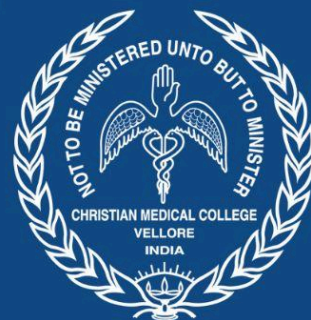


CHRISTIAN MEDICAL COLLEGE VELLORE

DEPARTMENT OF MEDICINE 4 (LIFESTYLE MEDICINE) & DISTANCE EDUCATION UNIT



POST GRADUATE DIPLOMA IN LIFESTYLE MEDICINE (PGDLM)

PROSPECTUS 2025-26

PROSPECTUS

2025-26



Post Graduate Diploma in Lifestyle Medicine (PGDLM)

One-Year Blended Learning Distance Education Course
For upskilling MBBS/MD/MS/DM/MCH Doctors and Associates

**ADMISSION TO THIS COURSE IS SUBJECT TO APPLICABLE
REGULATIONS BY THE CMC ADMINISTRATION**

Admission to CMC VELLORE is through the process described in this prospectus. No fee or donation or any other payments are accepted in lieu of admission, other than what has been prescribed in this prospectus.

Therefore, the General Public is cautioned not to be lured by any person / persons offering admission to any of the courses conducted by CMC. Should any prospective candidate be approached by any person / persons, this may immediately be reported to the law enforcement agencies for suitable action and also brought to the notice of the College at the following address:

Distance Education Unit,
Christian Medical College,
No. 95, Balanilayam, Sanjeevipuram, Bagayam,
Vellore - 632 002.

Phone No: 04162285590
Mobile No: +91 9498749931
Email: pgdlm@cmcdistedu.org

WEBSITE

<http://courses.cmcdistedu.org/#pgdlm>

Please note

We do not admit students through agents or agencies. The college will not be responsible
for any dealings with such a person(s).

IMPORTANT INFORMATION

The purpose of this course is to impart knowledge and provide skills upgradation in Lifestyle Medicine for doctors and associates at the primary, secondary and tertiary level. This is not equivalent to any postgraduate residential courses in internal medicine or other specialty such as MD / DNB. Currently, this course is not affiliated to any university nor recognized by the MCI / NMC. PGDLM certificate cannot be used as a post-nominal designation.

1. PREAMBLE

Christian Medical College (CMC) was established to address critical health gaps by providing medical care to women with limited access to healthcare. Staying true to this legacy, CMC continues to play a vital role in bridging health disparities across the country—an ongoing commitment reflected in its mission and vision.

Today, one of the most pressing health challenges facing India and the world is the growing pandemic of chronic non-communicable diseases (NCDs), largely driven by unhealthy lifestyle practices. The death rate attributed to non-communicable diseases (NCDs) has nearly doubled over the past three decades, rising from 36% in 1990 to 65% in 2019. More than 15 million deaths attributed to NCDs occur between the ages of 30 and 70 years. Of these “premature” deaths, 85% occur in low- and middle-income countries. Current estimates reveal an alarming national prevalence of lifestyle-related risk factors, including diabetes and prediabetes (35%), hypertension and prehypertension (78%), dyslipidemia (81%), and abdominal obesity (40%). Based on data from the Global Burden of Disease (GBD) Study and the World Health Organization (WHO), the top 4 lifestyle-related risk factors contributing to cardiovascular disease (CVD) deaths globally are unhealthy diet, tobacco use, sedentary lifestyle, and obesity.

NCD are typically lifelong conditions that contribute substantially to the nation’s morbidity, mortality, and economic burden. The global strategy for addressing non-communicable diseases (NCDs) currently emphasizes early detection and timely treatment to prevent complications. However, lifestyle modification offers far-reaching benefits—not only in improving disease control but also in reversing disease progression and preventing complications—while remaining cost-effective for both individuals and governments. Despite its importance, adherence remains a challenge: medication compliance ranges from 42% to 51%, while adherence to lifestyle changes varies between 32.9% and 62.8%.

