



Let Food Be Thy Medicine

Seamus Mullen grew up on a farm in Vermont and trained as a chef in Spain. By his mid-30s, he was a New York City restaurateur, earning rave reviews and celebrity attention.

He also was a physical and mental wreck.

“My body was just falling apart at the seams,” says Mullen, known for appearances on TV shows such as *The Next Iron Chef* and *Chopped*.

The once-athletic Mullen had been diagnosed with rheumatoid arthritis (RA), a chronic inflammatory autoimmune disease that causes pain, swollen joints, and severe fatigue—and requires patients to take medications that dampen the immune system. He’d also endured two spinal surgeries, a pulmonary embolism, and a nearly fatal bout of bacterial meningitis. He walked with a cane, weighed far too much, and was reduced to using his beloved racing bike as wall décor.

“My mindset was, I don’t have time to be sick, so just tell me what medication to take,” he says. After each crisis, he dutifully took his medicines and “went back to my normal state of being, which was pretty terrible but functional,” he says.

After a particularly harrowing two-week hospitalization in 2011, Mullen says, “I realized that something had to change.”

And that something started with his diet.

Despite his training, the chef, like many of us, was eating a lot of junk: indulging in potato chip cravings and gulping down pizza, pasta, ice cream, or whatever he could find in the wee hours after

work. He says he knows now that he was eating and living in a way that made his problems worse.

Today, Mullen is a firm believer in the idea of “food as medicine”—that the foods we choose can play a central role in the prevention and treatment of illness. He’s written two books, *Real Food Heals* and *Hero Foods*, to spread the word.

“There is no illness on the planet that doesn’t benefit from a healthy relationship with food,” he says.

In his case, Mullen says, the benefits have been life-changing. Now, he says he’d like to see another change: a healthcare system that recognizes the healing power of a well-planned meal.

That’s a goal that an increasing number of healthcare professionals heartily endorse.

Food as Medicine

The idea that food has medicinal power is hardly new. Hippocrates, the ancient Greek physician, supposedly once said, “Let food be thy medicine and medicine be thy food.”

It’s a concept that “Western medicine forgot” for a while, says James Gordon, founder and executive director of the nonprofit Center for Mind-Body Medicine in Washington, DC. Gordon, who is a psychiatrist and a clinical professor at Georgetown Medical School, says, “We are now starting to recover that understanding.”

For the past 20 years, Gordon’s center has offered food-as-medicine training programs to health professionals, educators, and others. Gordon devotes a full chapter of his latest book, *The Transformation: Discovering Wholeness and Healing After Trauma*, to the power of diet for people recovering from trauma.

“Certainly, 30 years ago, anybody who was talking about nutrition in medicine was looked at quite skeptically by the medical establishment,” Gordon says. “There’s still skepticism, but also more interest in investigating.”

While experts debate the details of exactly what to eat, even the most mainstream medical organizations now include diet in guidelines for treating conditions such as heart disease and type 2 diabetes.

For example, the American Heart Association says that people with mildly elevated blood pressure should exercise more and change their diets—adding fruits, vegetables, and whole grains, and limiting salt and sugar—before trying medication. Cancer patients also are urged to eat healthfully during and after treatment to aid recovery and help prevent recurrences. The American Institute for Cancer Research recommends survivors focus on a plant-based diet. The group also says that obesity, fueled by junk-food diets full of sugar and fast foods, is an important cause of inflammation, an underlying cancer cause.

Meanwhile, Gordon says evidence is growing around the role of diet in treating mental health

conditions, such as depression, anxiety, and post-traumatic stress disorder.

Despite the evidence, he says, “Nutrition is not taught or is very scantily taught in most medical schools.”

And all those dietary guidelines? Patients are lucky, he says, if they get a fact sheet about them from their doctors—much less detailed information about how to incorporate them into their lives.

Translating Science to Action

There are places, though, where the science of food and health is making its way into the healthcare system’s bloodstream and onto patients’ plates.

“I see patients all the time with diabetes and hypertension. I prescribe them medicine and tell them this is just half of the equation,” says physician Rita Nguyen, an assistant clinical professor of medicine at the University of California San Francisco and an assistant health officer at the city’s public health department.

But Nguyen and her colleagues don’t stop at handing out a few diet tips. Instead, they invite many of their patients to weekly “food pharmacies.” The Saturday events are set up like farmers’ markets, with tables of fresh produce, cooking demonstrations, and samples of spices, olive oil, and other healthy staples. Participants also can speak with dietitians and get information on food assistance programs. A local food bank and several business partners donate the goods.

Nguyen also is part of a research project in which patients with heart failure spend two months eating only meals carefully designed for them by dietitians. Such “medically tailored meals” have been shown to improve diabetes control and increase HIV medication adherence in previous studies. One big question is whether such short-term interventions can permanently shift eating habits, Nguyen says.

