



Episode 29 Draft Transcript 8.30.23

Dr. Robert E. G...: We have to go back to the old-fashioned, and I think we're old enough to remember home economics in our schools, and I think we have to get back into the kitchen and teach people how to cook and connect with the power of the nutrients within the food.

Mary Purdy: Welcome to The Good Clean Nutrition Podcast. I'm your host, Mary Purdy, integrative dietician and nutrition educator. Today we're talking about the philosophy of food as medicine. I was in clinical practice as an integrative and functional medicine dietician for about 13 years. And while I'm not in practice right now, I do have a few fingers and toes in the clinical world, and I have seen food as medicine in play more times than I can count. And a lot of it, for me, comes back to biochemistry and how the body functions at its best.

So, there are thousands of different chemical reactions that are happening in your body right now that rely on nutrients to be operational. And this can be the production of neurotransmitters in our brains or how the liver synthesizes enzymes to neutralize toxins, or how the immune system produces inflammatory or anti-inflammatory chemicals as part of how it functions. And all of this needs micronutrients, so our vitamins, our minerals, our phytochemicals, and where do we get that from? Food. Yes.

And one of the inspirations for me, personally, for becoming a dietician, nutritionist was when my father was in the hospital with a serious bacterial infection back in 2005, and it had caused his organs to basically shut down and part of his skin was becoming necrotic. And eventually this led to a bilateral amputation below the knees. And he had lost a ton of weight and the emphasis at the hospital was all about calories, calories, calories, how to get as many calories in, as much as possible, so that he could gain weight. Even if this was something like a Big Mac.

And I understand this, it is important to get calories when someone has experienced extreme weight loss. However, I kept on thinking that maybe it was the type of calories that also had to be important, since 15 grams of fat from something like french fries, say, was going to behave and be received differently by the body than let's say 15 grams of fat from an avocado or a walnut, especially when the body was fairly inflamed and in great need of healing.

And I started bringing in small snacks of little avocado and pieces and walnuts, and gradually he got better. But what happened to me was that it really set me on this better path to try to understand how food can, in fact, not just help with healing, but can prevent and address and perhaps in some cases even reverse chronic diseases and truly be a form of medicine.



So, today I'm very excited that we are joined by Chef Robert E. Graham, a Harvard-trained researcher, practicing physician, food activist and chef. He's better known as Dr. Rob the Chef, and is one of less than 50 doctor chefs worldwide. Dr. Rob has been an advocate for food as medicine from the get-go and has always felt traditional medicine needed to be incorporating a more food-focused holistic approach to help patients improve their health.

Together with his wife, Julie Graham, they founded FRESH Medicine and FRESH Med U. FRESH Medicine is an integrative health and wellness center located in New York City where food for health and healing is prescribed to patients, helping them to improve their health, get off their prescription medications and live happier, more fulfilling lives. So, welcome, Dr. Rob the Chef.

Dr. Robert E. G...: Well, thank you, Mary, so much for that wonderful introduction. And I love the real life example of how food has impacted not only your professional career, but also your personal life. And I think that's how most of us got into this game.

Mary Purdy: So true. And I would actually love to hear more about your background. How did you come to be in this space? What was your inspiration?

Dr. Robert E. G...: I feel that most physicians are called to the practice of medicine. As a kid, I always wanted to be a doctor, I'm not sure exactly why, but very early on in my life I was surrounded by a multitude of cultures and traditions that valued health through the lens of food.

I grew up in New York City in a borough called Queens, in a neighborhood called Jackson Heights, which is most commonly known as the world's neighborhood. I forget the exact tally, but hundreds of languages are spoken, many cultures live within a couple of miles of each other. And what I realized as a kid going to Brian Lee's house was that food and health were intertwined. Brian Lee's grandfather would do these little acupressure buttons on our ears. Bobby Sang used to have Ayurveda sessions. And my mom, who is of Latin American descent, was like the folk healer of the neighborhood and still is in Jackson Heights.

