



BioNatural Healing
College

January 2026

BNHC E-Magazine

BioNatural Healing College (BNHC Online)

January 2026 # 82



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BNHC E-Magazine Education, Hope and Healing*

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Bio-Natural Healing College

On behalf of BioNatural Healing College (BNHC), it is with great pleasure that we extend Thanks & appreciation to Ms. Muslima Karimi and Ms. Shabnam Fayeez for their very informative research articles and contribution to this January 2026 BNHC E-Magazine edition. We look forward to receiving his invaluable contribution in the future and wish Hassani all much success in their future endeavors.

Message: from the President of BioNatural Healing College (BNHC)



Greetings,

With great praise to Almighty God for the opportunities, challenges, and successes of 2025, BioNatural Healing College (BNHC Online, Nonprofit), based in Pomona, California, joyfully enters the New Year 2026. We celebrate this new season with hope and a renewed commitment to elevating and expanding our mission and vision of sharing education, hope, and healing.

We are pleased to welcome you to the January 2026 edition of the BNHC E-Magazine. It is with sincere gratitude that we present this publication to our valued readers. We extend heartfelt appreciation to all contributors—our dedicated researchers, faculty, staff, students, and engaged readers—for their invaluable feedback and steadfast support.

This magazine is designed as an educational resource, offering diverse insights and expert perspectives from around the world. All content is intended solely for informational and educational purposes, and the views expressed are those of the individual authors, independent of any official affiliation with BNHC.

We hope this edition serves as a rich source of knowledge and inspiration, supporting your ongoing journey of learning, healing and the sharing of wisdom throughout life's seasons. On behalf of the entire BNHC team, we wish you continued health, happiness, and prosperity in 2026 and beyond.

Warmest regards,

Dr. M. Nadir Siddiqi, Ph.D.

BioNatural Healing College

3. A series of complex chains involved with food production from the field to the mouth of the human body desperately needs scientific research to maximize healthy, nutritionally food production and end malnutrition and food insecurity.

5. Listen, love, appreciate, and respect with deep conscience and subconscious the connection between the genes of your body and beautifully ecologically in sense of feeling, feeding,



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Pillar Foundations as
follows**

1. All living organisms are made from water. This beautiful connection connects us to praise the Creator of Creation for the provision of feeding, fueling, and healing to humanity.

2. No harm to public health and environmental health (Biodiversity) including pollinators, surface water, groundwater, soil, and air

4. Harmful pests such as insects, and pathogens causing to human and plant health and loss of economic problems. BioNatural chemicals from plants, microorganisms, and ocean-living organisms exist and need further research to discover along with safety to utilize for the health improvement of humans as well as BioNatural Pest Management (insects, fungi, bacteria, viruses, nematodes, weeds, rodents, etc.).

6. The brilliant human mind can be irrigated with balanced drinking clean water as a whole-body system to detoxify the toxicant from their body systems as well as to detoxify the soil, water, and environment from harmful chemicals, particularly pesticides through collaboration, and dedication from the individual, family, community, and scientific community locally and globally.

7. BNHC provides a high-quality science-based foundation through online education to fit and accommodate the needs of each prospective student for the sustainability and prosperity of his or her own, family, community, and humanity.

Food as Medicine: Nutrition in the Prevention and Management of disease

**By Muslima Karimi Nutrition and Brsin Function
Consultant Diploma at BioNatural Healing College
(BNHC)**

Abstract: The concept of “Food as Medicine” has gained significant momentum in recent years, proposing that nutrition can both prevent and manage a wide range of diseases. This paper reviews the evidence underpinning this paradigm, exploring how specific nutrients, dietary patterns, and food-based interventions influence health outcomes. We begin by defining the food-as medicine concept, then examine the mechanisms through which nutrition modulates disease risk and progression (e.g., via inflammation, oxidative stress, epigenetics, microbiome). We further discuss the role of nutrition in preventing chronic diseases such as cardiovascular disease, type 2 diabetes, obesity, and cancer, and its use as a therapeutic adjunct in managing existing conditions. Public health implications, challenges in implementation, and future research directions are also addressed. The evidence indicates that appropriately designed nutritional strategies offer a powerful, cost-effective complement to conventional medical approaches but real-world application faces hurdles in adherence, personalization, and policy infrastructure. **Introduction:** The traditional boundary between medicine and nutrition is increasingly fading.

