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Review

# Mediterranean Culinary Medicine: Bridging the Mediterranean Diet, Culinary Traditions, and Health

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## Abstract

The Mediterranean diet is widely recognized as one of the most robust dietary patterns for the prevention of chronic diseases, yet its health effects cannot be fully understood without considering the culinary practices and cultural contexts that shape food preparation and consumption. In this context, Mediterranean Culinary Medicine can be defined as the application of culinary medicine principles within the Mediterranean dietary model, integrating evidence-based nutrition with traditional ingredients, cooking techniques, and meal patterns. This review examines how culinary practices influence the nutritional quality, bioavailability of bioactive compounds, and overall health effects of the Mediterranean diet, with particular attention to home cooking, traditional cooking techniques, and the role of extra virgin olive oil as the primary culinary fat. We also explore the biological pathways through which culinary practices may modulate metabolic health, including inflammation, glycemic response, and gut microbiota. In addition, we discuss the potential of culinary strategies to address disease-related eating limitations, such as sensory alterations, dysphagia, malnutrition, and food allergies, by adapting textures, flavors, and preparation methods to improve food acceptability and nutritional intake. Finally, we highlight the social, cultural, and environmental dimensions of Mediterranean Culinary Medicine, emphasizing its role as a holistic and culturally grounded approach that connects gastronomy, nutrition, and healthcare, and facilitates the translation of Mediterranean dietary principles into sustainable and practical dietary behaviors.

**Keywords:** culinary medicine; mediterranean diet; home cooking; gastronomy; cooking techniques; prevention and treatment; sustainability

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## 1. The Mediterranean Diet: A Cultural and Dietary Model

The Mediterranean diet was originally described through observations of Mediterranean populations in the mid-twentieth century, and it reflects the traditional dietary habits of communities living around the Mediterranean Basin during the 1950s and 1960s [1]. This dietary pattern is internationally recognized as one of the most robustly validated dietary patterns for the prevention of chronic diseases [2].

To translate this traditional dietary pattern into practical guidance, several graphical representations have been proposed. Among them, the Mediterranean diet pyramid has become one of the most widely recognized tools for communicating the principles of the diet. The original pyramid, introduced in the 1990s, emphasized plant-based foods at its base—including fruits, vegetables, legumes, whole grains, and olive oil—while recommending moderate consumption of fish, dairy products, and wine, and limiting the intake of red meat and sweets [3,4].

More recent updates of the Mediterranean diet pyramid incorporated additional dimensions beyond food groups, highlighting the importance of lifestyle factors such as physical activity, conviviality during meals, culinary traditions, seasonality, and sustainability [5]. These revisions reflect the growing recognition that the Mediterranean diet should be understood not merely as a nutritional prescription but as a broader cultural model that integrates dietary practices, culinary traditions, and social behaviors.

The cultural significance of this dietary model was formally recognized in 2010 when UNESCO inscribed the Mediterranean diet on the Representative List of the Intangible Cultural Heritage of Humanity. This recognition highlighted that the Mediterranean diet includes not only foods and ingredients but also practices such as harvesting, fishing, food preservation, cooking techniques, and communal eating traditions that reinforce social cohesion and cultural identity [6].

One of the defining features of the Mediterranean diet is its deep connection to culinary traditions. Mediterranean cuisines rely on simple cooking techniques that enhance the sensory qualities and nutritional value of foods. Core culinary bases, such as sofrito, which combines olive oil, garlic, onion, and tomato, are widely shared across Mediterranean gastronomies and contribute to the characteristic flavor profiles of regional dishes [7].

## 2. Culinary Medicine: Concept and Evolution

John La Puma originally defined culinary medicine as “a new evidence-based field in medicine that blends the art of food and cooking with the science of medicine” [8]. This early definition established culinary medicine as a practical and patient-oriented discipline aimed at helping individuals make informed decisions about food and eating in relation to health and disease. More recently, the concept has evolved to reflect a broader and more interdisciplinary perspective. Hildebrand *et al.* proposed that culinary medicine should be understood across multiple domains and stakeholders—including healthcare professionals, foodservice professionals, educators, and communities—highlighting its role in connecting nutrition science, culinary practice, and health promotion in clinical, academic, and community settings [9].