And as a kid, I used to remember people coming over to the house and getting these, what are called [foreign language 00:05:25], treatments from my mom, mostly in the forms of what we affectionately called her witch's brews. "Take this. Take that." And prayer and spirituality were a heavy component to it all. And then, going into medical school and seeing the landscape in the mid-'90s where none of this was practiced, none of the herbals, none of the acupuncture, none of the Ayurveda, none of the spirituality, none of the religion. Nothing that was intertwined into my earlier formative experiences on what health really meant, was absolutely



gone and not taught in medical school. So, I decided to do it myself. Oh, and by the way, I forgot to mention my dad was a biochemist too.

Mary Purdy: Ah, right.

Dr. Robert E. G...: So, the irony of that, right? My dad would just, "Take the pill. Forget about what your mom's trying to do with you." But mom's always right, and so we listened to mom and didn't listen to dad as much on taking the pill. So, I think those very early experiences formulated my approach to health and healing and made me want to become a doctor, but not your traditional, conventional medical doctor where oftentimes it's pathophysiology driven and then pill prescribed.

Mary Purdy: Right. So, it sounds like you had influences from both sides. You saw the efficacy of certain medications and how they could be prescribed for perhaps certain kinds of conditions. And, I like the both/and philosophy here, and you could see how traditional healing and bringing in this holistic and even spiritual component of traditional cultures can also really play a huge role in someone's wellness picture. And I'm curious, you have a practice called FRESH Medicine. Talk to us a little bit about that.

Dr. Robert E. G...: Not seeing what was happening, quote, unquote, "on the streets" in medical school, I was fortunate enough to be accepted to a Harvard fellowship in integrative and complementary medicine. This was back in the late-'90s, early 2000s. And the only other game in town was Andy Weil, Andrew Weil's program in Arizona. And I applied to that program too. And by chance and luck and determination and resiliency got accepted to Harvard Medical School to study this emerging, burgeoning field, where I think back then a lot of the research and education was missing in the integration of all this other stuff we called integrative medicine, into the conventional medical model.

And I had the very early fortunate experiences learning with some of the greats in the space of integrative medicine. And I quickly realized that what it takes for someone to be healthy is more about their behaviors and lifestyles. And my wife, Julie, who is what I call the health guru, she's a positive psychology practitioner, she's a yoga teacher, meditation teacher. She's training as a health coach through the lens of integrative nutrition, aromatherapy. And just overall awesome woman.

Combining her knowledge and then my science background in nutrition and medicine, I realized that what was missing from healthcare was these very simple questions that most alternative or traditional healers ask, "What are you eating? How do you relax? How do you exercise? How do you sleep? And how do you find happiness?" And so, we, after a bottle of wine on Valentine's Day in 2000-and-something, we decided to change the word fresh into an acronym. The acronym stands for what



we call our five pillars or five ingredients in your recipe to health. Food, relaxation, exercise, sleep, and happiness. And we have found in our clinical practice that if we address those five important things right from the get-go, medicine is of less or no need.

Mary Purdy: I couldn't agree more. I mean, the idea that we wouldn't incorporate the way that we live our lives into how we think about healthcare is almost like a foreign concept to me, that doctors, that other healthcare practitioners wouldn't be asking, "How's your sleep? How's your stress? What's your social connection like? How are you spiritually grounded?" All of that seems so important.

And of course, we're here to talk about food. So, I'm curious because this idea of food as medicine or food is medicine, there's a couple of different schools of thought here. What is your definition of this? What description would you give this approach, this food as medicine approach?

Dr. Robert E. G...: Yeah. So, I like to say that food is medicine has been a movement around for roughly 2,500 years with the father of medicine, Hippocrates, said, "Let food be thy medicine." But I believe looking at food as medicine, as a true clinical intervention will be, in my opinion, the thing that's been missing and the most important thing missing in our healthcare delivery model. Giving patients the tools, but more importantly in this space, the medicine via a prescription, like a medically tailored meal or a produce prescription or produce groceries.