Rather than viewing food merely as a vehicle for energy and basic sustenance, the Food as Medicine paradigm emphasizes food's active role in modulating physiology, supporting repair, and preventing or mitigating disease states. In a world facing a surge of non communicable diseases (NCDs), the integration of nutrition into prevention and treatment strategies is not optional it is imperative.

Non communicable diseases such as cardiovascular disease, type 2 diabetes, cancer, and obesity constitute a leading global health burden. Poor diet quality is one of the primary modifiable risk factors for these diseases. The World Health Organization underscores that a healthy diet, along with other behaviors, helps protect against non communicable diseases (e.g., limiting free sugars, reducing salt, balancing energy intake) . Advances in nutrition science, genomics, systems biology, and epidemiology now allow us to elucidate how food interacts with genes, the microbiome, and metabolic networks to influence disease risk and therapeutic response. This article aims to synthesize current evidence on how nutrition acts as medicine first in prevention and then in disease management and to highlight key opportunities, challenges, and future directions.

The Concept of Food as Medicine: Definition and Scope

“Food as Medicine” refers to the deliberate use of foods and dietary patterns to prevent, treat, or complement standard medical care for disease. It encompasses a spectrum from preventive nutrition (promoting healthy dietary patterns before disease onset) to medically-tailored meals (MTMs) and therapeutic diets in clinical settings [3, 5].

Historical and Philosophical Roots: The notion that “let food be thy medicine and medicine be thy food” has roots in ancient traditions. But in modern times, the concept was marginalized by the rise of pharmaceutical interventions. Only recently, with the resurgence of interest in lifestyle medicine, has nutrition reclaimed a more central role in health care [5, 6].

Mechanistic Pathways: Nutrition can influence health and disease through numerous pathways: 1. Modulation of inflammation and oxidative stress. Many chronic diseases share low-grade systemic inflammation and oxidative damage as common drivers. Nutrients like omega-3 fatty acids, polyphenols, and certain vitamins act as anti-inflammatory and antioxidant agents [4, 11]. 2. Epigenetic regulation and gene–diet interactions. Dietary components can influence gene expression through DNA methylation, histone modification, and noncoding RNAs. Genetic polymorphisms (e.g., in folate metabolism or lipid genes) modulate individual responses to diet [3, 6]. 3. Gut microbiome and metabolome. Diet shapes the composition and metabolic output of the microbiome, which in turn influences immune signaling, gut barrier function, and systemic metabolites (e.g., short-chain fatty acids) [2,4]. 4. Metabolic regulation and insulin sensitivity: Macronutrient composition, fiber content, glycemic load, and meal timing affect glucose–insulin homeostasis, lipid metabolism, and energy balance [9, 12]. 5. Modulation of cellular repair and homeostasis. Nutrients can influence autophagy, DNA repair, mitochondrial function, and cell senescence pathways [3, 7]. By acting through these interconnected systems, diet can function both as preventive medicine and as adjunctive therapy in disease states [3, 5].

Nutritional Components and Their Therapeutic Roles:

Macronutrients: Carbohydrates: The quality (e.g., complex vs. refined) and quantity of carbohydrates strongly influence glycemic response, insulin signaling, and risk of type 2 diabetes. Diets rich in whole grains, legumes, and high-fiber carbohydrates are protective [9, 11]. Proteins: Adequate protein is essential for tissue repair, immune function, and maintenance of lean mass. Some amino acids (e.g., arginine, leucine) serve as signaling molecules. In disease states (e.g., chronic kidney disease), protein restriction or modulation may be needed, balancing benefits and risks [3, 10]. Fats (Lipids): The type of fat is crucial. Diets high in saturated fat and trans-fats increase cardiovascular risk, whereas monounsaturated and polyunsaturated fats—including omega-3 fatty acids—are beneficial.