A more operational definition was proposed by Croxford *et al.* within the broader framework of culinary nutrition, describing culinary medicine as “a health practitioner-led culinary nutrition intervention or activity”, thereby emphasizing the role of qualified health professionals in designing and delivering culinary interventions aimed at improving health outcomes [10]. Culinary nutrition was defined as “the integration of culinary arts and nutrition that applies practical knowledge and skills to improve food and nutrition-related health” [10].

These definitions illustrate the evolution of culinary medicine from an emerging concept integrating cooking and medicine to a multidisciplinary field encompassing clinical practice, education, and community-based interventions. The central aim of culinary medicine is to translate evidence-based nutrition recommendations into practical culinary skills that enable individuals to implement healthy dietary patterns in daily life [11]. Culinary medicine programs are increasingly implemented in medical education, clinical care, and community-based settings, often using teaching kitchens or experiential cooking education [12].

The growing field of culinary medicine is closely connected to the broader “Food Is Medicine” movement. Food is medicine refers to the use of food-based interventions integrated within healthcare systems to prevent, manage, or treat chronic diseases and improve overall health outcomes. These initiatives include strategies such as medically tailored meals, produce prescriptions, and nutrition education programs designed to address diet-related chronic diseases

and improve diet quality [13]. However, despite the growing enthusiasm for these initiatives, the current evidence remains limited and further rigorous research is needed to confirm their long-term effectiveness [14].

Dietary patterns supported by strong scientific evidence, such as the Mediterranean diet, represent particularly suitable frameworks for the application of culinary medicine principles.

### 3. Mediterranean Culinary Medicine: Definition and Applications

Mediterranean Culinary Medicine can be understood as the application of culinary medicine principles within the context of the Mediterranean dietary pattern and its associated culinary traditions. In this framework, evidence-based nutrition recommendations are translated into practical culinary practices grounded in Mediterranean food culture, including the use of traditional ingredients, cooking techniques, and meal patterns characteristic of the Mediterranean diet. By integrating nutrition knowledge with the culinary heritage of the Mediterranean region, Mediterranean Culinary Medicine seeks to facilitate the practical adoption of Mediterranean dietary patterns and support the prevention and management of chronic diseases through culturally meaningful food practices.

#### 3.1. *Traditional Mediterranean Cuisine to Promote Health*

A substantial body of epidemiological and clinical evidence supports the role of the Mediterranean diet in the prevention of major chronic diseases [15]. While these benefits are commonly attributed to its nutrient composition and food groups, increasing attention has been given to the role of culinary practices and food preparation methods in shaping the health effects of the diet. Reliance on minimally processed foods prepared at home is part of a broader culinary and social context that may interact with dietary composition to promote health. Traditional Mediterranean cuisine relies heavily on seasonal ingredients, and home cooking using healthy culinary techniques [16].

##### 3.1.1. Home Cooking as a Core Feature of the Mediterranean Food Culture

Analyses of food-based dietary guidelines worldwide show that culinary aspects have historically received limited attention, even though many recommended foods require preparation before consumption. When included, culinary guidance typically focuses on healthy food preparation practices, such as reducing the use of salt and fat, favoring appropriate cooking techniques, and ensuring food safety. However, more recent guidelines have begun to explicitly promote cooking skills and home food preparation as strategies to support healthier diets and improve diet quality [17].

Home cooking refers to food preparation practices performed in a household, involving the combination, transformation, or heating of ingredients to produce meals for personal or family consumption. Although the concept may include a spectrum of practices—from cooking from raw ingredients to assembling partially prepared foods—it generally implies a greater degree of control over ingredients, preparation methods, and meal composition compared with foods prepared outside the home [18].