So, the food is medicine movement has been around for, like I said, for 2,500, but the food as medicine movement is starting to evolve. I just want to go back a second, because it's important to understand that the way healthcare is delivered is through an evidence-based lens. And we have enough data to show that bad food equals bad health. But as surprisingly as this may sound to all of us here today, that there's been very little studies, right? To show that if you give people good food, they actually get healthier.

And so, despite the obvious contrary opinion that bad food, bad health, good food, good health has still yet to be fully evidence-base studied. And I think this is where a lot of the work that I've been involved in the last 15 years of my career, on trying to put the evidence out in front of this, what I call food as medicine intervention.

Mary Purdy: Yeah. You know what's interesting too? Is that I think we've come to think of this idea of food as medicine, but like you just said, food is also the thing that gives us vibrant health and that maintains that health. And so, I think we've come to view this way of looking at health through a disease lens. So, we're looking at health like, "Oh, well, how do I cure this disease? How do I prevent this disease? How do I make sure that we address this disease, manage this disease?" As



opposed to, how do we embody health from all of these things that you're talking about, a rich nutrient dense diet, sleep, exercise, connection, happiness? As you mentioned.

And we've really lost our way in the healthcare model that's so focused through looking at health through a disease lens or that health is the absence of disease as opposed to health is this positive vitality.

Dr. Robert E. G...: Yeah. And most people in medicine, right? And I think I would say that in your training as well, it's always based upon a pathophysiology model, right? The origins of disease, how do diseases happen? Right? But I think if you really look at how, what we try to do is try to honor the movement called salutogenesis, the birth and origins of health. And it is a complete reversal of the educational model, right? Because the way we look at as physicians, just let's start with the clinical encounter. Right? What's the first thing they ask you? "What's your chief-"

Mary Purdy: "What's your problem?"

Dr. Robert E. G...: "What's your chief complaint?" Right? And then you develop a problem list, right? And then, it's just such a negative term and it's always based upon, all right, in ICD10 codes, right? You have to code for a disease to be billable. It's a completely intentionally broken system, driven by origins of disease, pathophysiology, and very little to no attention to salutogenesis, the origins of health. The reason why we call it FRESH is also, it's a play on words. We need just a fresh start in healthcare.

Mary Purdy: Yes.

Dr. Robert E. G...: Right? We just have to look at healthcare through the lens of what makes people and communities thrive. Right? And I've been fortunate enough to have been married to my wife for a long time, but also learn from her that this field of positive psychology is, I think, the magic sauce in this whole thing. What makes you and the communities you live within thrive?

Because we've all been there, we've all taken care of patients who have diagnosed with some sort of a disease like cancer, and someone will make it their life mission to be a rally for people with cancer and be the voice of them. But some people just retreat to that illness model and become a victim of their disease as well. And so, what makes that person who has breast cancer thrive within the cancer diagnosis or just become the diagnosis? And I always find that fascinating, right? And that's really the mindset and behavior change.



And a little bit about what you were saying before, being healthy, most people know what to do, right? But it's the behavior change that is the challenging. And that's where we all, I could imagine, as we sit in front of patients as physicians and dieticians is, yeah, we can give them a medically tailored meal, but they're going to revert back to their mean if you don't change their behavior. And that's what we try to do both in the clinic and also online through our school.

Mary Purdy: You talked about positive psychology, behavior change, and I am really shocked by this statistic that you are one of 50 doctor chefs in the world. Is that even possible? Why is that? Why are we not including food as medicine as part of healthcare and discussions with patients? Obviously, as a dietician, that's what I did and do, but why in the healthcare model, are we not talking about food as medicine or have we not been talking about it?

Dr. Robert E. G...: Well, as a reformed academic, there's no room in the curriculum, number one. Number two, there's not enough people to teach this space. And I also would argue that traditional RD schooling is also not the most salutogenic in nature. And then the third part of what I wanted to say about that is that we rarely, rarely communicate with each other. Our clinic, when we were at Lenox Hill Hospital, where I did a lot of my training, we brought a dietician into the clinic because again, that is a huge lack of coordination of care. So, you have a chronic disease that is covered by your insurance, send them to a registered dietician. That only happens maybe about 30% of the time. So, there's a lot of that lack of communication.