Omega-3s exhibit anti-inflammatory, anti-thrombotic, and neuroprotective effects [11, 12]. **Micronutrients and Trace Elements** Deficiencies or suboptimal levels of micronutrients can compromise immunity, antioxidant capacity, and cellular integrity [3, 4, 6]. Examples: Vitamin D: Beyond bone health, implicated in immune regulation and cancer risk. Vitamin B complex (B6, B12, folate): Important in one-carbon metabolism, homocysteine regulation, DNA methylation. Minerals: Zinc, magnesium, selenium, and iron play roles in antioxidant systems, enzyme cofactors, and immune function [3, 8]. **Phytochemicals and Bioactive Compounds:** Non-nutrient compounds include: Polyphenols (flavonoids, phenolic acids): Found in fruits, vegetables, teas, dark chocolate; exert antioxidant and anti-inflammatory effects [4, 5]. Carotenoids (beta-carotene, lutein): Promote retina health, immune defense [8]. Glucosinolates (cruciferous vegetables): Anti-cancer potential via detoxification enzymes [4]. Prebiotics and dietary fiber: Support gut microbiota, produce short-chain fatty acids [2, 9]. Probiotics and fermented foods: Modulate gut ecology, immune tolerance, and gut–brain axis [2, 5]. **Nutrition in the Prevention of Chronic Diseases:** Cardiovascular Disease (CVD). Diets rich in whole plant foods, healthy fats, and low in ultra-processed items reduce risk [11, 12]. Mediterranean diet: Olive oil, nuts, legumes, vegetables, whole grains, moderate fish; shown to reduce CVD incidence and mortality [11]. DASH diet: Reduces blood pressure and cardiovascular risk [11, 12]. Mechanistically, these dietary patterns reduce LDL cholesterol, improve endothelial function, lower inflammation, and improve insulin sensitivity [11]. Type 2 Diabetes and Metabolic Syndrome. High dietary fiber improves glycemic control and reduces progression to diabetes [9, 12]. Lower glycemic load diets and limiting refined sugars are protective [12]. Plant-predominant diets, moderate protein, inclusion of nuts and seeds are beneficial [9, 10]. Obesity: Whole foods, fiber, minimal processing, portion control help satiety and reduce overconsumption [9, 10]. Reducing sugar-sweetened beverages, refined grains, and high-calorie processed foods is foundational [10].

Behavioral strategies (mindful eating, food environment modifications) enhance nutrition interventions [9]. Cancer: Diets high in plant foods, fiber, and low in red/processed meats reduce cancer risk [8, 9]. Bioactive compounds like glucosinolates and polyphenols have chemo preventive properties [4, 5]. Maintaining healthy weight, limiting alcohol, increasing plant-based foods are key [8]. **Other Chronic Conditions:** CKD: Tailored low-protein, nutrient-rich diets mitigate progression [10]. Neurodegenerative diseases: Diets rich in omega-3s, antioxidants, polyphenols protect cognition [3, 12]. Autoimmune, inflammatory, gastrointestinal diseases: Elimination diets, low FODMAP, anti-inflammatory diets under study [2, 9]. Mental health: Diet quality impacts mood, depression, stress resilience [3, 5]. **Nutrition in the Management of Disease:** Principles of Therapeutic Nutrition Individualization: Adapt to disease, comorbidities, preferences, culture [3, 10]. Evidence-based controls: Avoid fad diets, rely on clinical data [4, 5]. Monitoring: Follow biomarkers, nutritional status, outcomes [10]. Synergy with medical care: Complement, not replace, pharmacology or surgery [3, 5]. Selected Disease Applications CVD: Low-sodium diets, TLC diet, Mediterranean/DASH patterns, plant sterols, soluble fibers reduce LDL and inflammation [11, 12]. Type 2 Diabetes: Medical nutrition therapy, low-carb/ketogenic diets, time-restricted feeding explored [9, 12]. Obesity: Very-low-calorie diets, meal replacement under supervision; gradual transition to sustainable patterns [10]. Cancer: Nutrition supports chemotherapy/radiation, cachexia, lean mass preservation; ketogenic/fasting-mimicking diets under study [4, 8]. CKD: Protein restriction (0.6–0.8 g/kg in non-dialysis), adjust potassium, phosphorus, sodium [10]. Neurological/Psychiatric: Ketogenic diet for epilepsy, MIND diet for cognition, diet quality in depression/anxiety [3, 12]. Medically-Tailored Meals (MTMs) and Food Prescription Programs. Programs delivering disease-specific meals improve adherence (>90%) and outcomes (HbA1c, hospitalizations) [1, 3]. Quasi-randomized trials show improved biomarkers and behavior change [1].