Evidence from observational studies suggests that home cooking is associated with a range of beneficial dietary behaviors. A systematic review examining the health and social determinants of home cooking found that individuals who cook more frequently at home tend to have healthier overall dietary patterns, including higher consumption of fruits, vegetables, and whole foods, as well as better adherence to dietary recommendations [19]. In contrast, lower levels of home cooking are often associated with greater reliance on meals prepared outside the home, including fast-food options and ultra-processed foods [20].

##### 3.1.2. Mediterranean Cooking Techniques

Beyond the frequency of cooking at home, cooking techniques play an important role in determining the nutritional quality, digestibility, and health effects of foods [21]. Different methods of food preparation can influence the retention of nutrients, the bioavailability of bioactive compounds, and the formation of potentially harmful substances.

Dry-heat methods such as grilling, roasting, or deep frying may enhance flavor and texture but can also promote the formation of toxic compounds when high temperatures are used. Among the different cooking methods used for meat preparation, barbecuing or grilling at very high temperatures has been associated with the greatest potential health risks. This technique promotes the formation of heterocyclic amines and polycyclic aromatic hydrocarbons, compounds generated during high-temperature cooking that have been linked to increased cancer risk [22].

Comparative burden-of-disease analyses have suggested that certain high-temperature cooking methods, such as barbecuing or grilling red meat, may be associated with greater health risks [23]. However, epidemiological evidence on the role of specific cooking techniques remains inconsistent. For example, analyses from case-control studies conducted in Italy and Switzerland indicate that cooking practices have a relatively limited impact on the association between red meat consumption and cancer risk overall, although some site-specific associations have been observed for fried or grilled meats [24].

Increasing attention has been given to the concept of “healthy cooking”, which refers to food preparation practices that promote diet quality and support chronic disease prevention [25]. Traditional Mediterranean dietary patterns provide a particularly relevant context for these healthy cooking practices. Evidence suggests that the health effects of the Mediterranean diet are influenced not only by the foods consumed but also by the ways in which foods are processed and prepared within traditional culinary practices [26].

Several strategies have been proposed to mitigate the formation of harmful compounds during cooking, including avoiding excessively high temperatures, reducing cooking time, preventing charring, and using techniques such as marination or the addition of antioxidant-rich ingredients (herbs and spices) [27]. Notably, many of these approaches are commonly found in traditional Mediterranean culinary practices, where foods are often marinated before cooking, meats are frequently prepared together with vegetables, and dishes are flavored with herbs, spices, and acidic or aqueous liquids such as vinegar, wine, or water. These practices may contribute to limiting the formation of potentially harmful compounds generated during high-temperature cooking processes while enhancing the nutritional and sensory properties of meals.

Typical Mediterranean preparations combine vegetables, legumes, cereals, herbs, and olive oil within the same culinary process, frequently using techniques such as stewing, sautéing, or slow cooking. For example, traditional Mediterranean dishes based on legumes are prepared using slow cooking methods together with vegetables, olive oil, herbs, and spices, forming culinary combinations that improve digestibility and contribute to the overall nutritional value of the diet [28]. These practices influence nutrient bioavailability, modify the formation of heat-derived compounds, and may enhance the synergistic interactions between dietary components.

Moreover, experimental and meta-analytic studies indicate that the impact of cooking on phenolic compounds and antioxidant activity varies substantially depending on the technique used, the cooking temperature, and the duration of heat exposure, highlighting that culinary practices can either preserve or reduce the antioxidant potential of vegetables [29,30]. Cooking conditions also play a key role in determining the retention of these compounds. For example, controlled low-oxygen and low-temperature cooking techniques may better preserve polyphenols and vitamin C and reduce oxidative losses compared with conventional cooking methods [31]. Similarly, techniques involving prolonged contact with water, such as boiling, tend to result in greater losses of water-soluble vitamins like vitamin C, whereas methods that minimize water use and cooking time, such as steaming or microwaving, often achieve higher nutrient retention [32].