The emerging specialty of Lifestyle Medicine offers a vital response to the growing crisis of non-communicable diseases (NCDs). Rooted in evidence-based practice, Lifestyle Medicine is a discipline within modern medicine that addresses the root causes of disease through therapeutic lifestyle interventions. These include a whole-food, plant-predominant diet, regular physical activity, restorative sleep, effective stress management, avoidance of risky substances, and fostering positive social connections as foundational modalities.

Formally introduced by the American College of Lifestyle Medicine in 2004, the field has since gained global momentum. Today, more than 30 countries have established national Lifestyle Medicine organizations under the umbrella of the **Lifestyle Medicine Global Alliance**, including the **Indian Society of Lifestyle Medicine**. In support of standardizing this specialty, international certification pathways have also been developed.

The **Government of India (GOI)** has echoed this shift by placing health as a national priority. Initiatives such as *Eat Right India*, the *School Health Program*, and the transformation of primary health centers into *Health and Wellness Centers (HWCs)* reflect its commitment to a *Swasth Bharat (Healthy India)*.

In alignment with these developments, **Medicine Unit 4 at CMC Vellore** initiated a Lifestyle Medicine team in February 2013, in collaboration with the departments of Dietary Services,

Physiotherapy, Mental Health, Social Work, Chaplaincy, and other clinical specialties. The team began with a dedicated **Wellness Clinic**, followed by a 5-day tobacco cessation program with the Department of Dentistry, a monthly **Breast Cancer Survivorship Program** with Radiation Oncology, Quarterly health camps and webinars for the public and an **8-week lifestyle training program** for postgraduate trainees and interns.

The department also supervises a growing number of research projects in Lifestyle Medicine involving undergraduate students, interns, postgraduates, and faculty members. Presently, **four faculty members** are Diplomates of the **International Board of Lifestyle Medicine (IBLM)**, and four others have completed or are currently enrolled in the **Postgraduate Diploma in Lifestyle Medicine (PGDLM)**.

A needs assessment conducted among physicians enrolled in a CMC Distance Education course found that **49 out of 64 respondents** expressed interest in joining a PG Diploma in Lifestyle Medicine—highlighting a significant demand for structured training in this field.

This course is well aligned with **CMC's vision and mission**. The PGDLM aims to equip doctors and healthcare associates to deliver clinical services, engage in teaching, and initiate research in Lifestyle Medicine. There is a pressing need to develop specialists whose clinical practice is rooted in Lifestyle Medicine, as well as to empower physicians and surgeons from all disciplines to integrate lifestyle-based approaches into their routine care.

The proposed PGDLM seeks to meet this need.

2. ELIGIBILITY CRITERIA

This course is open to Indian citizens residing in India and non-residential indians (NRI)

- a. **Doctor:** A minimum of MBBS degree.
 - b. **Associate:** Allied health professional (Nurse, Dietitian, Physiotherapist, Occupational therapist or Clinical Psychologist).
1. All candidates must possess a valid MBBS degree certificate or equivalent. (Provisional MBBS certificates shall not be considered/accepted). Candidates possessing higher degrees, diplomas, or fellowships may also apply.
 2. All candidates must possess a valid MCI / NMC / State Medical Council registration.
 3. The MBBS doctor is the primary applicant for this course. Application for this course must be as a team – doctor together with an Allied Health Professional (Nurse, Dietitian, Physiotherapist or Clinical Psychologist) who will be referred to as “Lifestyle Medicine Associate.” Neither the MBBS doctor nor the “Lifestyle Medicine Associate” can apply independently for this course.

4. In case the MBBS Doctor or the “Lifestyle Medicine Associate” has previously enrolled for any of the other distance courses run by the Distance Education Unit, CMC Vellore, it is mandatory that the candidate have fulfilled all requirements and graduated from the previously enrolled course before applying for PGDLM. A candidate cannot be enrolled simultaneously in more than one course run by the Distance Education Unit, CMC Vellore.

Applicants, please note that the above criteria are mandatory for admission to the course.