And to your first point about being a chef and everything else like that, I think people don't eat nutrition, people eat food. And I think truly the only people that truly understand how to make it, how to source it and how to cook it and how to make it delicious are chefs. No matter what I try to do as a physician to tell people to eat healthier and as you as a dietician do as well, it's that real life, hands-on experience that has to happen in the kitchen for us to really connect to the importance of food is medicine or as medicine. It won't happen in the clinic. I really don't believe it will ever happen in the clinic. And I think we have to go back to the old-fashioned, and I think we're old enough to remember home economics in our schools, and I think we have to get back into the kitchen and teach people how to cook and connect with the power of the nutrients within the food.

Mary Purdy: And it has to look amazing, taste delicious, sound incredible. And the tactile experience, I think we've lost that. We've gone from, "Oh, let me grab this piece of wrapped up chicken and put it in my grocery bag and then go home and maybe cook it or just grab something from the store that's already precooked."



But that connecting to actual food, I think, is also part of the medicinal or the health journey.

I would love to know if there's a story that you have of how you brought that to life with a patient or a community, either through those chef tactics or through a conversation that somehow was able to make those connections for somebody of how food can be their medicine.

Dr. Robert E. G...: Well, I have a bunch of examples, but I think a better example is we started this practice, FRESH Medicine, with one simple concept, put food first. Right? I'm still a drug dealer, I still give out drugs. I also give out herbs and supplements wherever there's an evidence-base for its use.

Mary Purdy: Right.

Dr. Robert E. G...: But when we decided to open up this practice and literally put food first, it's been a blessing, right? People have found us and people continue to find us because most people don't want to take a medication for the rest of their lives, right? But they're not taught how to manage their own life through our model. But particularly, that first F, the food first approach, is that I firmly believe that every single disease process in our repertoire of ICD10 codes, which by the way are billable codes that we submit to insurance for reimbursement, has a diet for its utility.

Mary Purdy: Amen.

Dr. Robert E. G...: Every single one. And if you look at every single algorithm developed by every single society, the Society of Clinical Endocrinology, the Society of Gastroenterology, the Society of Cardiology, they always say, "Do not initiate medications until you have offered six weeks of therapeutic lifestyle changes to your patient."

Mary Purdy: Can we please clone you like a thousand million times?

Dr. Robert E. G...: I'm just finding the evidence.

Mary Purdy: I hear you.

Dr. Robert E. G...: Right? It's six weeks of therapeutic lifestyle changes first, then if not, then you go onto medication. I would argue that most of your listeners don't have that experience with their physicians, particularly the ones that are dealing with the burden of chronic diseases, right? There is very little to no educational requirements in medical schools, although changing. None in residency training. Zero in fellowship training. So, think about that. A gastroenterologist,



endocrinologists and cardiologists have no understanding and no training in food nutrition because it's not a requirement within their scope of practice.

Mary Purdy: So, I'm Mary Purdy, you're listening to The Good Clean Nutrition Podcast, and we are on with Dr. Robert E. Graham discussing food as medicine. Next, we'll dive into the impacts of prescribing food as medicine and perhaps how to get people to actually do the things that we suggest. But first, a word from the sponsor of this podcast, Orgain.

Speaker 3: Thanks, Mary. Without regular access to nutritious foods, children face a world out of focus, experiencing poor memory, receiving lower test scores, and not learning essential social skills at a critical stage in their development.

Today, one in eight kids are going to school hungry. You can help Orgain unlock kids' full potential by using the Food For Focus filter to create an unfocused selfie. Post on social media before September 30th and we will donate \$5 to FoodCorps to help bring nutritious meals to schools. To learn more, visit orgain.com/foodforfocus. Back to you, Mary.

Mary Purdy: Now let's get back to our conversation with Dr. Rob the Chef. So, Dr. Rob, food is medicine we've been talking a bit about for being good for prevention, for helping people to just stay healthy, being part of the healthcare model. And when it comes to actually working with patients who have illnesses, maybe even significant illnesses, aside from just the chronic diseases that we see on a regular basis that people can live with but don't necessarily thrive with, as you say, what kind of lifestyle and food interventions might you be putting into practice with your patients who are really struggling?

