

EDITORIAL

Lifestyle Is Not an Adjunct: Bringing Health Preservation Back to the Centre of Medicine

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Abstract

This editorial argues that lifestyle factors, including sleep, nutrition, physical activity, and emotional well-being, deserve a central, rather than adjunct, place in modern medicine. Chronic diseases such as cardiovascular disease, diabetes, obesity, and common mental disorders are shaped as much by daily habits as by biology, yet many health systems still organize care mainly around treating disease after it appears. Recent evidence shows that sleep quality, dietary patterns, and physical activity meaningfully influence metabolic, cardiovascular, and mental health outcomes, while historical frameworks, most notably Avicenna's concept of *hifz al-sihha*, anticipated this integrated view of health preservation centuries ago. The editorial calls for coordinated national policy: routine lifestyle assessment in primary care, dedicated training for health professionals, structured referral pathways, and rigorous evaluation of traditional preventive practices. It concludes that durable improvements in population health require treating lifestyle medicine as a foundation of clinical practice and public policy, not a supplementary recommendation.

Keywords: lifestyle medicine, health preservation, non-communicable diseases, preventive medicine, Avicenna, *hifz al-sihha*.

Lifestyle at the Centre of Medicine

Modern medicine has achieved remarkable success in diagnosing and treating disease. Yet many of the conditions that now cause the greatest burden of illness are chronic, develop over many years, and are closely linked to the way people live. Cardiovascular diseases, diabetes, obesity, some cancers, chronic respiratory diseases, and common mental disorders are influenced not only by biology, but also by sleep, diet, physical activity, emotional stress, social relationships, and the environment. The World Health Organization continues to identify unhealthy diet, physical inactivity, tobacco use, harmful alcohol consumption, and air pollution as major causes of non-communicable diseases (NCDs).[1] The question is no longer whether lifestyle affects health. The real question is whether health systems are prepared to treat lifestyle as a central part of medicine rather than as an optional extra.

The Emerging Evidence Base

Recent evidence makes this issue even more urgent. A 2026 systematic review and meta-analysis of Mendelian randomization studies found links between sleep characteristics and a wide range of cardiovascular, metabolic, neurological, psychiatric, inflammatory, and neoplastic conditions.[2] The findings should be interpreted carefully, but their overall message is clear: sleep is not simply a period of rest or lost working time. It is an active biological process that affects metabolism, immunity, appetite, cognition, emotional regulation, and recovery. Another 2026 systematic review found that behavioral sleep interventions may improve not only sleep itself, but also energy intake and some measures related to obesity.[3] A health service that routinely measures blood pressure and blood glucose, but rarely asks about sleep duration, sleep quality, timing, or

sleep disorders, is overlooking an important part of health.

The evidence on nutrition is equally important, although it also calls for a balanced interpretation. A 2026 meta-analysis comparing diet, exercise, combined lifestyle programs, and pharmacotherapy in adults with overweight or obesity found that lifestyle interventions improved the severity of metabolic syndrome and several cardio-metabolic outcomes.[4] Programs that combined diet and exercise showed particularly consistent benefits. At the same time, a 2026 Cochrane review reported that intermittent fasting may lead to little or no greater weight loss than standard dietary advice.[5] This does not mean that diet is unimportant. It means that long-term dietary quality, affordability, cultural suitability, and adherence are more important than fashionable labels. Lifestyle medicine should not replace scientific judgement with popular trends, nor should prevention be reduced to medication alone.

