of Lifestyle Medicine into Practice stories which will inspire and inform General Assembly members and other health carers in their Lifestyle Medicine journey.

Our stories are a powerful way to capture people's attention, hardwire information into their memories, and forge close, personal bonds.

What is science but repeated stories that seem likely? And, in the absence of an extensive library of systematic reviews and metanalyses, our members' stories offer potent real-world evidence, and a way to connect the world of lifestyle medicine; to know each other, to learn from each other and to grow together.

An important aspect of our knowing, learning and growing is to better understand the differing opportunities and challenges presented to our members around the world, as well as drawing together the commonalities. We will weave together the full tapestry of our efforts and thereby illuminate the innovative paths ahead for all of our members.

As Co-Chair of the Best Practice Task Group I invite you to participate in this opportunity to provide WLMO with your organisation's origin story.

In this compilation of Lifestyle Medicine Organisations origin stories from around the world we offer the 'Origin' as a moment in time, a snapshot of Lifestyle Medicine around the World that can be used as an archival document, provide learnings for others intent on this journey and to showcase the fellowship among members who have a common vision to improve health, wellbeing and equity in our world.

This compendium of Origin Stories is intended to be an organic document, able to grow and change as more contributions become available.

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Forward

By Professor Garry Egger *

The Development of A Lifestyle Medicine

In his 1970 book, Future shock, Alvin Toffler warned of the ways in which the world would be affected by exponential change in post-industrial societies. He did not specifically refer to public health or clinical practice, but to say that such change has not dramatically affected the practice of both would be naive. This has necessitated a change in orientation in both public health and clinical practice. The 'germ theory' of the late 19th century, for example, had a monocausal focus ('germs'). Health workers were able to succeed against the dominant infectious diseases in the 19th and early 20th centuries through changes in public health, hygiene, immunisation and ultimately the development of antibiotics and other medications. By the time of publication of Future shock, it appeared that we had all but won the battle against disease. However, since 1970 we have seen a dramatic shift in health in Western societies from a predominance of acute, infectious diseases to a predominance of chronic, usually non-infectious diseases. The latter have not just been due to the extra longevity gained through the reduction of infectious ailments, but from our modern ways of living.

Unlike the infectious diseases, these do not have a simple 'cause'. As a result, they have been largely managed in silos, such as heart disease, cancers, respiratory ailments and musculoskeletal problems.

Lifestyle medicine has arisen as a relatively new (adjunct) multi professional discipline to assist conventional approaches to clinical care in dealing with lifestyle (behaviour) and environmental, in contrast to microbially induced, disease. It is not and was never meant fully replace conventional medicine but to exist as an adjunct to the principles and practices that have served medicine well over the years.

Furthermore, it is not radical in scope: lifestyle medicine is targeted at making realistic and progressive evidence-based changes in people's behaviour to reduce the risks of common modern (mainly chronic, but potentially new lifestyle-related acute and infectious) diseases. In doing so it targets not just the risks and markers of disease but, in the vernacular of the great English epidemiologist Jeffrey Rose,

> the '… cause of the cause … and the cause of the cause of the cause … ',

without which long-term permanent improvements are unlikely. In doing this, it becomes imperative that lifestyle medicine includes aspects of the environment – social, political, cultural and economic – as well as personal behaviour and risk. Human behaviour does not exist in a vacuum, and any attempt to see it as such could be rightly labelled 'victim blaming' – a criticism directed at many current political and health policymakers.

Like many new branches of practice, however, lifestyle medicine is an evolving discipline with a dynamic structure and pedagogy designed to reflect the 'future shock' gathering in pace in health and society as foretold by Alvin Toffler.

* Professor Garry Egger PHD FASLM. Founder of the Australian and New Zealand movement of Lifestyle Medicine

(The full version of this article can be found in Egger GJ, The Development Of A Lifestyle Medicine, AJGP VOL. 48, NO. 10, OCTOBER 2019)

The Origin of Lifestyle Medicine in Argentina

By Cristian Dellapiane

Lifestyle medicine, a holistic approach to health that integrates traditional practices with scientific evidence, has experienced a remarkable evolution over the past few decades. This movement gained momentum through the experiences of dedicated healthcare professionals who sought to address the limitations of conventional medical practices.

Early Beginnings

In the early 1990s, a young doctor, fresh from completing his medical degree, embarked on a journey to specialize in internal medicine. However, he soon realized that his training, focused primarily on precise diagnosis and disease management, left him unprepared for the diverse and often unexplained symptoms presented by patients. These included chronic fatigue, generalized pain, and non-specific digestive complaints, which were not well-documented in traditional medical texts.

The Shift Towards Holistic Practices

As family medicine began to gain prominence, this doctor found solace in its more patient-centred approach. He also explored alternative medicines like Chinese and Ayurvedic practices, which resonated with him due to their holistic emphasis on body, mind, and spirit. Despite this, he remained committed to modern medicine, seeking a way to reconcile these different approaches.

The Discovery of Lifestyle Medicine

A pivotal moment came when he stumbled upon a lifestyle medicine conference in Boston. The agenda, which included topics such as sleep, exercise prescription, meditation, and cooking classes, sparked both astonishment and enthusiasm. This marked the beginning of his journey into lifestyle medicine, a field that seamlessly integrated ancient practices with scientific evidence.

Certification and Advocacy

Following his discovery, he travelled to Tucson to become certified in lifestyle medicine. This newfound expertise not only resolved his professional conflicts but also inspired him to share this knowledge with others. In 2019/2020, he co-founded the Argentinian Association of Lifestyle Medicine (AAMEVI) alongside Dr. Fabian Garcia and other like-minded professionals.

Impact and Growth

AAMEVI's primary objective was to educate health professionals about lifestyle medicine. Over the years, they have successfully conducted eight course editions, reaching over 400 students, and organized three conferences, among other activities. The growth of lifestyle medicine has been remarkable, with its proponents convinced that it offers a superior approach to health management and outcomes.

Advice for Future Generations

For those interested in joining this movement, the advice is clear: engage with national societies, attend courses, conferences, or webinars. Every action contributes to the advancement of lifestyle medicine, which is now an unstoppable force in the healthcare landscape.