3. MAXIMUM INTAKE OF STUDENTS ANNUALLY

Total number seats for students - 60 (i.e. 30 pairs - Doctors: 30 and Associates: 30)

4. COURSE DURATION: One Year

This is a one-year blended learning distance education course which is both self-paced self-learning and has in-person contact sessions.

5. COURSE OBJECTIVES

To equip the lifestyle team (Physician and Associate) with the...

1. Evidence-based knowledge regarding a healthy lifestyle.
2. Skills in behavior change, culinary arts, physical fitness, disease reversal and community wellness.
3. Team-based approach in providing holistic health care.
4. Skills in assessment, intervention and monitoring.

Knowledge and skills to be acquired by the student on completion of the course

A. Contents of the course

1. Introduction to Lifestyle Medicine
2. Behavioral change
3. Nutrition Concepts
4. Nutritional and lifestyle assessment, prescription and monitoring
5. Reading food labels
6. Physical activity & exercise
7. Mental and emotional wellness
8. Social connectedness and wellness
9. Spiritual wellness

10. Digital health and lifestyle medicine
11. Community-based wellness programs
12. Disease-based lifestyle practice
13. Research Methods in Lifestyle Medicine

B. Skills

1. To be able to use an evidence-based lifestyle approach as the first level or foundation of care for treating patients with chronic disease.
2. To involve a holistic approach to patient care, focusing on lifestyle factors that can impact health outcomes and using evidence-based interventions to prevent and manage chronic diseases.
3. To be able to conduct comprehensive assessment of their patients and identify areas for improvement in their lifestyle by addressing the physical, emotional and social factors that contribute to overall health and wellbeing.
4. To be able to counsel patients on behavior change techniques such as goal setting, motivational interviewing, self-monitoring and problem solving.
5. To be able to prescribe personalized lifestyle interventions including diet, physical activity, stress management and sleep tailored to their patients unique needs, preferences and goals.
6. To be able to help patients identify and overcome barriers to change and provide support and guidance throughout the change process.
7. To be able to provide education and support to clients to help them make sustainable lifestyle changes.
8. To be able to monitor and follow-up clients' progress and provide feedback on their progress towards achieving their goals. Various tools may be used such as questionnaires, tracking logs, or wearable devices, to monitor progress and identify areas for improvement.
9. To be able to begin advocating for a health-promoting lifestyle in the community.

C. Establishment of a lifestyle medicine care team

One of the core objectives of this course is to create lifestyle medicine practice teams. It is for this reason that every doctor has been asked to enroll along with an Allied Health Professional. To achieve the goal of creating lifestyle medicine practice teams, the course has been specifically designed to foster team building. Course materials have been appropriately designed to meet the learning needs of both the doctors and the lifestyle medicine associate.

Lifestyle modification is very important in the prevention, management, and at times reversal of the lifestyle-related disease process. These are most effectively administered by a team whose members are appropriately trained and are role models. Therefore, an integrated management plan that involves a team, initially made up of a Doctor and Associate will greatly benefit patients and communities who are seeking to take more control of their health and reduce their chronic disease burden.

6. SELECTION PROCESS

- Up to 40% of the seats in the course will be reserved for women
- Up to 50% of the seats will be reserved for sponsored candidates (*See Annexure-I*)
- There is no Entrance Test.
- The selection process is based on the above guidelines.

Weightage in selection will be given to those

- In practice for over 5 years
- In Christian Mission Hospitals, rural practice, Medical College, and those working in areas of need (*See Annexure-II*)
- With a passion for setting up lifestyle medicine services in their work areas.

Note: The final selection of all qualified candidates is at the discretion of the Selection Committee. Any attempt by the candidate or their relatives to influence the admission process can lead to the disqualification of the candidate.

7. COURSE COMPONENTS

- Self-paced self-learning interactive online modules
- Online assignments with each module including workbook activity and quizzes
- Two ‘Contact Programs’ - periods of intensive interactive onsite sessions using flipped classroom methodology
- Project Work

7.1 Self-paced self-learning components

The content of the course is designed in the form of interactive online self-learning modules. These are released to facilitate self-paced learning at periodic intervals of approximately 3 to 4 weeks (except during the contact program periods). There will be workbook activities (WBA) and MCQ format quizzes released with each module to test learning.

