Hypertension: Who Will Be In Your Driver's Seat?

What is prehypertension? It is a lower blood reading than you think! Do you know which specific vegetable and seasonings help to lower high blood pressure?

All this and more if you click on the "Read More".

Coconut and Palm Oils: Are they good for your heart?
You hear a lot about the benefits of coconut oil. What makes it different from other saturated fats? Does it really help your heart?

FOOD COURT

Granola Bars
This healthy and tasty recipe makes about 24 granola bars! Enjoy!

The Best Fats for Your Heart's Health
You will be happy to know that the best fats for your cardiovascular health come in a variety of flavors and can be used in so many delicious dishes.

SUCCESS STORY
Battling depression? Struggling with insomnia? Needing desperately to lose pounds? Mary Anna’s story will encourage you.

Mary Anna’s Depression Lifted Completely!

For years I would be driving to visit my family in Illinois and would see the Wildwood Lifestyle Center billboard out on the highway. When I felt I needed a place like Wildwood, I remembered that billboard.

I was very depressed and I knew that I would get help in a natural way at Wildwood. No pills – that was very important to me. I wanted to come off the anti-depressants. I had researched the place so I knew what the program was all about. It was amazing to me that God created all these simple things – water, natural foods, herbs – that can help heal me. I wanted to experience that.

When I got here I was severely depressed. I had been on anti-depressants and had not been functioning for a while. By day three, my depression had lifted completely! It was a miracle, because I had been depressed for a very long time. I had not been sleeping. Day two, I slept fourteen hours! I had been staying up until 5:30am. I’ve lost 21 pounds since I’ve been here and my blood sugars have come down. We’ve cut down my blood pressure medicines. I have a return of cancer, but I
know if I keep following this I will be healed. Can I recommend Wildwood? Absolutely!

YOU CAN CHANGE YOUR LIFE!

Join us here on the 11 or 25 Day Wildwood Lifestyle Program Starting June 14 or 28, 2015

- Reverse Disease
- Overcome Depression
- Lose Weight
- Energize Your Life

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Do you know the CDC’s batting averages for hypertension in the U.S.?

- 31% have high blood pressure (HBP, hypertension)—that’s 1 in every 3 American adults.
- 69% of people who have a first heart attack, 77% of people who have a first stroke, and 74% of people with chronic heart failure have high blood pressure. \(^1\) High blood pressure is also a major risk factor for kidney disease and cognitive decline.
- About 1 in 5 (20.4%) U.S. adults with high blood pressure don’t know that they have it.
- Approximately half (47%) of the people with high blood pressure have their condition under control.
- Almost 30% of American adults have prehypertension—blood pressure numbers that are higher than normal, but not yet in the high blood pressure range.

Hypertension is called the silent killer because often there is no sign or symptom until one develops a major complication from it—heart attack, stroke, or kidney failure. So how can we defeat this stealthy killer? Better yet, how can we prevent it?

**Understand the numbers.**

Blood pressure is the force of blood against the walls of the arteries. Blood pressure rises and falls during the day. Usually there are two numbers in a blood pressure reading. Systolic pressure (represented by the higher number) is the force of blood in the arteries as the heart beats. Diastolic pressure (represented by the lower number) is the force of blood in the arteries as the heart relaxes between beats.

Note in the chart below that what once was considered a good systolic pressure (top number)—120 to 124—is now listed as prehypertension. Scary isn’t it? And what is more serious yet, if you have only one of the two figures in the prehypertension range, you still have the condition. Pre-hypertension increases the risk of heart disease. According to a 2005 analysis by the Framingham Heart Study, men with pre-hypertension are 3.5 times more likely to suffer heart attacks than those with normal blood pressures.\(^2\) Young adults who have pre-hypertension substantially increase their risk for coronary artery disease in middle age. HBP promotes atherosclerosis even when the cholesterol is within normal range.