The Origins of Lifestyle Medicine Movement in Australia and New Zealand

By John Stevens

The Lifestyle Medicine movement in Australasia traces its roots back to the early 2000s, evolving from health education practices of the 1960s and health promotion efforts of the 1980s. This evolution was linked to the 'epidemiological transition' that began around 1980, a period marked by significant lifestyle changes due to modernization. The industrial revolution of the 19th century and technological advancements of the 20th and 21st centuries contributed to these changes, leading to adverse health effects such as obesity and chronic diseases.

By early 2000s, national health reports in Australia and New Zealand were showing the concerning rapidly growing trend towards lifestyle related disease becoming the dominant reason for people requiring health care and likely coming to overburden of our health systems.

Emergence as a Discipline

The term "Lifestyle Medicine" gained prominence with the publication of a seminal text by Rippe in 1999. This marked a turning point, as it introduced a new approach to managing chronic diseases by emphasizing lifestyle interventions. Australia became the second country, after the United States, to formalize Lifestyle Medicine as a distinct discipline in 2006.

This was facilitated by a group of pioneers including Dr Andrew Binns (General Practitioner) Profs Garry Egger (Epidemiologist), and John Stevens (Registered Nurse and Medical Sociologist) who were sensitive to the mood of health clinicians in a wide range of professions that were looking to move beyond the illness paradigm that they felt no longer met the needs of the majority of their patients. There first meeting and brainstorming session was at Southern Cross University, in Lismore NSW in 2005 and it lead to the establishment of the Australian Lifestyle Medicine Association (ALMA).

At the same time New Zealand clinicians were experiencing the same lifestyle-related epidemiological shift and need for innovation, so started the LM journey with a small group of clinicians initially led by Prof Boyd Swinbourne (Medical Doctor and Public Health expert) and Dr Alan Davies (General Practitioner). With only a small number of clinicians joining initially, New Zealand decided to team up with Australia to help with viability. In 2015 ALMA was renamed the Australasian Society of Lifestyle Medicine (ASLM).

Growth and Development

ALMA was officially incorporated in 2008, and the first annual Lifestyle Medicine conference was held in Sydney in 2009, attracting about 120 attendees. The association published its first textbook in 2008, with a second edition released in 2011. Over the years, membership grew significantly, reaching nearly 600 by the 12th Annual Conference in Auckland NZ in 2019 and similar enrolments since. The society's membership now approaches 1,000 professionals from diverse disciplines (~200 of which are from NZ), including physicians, nurses, dietitians, exercise physiologists, and other allied health professionals.

Educational Initiatives

To support its growth, ASLM has developed educational programs. Southern Cross University launched a postgraduate Master's degree in Lifestyle Medicine in 2008, followed by similar programs at James Cook and Avondale Universities. Recently, ASLM has been developing online modules for practitioners, assisted by international collaborations.

Challenges and Innovations

From the very first conversation about Lifestyle Medicine in Australia and New Zealand there was a determination that it would develop as a multidisciplinary movement and organisation with an equitable status and recognition of members from all Nationally Accredited Health Professions in Australia and New Zealand.

Despite its progress, Lifestyle Medicine faces challenges within the Australian and New Zealand healthcare systems, which are primarily focused on treating illnesses rather than preventing them.

In Australia the Medical Benefits Scheme (MBS), or Medicare, pays for medical services but provides little support for preventive care.

Health New Zealand (Te Whatu Ora Na) which, like Australia, predicts becoming financially unsustainable in the near future with the trajectory of Lifestyle-related illness. Yet neither countries' health system has authentically engaged with illness prevention and chronic disease management using Lifestyle Medicine.

ASLM has introduced innovative practices such as shared medical appointments and social prescriptions, emphasizing the link between lifestyle, environment, and socioeconomic factors in health outcomes.

International Recognition

ASLM has gained international recognition, joining the global Lifestyle Medicine movement in 2015 and publishing an international edition of its textbook in multiple languages. The society offers accreditation in Lifestyle Medicine for Australian and New Zealand professionals and has trained over 2,000 clinicians in running shared medical appointments by 2024.

Legacy and Future

Today, the Lifestyle Medicine movement in Australasia continues to evolve, focusing on whole-system approaches to health and chronic disease management. Its emphasis on evidence-based lifestyle knowledge, skills and interventions as a core component of healthcare, reflects a slow albeit a broader shift towards preventive medicine, challenging traditional illness-focused paradigms. As governments and healthcare systems grapple with the economic and social impacts of chronic diseases, the Lifestyle Medicine movement stands as a beacon for change, advocating for a more holistic approach to health and wellness and as a life-raft of evidence-based practice and information in an ocean of misinformation.

Time Line of ASLM Developments

A chronology of Developments in Lifestyle Medicine in Australia	
First informal meetings and think-tank discussions	
2005	
First formal meeting and Board election in Lismore NSW	
2006	
Establishment of Australian Lifestyle Medicine Association (ALMA)	2006
Regular informal seminars and workshop	2006-
Fundraising events CPD adventures (Eduventures)	
2007-	
Commencement of 1st multi-disciplinary masters level degree, SCU in LM	
2008-	
Article (Med J Aust); Am J Lifestyle Med) on 'Emergence of LM'	2009
1st Annual Formal Conference in Sydney	2009
New Zealand Formalised the LM collaboration with Australia	2009
Australian LM Text Book, First and Second editions	
2011	
Commencement of Post Grad programs Avondale University	2015
Development of structure for LM	2012
Appointment of full-time ASLM CEO and staff	2015
Joined Global LM Movement	
2015	
Change of name to Australasian Society of Lifestyle Medicine (ASLM)	2015
1st International Board professional examination	2016
LM Textbook , 3rd edition. Translated into 6 languages	2017
Commencement of Post grad programs James Cook Uni	
2019	
Joined WLMO	2023
ASLM offers Australian & New Zealand Accreditation in LM	
2024	
Trained > 2000 clinicians in running Shared Medical Appointment by	2024
ASLM endorsed by WLMO	2025

Origin of the Lifestyle Medicine Movement in the United Kingdom

By Rob Lawson

The Lifestyle Medicine movement has its roots in the early challenges faced by healthcare systems, particularly in the UK and Scotland, where Non-Communicable Diseases (NCDs) began to significantly burden the healthcare sector from the 1980s onwards. At that time, preventive health strategies were scarce, with vaccination being one of the few exceptions.