Self-learning modules will cover the following:

MODULE	TOPIC	SUB -TOPICS
1.	Lifestyle Medicine - Introduction	<ol style="list-style-type: none"> 1. Importance of lifestyle medicine 2. Epidemiology of lifestyle medicine 3. Common pathophysiology of lifestyle diseases 4. Role model & advocate of the practitioner
2.	Behavior Change	<ol style="list-style-type: none"> 1. Definition & theoretical background 2. Preparedness for behavior change 3. Techniques of behavior change 4. Sustaining behavior change
3.	Nutrition -1	<ol style="list-style-type: none"> 1. Nutritional science 2. Macronutrients - Carbohydrates 3. Macronutrients - Proteins 4. Macronutrients - Fats
4.	Nutrition -2	<ol style="list-style-type: none"> 1. Micronutrients – Vitamins & Minerals 2. Phytonutrients 3. Dietary fiber 4. Water
5.	Nutrition – 3	<ol style="list-style-type: none"> 1. Nutritional and lifestyle assessment 2. Nutritional and lifestyle prescription 3. Nutritional and lifestyle monitoring 4. Nutrition Education
6.	Physical Activity	<ol style="list-style-type: none"> 1. Introduction and definition 2. Assessment and screening 3. Prescription and guidelines 4. Counseling, monitoring & setting up a gym
7.	Mental and Emotional Wellness	<ol style="list-style-type: none"> 1. Sleep - role in health & disease 2. Addictions - classification & mechanism 3. Positive psychology and resilience 4. Counseling and coaching
8.	Social Connectedness	<ol style="list-style-type: none"> 1. Overview of social wellness 2. Social connectedness 3. Intervention model towards social wellness 4. Shared medical appointments and group dynamics
9.	Spiritual Wellness	<ol style="list-style-type: none"> 1. Introduction and overview 2. Physician as a spiritual caregiver 3. Spiritual distress and assessment 4. Spiritual care
10.	Digital Health & Community-Based Program	<ol style="list-style-type: none"> 1. Introduction and scope 2. Digital health assessment & management 3. Digital health & its role in health 4. Community-based programs

11.	Disease-based Approach Lifestyle	1. Cardiovascular diseases 2. Metabolic diseases 3. Inflammatory & infectious diseases 4. Malignant diseases
12.	Lifestyle research and publications	1. Introduction and study design 2. Measure of disease frequency and risk 3. Interpreting study results 4. Introduction to systematic review

7.2 Interactive sessions

There will be two onsite contact programs, which are described below.

Onsite Contact Programs

The contact programs form a very important part of the course. Candidates will be required to attend two compulsory contact programs during the course period. These are full-day sessions using flipped classroom methodology.

Contact session-1	1 week	Contact session-2	1 week
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The first contact program will take place after the completion of the first five online modules. The second contact program will happen towards the end of the course. A wide range of teaching methods are employed by the teaching team, such as demonstrations, interactive discussions, drama, role-plays, debates, quizzes, and team-based learning strategies. The students will also have opportunities to interact with the faculty of the course, who will share their experiences in the practice of lifestyle medicine in their various contexts.

Note: 100% attendance by both team members in the contact programs is mandatory for course completion.

In order to be eligible to attend

- Contact Program 1, both team members must successfully complete all the online assignments till module 5.
- Contact Program 2, both team members must successfully complete all the remaining assignments as well as the project. Contact programs should be attended sequentially. If a contact program is missed, the team will need to attend it with the next cohort in the following year.

List of Skills taught during the contact programs:

Clinical skills

1)	Wholistic history taking in patients with lifestyle diseases (NCDs)
2)	Motivational interviewing
3)	Communication skills
4)	Coaching skills
5)	Physical assessment - anthropometric
6)	Behavior change techniques
7)	Culinary skills
8)	Physical exercise
9)	Community and Health Camps Education
10)	Digital health applications

8. ASSESSMENTS

The assessments are both formative and summative. These assessments are essential for course completion. Both doctors and associates are required to complete these assessments.