Dr. Robert E. G...: Through the lens of integrative medicine ... Which I think it's important to define what integrative medicine is? Right?

Mary Purdy: Sure. Yeah, please.

Dr. Robert E. G...: So, integrative medicine is the evidence-based field of what I call good medicine. It integrates both the conventional and non-conventional therapies wherever there is evidence for its utility. So, when I hear, "Oh, integrative medicine, there's no science and no evidence." Number one, the definition is that it is evidence-based. Right? And it's part of the reason why I went to Harvard Medical School, right? Because I wanted to understand research, and I had the great fortune of studying clinical nutrition with Walter Willett, one of the greats, as the professor of medicine and of nutrition at the Harvard School of Public Health.

What has been intentionally confusing to people when it comes to food is that contrary dietary theories work if short-term weight loss is the outcome of interest. So, you can put a



vegan on a six-week diet and they're going to lose weight. You're going to put someone on a keto diet and within six weeks they're going to lose weight. So, how can that happen when you have the complete opposite of a vegan and a keto losing weight over the course of six weeks? That is the only science that that can happen in. And I really wanted to understand the evidence-based nature of how evidence is built, why we look at certain studies.

And unfortunately what happens in today's society, people are intentionally confused by the research and media and how we spin it. One day butter's bad, one day butter's good. One day grain is bad, one day grain is good. And I think people really need a simple message. And at the end of this, I'd like to give the audience my own prescription.

Mary Purdy: Please.

Dr. Robert E. G...: Our prescription when it comes to food is eat more plants. That's it, right? I want people to consume more fruits and vegetables into their diet. The next question always happens, "What about meat?" I would say, "Well, eat less meat. And if you're going to eat meat, make sure it's good quality meat." Right? And so, you follow that path. And I think what people fail to remember is that if we get out of the way of our bodies, the body finds its magical way of healing itself.

Mary Purdy: So true. In some ways, I can often say that maybe food isn't necessarily the medicine, food provides the body with the information and the tools that it needs to heal itself, just like what you said.

Dr. Robert E. G...: 100%. And unfortunately, as you know, studies have shown that 69% of our calories come from processed foods.

Mary Purdy: Right. Yeah.

Dr. Robert E. G...: Right? And so, going back to your initial point, the reason why we get sick is that we're not a processing unit. We don't know how to process processed foods, particularly ultra-processed foods. And so therefore, we need real food to supply the nutrients to real people. And I think that's where a lot of where diseases begin, I think the overconsumption of ultra-processed foods and our mindsets and our stress and our lack of sleep, and loneliness, all this stuff that we're hearing today that I think COVID put upfront has been going on. And then, any clinician knows that this has been going on for a long time, but COVID just put a magnifying glass on it, and communities of color suffer the worst burden. Women suffer worse than men.

And so, it's been around for a long time, and I think we finally have to have a real conversation about, "We as a society need to be healthy." And I think our biggest problem is our food



system. And I think we have to change our food system because the great Wendell Berry said it years ago, "We are fed by a food industry who pays no attention to health, and we're treated by a health industry which pays no attention to food." And I think we're starting to see that bubbling up again.

Mary Purdy: I'm so glad you mentioned that because I was going to ask you about, when we think about food is medicine, not all food is medicine. Right? It really depends on what kind of food. You talked about ultra-processed food, how that food is grown, where that food is grown, how nutrient dense that food is.

So, how do you believe our food system is affecting whether food is medicine, in fact? And how do you believe our food system needs to shift in a way that it can become more of a positive force and is more accessible to the very communities that we know are disproportionately impacted by some of the effects of our food system?

Dr. Robert E. G...: I think we have to align our food recommendations to our food subsidies. Right? And it's really important now because back in September, I had the great fortune of being invited to the White House Conference on Food, Hunger and Nutrition.

Mary Purdy: I saw that.

Dr. Robert E. G...: It's so cool. Right?