Early Initiatives

In 1986, a pioneering effort was made by setting up a Lifestyle Active Management Programme in a GP surgery. However, due to the limited time available for doctors, the responsibility of running this program fell to a Practice Nurse with longer appointment slots. Despite these efforts, translating education into practice proved difficult within the existing health system.

In response, a registered charity was established in 1991 to provide gentle physical activity, relaxation, and social connectivity classes for individuals living with NCDs. This initiative included pre and post-rehabilitation services for cardiac conditions and surgery. Despite the challenges of maintaining it without support from the health system, the charity continued to serve its purpose.

The Birth of a New Era

In 2011, a significant step was taken by investing in a Lifestyle Medicine Centre, which unfortunately closed after 18 months due to financial constraints. However, this experience underscored the importance of sharing the model of care with the NHS and healthcare professionals.

Founding of the British Society of Lifestyle Medicine (BSLM)

The idea of organizing a conference in Scotland was sparked during a visit to the Australasian Society of Lifestyle Medicine (ASLM) conference in Sydney. This led to the registration of the British Society of Lifestyle Medicine (BSLM) in 2016, with the first

conference held in England in 2017. The conference attracted 75 delegates initially but grew significantly over the years.

Growth and Impact

By 2024, the BSLM's annual conference had grown to attract 1200 delegates, with over 1300 health professionals qualified or nearing qualification in Lifestyle Medicine. The society's membership had expanded to around 3000 members.

Challenges and Future Directions

Despite the growth, several barriers remain:

- **Health System**: The emphasis on treating sickness rather than promoting health.
- **Health Professionals**: Many do not view prevention as part of their role.
- **Patients**: A preference for quick fixes, often through medication.
- **Resourcing**: Initial start-up challenges included time and funding constraints.

The future of Lifestyle Medicine involves collating research on how individual lifestyle interventions can impact community and population health, particularly in disadvantaged communities. The advice for those involved is to work with courage, compassion, and a willingness to collaborate.

Conclusion

The Lifestyle Medicine movement has evolved significantly from its early days, driven by the vision of a few dedicated individuals. It continues to grow, with a focus on preventive care and community health, aiming to bridge the gaps in the current healthcare system.

The Origin of the Lifestyle Medicine Movement in Chile

By Sandra Lanza and Catalina Figueroa

Early Life: The Seeds of Change

The lifestyle medicine movement in Chile was born out of necessity and frustration. In a country renowned for its breathtaking landscapes and vibrant culture, a stark reality overshadowed these attractions: Chile faced some of the world's highest obesity rates, particularly among children. This challenge was compounded by rising non-communicable chronic diseases (NCDs), an aging population, and overburdened healthcare systems plagued by professional burnout. Despite these daunting statistics, awareness about the transformative power of lifestyle changes remained limited among both the general population and healthcare professionals.

In March 2020, against the backdrop of a global pandemic, a group of 20 young physicians came together, driven by a shared vision to revolutionize healthcare. They were disheartened by the inefficacy of the existing system, which often prioritized treatment over prevention. Instead of succumbing to despair, they turned their dissatisfaction into a driving force for change. This collective passion gave birth to the Chilean Society of Lifestyle Medicine (SOCHIMEV).

Formative Years: Navigating Challenges

The founders of SOCHIMEV shared a common belief: that by addressing the root causes of NCDs—poor diet, physical inactivity, stress, and unhealthy behaviours—they could rewrite the narrative of healthcare in Chile. They envisioned a society where lifestyle medicine would become the cornerstone of health, equipping professionals and patients alike with the tools to build healthier lives.

The founding of SOCHIMEV was both momentous and symbolic. The group gathered in a central, scenic location in Chile to discuss their mission, vision, and goals. In an almost cinematic twist, their meeting turned out to be the last day that in-person gatherings were permitted before COVID-19 lockdowns were enforced. It was a

poignant reminder of the fragility of health systems and the critical importance of their mission.

Growth and Adaptation: The Pandemic Years

The pandemic posed immediate challenges. In-person events, conferences, and networking—cornerstones of organizational growth—were no longer possible. Yet, being "born" during the pandemic instilled SOCHIMEV with a unique resilience and purpose. The founders viewed their timing not as a hindrance but as an opportunity. The crisis underscored the necessity of a lifestyle medicine approach, as COVID-19 disproportionately affected individuals with obesity and NCDs.

The team quickly adapted, harnessing digital tools to connect with healthcare professionals and the public. They launched webinars and developed online resources. This digital pivot not only allowed SOCHIMEV to thrive during its formative years but also extended its reach far beyond initial expectations.

Achievements and Impact

SOCHIMEV's growth and success can be attributed to the dedication and ingenuity of its members. With over 100 active members today, the society has developed thematic committees, hosted three annual conferences, and certified numerous healthcare professionals through the International Board of Lifestyle Medicine (IBLM). The organization has also gained increasing visibility, elevating awareness about lifestyle medicine among the public and healthcare community.

Their success was built on collaboration and shared commitment. The founders dedicated their time, energy, and expertise to grow SOCHIMEV from a dream into a movement. Their efforts were fuelled by the belief that a lifestyle approach was not just desirable—it was essential.

Lessons Learned

SOCHIMEV's journey offers invaluable advice for others seeking to create similar organizations:

1. **Start with Passion, Sustain with Strategy**: While passion is the spark, long-term success requires organizational structure. Investing in administrative support early on can alleviate the workload on volunteers and prevent burnout.
2. **Collaborate Widely**: Partnering with other organizations that share similar goals can amplify efforts and avoid duplication of work. By pooling resources and knowledge, SOCHIMEV has strengthened its initiatives and broadened its impact.
3. **Adaptability is Key**: The pandemic forced SOCHIMEV to pivot to virtual platforms. This adaptability allowed the organization to continue its work

uninterrupted and reach more people than traditional methods might have allowed.