8.1 Formative Assessments:

1. **Assignments:** Every online module includes assignments consisting of workbook activities and MCQ quizzes. The Workbook is designed to demonstrate understanding and application of concepts presented in each unit that can be applied personally and to patients. These assignments are to be submitted periodically prior to the due dates.
2. **Team dynamics and participation** - Each team will be assessed based on their active participation in various course components.
3. **Review Tests** during the Contact Programs.

8.2 Summative Assessments:

1. **Project work:** The team of the doctor and associate are required to complete a project together in order to be eligible to graduate. The project work is designed to help the student team to apply their learning into real-world practical contexts that they will have to work together in.
2. **Final summative assessment:** This includes both a theoretical and a practical component and will be conducted at the end of the course period.

9. CRITERIA FOR THE AWARD OF PGDLM

A candidate should fulfill the following criteria for the successful completion of the course. Both members of the team, the doctor and the associate, need to pass in order to complete the course successfully. The criteria to pass in each component are as follows:

50% IN FORMATIVE ASSESSMENT	100% ATTENDANCE DURING Contact Program	50% IN PROJECT WORK	50% IN SUMMATIVE ASSESSMENT (excluding project)
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Both the doctor and the associates should pass in order for the degree to be awarded. The doctor will be awarded PGDLM, and the associates will be awarded a certificate as a Lifestyle Medicine Educator.

10. ALUMNI ENGAGEMENT

Student teams who graduate will have the opportunity to become part of the PGDLM alumni community with access to the modules and various opportunities to engage with the teaching team and other alumni.

11. COURSE FEES

Outlined below are the fees for the single application and course for both the doctor and associate combined.

S.No.	Description	Indian (INR)*	NRI (USD)**
1.	Application fees	Rs. 1,000	USD 60
2.	Course Fees		
	a. Study Material Cost (online material, videos, Contact program materials)	Rs. 45,000	USD 1300
	b. Tuition fees (Content delivery and training)	Rs. 30,000	USD 850
	c. Administrative cost	Rs. 15,000	USD 450
	Total Course Fees	Rs. 90,000	USD 2600

***INR is Indian National Rupee**

****USD is United States of America Dollars**

***NRI - Non-resident Indian**

Application and Course fees, once paid, will not be refunded for any reason.

Note:

Scholarships: Limited scholarships are available for those who need financial assistance. Further information can be obtained by sending an email to [**pgdln@cmcdistedu.org**](mailto:pgdln@cmcdistedu.org)

12. SUBMISSION OF APPLICATION

Online Application Process

Applications for the PGDLM course are available online on the admissions webpage. The application has to be submitted with a **non-refundable application fee**.

To apply, click on the link <http://courses.cmcdistedu.org> and ensure that all fields are filled completely.

The following are required to be uploaded along with the application form:

1. Soft Copy of Recent Photograph

- The photograph must be in colour and a plain background is recommended.
- Image should be in JPG, JPEG, or PNG format with specifications - width 3.5 x 4.5 cm and less than 250 KB.

2. Soft Copy of Certificates

Scanned copy of the certificates that are to be uploaded includes the following:

- MBBS degree certificate
- MCI or State Medical Council Registration Certificate
- MCI Screening test certificate (if the candidate has completed MBBS abroad)
- Scan the certificates using a scanner at 200 pixels per inch (dpi).
- Ensure that the PDF file size is between 50 KB and 500 KB.
- **Only PDF files will be accepted.**

Mode of Payment

Online payment: Use a credit card/debit card / net banking / UPI

When using a credit/debit card, if the transaction is not successful, but the amount is debited from your account, please wait for two working days. The transaction is likely to be completed during this period. **If the transaction is not complete within this period, please contact us at [**forms@cmcdistedu.org**](mailto:forms@cmcdistedu.org)**

Payment mode for NRI: The payment can be made through the wire transfer mode. After submission of the application form, you will be redirected to the page where you can download the wire transfer documents. The currency exchange rate shall be the market rate as of the date of the payment

FOR ANY CLARIFICATIONS, PLEASE CONTACT THE DISTANCE EDUCATION UNIT OFFICE.