Invest in a blood pressure cuff. The electronic models are easy to work, but to be accurate you need to get the appropriate size cuff. Take your blood pressure at least once a week. If you personally have risk factors for hypertension—obesity, smoking, a family history of heart disease, hypertension, or diabetes—take it daily. African Americans tend to get HBP earlier in life and develop more severe HBP. Children at risk for HBP should have their blood pressure checked a lot more than at the doctor’s office.

**Don’t hurry but do DASH.**
The Dash Diet has been as effective in reducing elevated blood pressure as medicine in many hypertensive individuals. It also effectively improves diabetes. It is a proven good first step for many individuals.

**Daily Nutrient Goals Used in the DASH Studies (for a 2,000-Calorie Eating Plan)**

<table>
<thead>
<tr>
<th>Blood Pressure Levels</th>
<th>Systolic</th>
<th>Diastolic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>less than 120 mmHg</td>
<td>less than 80 mmHg</td>
</tr>
<tr>
<td>At risk (prehypertension)</td>
<td>120–139 mmHg</td>
<td>80–89 mmHg</td>
</tr>
<tr>
<td>High</td>
<td>140 mmHg or higher</td>
<td>90 mmHg or higher</td>
</tr>
</tbody>
</table>

**Use more herbs and less salt.**

Excess sodium consumption promotes fluid retention and causes the arteries to become more sensitive to norepinephrine, an artery-constricting hormone. Most of our sodium intake comes from salt consumption. Thirty per cent of hypertensive individuals retain more salt than normal. Mild salt restriction generally works much better for lowering high blood pressure than severe salt restriction. One teaspoon of salt provides 2,300 mg of sodium. If you already have hypertension, or if you are middle-aged or elderly, or if you are an African American, daily recommendations are to lower your sodium intake to 1,500 mg per day. Processed foods and condiments usually have considerable sodium.

**Caution Alert:** Reduced-sodium products and salt substitutes often contain potassium chloride. Since this ingredient may harm people who have certain medical conditions such as diabetes and kidney disease, check with your doctor before trying reduced-sodium products and salt substitutes that contain potassium chloride.

Garlic⁴, onion⁵, rosemary⁶, and oregano possess phytochemicals that may help to lower elevated BP.

**Enjoy fruits and veggies.**

Abundant consumption of fruits and vegetables, potassium, and vitamin C is associated with a significantly lower risk of hypertension.⁷ Three ribs of celery a day lower blood pressure.⁸ Increased fruit and vegetable intake improves the ability of the blood vessels to dilate in hypertensive individuals.⁹ Whole fruits, vegetables, legumes, nuts, and whole grains are rich in fiber. A high fiber intake is associated with better blood sugar control, lower blood pressure and cholesterol, and better kidney function in type 2 diabetic patients.¹⁰ Fruits and vegetables are rich in potassium, a mineral that protects the arteries and kidneys and reduces the risk for stroke. Green, leafy vegetables contain magnesium which helps to prevent the blood vessels from experiencing sustained contraction, called vasoconstriction. Vegetarians have less incidence of hypertension than omnivores and a vegetarian diet can reduce elevated blood pressure.¹¹,¹²

**Choose your beverages wisely.**

A diet high in sugar and high fructose corn syrup can lower the threshold for hypertension. These products also
raise uric acid, a byproduct of protein metabolism. Elevated uric acid levels are associated with new cases of recent-onset-essential-hypertension in children, and predict non-alcoholic fatty liver disease in obese children.\textsuperscript{13,14} Hypertension is not only associated with consumption of sugar-sweetened sodas, but artificially sweetened soft drinks as well, even after controlling for potentially confounding factors.\textsuperscript{15}

Caffeine raises blood pressure in hypertensive-prone individuals.\textsuperscript{16} It magnifies the physiologic effects of stress inside our bodies throughout the day even when taken only in the morning. Avoid caffeine because it increases the consumption of oxygen in the brain and blood flow resistance in the cerebrum (upper 7/8 of the brain). In other words, caffeine increases the demand for oxygen in the brain while reducing the supply of blood flow within the brain.\textsuperscript{17}

On the positive side, Hibiscus tea lowers blood pressure in prehypertensive and mildly hypertensive adults\textsuperscript{18} and can be as effective at lowering blood pressure as the commonly used blood pressure medication.\textsuperscript{19}

\textbf{Lose to win.}

The arteries in an obese individual become more sensitive to molecules that constrict them and less sensitive to molecules that open them.\textsuperscript{20,21} Among other serious consequences, diabetes and obesity decrease the ability of the innermost lining of the blood vessels to manufacture molecules that enable the blood vessels to dilate and discourage undesirable clotting.