4. **Believe in Your Mission**: Challenges will arise, but a clear vision and collective determination can overcome even the most daunting obstacles.

The Road Ahead

Despite its achievements, SOCHIMEV recognizes that the journey is far from over. The society aims to expand its influence, particularly in policy-making and organizational capacity. Hiring an executive director and building stronger networks will be critical steps in achieving these goals.

Education remains a central focus. SOCHIMEV seeks to train more healthcare professionals in lifestyle medicine and conduct local implementation research to identify effective strategies within Chile's unique context. Awareness-building remains another critical task—not just among healthcare providers, but across society, including policymakers, educators, and the general public.

Legacy: A Healthier Chile

The Chilean Society of Lifestyle Medicine began as a dream shared by a group of determined physicians, united by their frustration with the status quo and their vision for a healthier future. From its inception in the early days of the COVID-19 pandemic to its current status as a growing force in Chilean healthcare, SOCHIMEV embodies the power of collective action and perseverance.

As the society continues its work, one thing is clear: Chile’s journey toward better health will require a cultural shift, one that places lifestyle medicine at the forefront. SOCHIMEV’s story serves as both a blueprint and an inspiration for others striving to make a difference in their own communities.

JAPANESE SOCIETY OF LIFESTYLE MEDICINE

The Origin of the Lifestyle Medicine Movement in Japan

by Tamami Shirai, MS, PhD

The Lifestyle Medicine movement traces its origins to centuries-old traditions that recognized the power of daily habits in shaping health and longevity. In Japan, these roots run especially deep. As early as 1713, Confucian physician Ekiken Kaibara penned *Yojokun*, a bestseller at the time advocating moderation in diet, physical activity, mental tranquility, and harmony with nature-principles that now form the bedrock of Lifestyle Medicine.

Emergence Through Policy and Prevention

The mid-20th century marked a turning point as Japan began to formalize prevention into national policy. The establishment of the Adult Disease Prevention Committee in 1956 and the rollout of universal health insurance in 1961 signaled a new era. By 2002, Japan had gone further than any other nation by legally mandating personal responsibility for health, embedding prevention into the legal fabric of society. The introduction of mandatory metabolic health checkups ("Metabo Check") in 2008 for citizens aged 40--74, along with the widespread adoption of routine screenings like the "Ningen Dock," made early detection and personalized guidance a societal norm.

Cultural Practices and Dietary Excellence

Lifestyle Medicine's biography is inseparable from the story of food and culture. Traditional Japanese eating patterns-exemplified by *Ichiju Sansai* (one soup, three dishes)-emphasize plant-based, low-fat, and nutrient-rich foods. Even amid rapid industrialization, Japan resisted the dietary pitfalls that plagued other wealthy nations. The 2005 Basic Act on Food Education (*Shokuiku*) institutionalized nutrition education across all ages**,** beginning with early childhood and continuing as mandatory education through elementary and junior high schools, while cultural practices like *hara hachibu* (eating until 80% full) reinforced moderation. Today, health consciousness is widespread: about 84% of adults undergo regular checkups, and public-private initiatives like the Smart Life Project and the Health and Productivity Management Program (with over 30,000 certified companies as of 2024) drive lifestyle improvements at scale.

Achievements and Structural Innovations

The movement's impact is profound and measurable. Japan has achieved a 70% reduction in stroke mortality (1960--1990), a dramatic drop in smoking rates (from 83% of men in 1966 to 22.3% in 2023), the lowest obesity rates among OECD countries, and some of the world's highest life expectancies-87.14 years for women and 81.09 for men as of 2023. These outcomes are the product of a coordinated, multi-sectoral effort involving:

- Universal, prevention-focused healthcare
- Routine health screenings and early intervention
- Policy frameworks like Health Japan 21 and *Shokuiku*
- Regional innovation in community-based care
- Corporate sector engagement (over 30,000 certified companies)
- Public education and awareness campaigns
- Programs fostering social participation and *ikigai* (life purpose), especially for older adults

Together, these elements have created an ecosystem supporting not only physical but also mental and social well-being, demonstrating that sustainable health is the result of intentional, society-wide commitment.

Challenges and Ongoing Evolution

The journey has not been without setbacks. Okinawa, once a symbol of longevity, has seen rising rates of obesity and lifestyle-related illnesses among younger generations, underscoring the need for adaptive, ongoing public health efforts. Japan now faces complex challenges, under a super-aging society**,** including a growing burden of dementia, multimorbidity, diabetes, and cancer. These require sophisticated, multidisciplinary approaches-an area where the movement continues to innovate.

The Role of the Japanese of Lifestyle Medicine (JSLM)

Founded in 2017, the Japanese Society of Lifestyle Medicine (JSLM) emerged to unify and advance Japan's tradition of lifestyle-based prevention. JSLM actively incorporates the latest population and global health data into its historically established prevention traditions. Prioritizing evidence-based practice and collaboration with academic institutions, JSLM engages in comprehensive activities that include addressing environmental issues and introducing cutting-edge business approaches.

Its leadership is particularly distinguished by appointing experts in psychosomatic medicine and sleep medicine as successive presidents—fields critically important yet historically underutilized in clinical practice. JSLM's credibility is further strengthened by the participation of internationally renowned scholars and its synergy with visionary government policies.

Domestically, JSLM works across sectors-engaging policymakers, healthcare providers, businesses, and communities-to implement culturally tailored, system-wide prevention strategies.

Global Impact and the Future

Internationally, Japan stands as a living model for scaling and sustaining Lifestyle Medicine. Its integrated approach-spanning policy, clinical care, education, corporate engagement, and public outreach has produced measurable gains in longevity and quality of life. As non-communicable diseases become more complex worldwide, Japan's experience offers both inspiration and a proven blueprint for prevention integrated through efforts accumulated over a long history.

The Lifestyle Medicine movement continues to evolve, guided by a commitment to evidence, innovation, and whole-of-society engagement. Its biography is one of tradition meeting modernity, and of a nation's enduring pursuit of health through lifestyle.