Email: pgdln@cmcdistedu.org

N.B.: THE INFORMATION PROVIDED ON THE APPLICATION FORM WILL BE TAKEN AS FINAL. NO CHANGES WILL BE PERMITTED.

ANNEXURE I

List of sponsoring bodies and churches of the CMC Vellore Council

- | | |
|--|--|
| 1. Andhra Evangelical Lutheran Church | 33. Khasi Jaintia Presbyterian Church Synod |
| 2. Arcot Lutheran Church | 34. Kolhapur Church Council |
| 3. Assemblies of God in North India | 35. Malankara Jacobite Syrian Orthodox Church |
| 4. Baptist Church of Mizoram | 36. Malankara Orthodox Syrian Church
Catholicate of the East |
| 5. Chaldean Syrian Church of the East | 37. Marathi Mission |
| 6. Christian Assemblies in India | 38. Mar Thoma Syrian Church of Malabar |
| 7. Christian Service Society of the Bengal- Orissa -
Bihar Baptist Convention | 39. Mennonite Medical Board of the Mennonite
Church in India. |
| 8. Church of North India, Nagpur Diocese | 40. Methodist Church in India |
| 9. Church of North India Synod - The Synodical
Board of Health services | 41. Mizoram Presbyterian Church Synod |
| 10. C.S.I. Coimbatore Diocese | 42. North Bank Baptist Christian Association |
| 11. C.S.I. Kanyakumari Diocese | 43. Poona Christian Medical Association |
| 12. C.S.I. Karimnagar Diocese | 44. Salvation Army South Eastern India Territory |
| 13. C.S.I. Karnataka Diocese Inter Diocesan
Medical Board | 45. Salvation Army South Western India Territory |
| 14. C.S.I. Madras Diocese | 46. Salvation Army Western India Territory |
| 15. C.S.I. Madhya Kerala Diocese | 47. Samavesam of Telugu Baptist Churches |
| 16. C.S.I. Madurai-Ramnad Diocese | 48. Southern Asia Division of Seventh Day
Adventists |
| 17. C.S.I. Medak Diocese | 49. Tamil Evangelical Lutheran Church |
| 18. C.S.I. North Kerala Diocese | 50. U.P. Regional Board of Health Services |
| 19. C.S.I. Rayalaseema Diocese | 51. The Leprosy Mission |
| 20. C.S.I. South Kerala Diocese | 52. Christoffel Blinden Mission |
| 21. C.S.I. Trichy-Tanjore Diocese | 53. C.S.I. Jaffna Diocese |
| 22. C.S.I. Tirunelveli Diocese | 54. International Mission Board, Southern Baptist
Convention |
| 23. C.S.I. Vellore Diocese | 55. South East Asia Union Mission of SDA
Singapore |
| 24. Council of Baptist Churches in North East
India | 56. United Mission to Nepal |
| 25. Council of Christian Hospitals | 57. Christian Medical College, Vellore |
| 26. Eastern Regional Board of Health Services | 58. College of Nursing, CMC |
| 27. Emmanuel Hospital Association | 59. Undergraduate College Sponsorship for
Christians |
| 28. Evangelical Lutheran Church in Madhya
Pradesh | |
| 29. Gossner Evangelical Lutheran Church | |
| 30. India Evangelical Lutheran Church | |
| 31. Inter Ashram Fellowship | |
| 32. Jeypore Evangelical Lutheran Church | |

ANNEXURE II

a. Definition of Mission Hospitals:

1. Hospitals under Sponsoring bodies and churches of CMC Vellore Council
2. Hospitals under Christian Organizations/institutions not mentioned in Annexure I
3. Hospitals under Catholic Organizations/institutions

b. Definition of “Areas of need”:

Category Sub-type	Description of the area of need
1A	Doctors presently working / have worked in these specified states: Arunachal Pradesh, Assam, Meghalaya, Manipur, Mizoram, Nagaland, Sikkim, Tripura, Odisha, Andaman & Nicobar Islands, Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chhattisgarh, Bihar, Jharkhand, Jammu, & Kashmir, Ladakh, Himachal Pradesh, Rajasthan, Lakshadweep
1B	Doctors presently working / have worked in Government / Quasi Government (including Armed Forces etc.)
1C	Doctors presently working / have worked in Registered NGO hospitals (includes NGOs working with need-based health spheres such as HIV home care, Palliative care, Geriatrics, Rehabilitative care, Mental health, etc. or involved in tribal / rural work/work in slums)