Mary Purdy: Amazing.

Dr. Robert E. G...: I'm just one guy who happens to be a chef. We have to align our food recommendations. We tell our kids and our society, "50% of your plate should be fruits and vegetables." Right? But only 4% of fruits and vegetables are a subsidy crop. And so farmers, these poor farmers ... By the way, the average age of a US farmer is 65 to 70 years of age. So, who's going to grow our food the next generation? Think about that. Right?

Farmers grow what they get paid for, right? And that usually is in the form of food subsidies. The government pays farmers to grow a certain type of food. Unfortunately, most of the food that they grow is not turned into actual food. It's actually turned into other things, processed foods, gasoline. And that's the reason why corn, soy, and wheat are high subsidies crops, but yet only 4% of fruits and vegetables are subsidized. So, we don't grow them, right?

And so, we have an overabundance of corn, soy, and wheat. What do you do with it? You put in other things. And I think it's important right now because the farm bill is up ... Every five years a farm bill. Which again, it's a huge fat bill, but it puts into perspective what we as a society want to invest our money in. And unfortunately, the way



Washington works and politics works is that people with big pockets get their agendas filled first and the rest fall [inaudible 00:27:31].

So, that's the first part. We have to align our food recommendation to our food subsidies. Also, I think education is very important and I think we have to clearly communicate what we need in a just food system. And we also notice that what's happening as people become more American, they find the American diseases. And so, I think that's the other thing that we have to be sensitive to the acculturation, but particularly immigrant communities because as an immigrant becomes more American, they catch up to us in terms of health diseases and problems. So, that's another important factor that I'd like to talk about on a part two, maybe. But a lot of things are happening right now after that White House conference that we have the power to navigate and create a new healthy food system that is just for all.

Mary Purdy: I believe that too. And I think that was a really hopeful moment this past fall when that conference occurred. And I want to touch on a few things that you mentioned with the subsidies and what that has done in terms of making these ultra-processed foods incredibly abundant, cheap and accessible to many communities, often people from lower socioeconomic backgrounds.

And so, really shifting where we are putting policies in place is one of the avenues that we can take. I want to explore some other avenues for people who might be out there listening. People who are in their healthcare profession, how can they, aside from being an advocate and an activist, which I think we all must be, what other steps can they take to bring the food as medicine concepts and philosophy and approaches into their practice, especially if people are just beginning to understand how profound this can be?

Dr. Robert E. G...: I would argue that in today's world, most registered dietitians, healthcare professionals know that healthy food equals healthy outcomes. Right? So, although the nutritional education is important for doctors, I don't think it's mandatory. I think enough doctors understand this connection, but now just want to implement it. And I think one of the things that we have to be careful in this movement of food as medicine, although I am the chief health officer of a food company called Performance Kitchen that designs medically tailored meals, I also want to be very mindful of the fact that the way medicine works is not throwing another prescription at a symptom, right?

This is really an important concept to consider because I do believe that we do need food as medicine interventions, like I mentioned before, medically tailored meals, produce prescriptions, grocery cards, all these things are very important and it should be covered benefit under Medicare and Medicaid. Right now, many Medicare Advantage programs have a medically tailored meal benefit with them.



Mary Purdy: Mm-hmm.

Dr. Robert E. G...: So, what I want really to happen at this point is to give clinicians the opportunity to go find food that patients that have a chronic disease are eligible for based upon their insurance.

So, this is a little bit of a plug, and I'm just going to be honest with it. So, Performance Kitchen has recently put out on our website a locator, a food locator. And based upon your ZIP code, it will determine what insurance company or Medicare Advantage company offers a medically tailored benefit for that patient. So, if you think the patient has a chronic medical condition and you've sent them to registered dietitians and they just need help getting meals, they can go to our website and plug in their ZIP code and find the insurance company that offers a medically tailored benefit to them.

Mary Purdy: That's fantastic.