The Origin of the Lifestyle Medicine Movement in Nigeria

By Dr Moyosore Makinde

The Rise of Lifestyle Medicine in Nigeria: A Story of Vision, Perseverance and Hope

In the heart of Africa, a silent crisis was brewing as the 21st century dawned. Nigeria, the most populous country on the continent, faced a daunting public health challenge—an epidemic of non-communicable diseases (NCDs) such as diabetes, hypertension, cardiovascular diseases, and certain cancers. These illnesses, intimately linked to changing lifestyles and poor health choices, began to eclipse infectious diseases, imposing a heavy burden on families, communities, and the fragile health system.

For too long, the prevailing medical model had focused heavily on curative care—managing symptoms through medications and procedures, rather than addressing the underlying causes of chronic disease. Prevention, and the notion that simple, sustainable changes in daily habits could reverse or even avert these conditions, was overlooked. The clinics were crowded. The toll mounted. Yet a transformative idea began to germinate, destined to grow into a movement that would redefine healthcare across Nigeria and beyond.

A Visionary Emerges: Dr. Ifeoma Monye

The seeds of what would become Nigeria's Lifestyle Medicine movement were sown in the keen observations and professional experience of Dr. Ifeoma Monye, a Chief Consultant family physician and fellow of the Royal College of General Practitioners in the United Kingdom. Dr. Monye witnessed firsthand the consequences of a healthcare system that returned the same patients in worsening health, treating complications with little hope of genuine recovery. She often pondered: What if healthcare shifted focus from the prescription pad to the kitchen table, the walking path, and the community gatherings that moulded daily behaviours?

Her beliefs were not simply theoretical. Dr. Monye recognized that, while medical science had made immense strides in diagnostics and cures, the root causes of most modern illnesses—poor dietary choices, physical inactivity, tobacco use, and chronic stress—remained poorly addressed. The new wave of urbanization and westernization in Nigeria and other African nations had brought with it sedentary jobs, processed foods, and frenzied lifestyles. Yet, lying dormant within Nigerian culture were traditions more aligned with health: plant-based diets, active livelihoods, communal support, and wholistic wellness.

Building a Movement: The Early Steps

Determined to create a new standard for patient care, Dr. Monye took action. In 2014, she founded the Brookfield Clinics Centre for Lifestyle Medicine in Abuja, Nigeria's capital. This Center was more than just a clinic—it was an aspirational hub, offering evidence-based therapeutic lifestyle interventions alongside conventional treatments. The aim was to empower patients with the knowledge and tools to heal themselves, reducing dependence on lifelong medications.

But Dr. Monye's ambitions extended much further. She envisioned the rise of a network of healthcare professionals, trained in lifestyle medicine and passionate about using it as a foundation for their practice. She began to gather like-minded physicians, nutritionists, physiotherapists and community health workers, sharing evidence, research, and practical frameworks. These pioneers met challenges head-on, including scepticism from colleagues, inertia in the health sector, and cultural myths about wellness.

Bridging the Cultural Divide

For all its scientific grounding, lifestyle medicine thrived when it resonated culturally. Dr. Monye and her collaborators recognized the need to adapt their message. Many Nigerians, especially those in rural areas, already practiced elements of what lifestyle medicine preached—a diet rich in vegetables and legumes, ample physical activity, reliance on nature and community. However, the rapid drift towards city living and the adoption of Westernized habits had undermined these traditions.
The movement strategically embraced cultural sensitivity, seeking to revive and update indigenous practices that supported wellbeing. Public health campaigns promoted not just the science behind lifestyle medicine, but also stories and examples that communities could relate to. Educational seminars, radio shows, and social media outreach became regular fixtures, bringing the message into homes, schools, and marketplaces.

Overcoming Obstacles

The road was not easy. Dr. Monye and fellow advocates encountered institutional obstacles—limited funding, little government support, minimal inclusion of lifestyle

medicine in medical school curricula. Among some colleagues, there was suspicion that “lifestyle” interventions were too soft or secondary compared to clinical interventions.

Nevertheless, perseverance paid off. The mounting toll of NCDs made authorities increasingly receptive to prevention. International organizations, such as the World Lifestyle Medicine Organization (WLMO), lent their voice and resources. Slowly, the credibility of lifestyle medicine grew, and key champions emerged in hospitals and universities across Nigeria.

A National and Continental Impact

Recognition soon followed. Dr. Ifeoma Monye’s dedication and leadership gained international acclaim. In a historic milestone, she was elected as the first African and first democratically chosen President of the World Lifestyle Medicine Organization. This honour signified not just her personal impact but also the emerging influence of the Nigerian model of lifestyle medicine. Under her stewardship, Nigeria and other African nations contributed to shaping global standards, research agendas, and education in this rapidly evolving field.

Meanwhile, lifestyle medicine clinics sprang up in major Nigerian cities. Training programs and fellowships were established, often in partnership with international groups. Seminars, conferences, and workshops dot the healthcare calendar, each amplifying the message of prevention, empowerment, and hope. Patients who once faced years of declining health now experience reversal and remission through structured, supported changes in diet, activity, stress management, and substance avoidance.

A Movement Rooted in Hope

Today, lifestyle medicine in Nigeria stands as a testament to what vision and determination can achieve. Physicians and patients alike now understand that health is not merely the absence of disease but a positive state of physical, mental, and social wellbeing. Millions are rediscovering the ancient wisdom present in their culture, fortified by modern scientific insight.

Dr. Monye’s story, and with it the journey of lifestyle medicine in Nigeria, continues to inspire. What began as a lone voice challenging the status quo has grown into a chorus of practitioners, educators, and advocates. The movement reminds Africa, and the world, that hope and healing are not only possible, they are within reach, driven by both courage and compassion.

The Origin of the Lifestyle Medicine Movement in Norway

By Charlotte Salter

The lifestyle medicine movement in Norway is a story still unfolding, marked by a journey of discovery and innovation. It began with an outsider's perspective—someone who moved to Norway from the UK four years ago, seeking a community similar to the British Society of Lifestyle Medicine (BSLM). However, upon arrival, they found a gap in the healthcare landscape: a lack of a unified network of professionals focused on lifestyle medicine.