ANNEXURE - III

Letter from head of Hospital to be provided as per format given below:

Format of Certification to be filled by the Head of the Hospital / Institution for work in Mission Hospital / Areas of need (to be issued on the Hospital / Institution letterhead)

**This is to certify that _____, son/daughter of _____
has worked / is working in this hospital/institution from _____ to
_____.**

Name

Signature

One paragraph about the hospital, its vision, mission, infrastructure and details of the type of work done by the hospital to be included.

Feedback from some of our Previous batch of PGDLM students

This course has equipped me with the knowledge and tools to address the root causes of chronic diseases through evidence-based lifestyle interventions. By integrating nutrition, physical activity, stress management, sleep hygiene, social & spiritual health into my patient care, I have seen remarkable improvements in their overall health and well-being. This holistic approach not only enhances patient outcomes but also fosters a more meaningful and rewarding practice for me as a healthcare provider.

Dr. Pooja Manoj, 2023 Batch, Kerala

Incorporating lifestyle medicine into my practice as a neonatologist has been incredibly rewarding. By emphasising the importance of maternal health, nutrition, and stress management during pregnancy, I can positively influence neonatal outcomes and promote long-term health for both mothers and their babies. Personally, adopting lifestyle medicine principles has enhanced my own well-being, allowing me to lead by example. Prioritising balanced nutrition, regular physical activity and mindfulness has not only improved my health but also deepened my connection with patients and their families, fostering a holistic approach to care

Dr. V C Manoj, 2023 Batch, Kerala

This was a course with the best learning and teaching team that I could have dreamt of. Hats off to the dedication, passion, humility, and love of each faculty involved. It covered science in addition to the skill-based and fun-based including culinary medicine and physical activity. It has given me a sense of purpose and made me more kinder as a person and more patient.

Dr. Varsha Dixit Shah, 2023 Batch, Gujarat

Integrating lifestyle medicine into my practice has transformed my approach to healthcare. With a focus on prevention, patient empowerment, and whole-person care, I now help patients make sustainable lifestyle changes that improve their health outcomes. This shift reduces healthcare costs and fosters a more collaborative relationship with patients. Additionally, applying these principles has enhanced my own well-being as a practitioner, helping me manage stress and avoid burnout."

Dr. I Srikanth, 2023 Batch, Pondicherry

The course was well-structured and engaging, with excellent Instructors & Mentors who made the material relatable. It was a valuable learning experience. Thank GOD for giving me a chance to learn about Lifestyle management. Thank Dr Samuel, and Dr Herb for their patience, support, and wisdom which led us through this course. Thank Madam Sangeeta for her always ready attitude to help all of us. Last but not least I thank Dr Austin my Doctor who gave me the opportunity to be his associate and learn more & more about the new subject Lifestyle Medicine. With Dr Austin and Dr Grace Hyacinth's(Dr Austin's wife) help I can complete the course.

Dr. Smita Payne, 2023 Batch, Orissa

PGDLM opened a new world to me. My approach to advocating in medicine is more scientific now. I am so fortunate to be doing this course. It is by God's grace that I completed the course. I am probably the oldest student of the first batch of PGDLM. God bless everyone.

Dr.Eileen Lalrinpuii, 2023 Batch, Mizoram

Feedback from some of our Distance Education alumni ...

Mental Health (Paired course):

I have realised the importance of a healthcare team and being part of one. Strengthened the primary level management skills in mental health. Improved soft skills. Increased my participation in community activities. Learned new teaching learning methods. All the faculty were good models and inspired me to be a person.