### 3.1.3. Olive Oil as the Primary Culinary Fat

Olive oil represents the primary culinary fat in traditional Mediterranean cuisine and plays a central role not only in the nutritional profile of the diet but also in its cooking practices. Virgin olive oil is characterized by a favorable fatty acid composition and the presence of natural antioxidants, particularly phenolic compounds, which confer a high resistance to thermal oxidation during cooking processes such as frying or sautéing. These properties make extra virgin olive oil especially suitable for culinary applications and help preserve both the sensory quality and nutritional value of foods prepared within the Mediterranean dietary pattern [33].

Frying with olive oil represents a traditional culinary practice deeply embedded in Mediterranean food culture [34]. Historical and ethnographic evidence indicate that frying with olive oil has been used in Mediterranean societies for thousands of years, becoming a characteristic technique for preparing different dishes. When performed under typical domestic conditions, including moderate temperatures, frying with olive oil contributes to the sensory qualities of foods, improving texture, flavor, and palatability, which may promote the consumption of plant-based foods within Mediterranean dietary patterns.

In fact, the combination of olive oil and moderate heat treatment may increase the measurable levels or bioavailability of certain fat-soluble compounds, such as carotenoids or tocopherols. Experimental studies have shown that, when vegetables are cooked with extra virgin olive oil, phenolic compounds from the oil can be transferred to the vegetable matrix while the thermal process simultaneously increases the bioavailability of vegetable phenolics [35].

*Sofrito* represents one of the most characteristic culinary techniques of the Mediterranean cuisine. This technique typically consists of the slow sautéing of tomato, onion, and garlic in extra virgin olive oil, often combined with herbs or other vegetables. This process promotes multiple physicochemical interactions between the lipid phase and plant tissues, facilitating the transfer of phenolic compounds from the oil to the vegetable matrix while simultaneously enhancing the release of carotenoids from tomato [36].

### 3.2. Biological Pathways Influenced by Mediterranean Diet and Culinary Practices

Chronic low-grade inflammation and oxidative stress are common underlying mechanisms in many of the most prevalent non-communicable diseases, including obesity, type 2 diabetes, cardiovascular and kidney diseases, several types of cancer, and some neurological disorders. Growing evidence suggests that dietary patterns can modulate inflammatory and metabolic pathways and thereby influence the development and progression of these conditions [37]. Moreover, anti-inflammatory effects represent one of the key mechanisms proposed to explain the health benefits associated with adherence to the Mediterranean diet [38]. In addition to dietary composition, culinary techniques represent an additional and often overlooked component of dietary strategies aimed at improving metabolic health.

The protective anti-inflammatory effects of the Mediterranean diet against chronic diseases should not be attributed solely to its ingredients, but also to the culinary techniques through which foods are prepared and consumed. As previously mentioned, Traditional Mediterranean cooking processes can increase the bioavailability of bioactive compounds, thereby strengthening the anti-inflammatory potential of the diet. [26]. Additionally, evidence from clinical and observational studies suggests that reducing dietary advanced glycation end-products through culinary modifications—such as using moist heat, shortening cooking time, or lowering cooking temperatures—may improve insulin sensitivity and reduce markers of glycation and inflammation in individuals with type 2 diabetes [39].

Culinary practices, including certain cooking techniques, ingredient combinations, and meal composition can modify the glycemic impact of foods, contributing to better glycemic control. For instance, Mediterranean culinary strategies such as combining carbohydrates with fiber-rich foods, fats, or acids (e.g., vinegar or lemon juice), as well as selecting appropriate cooking methods, can reduce the effective glycemic index of meals and improve postprandial glucose responses [40].