Despite Norway's wealth, the country faced rising rates of non-communicable diseases (NCDs), particularly obesity. This trend mirrored broader cultural shifts, including increased fast food consumption, reduced emphasis on physical activity in schools, and busier lifestyles. The healthcare system, traditionally focused on treatment rather than prevention, highlighted the need for a new approach.

Founding of the Norwegian Society of Lifestyle Medicine

The catalyst for change came when the individual began connecting with Norwegian doctors on Instagram who shared an interest in lifestyle-related health topics. Inspired by the success of similar societies in other countries, they proposed creating a framework for lifestyle medicine in Norway. After garnering significant interest from healthcare professionals and noting increased media coverage of lifestyle topics, the decision was made to establish the Norwegian Society of Lifestyle Medicine.

The society's first meeting took place in January 2023. Initially slow, momentum built with the creation of a website and social media presence. These efforts helped engage influential healthcare professionals already advocating for lifestyle medicine. The society is now preparing for its inaugural conference in November, expected to draw 100 delegates and feature 16 speakers. This event aims to highlight local initiatives and success stories, further galvanizing the movement.

Advocacy and Impact

As president of the Norwegian Society of Lifestyle Medicine, the founder has been invited to participate in high-profile events, including breakfast seminars on obesity and physical training, as well as a televised debate on ultra-processed foods. These opportunities have allowed them to champion lifestyle medicine, capitalizing on the openness of healthcare professionals to embrace lifestyle as a critical factor in health and wellbeing.

The support of the European Lifestyle Medicine Council (ELMC) has been instrumental in building confidence and providing a broader perspective. Attending conferences like those hosted by the BSLM and the European Lifestyle Medicine Council has been a source of inspiration and guidance.

Today, the Norwegian Society of Lifestyle Medicine stands at the forefront of a movement seeking to transform healthcare by emphasizing prevention and lifestyle interventions. As it continues to grow, it represents a promising step towards addressing Norway's rising health challenges and aligning with global trends in lifestyle medicine.

The Origin of the Lifestyle Medicine Movement in Pakistan

By Dr. Shagufta Feroz

The lifestyle medicine movement in Pakistan is a testament to the power of innovation and perseverance in healthcare. At its core is the story of a dedicated family physician who, after years of practicing traditional medicine, became disillusioned with the limitations of pharmaceutical treatments. This physician, who would later become the founder of the Pakistan Association of Lifestyle Medicine (PALM), began questioning whether medications were truly healing patients or merely managing symptoms.

Early Challenges and Epiphany

The journey into lifestyle medicine was not without its challenges. The physician faced scepticism from colleagues and family, who saw the decision to shift away from a successful practice as reckless. The pharmaceutical industry, with which the physician had established relationships, also resisted this change, as it threatened their business model. Despite these obstacles, the physician remained committed to finding a more holistic approach to healthcare.

The Birth of PALM

In 2016, the groundwork for PALM was laid, marking the beginning of a new era in Pakistani healthcare. The vision was to create an organization that would promote lifestyle medicine and empower healthcare professionals to adopt this approach. However, establishing PALM was fraught with difficulties. The concept of lifestyle medicine was largely unknown in Pakistan, and convincing others to join the mission was a significant challenge.

Overcoming Resistance and Achieving Milestones

Despite the scepticism and resistance, the founder persisted, reaching out to like-minded professionals both locally and internationally to build a core team. In 2023, after seven years of tireless effort, PALM was officially registered with the federal government of Pakistan. This milestone marked a turning point in the journey, as PALM began raising awareness about lifestyle medicine through workshops, seminars, and collaborations with healthcare institutions.

Advocacy and Education

A central part of the lifestyle medicine movement in Pakistan has been advocacy. The founder recognized the need to educate not only healthcare professionals but also policymakers and the general public about the transformative power of lifestyle interventions. Chronic diseases like diabetes, hypertension, and cardiovascular disease place a significant burden on Pakistan's healthcare system, making lifestyle medicine a crucial component of national health policies.

Riphah Institute of Lifestyle Medicine

In addition to PALM, the founder was instrumental in establishing the Riphah Institute of Lifestyle Medicine, the first of its kind in Pakistan. This institute offers postgraduate certifications for physicians, embeds lifestyle medicine into undergraduate medical curricula, and runs health wellness programs. These initiatives have further solidified the position of lifestyle medicine in Pakistan's healthcare landscape.

Legacy and Future

Today, the lifestyle medicine movement in Pakistan is part of a global effort to transform healthcare by empowering individuals to take control of their health through lifestyle changes. The journey has been one of transformation, filled with challenges but also hope. As the founder reflects on this journey, there is a deep sense of gratitude for being part of a movement that is changing lives worldwide. The future of healthcare indeed lies in lifestyle medicine, offering a promising path forward for generations to come.

The Origin of the Lifestyle Medicine Movement in the Philippines

By **Mechelle Acero Palma, MD, Bysshe Fernan, MD, Vigilanda Solijon, MD**

Early Beginnings

The lifestyle medicine movement in the Philippines has its roots in grassroots efforts dating back to approximately 1987. This was spearheaded by the introduction of the NEWSTART program, which stood for Nutrition, Exercise, Water, Sunshine, Temperance, Air, Rest, and Trust in Divine power. NEWSTART resonated with Filipino cultural values by emphasizing holistic health and well-being through preventive and behavioural changes to combat chronic diseases.

Structured Development

In 2009, structured lifestyle medicine was formally introduced in the Philippines through the Complete Health Improvement Program (CHIP), an evidence-based initiative aimed at reducing risk factors associated with non-communicable diseases (NCDs). This marked a significant milestone as it aligned with the evolving focus on lifestyle-based interventions in mainstream healthcare.

Institutionalization and Expansion

The Adventist Medical Centre Manila institutionalized CHIP, further solidifying lifestyle medicine's presence in the country. Additionally, a government-funded program launched by The Remnant Institute Inc. in 2010 promoted preventive healthcare nationwide, integrating evidence-based lifestyle practices and nutrition education.