Dr. Rajad R., 2018 batch, Kerala

Loved the experience of blended learning and flipped classroom. The field visits gave me an insight into community based practice, which I knew nothing about living in a city like Mumbai. I applied the therapy techniques taught after the first contact program in my counselling practice and saw results almost instantly. The practical based approach to learning has been helpful which makes this program stand out. Thanks much to all the facilitators and administrative staff. God bless you all and your vision to reach out.

Mrs. Sheba John, 2018 batch, Maharashtra

This course has helped me understand the importance of listening - the golden minute - when I am so impatient to prescribe.

Dr. Kunder Alita Diane Lawrence, 2018 batch, Maharashtra

This course not only gave me the necessary knowledge and skills to confidently diagnose and treat various psychiatric illnesses but also introduced me to this revolutionary concept of community mental health and inspired me to take it up. I have become a better doctor, a better person, a better teammate and a better mental health advocate after this course. CMC Distance Education Department's work culture has really transformed my whole attitude towards work and life. I run a 30 bedded rural hospital, and I am happy that I am contributing to the betterment of India's mental health scenario now.

Dr. Gaurav Kumar, 2018 batch, Bihar

It is a very amazing experience to know that many medically unexplained symptoms connected to mental health.

Mrs. Koppula Nirmala, 2018 batch, Telangana

This course is wonderful as it helped me to understand the importance of Mental health and it's need in today's scenario. Lot of Mental health diseases are affecting the people in India and this course has made me competent to deal with mental illness how to approach with the mentally ill patient and its management as a mental health worker. I extend my sincere gratitude to the course coordinator and faculties for their dedication and handwork.

Mrs. Anita Kumar, 2018 batch, Gujarat

This course is informative and need of the hour to work on mental health practice as a primary care level. As I am working in a govt setup at primary and community health centre where lot of mental disease burden is there, which need to be resolved at that level to cut short the referral to secondary and tertiary care level and reduce the difficulties of patients who were suffering from mental diseases. As a primary care doctor, after learning mental health skills, I am now competent to identify and manage the mental health disease at the primary care level.

Dr. Vinod Kumar, 2018 batch, Gujrat

Family Medicine:

After doing the PGDFM course there is a paradigm shift in the way I see my patients. They are no longer busy OPD whom I have to see and clear. For that matter they are no longer “cases.” They are my Persons with whom I have a wholistic encounter. They are happy to see me and I am happy to see them. I give them the Golden Minute, allow them to share whatever they want to share..., sometimes totally non-medical. I ask them how their family members are doing, as by now I know not only the Person but also their families. I got into the habit of doing Preventive care at every visit, in the form of advice in life style.

Dr. Kalintha Shaw wallace, 2019 batch, Telangana

While I was doing PGDFM, I was working in emergency and casualty, in Mysore and Shimoga. It helped me immensely to handle emergencies in a more organised and effective manner. The Three-stage assessment was a totally new concept, which as a family physician has given me an extra edge in dealing with patients. The PGDFM booklets are a quick, concise and comprehensive approach to learning ...and clarifying doubts. Overall, PGDFM was a totally beautiful experience. It has given me confidence in my practice.

Dr. Laxmi Udupa, 2019 batch, Karnataka

Post Graduate Diploma in Geriatrics:

The course has helped me to develop an individualized approach to elderly patients. I would say, to practice a good and wholesome GP practice as a family physician Geriatrics and Palliative care are a felt need. Today, our institute has active homecare programmes for the elderly and palliative care and I enjoyed every home visit where we can get the whole glimpse of patients, home

environment, socio economic condition etc.. PGDG not only helped in elderly care but also teaching geriatrics to the DNB family medicine students. This course has definitely improved the quality of caring for the elderly.

Dr. Nepuni Athikho, PGDG 2018 batch, Nagaland

Distance Fellowship in Diabetes Management:

This course has given me lots of confidence to treat my patients: course design is done very meticulously and professionally. During the contact programme we get the crux of subject, and the dedication of teaching faculty has become a motivation for us. Thanks a lot for giving me this opportunity to do this course.

Dr. Saleem Akhtar, DFI 2018 batch, Uttar Pradesh



“I am the vine; you are the branches. If you remain in me and I in you, you will bear much fruit; apart from me you can do nothing”.
(John 15: 5)