Excess dietary salt is a well-established risk factor for hypertension and cardiovascular disease and plays a particularly important role in secondary prevention among patients with a history of stroke. Replacing regular salt significantly lowers the incidence of stroke, major cardiovascular events, and all-cause mortality among individuals at high cardiovascular risk, including those with previous stroke [41]. In this context, community-based interventions targeting home cooks have demonstrated that improving culinary skills and encouraging alternative flavoring techniques can significantly reduce sodium intake and modestly lower blood pressure over time [42]. In Mediterranean cuisine, the use of herbs and spices represents a key culinary strategy, as these ingredients enhance palatability while allowing reductions in added salt and simultaneously provide bioactive compounds with antioxidant and anti-inflammatory properties [43].

Beyond its hemodynamic effects, accumulating evidence suggests that high sodium intake may also contribute to endothelial dysfunction, oxidative stress, and activation of pro-inflammatory immune pathways, thereby promoting cardiometabolic risk [44]. Experimental and clinical studies further indicate that excessive dietary salt can alter gut microbiota composition, potentially contributing to immune dysregulation and increased systemic inflammation [45].

Finally, emerging evidence suggests that adherence to Mediterranean dietary patterns may beneficially influence gut microbiota composition and diversity, promoting the production of microbial metabolites such as short-chain fatty acids that contribute to immune regulation, intestinal barrier integrity, and systemic anti-inflammatory effects [46,47]. Importantly, recent experimental studies indicate that not only the type of food but also cooking methods may significantly modulate gut microbiota composition by altering the chemical structure and bioavailability of nutrients and bioactive compounds [48]. However, these effects appear to be highly food-dependent and subject to considerable inter-individual variability, making their overall impact difficult to predict and generalize. Therefore, further research is needed to better understand how culinary techniques interact with dietary patterns to shape gut microbiota and to clarify their potential role in mediating the health effects of Mediterranean culinary medicine.

### 3.3. *Gastronomic Adaptations for Disease-Related Eating Limitations*

Many diseases and medical treatments can interfere with the ability to eat normally by affecting sensory perception, swallowing function, appetite, or tolerance to specific foods. These alterations often reduce food enjoyment and dietary intake, increasing the risk of nutritional deficiencies and disease-related malnutrition. By adapting ingredients, cooking techniques, textures, and sensory properties of meals, Mediterranean culinary medicine can help maintain food acceptability and support adequate nutritional intake in patients experiencing disease-related eating limitations.

#### 3.3.1. Alterations in the Sensory Systems

The sensory properties of food play a central role in shaping eating behavior and nutritional health. Flavor perception arises from the integration of multiple sensory inputs, including taste, smell, and chemesthesis, which together determine the palatability and acceptability of foods and strongly influence food choice and intake.

Alterations in the sensory systems are common in several clinical conditions, including aging, neurodegenerative diseases, cancer treatments, oral disorders, and viral infections such as COVID-19, frequently resulting in reduced smell or taste perception, distorted sensory experiences, or complete sensory loss [49]. These chemosensory impairments can substantially affect dietary behavior by reducing the enjoyment of food, altering appetite, and modifying food preferences, which in turn may lead to nutritional imbalances, weight changes, or decreased quality of life.

Taste and smell disorders may affect a large proportion of patients receiving chemotherapy, with reported prevalences ranging from approximately 17% to 86% for taste alterations and up to 45% for smell disturbances [50]. Chemosensory alterations—including dysgeusia, hypogeusia, ageusia, and olfactory dysfunction—may occur in a substantial proportion of oncology patients and can arise from both the disease itself and its treatments, especially chemotherapy and radiotherapy [50]. These

symptoms often emerge within the first weeks of treatment and may persist throughout therapy, particularly in patients receiving agents such as taxanes, anthracyclines, or platinum-based drugs [51].

Chemosensory alterations lead patients to perceive foods as bland, excessively bitter, or metallic, which can markedly reduce food enjoyment and appetite. Consequently, patients may decrease their overall food intake or avoid specific foods, increasing the risk of inadequate energy and nutrient consumption, weight loss, and deterioration of nutritional status and quality of life. Given that these nutritional impairments may emerge early during cancer treatment, timely nutritional assessment and the early implementation of nutrition interventions are crucial to prevent or attenuate malnutrition and to improve nutritional status, treatment tolerance, and quality of life in oncology patients [52].