Organizational Milestones

In 2015, the Philippine Organization of Lifestyle Medicine was established, followed by the inaugural Lifestyle Medicine Conference in 2016. This conference facilitated knowledge sharing and professional development among healthcare professionals, educators, and researchers.

Professionalization and Recognition

The Philippine College of Lifestyle Medicine (PCLM) was formally established in 2019, marking a pivotal moment in professionalizing lifestyle medicine as a medical specialty. The PCLM played a crucial role in developing structured training and certification pathways, integrating lifestyle medicine into the Philippine healthcare system1. In 2022, the PCLM was accredited as an Affiliate Specialty Society of the Philippine Medical Association, solidifying its role in credentialing Lifestyle Medicine Specialists.

Educational Advancements

The Adventist University of the Philippines introduced a Master of Public Health program majoring in Lifestyle Medicine in 2019, approved by the Commission on Higher Education. This academic integration supported the development of a new generation of healthcare providers focused on holistic and preventive care.

Policy Support and Integration

The Universal Health Care Act (Republic Act No. 11223) marked a transformative shift in the Philippine healthcare system, emphasizing preventive and health-promoting interventions. Administrative Orders and Joint Administrative Orders further integrated lifestyle interventions into national health initiatives, educational institutions, and workplaces.

Global Impact and Future Directions

The establishment of the International Federation of Lifestyle Medicine Professionals in 2024 and the Philippine Lifestyle Medicine Council reflects the growing global demand for comprehensive lifestyle medicine training. These developments position the Philippines as a leader in the lifestyle medicine movement, emphasizing innovation, standardization, and public health goal alignment to create a resilient healthcare system.

The Origin Of Lifestyle Medicine In Russia

by Anna Maslovaas

The lifestyle medicine movement in Russia has recently gained momentum with the establishment of the Association of Lifestyle Medicine Specialists in Russia (ALMS) in 2023. This initiative was spearheaded by a trio of visionaries: Dr. Anna Kolobakhina, a physician and cardiologist; Elizaveta Maslova, founder of the federal network of women's health clinics "Medok"; and Anton Kolobakhin, an entrepreneur and Open Dialogue facilitator.

Early Life and Founding

The ALMS was born out of a shared passion to revolutionize healthcare by emphasizing the role of lifestyle in preventing, treating, and reversing diseases. As a young, independent non-profit organization, it remains free from religious or political affiliations, focusing solely on its mission.

Mission and Goals

The lifestyle medicine movement, as embodied by ALMS, seeks to:

- **Raise Awareness**: Educate the public about the principles and practices of lifestyle medicine.
- **Promote Adoption**: Encourage the integration of lifestyle medicine into healthcare systems and Russian society at large.
- **Foster Learning**: Provide platforms for health professionals to exchange knowledge and best practices in lifestyle medicine.
- **Build Evidence**: Develop a robust evidence base supporting the effectiveness of lifestyle medicine in combating noncommunicable diseases in Russia.

Through these efforts, the lifestyle medicine movement aims to transform the way health is approached, focusing on holistic, sustainable methods to improve well-being and reduce suffering caused by unhealthy behaviours.

The Origin of the Lifestyle Medicine Movement in South Africa

By David Glass

Early Beginnings

The roots of Lifestyle Medicine in South Africa trace back to the pioneering work of Drs. ARP Walker and Denis Burkitt in the 1970s. These visionary researchers explored the differences in disease patterns between various ethnic groups in Africa and between traditional African and Western societies. Dr. Walker also delved into how disease patterns changed as Africans transitioned from rural to urban settings and adopted Western diets. Despite these groundbreaking findings, they did not significantly influence medical curriculum content, even as non-communicable diseases (NCDs) began to surpass infectious diseases in incidence and resource demands.

The Turning Point

Many clinicians grew disillusioned with conventional medical approaches, which often relied heavily on pharmaceutical and surgical interventions, likely driven by commercial interests. This dissatisfaction led to a quest for alternative solutions that could address the underlying causes of NCDs. The discovery of Lifestyle Medicine offered a beacon of hope, promising prevention, rational management, and even remission of these diseases.

The Founding of SALMA

In 2021, the South African Lifestyle Medicine Association (SALMA) was formally established with just six members. Dr. Ernest Muragijeyesu, who completed the DipIBLM in 2019, was among the early pioneers. The association's growth has been largely driven by word of mouth and social media, attracting practitioners from private practice and academia in fields like Family Medicine and Public Health. Today, SALMA boasts 55 members, with potential for expansion among hundreds of medical and allied health practitioners yet to be introduced to Lifestyle Medicine.

Challenges and Successes

One of the significant challenges facing Lifestyle Medicine in South Africa is the lack of reimbursement by medical insurance for the additional time spent coaching patients for behavioural change. In the public sector, the hurdles include insufficient time and administrative support for implementing Lifestyle Medicine interventions. Despite these obstacles, SALMA has achieved notable successes. The organization has leveraged social media effectively, secured free exhibition space at conferences, and utilized public radio and local media to promote Lifestyle Medicine principles.

Future Directions

SALMA continues to evolve, working closely with academia to integrate Lifestyle Medicine into medical curricula. A proposed medical university in the North-West Province plans to incorporate Lifestyle Medicine throughout its curriculum. The organization also aims to foster research and collaborate with other entities to host conferences promoting Lifestyle Medicine principles in managing NCDs. Building financial resources to support full-time staff remains a key objective for SALMA's continued growth and effectiveness.

In conclusion, the Lifestyle Medicine movement in South Africa represents a transformative journey from its early roots to its current status as a beacon of hope for addressing non-communicable diseases. Through perseverance and innovation, SALMA and its members are paving the way for a healthier future, one that emphasizes prevention and holistic well-being over traditional medical interventions.

The Origin of the Lifestyle Medicine Movement In Spain

By José L. Palma-Gámiz

The lifestyle medicine movement, a transformative force in modern healthcare, has its roots in the late 20th century. The term "lifestyle medicine" was first used in a symposium in 1989 and appeared in publication in 1990, marking the beginning of a new approach to healthcare that emphasizes lifestyle interventions as a primary tool for preventing, managing, and reversing chronic diseases.