Dr. Robert E. G...: That's important, right? Because I was just at another conference, the Food is Medicine Summit, and a couple of insurance companies were there, and they were saying that they're waiting for CMS, the Center for Medicare Services, to cover this as a benefit. And it's in the process right now. Jim McGovern out of Massachusetts has put in a bipartisan bill to get food is medicine covered by Medicare, but it's going to take time.

But today, 71% of Medicare Advantage companies have a medically tailored meal benefit on the books. All they have to do is tell their patients to use it. Equally important, the doctors have to understand that this is a covered benefit for many of their patients, and they just have to show them the way how to get this benefit. So, to your listeners out there, if you do have a Medicare Advantage program, call them and ask them if they have a medical tailored meal benefit on their books, and I guarantee you more than 60% of them do.

Mary Purdy: Excellent. Well, that's terrific advice because I think a lot of people don't know about that and are not taking advantage of it. For the consumer that might be listening out there that is interested in these concepts of food as medicine, you mentioned a prescription that you might be able to share with us at the end of this episode, what might that be and how might someone begin to put it into play?

Dr. Robert E. G...: One of the things is that I am in New York and people come to see us, right? But we need to scale this. And that's why actually right before COVID, we started working with a grocery store chain here in New York, to be their traveling chief wellness officer. And that's what led to the development of FRESH Med U. And



so, FRESH Med U is basically 800 pages of content, including PowerPoints, videos, everything else online. And we have a free course for the general public, but we have also [inaudible 00:33:02]. Right?

But that free course is a simple prescription that I'd like to share with your audience right now. So, we need a fresh start and FRESH is an acronym for what we believe are the five ingredients in our recipe to health. Food, when it comes to food, eat more plants. Relaxation, you need to relax for 10 minutes a day. Why? Because it takes 10 minutes for your relaxation response to tap into. Exercise at least 30 minutes a day. If you don't have time for 30 minutes a day, walk 15 minutes one way and then turn around and walk back.

Sleep, aim for seven to eight hours a night. And when it comes to happiness, other people matter. Those are the three most important words in the field of positive psychology. It's not the money, not the fame, but it's the people and the community you surround yourself with. And I'd like to close with my motto, when it comes to our health, it starts with food, but in the end, what we truly want in life is to be happy. And so, I'm happy to share that with all of you. So, that's my prescription.

Mary Purdy: I think that is a fantastic way to approach life in general and being happy can serve our health and there's so many different avenues to get there. Whatever it is for each individual can be modified to fit their life and their way of living.

So, where can people find you? I have a feeling that you've probably inspired a lot of folks to think differently about the way that we approach healthcare and living healthfully. Where can they go to get more information about who you are and what you do?

Dr. Robert E. G...: Yeah. So, our website is [freshmednyc](http://freshmednyc.com). You can Google FRESH Medicine. Within our website, we have this online school where I really urge everyone to take the free course. We dissect those five pillars a little deeper. In totality it's only 20 minutes, but I think those 20 minutes will give you enough of an idea of how simple really changing your life is. And again, it's about promoting behavior change. On socials we're FRESH Med NYC. If you're in New York, come by and say hello. We're in Midtown Manhattan.

Mary Purdy: All right. I'll take you up on that offer since my parents still live in New York City. So, I might do that.

Dr. Robert E. G...: For sure.

Mary Purdy: Well, thank you so much, Dr. Graham. Dr. Rob the Chef. It's been such a pleasure speaking with you, and I hope that many, many physicians and other healthcare practitioners will listen to what you have said, the experiences that you've



shared and will find inspiration and including these kinds of concepts into their own practices.

Dr. Robert E. G...: Awesome. Thank you so much for your time.

Mary Purdy: And I'll say lastly, [foreign language 00:35:33]. May the salutogenesis begin.

Dr. Robert E. G...: [foreign language 00:35:38].

Mary Purdy: [foreign language 00:35:38]. Thanks for tuning into this episode of The Good Clean Nutrition Podcast. If you like the podcast, we would really appreciate it if you would give it a five-star rating or a review on your favorite podcast platform like Apple Podcasts or Spotify, or give it a thumbs up if you are watching it on YouTube right now. Thanks so much for tuning in, and we will see you again next time.