The Mediterranean culinary medicine offers a practical framework to address these challenges by applying culinary strategies that enhance the sensory properties of meals. The use of aromatic herbs and spices, flavor layering through traditional preparations, and the modulation of textures through different cooking techniques can help compensate for sensory deficits and improve food palatability, thereby supporting adequate food intake and nutritional status in individuals experiencing sensory dysfunction.

### 3.3.2. Disease-Related Malnutrition

Disease-related malnutrition is a frequent and clinically relevant complication in many chronic conditions, particularly in cancer patients undergoing treatment. It is often driven by reduced food intake resulting from symptoms such as loss of appetite, nausea, swallowing difficulties, and alterations in taste and smell, which impair eating behavior and energy–protein intake. Therefore, patients may experience progressive weight loss, muscle depletion, poorer treatment response, and reduced quality of life.

Culinary strategies have emerged as a complementary approach to nutritional care, aiming to improve oral intake through the development of energy- and protein-enriched meals that remain acceptable and appealing to patients. Evidence suggests that adapting standard recipes through culinary reformulation, while simultaneously considering sensory characteristics such as flavor, texture, and visual presentation, can help increase food acceptability and support dietary intake, thereby contributing to the prevention or delay of disease-related malnutrition [53].

### 3.3.3. Dysphagia

Dysphagia is a frequent and clinically significant complication in older adults and in patients with neurological diseases, cancer, or frailty, and it is strongly associated with an increased risk of malnutrition, dehydration, aspiration pneumonia, and reduced quality of life [54]. Difficulties in safely swallowing often lead patients to avoid certain foods or textures, resulting in reduced dietary variety and inadequate nutrient intake. Conventional management strategies typically rely on texture-modified diets and thickened liquids to improve swallowing safety; however, these interventions may compromise palatability and food enjoyment, potentially further decreasing intake.

Advances in gastronomy-inspired techniques, food structuring, and texture optimization can improve the sensory properties, visual appeal, and nutritional density of texture-modified foods, thereby enhancing adherence and helping maintain adequate nutritional intake. Integrating culinary innovation with clinical nutrition strategies therefore represents a promising approach to address both the safety and the nutritional challenges associated with dysphagia.

Beyond texture modification and nutritional optimization, the visual presentation of foods also plays an important role in improving food acceptance among individuals with dysphagia. Recent research highlights that shaping or restructuring texture-modified foods to resemble their original appearance can significantly enhance the mealtime experience, food recognition, and overall enjoyment of eating [55]. These food-shaping techniques help maintain the visual identity of familiar

Mediterranean dishes while ensuring safe swallowing textures, thereby supporting appetite stimulation, dignity during meals, and quality of life in older adults with swallowing difficulties. By integrating culinary creativity with clinical nutrition strategies, such approaches illustrate how gastronomic innovation can contribute to improving dietary intake and adherence to dysphagia diets in clinical and care settings.

### 3.3.4. Food Allergy

Food allergies represent an increasingly prevalent public health concern, affecting approximately 8% of children and around 5% of adults worldwide [56]. These conditions result from immune hypersensitivity reactions triggered by specific food proteins, leading to clinical manifestations ranging from mild dermatological or gastrointestinal symptoms to severe systemic reactions such as anaphylaxis. Although more than 160 foods have been identified as potential allergens, a small group of foods—including milk, eggs, wheat, peanuts, soybeans, tree nuts, fish, and shellfish—accounts for most allergic reactions [56].

Importantly, culinary processing and cooking techniques may influence the allergenic potential of foods by modifying protein structures [57,58]. For example, glycation reactions generated during thermal processing can alter allergen epitopes and either increase or reduce their immunoreactivity [59]. These findings highlight the relevance of culinary practices and food preparation strategies in the management of food allergies, suggesting that understanding how cooking methods affect allergenicity may contribute to the development of safer dietary options and more personalized nutritional approaches for allergic individuals.