Early Beginnings

In the early days, lifestyle medicine was not widely recognized as a distinct medical discipline. However, pioneers like Dr. James Rippe played a crucial role in establishing it as a field by publishing the first textbook on lifestyle medicine in 1999. This landmark publication defined lifestyle medicine as the integration of lifestyle practices into modern medicine to lower risk factors for chronic diseases and serve as an adjunct in their therapy.

Global Expansion

As the years passed, lifestyle medicine began to gain traction globally. In the United States, the American College of Lifestyle Medicine (ACLM) was founded in 2004, marking a significant milestone in the field's development. The ACLM defined lifestyle medicine as the use of lifestyle interventions in the treatment and management of disease, focusing on diet, exercise, stress management, and other non-drug modalities.

In Australia, the Australian Lifestyle Medicine Association (ALMA) was established in 2006, formalizing the discipline in the country. ALMA played a pivotal role in developing

postgraduate courses and textbooks, further solidifying lifestyle medicine's presence in the medical community.

European Advancements

In Europe, the European College of Preventive and Lifestyle Medicine (ECLM) has been instrumental in promoting lifestyle medicine. The ECLM emphasizes the role of lifestyle in preventing and treating lifestyle-related diseases through nutritional, exercise, psychological, social, environmental, and pharmaceutical interventions.

Recent Developments

In recent years, lifestyle medicine has seen rapid growth and recognition. The Lifestyle Medicine Global Alliance (LMGA) has connected healthcare professionals worldwide, fostering a global vision of true health care that focuses on lifestyle interventions for prevention, treatment, and reversal of chronic diseases.

In Spain, the Spanish Institute of Lifestyle Medicine (SILM) was established following a period of intense collaboration with international partners. SILM has organized numerous educational events and webinars, contributing significantly to the spread of lifestyle medicine across Europe and Latin America.

Pillars of Lifestyle Medicine

Today, lifestyle medicine is built around six core pillars: a whole-food, plant-predominant diet, regular physical activity, restorative sleep, stress management, avoidance of risky substances, and positive social connections. These pillars form the foundation for preventing and managing chronic conditions such as cardiovascular diseases, diabetes, and obesity.

Challenges and Future Directions

Despite its growth, lifestyle medicine faces challenges, including the difficulty in motivating patients to adopt lifestyle changes and the need for greater inclusion in medical education. However, with ongoing research and increasing recognition, lifestyle medicine is poised to become a central component of healthcare systems worldwide, offering a sustainable approach to managing the rising tide of chronic diseases.

In conclusion, the lifestyle medicine movement has evolved from a nascent concept to a globally recognized medical discipline, offering hope for a healthier future by empowering individuals to take control of their health through lifestyle choices.

The Origin of the Lifestyle Medicine Movement in Sri Lanka

By Rukshanie de Silva, Raaidah Daniel, Rasarie Wimalana, Saduri Kandeepan, Samadika Saparamadu

Early Beginnings

The lifestyle medicine movement in Sri Lanka was formally initiated in April 2019 with the establishment of the Sri Lankan Society of Lifestyle Medicine (SLSLM) by three visionary healthcare professionals: Dr. Samandika Saparamadu, Dr. Roshika Mendis, and Dr. Khayali Wilson. This marked the beginning of a journey aimed at addressing the burgeoning burden of noncommunicable diseases (NCDs) in the country. By July 2020, SLSLM had formalized its structure with its first board election, appointing Dr. Saparamadu as president, Dr. Rukshanie De Silva as secretary, and Dr. Wilson as treasurer.

Growth and Development

From 2021 onwards, SLSLM experienced rapid growth and development. The organization expanded its digital presence across platforms like Facebook, YouTube, Instagram, and its website, while gaining international recognition through affiliations with the Lifestyle Medicine Global Alliance, Asian Lifestyle Medicine Council, and the World Lifestyle Medicine Organisation. Key milestones included organizing Sri Lanka's annual International Board of Lifestyle Medicine diploma examinations, introducing a pioneering lifestyle medicine lecture series for medical undergraduates, launching the quarterly e-newsletter "Ola Leaf," and establishing affiliations with the Sri Lanka Medical Association (SLMA) and agencies of the Ministry of Health.

Challenges and Innovations

Despite facing challenges such as inadequate training among healthcare professionals, misinformation about lifestyle interventions, and the lack of a financially sustainable care model, SLSLM innovated by launching the Lifestyle Medicine Healthcare Model (LMHM). This model integrates group consultations, health promotion processes, individualized care, and low-cost social prescribing to enhance primary care delivery for NCDs. SLSLM also conducted extensive education and outreach campaigns, including webinars, public talks, and national media programs to combat misinformation and raise awareness.

Establishing Credibility and Partnerships

To build credibility and drive policy change, SLSLM established the Preventive Research Centre (PRC), the first participatory and translational research centre in Sri Lanka dedicated to NCD prevention. The PRC is affiliated with the Faculty of Medicine, Sabaragamuwa University of Sri Lanka, and is funded by research grants. Strategic partnerships with universities, government agencies, and medical associations have been crucial in legitimizing lifestyle medicine as a credible field of practice.

Lessons Learned and Future Directions

A key lesson from SLSLM's journey is that scalability requires attention to equity, ensuring that lifestyle medicine is integrated into the healthcare system in a financially viable and accessible manner. Education and awareness have been pivotal in overcoming scepticism and misinformation, while collaboration with various stakeholders has strengthened the movement's impact. Looking ahead, SLSLM aims to establish a locally recognized certification pathway, expand partnerships, and implement the LMHM at scale to embed lifestyle medicine into both public and private healthcare sectors.

Legacy and Impact

Today, the lifestyle medicine movement in Sri Lanka stands as a testament to the power of collaborative innovation and strategic leadership. With its expanded board comprising distinguished healthcare professionals and its forthcoming appointment of an Executive Director, SLSLM continues to shape the future of healthcare in Sri Lanka. The movement's legacy is one of perseverance and vision, transforming the approach to NCD care by promoting a proactive and sustainable healthcare system.