Conclusion: The paradigm of Food as Medicine is evidence-based, positioning nutrition as central in disease prevention and management [3, 5]. Nutrition influences disease risk via multiple pathways. Dietary patterns (Mediterranean, plant-based, DASH) prevent disease [9, 11]. Therapeutic diets complement standard care [10]. Public health and equity are critical for scaling [3, 5]. Precision nutrition, implementation science, policy will shape future health care [3, 7].

AI Disclosure: AI tools (ChatGPT) were used for formatting, grammar, and clarity support. All analysis, interpretation, and final writing are my own.

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Nutrition Pathways to Wellness and Disease Prevention in Nursing Practice

By Shabnam Fayeez Student Nutrition and Brain Function Consultant Diploma at BioNatural Healing College (BNHC)

Introduction: Nutrition is not merely a matter of food intake; it is the cornerstone of health maintenance and disease prevention. The role of nutrition in nursing extends beyond assessment to active intervention, education, and support for patients across the lifespan. Adequate nutrition contributes to immune function, cognitive health, wound healing, and energy metabolism, which are central to patient recovery and quality of life (Whitney & Rolfes, 2020). Nurses often work with interdisciplinary teams, including dietitians, physicians, and occupational therapists, to create personalized nutritional plans. Evidence-based practice ensures that interventions are grounded in scientific research, improving patient outcomes and reducing the incidence of nutrition-related chronic illnesses. Vulnerable populations such as older adults, infants, pregnant women, and patients with chronic conditions require targeted strategies due to unique metabolic needs and social determinants affecting food access and quality (Gropper & Smith, 2018).

Essential Nutrients and Their Role in Nursing Care: Macronutrients: Macronutrients provide the energy and structural components necessary for life. Understanding the roles of carbohydrates, proteins, fats, and water allows nurses to design care plans that optimize metabolic function, physical performance, and recovery.

Carbohydrates: Carbohydrates are broken down into glucose, which fuels cellular respiration. Complex carbohydrates (whole grains, legumes) release energy gradually, supporting blood sugar stability. Nurses monitor carbohydrate intake in patients with diabetes, metabolic syndrome, or hypoglycemia to prevent complications (Harvard T.H. Chan School of Public Health, 2022). Fiber-rich carbs improve gut microbiota, reducing inflammation and supporting immunity.

Proteins: Proteins provide amino acids essential for tissue repair, enzyme production, and hormone synthesis. During recovery from surgery, trauma, or chronic illness, protein requirements increase to support healing. Plant-based proteins (lentils, tofu, beans) are critical for vegetarians, while animal sources (eggs, dairy, lean meats) provide complete amino acid profiles (U.S. Department of Agriculture, 2020).

Fats: Fats serve as energy reservoirs, support cellular membrane integrity, and aid the absorption of fat-soluble vitamins. Omega-3 fatty acids (found in salmon, walnuts, flaxseeds) exhibit anti-inflammatory effects, improving cardiovascular and neurological outcomes. Conversely, excessive trans and saturated fats elevate LDL cholesterol, increasing heart disease risk (Harvard Health Publishing, 2019). Nurses educate patients on reading labels and substituting unhealthy fats with unsaturated oils.

Hydration: Water accounts for approximately 60% of body weight, regulating temperature, transporting nutrients, and removing waste. Adequate hydration supports mucociliary clearance in the lungs, joint lubrication, and kidney function. In patients with fever, diarrhea, or respiratory distress, fluid requirements increase, and nurses adjust hydration plans accordingly.

Micronutrients: Micronutrients, though required in smaller amounts, are crucial for enzymatic reactions, immune defenses, and tissue integrity (FAO & WHO, 2004). Nurses monitor patients for deficiencies and educate on supplementation or dietary adjustments.