Change also has come to some of the nation’s medical schools. At Loma Linda University Medical School in California, all students learn about incorporating diet and other lifestyle factors into treatment plans, says Brenda Rea, an assistant professor of preventive and family medicine. The university is also one of a few in the nation with a residency program in lifestyle medicine.

Rea, a physician, says she became passionate about the need to help patients change their diets in her first career as a physical therapist seeing stroke survivors. “I saw my patients coming in with second heart attacks, third heart attacks, second strokes,” she says. Many of those people, she says, got no help with their diets.

A Chef Heals Himself—with Food

For Seamus Mullen, the turning point came after he was hospitalized for bacterial meningitis, suffering from a brain-boiling 106-degree fever and terrible headaches. He recalls a classic near-

death experience: “My body, my internal organs, everything started shutting down,” he says, and then he felt himself drifting toward a “peaceful light.” He believes he willed himself back to consciousness.

After recovering, Mullen went back to his daily routines, taking medications that warded off painful RA flare-ups but left him in a low-energy daze. Mullen now believes that many of his health problems stemmed not only from the bodywide inflammation associated with RA, but also from a gut ravaged by multiple infections and antibiotic treatments.

Until that point, he says, none of his doctors had said much about his diet. Then a friend introduced him to a new doctor, a specialist in integrative medicine—a field that combines conventional and alternative approaches. He convinced Mullen to fight for his health with a familiar weapon: his fork.

With the doctor’s guidance, Mullen made major changes, cutting added sugar and refined carbohydrates and loading up on colorful vegetables and what he calls “good fats and proteins”—foods such as wild seafood, avocados, and nuts.

For a while, Mullen says, he took pictures of everything he ate and learned which foods made him feel best. He learned, he says, that he can’t eat much dairy and should stay away from gluten—the proteins in wheat and some other grains that cause trouble for people with celiac disease and other forms of gluten intolerance.

He also learned to load up on foods that feed healthy gut microbes, including cruciferous vegetables and fermented foods such as sauerkraut and kefir.

HEALTHY HABITS

Changing your health through food is about more than what you eat. How you eat matters too. Here are some of Seamus Mullen's tips:

- Set aside time to eat proper meals, ideally with friends and family. That means eating at a table, not on the couch or in your car. Put away electronics, too.
- Savor the meal. Eat slowly, take breaks, and give your body a chance to notice when you are full.
- Don't feel compelled to clean your plate. There's nothing wrong with saving leftovers—even if it's just a small amount—for the next day.
- Forget metrics. Counting calories and tracking pounds can contribute to a love-hate relationship with food.
- Eat only when you are hungry—and let yourself get a little hungry between meals. You want to avoid mindless snacking.

"It was six months before I noticed any difference, but when I did, it was radical," he says. "I went from not being able to get out of bed without having extreme pain in my hands and feet to one day walking down the stairs and not having any pain at all—and only realizing it when I was halfway down."

He also started losing weight—lots of it, eventually totaling 70 pounds. “My objective was to feel better,” he says. “Weight loss was an unintended side effect.”

At the same time, Mullen started prioritizing sleep and exercise. Soon, his racing bike came off the wall, and in 2014, he raced in La Ruta de los Conquistadores, a difficult three-day trek across Costa Rica.

By then, Mullen says he had achieved an even more unlikely goal: He had lost all symptoms and biological markers of RA and no longer needed painkillers or drugs to suppress his immune system and fight inflammation. He says he remains free of RA signs today.

Mullen concedes that not everyone who follows his lead will see such dramatic changes: “Everyone is an individual.”

In fact, while many patients with RA report symptom improvements after dietary changes, research has not proven a cause and effect relationship, says Marcy O’Koon, senior director for consumer health at the Arthritis Foundation. She says there’s no research suggesting diet is a “substitute for disease-modifying drugs,” but “that doesn’t mean diet has no influence.” And it’s quite likely, she says, that weight loss helps, because body fat has proven inflammatory effects. In general, she says, it’s smart to eat lots of vegetables, fiber, and healthy fats, including inflammation-fighting omega-3 fatty acids found in nuts and fish.

Mullen, who now lives in California and works as a podcaster and nutritional consultant, says he has no doubts that changing his diet totally transformed his life. In his most recent book, *Real Food Heals*, he puts it this way: “Each day, I feel a little bit stronger, a little bit more complete. This experience has been nothing short of a miracle for me.”

Legal Notice

This material is intended to be informational only and does not constitute legal, accounting, or tax advice. Please consult the appropriate legal, accounting, or tax advisor if you require such advice. The opinions expressed in this report are subject to change without notice. This material has been prepared or is distributed solely for informational purposes. It may not apply to all investors or all situations and is not a solicitation or an offer to buy any security or instrument or to participate in any trading strategy. The information and statistics in this report are from sources believed to be reliable but are not guaranteed by CAPTRUST Financial Advisors to be accurate or complete. All publication rights reserved. None of the material in this publication may be reproduced in any form without the express written permission of CAPTRUST: 919.870.6822.



CAPTRUST

© 2026 CAPTRUST Financial Advisors