## 4. Mediterranean Culinary Medicine: Social, Cultural and Environmental Dimensions

Recent perspectives in nutrition science highlight the need to move beyond “one-size-fits-all” dietary models and prioritize culturally relevant dietary patterns, which may improve health outcomes across diverse populations [60]. For this reason, effective food-based interventions must consider local food traditions, culinary practices, and cultural preferences to ensure relevance, acceptability, and long-term adherence [14].

Mediterranean Culinary Medicine provides a framework to integrate these cultural and social dimensions into dietary interventions. Historically, cooking within the household has played a central role in preserving and transmitting Mediterranean food traditions across generations, embedding this dietary pattern within everyday cultural practices [61]. In many Mediterranean societies, women have traditionally acted as key custodians of culinary knowledge, contributing to the intergenerational transmission of recipes, cooking techniques, and food-related cultural values that sustain the Mediterranean dietary model [62].

Interventions that incorporate family participation appear particularly effective, as parents strongly influence children’s food preferences and eating behaviors, and shared cooking experiences can foster the intergenerational transmission of healthy dietary habits [63,64]. In a family-based culinary program, we integrated cooking workshops with nutritional education related to the Mediterranean diet, engaging parents and caregivers to reinforce healthy habits at the household level [65]. This approach is consistent with evidence showing that family meals and convivial eating environments are closely associated with greater adherence to the Mediterranean diet and with the transmission of healthy dietary habits across generations [66]. Overall, family-based culinary education represents a relevant framework for promoting Mediterranean dietary patterns and supporting the prevention of chronic diseases.

The Mediterranean diet is closely linked to the use of seasonal, local, and minimally processed foods, which support biodiversity and environmentally sustainable food systems [62]. In line with other plant-based dietary patterns, it is associated with a lower environmental footprint, requiring fewer resources such as land, water, and energy [67,68]. In this context, Mediterranean cooking

techniques—characterized by the use of seasonal ingredients, minimal processing, and resource-efficient preparation methods—may further contribute to the sustainability of this dietary model, although this dimension remains underexplored in the scientific literature.

#### 4. Conclusions

Beyond its well-established role in chronic disease prevention, the health benefits of the Mediterranean diet cannot be fully understood or implemented without considering the culinary traditions, food preparation practices, and social contexts that characterize Mediterranean food culture. In this sense, the concept of Mediterranean Culinary Medicine provides a framework for translating the scientific evidence supporting the Mediterranean diet into practical culinary practices that can be adopted in daily life.

By integrating nutrition science with traditional Mediterranean cooking techniques, ingredients, and meal patterns, Mediterranean Culinary Medicine highlights the role of culinary practices in shaping the nutritional quality, bioavailability of bioactive compounds, and overall health effects of the diet. Cooking methods, ingredient combinations, and the use of extra virgin olive oil illustrate how culinary processes interact with food matrices to influence the biological impact of meals.

Beyond disease prevention, this framework also offers practical strategies to address disease-related eating limitations, including sensory alterations, dysphagia, malnutrition, and food allergies. Culinary adaptations—such as modifying textures, enhancing flavors with herbs and spices, or adjusting cooking techniques—can help maintain food enjoyment and nutritional intake in clinical contexts.

Finally, Mediterranean Culinary Medicine also acknowledges the importance of social, cultural, and environmental determinants of dietary behavior. Teaching kitchens, family-based culinary interventions, and community programs illustrate how culinary education can facilitate the transmission of Mediterranean food traditions and promote sustainable dietary practices.

Overall, Mediterranean Culinary Medicine represents an interdisciplinary approach that bridges gastronomy, nutrition, and healthcare. By connecting evidence-based dietary recommendations with culturally grounded culinary practices, this framework may contribute to improving dietary adherence, promoting sustainable food systems, and supporting the prevention and management of chronic diseases.

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