Vitamins: Vitamin A: Essential for vision and immune defense. Vitamin D: Regulates calcium and phosphorus metabolism, supporting bone density. Vitamin C: Enhances collagen synthesis and immune function. B-complex: Involved in energy metabolism, neurological function, and red blood cell formation. Calcium: Maintains bone strength, muscle contraction, and nerve signaling. Iron: Critical for hemoglobin synthesis; deficiency leads to anemia.

Zinc: Supports wound healing and immune response. **Potassium:** Regulates fluid balance, cardiac rhythm, and blood pressure. Nurses also consider interactions between nutrients and medications. For example, calcium may reduce absorption of certain antibiotics, and vitamin K can interfere with anticoagulant therapy. **Nutritional Assessment in Nursing Practice:** Accurate assessment informs individualized interventions: **Dietary Assessment:** Evaluating meal patterns, preferences, and nutrient intake. Nurses may use 24-hour recalls or food frequency questionnaires. **Anthropometric Measures:** Weight, BMI, mid-arm circumference, and skinfold thickness reveal malnutrition or obesity. **Laboratory Testing:** Serum albumin, prealbumin, electrolytes, hemoglobin, ferritin, and vitamin levels identify deficiencies. **Physical Examination:** Observation of muscle mass, hair, skin, and oral cavity can indicate nutritional problems. **Social and cultural factors** influence food access, preparation methods, and patient adherence to nutritional guidance (UNICEF, 2021). Nurses provide counseling that respects individual values while meeting nutritional needs. **Nutrition and Health Outcomes: Neurological Health:** Omega-3 fatty acids, B vitamins, and antioxidants support neuroplasticity and cognitive function. Deficiencies may increase risk of dementia, depression, and delayed neural development. Nurses ensure patients with neurological disorders maintain adequate nutrient intake to support brain function (Gropper & Smith, 2018). **Endocrine Wellness:** Nutrition regulates insulin secretion, thyroid function, and adrenal hormones. High-fiber diets help manage diabetes and prevent metabolic syndrome. Nurses educate patients on timing meals, portion sizes, and carbohydrate counting for optimal glucose control (Whitney & Rolfes, 2020). **Hematological Health:** Iron, folate, and vitamin B12 are essential for erythropoiesis. Nurses monitor lab values, administer supplements, and counsel on dietary sources such as leafy greens, fortified cereals, and lean meats. 9

Adequate nutrition reduces complications like fatigue, cognitive decline, and delayed wound healing (CDC, 2022). **Cardiovascular Health:** A heart-healthy diet emphasizes fruits, vegetables, whole grains, lean protein, and healthy fats. Reducing sodium and added sugars lowers hypertension and risk of coronary artery disease. Nurses collaborate with dietitians to design meal plans that manage dyslipidemia and obesity (WHO, 2020). **Pulmonary Wellness** Patients with respiratory illnesses require high-protein, nutrient-dense diets to maintain energy and lung function. Hydration aids mucus clearance, while antioxidants from fruits and vegetables reduce inflammation in chronic obstructive pulmonary disease (COPD) or asthma. Nurses educate patients on meal timing to prevent dyspnea during eating (OpenStax, 2023). **Nutrition Across the Life Span: Infants and Children;** High-energy nutrients support growth, brain development, and immune function. Iron-fortified cereals, vitamin D supplementation, and gradual introduction of solids are recommended. Nurses also guide parents on portion control, allergy introduction, and food safety. **Adolescents;** Rapid growth and hormonal changes increase nutrient needs. Calcium, iron, and protein are critical. Nurses address psychosocial challenges such as peer pressure, body image, and disordered eating. **Adults:** Balanced macronutrients and micronutrients prevent obesity, metabolic syndrome, and chronic diseases. Nurses promote lifestyle modifications including regular exercise, stress management, and mindful eating. **Pregnant and Lactating Women:** Adequate protein, iron, folate, calcium, and DHA are essential. Nutrition supports fetal development, maternal health, and lactation. Nurses provide counseling on prenatal vitamins, safe fish consumption, and avoidance of alcohol or excess caffeine. **Older Adults:** Nutrient-dense diets compensate for lower caloric needs. Adequate hydration, fiber, vitamin D, calcium, and B12 prevent frailty, osteoporosis, cognitive decline, and constipation. 10