Physical activity also deserves a much stronger place in both clinical care and public policy. A 2026 umbrella review, including 63 reviews and more than 79,000 participants, found that exercise reduced symptoms of depression and anxiety across different populations and types of programs.[6] Another major review, based on 372 studies and more than 3.3 million people, showed that the mental health effects of physical activity depend partly on context.[7] Leisure time activity was most consistently linked with better mental health, while occupational, domestic, and transport related activity showed more mixed results. This distinction matters. Movement that is enjoyable, voluntary, social, and safe may not have the same effects as physically demanding work performed under stress. Nutritional interventions may also improve some measures of depression, anxiety, stress, and

diabetes related distress, although the evidence remains variable.[8] Among older adults, better sleep, higher physical activity, and healthier eating patterns have also been associated with greater life satisfaction.[9]

Avicenna and the Preservation of Health

This way of thinking is not entirely new. More than a thousand years ago, Avicenna placed *hifz al-sihha*, or the preservation of health, at the heart of medicine. His framework of six essential factors included air and environmental conditions; food and drink; movement and rest; sleep and wakefulness; mental and emotional states; and proper retention and elimination.[10] These ideas should not be treated as if they directly predicted every modern scientific discovery, and historical authority should never replace clinical evidence. Still, the overall framework remains strikingly relevant. Health is shaped every day by the conditions in which people live. In modern terms, Avicenna's message can be understood simply: when sleep, nutrition, physical activity, and other basic conditions of life remain seriously disturbed, lasting health becomes difficult to achieve.

Gaps in Current Health Systems

It is therefore concerning that these factors still receive limited attention in many health systems. Care is often organized around diagnosing and treating disease after it has already developed. A patient may receive advanced imaging, extensive laboratory tests, and several medications, while sleep, eating patterns, physical activity, stress, social isolation, and daily routines are barely discussed. This is not mainly the fault of individual physicians. Short consultations, limited training, weak referral systems, poor reimbursement, and unhealthy social environments all make effective lifestyle care

difficult. Telling patients to “eat better,” “exercise more,” or “avoid stress” is not enough. Real lifestyle care requires proper assessment, personalized planning, behavior change support, follow up, and access to a multidisciplinary team.

Toward a National Program

Iran's Ministry of Health and Medical Education should therefore develop a coordinated and adequately funded national program for *hifz al-sihha* and lifestyle medicine. Primary care should include routine assessment of sleep, diet, physical activity, sedentary behavior, emotional health, tobacco exposure, social connection, and important environmental risks. Medical and allied health education should provide practical training in lifestyle assessment, nutrition, sleep health, exercise prescription, behavior change, and prevention. Referral pathways should connect patients with dietitians, psychologists, exercise specialists, sleep services, and properly trained traditional medicine practitioners who work within clear scientific and professional standards. Such a program should also be evaluated through meaningful indicators, including changes in lifestyle behaviors, metabolic risk, mental well-being, health inequalities, and avoidable use of healthcare services.

Beyond the Clinic

However, clinical care alone will not be enough. Food policy, school schedules, urban planning, workplace conditions, air quality, public transport, and access to safe places for physical activity all shape health. Governments should not place the full responsibility for prevention on individuals while allowing environments that encourage poor sleep, inactivity, unhealthy eating, chronic stress, and social isolation.

Traditional medical knowledge also deserves careful and disciplined study. Preventive recommendations from Persian medicine, traditional Chinese medicine, and other established systems should be systematically reviewed and tested. Practices that are safe, plausible, culturally meaningful, and potentially helpful should be studied through well designed clinical and implementation research. Practices that prove ineffective or unsafe should be rejected. Integration should be based neither on uncritical admiration nor on automatic dismissal, but on evidence, safety, feasibility, and public benefit.

Conclusion

The treatment of disease will always remain an essential duty of medicine. But medicine also has a responsibility to preserve health before disease develops. Current evidence supports routine attention to sleep, nutrition, physical activity, and emotional well-being. Avicenna's framework reminds us that these are not separate lifestyle tips, but connected parts of daily life. Future research should identify which interventions work best, for whom, and under which cultural and socioeconomic conditions. The International Review of Lifestyle Medicine can provide an important forum for this work through systematic reviews, pragmatic trials, implementation studies, policy analysis, and critical evaluation of traditional health preservation practices. The main message is simple: lifestyle is not an adjunct to healthcare; it is one of its foundations.

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