Special Considerations in Nursing Nutrition: Cultural Sensitivity: Nurses design meal plans respecting dietary restrictions, religious practices, and traditional foods. Chronic Disease Management: Tailored nutrition interventions improve outcomes in diabetes, heart disease, and pulmonary illness. Socioeconomic Factors: Access to affordable, nutritious foods is addressed through community programs and education. Mental Health: Emotional and social factors affecting eating behaviors are incorporated into care plans. **Clinical Applications and Nursing Interventions:** Education on balanced diets, portion control, and nutrient-dense foods. Collaboration with dietitians for individualized meal planning. Monitoring adherence and adjusting interventions based on outcomes. Nutritional support for acute illness or recovery using supplements, fortified foods, or enteral nutrition. Addressing barriers like mobility issues, limited cooking skills, or budget constraints. Interdisciplinary collaboration enhances patient compliance, reduces hospital readmissions, and improves overall wellness. **Conclusion:** Nutrition is central to nursing practice, affecting wellness, disease prevention, and recovery. Nurses must integrate scientific knowledge, cultural awareness, and patient-centered interventions to ensure optimal health outcomes. A comprehensive understanding of macronutrients, micronutrients, life-stage needs, and chronic disease management empowers nurses to implement evidence-based nutritional care that enhances quality of life.

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Dear BioNatural Healing College (BNHC) Team,

I am very grateful for this scholarship and view it as a valuable opportunity to gain essential knowledge in **Nutrition and Brain Function Consultant Online diploma at BioNatural Healing College (BNHC)** about health, nutrition, and the brain. Given the current situation in Afghanistan, where women are not allowed to study beyond elementary school, there is a severe shortage of medical and health professionals, especially women. At the same time, awareness about food and nutrition is very limited. Diseases such as diabetes are increasing rapidly, yet many people do not know how to manage them at home. This scholarship will help me build a strong understanding of nutrition so that I can first educate myself and then share this knowledge with others in my community in a simple way. As someone from the community, I can serve as a voice they trust and understand and help raise awareness about healthier food choices and disease prevention. Afghans are in urgent need of health and nutrition workers, and I am committed to making the best use of this scholarship to support my community and help address these critical challenges.

Thank you,

Gulalay Faizi

“BioNatural Healing College (BNHC) sincerely appreciates your generous contribution towards the Gift of Education. Your donation plays a pivotal role in supporting scholarships for students in need, empowering them to achieve their educational aspirations. We extend our deepest gratitude for your generosity and commitment to education.”

Scholarship Waiting, List Students

1. Ziaurrahman Arman MS degree Tuition Fee \$2500

2. Ms. Salma Hanifi
Nutrition & Brain Function
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Mission: BioNatural Healing College (BNHC) is a non-profit public benefit institution that has tax-exempt status under the Internal Revenue Service, Section 501(c)(3) of the United States of America. Our goal is to offer a high-quality education a diploma program as well as holistic health and nutrition conferences, seminars, workshops, and continuing education. The focus of these educational programs is to offer healing and holistic nutrition science through online distance learning. These dynamic online education programs will provide diverse adult learners throughout the world the experience of enhancing their quality of life, their health, and their happiness.

Vision: The faculty, staff, and management team of BioNatural Healing College (BNHC) are passionately committed to providing the best teaching possible in this field. We seek to encourage, motivate, and explain the importance of this field to prospective students so that they may make an informed decision regarding enrollment. We seek an ultimate goal of satisfaction for the student based on responsibility, commitment, respect, awareness, and sustainable education for society.

Accreditation and Recognition: BioNatural Healing College (BNHC), based in California, is dedicated to providing high-quality online education, and vocational online distance learning to students worldwide. As a legally recognized institution, it is authorized to operate by the State of California's Bureau for Private Postsecondary Education, by the established educational code. While BioNatural Healing College is not accredited by the United States Department of Education, BNHC is a member of the Agronomy Society of America, Crop Science Society of America, Soil Science Society of America and American Holistic Health Association (AHHA), reflecting its commitment to a holistic and ecological approach to human health and environmental health improvement education.



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