Just a weight loss of even 10% in obese individuals is helpful in reducing high blood pressure and lowering blood lipids (cholesterol and triglycerides). Exercise and weight loss even improve the ability of the blood vessels to dilate in type 2 diabetes.\textsuperscript{22}

\textbf{Punch line}

Largely unknown at the time of his presidential campaign, Woodrow Wilson had been plagued by hypertension and mild strokes. In 1896 Wilson possibly experienced his first stroke, which caused marked weakness of his right upper limb plus sensory disturbances in his fingers. His doctors at the time diagnosed him as having neuritis. In June of 1904 Wilson developed weakness in the right arm that lasted for several months.

Once President, Wilson's problems persisted. In May of 1914 changes in the arteries of his eye were documented. Wilson then experienced severe headaches lasting for days during the years 1915-1919. Wilson desperately wanted the First World War to be the war that ended all wars. Unfortunately, Wilson suffered a catastrophic stroke while President on October 13, 1919 and was thus prevented from accomplishing anything significant. His wife and physician actually conspired to keep the extent of his disability a secret; indeed, Wilson's condition was hidden from his own Cabinet, from the Vice President and, of course, from the public.\textsuperscript{23} So who was running the government?

His experience leads us to ask the following questions: In what ways exactly does our cardiovascular health impact our community? In Wilson's day the medical community did not know as much about how to prevent and treat hypertension. Are we taking advantage of the opportunities that we personally have to follow the lifestyle principles that modern medical authorities advocate—to lose weight if obese, watch the salt, and exercise? Will our usefulness, like President Wilson's, be cut short by our negligent failure to do so? Will cardiovascular disease sabotage our plans to help our world or to guide a child we love? If that happens to you, who will be in your driver's seat?

\textit{All rights to this article belong exclusively to the author and www.wildwoodhealth.org; copyrighted 2015. We have covered the nutritional aspects in preventing and reversing hypertension. In future articles, we will explore natural strategies that help hypertension. The above article is general in nature. Please consult your...}
physician for medical conditions.

Although Wildwood Lifestyle Center endorses a vegetarian diet for a number of health reasons, the DASH Diet is a good first step for many individuals. For more information on the individual plans under the Dash Diet, go https://www.nhlbi.nih.gov/health/…/dash/

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2. Prehypertension: Does it really matter?—Harvard Health Publishers
3. National Heart, Lung, and Blood Institute, What is the DASH eating plan?
Coconut and Palm Oils: Are they good for your heart?

By Alberta Cook, ASN and Elizabeth J. Hall

Pearly white coconut oil looks harmless enough. Coconut oil is growing a reputation as being a healthful alternative for monounsaturated and polyunsaturated oils. However, coconut oil, a saturated fat, may not be good for everyone; therefore, the claims need close examination, and you may be surprised at some conclusions!

There are three well-known saturated fats of the vegetable kingdom. First, there is coconut oil. Second, there is palm oil which is extracted from the fleshy part, or mesocarp of the palm fruit. Carotenoids make the mesocarp reddish in color. Palm oil is approximately 43% saturated fat. Third, palm kernel oil is derived from the white, center kernel, of the same fruit. Eighty-one to eighty-five percent of the fatty acids in both palm kernel oil and coconut oil are saturated.

How are coconut oil and palm oil different from most saturated fats?

Palm oil is high in saturated fatty acids. Palm oil gives its name to the 16-carbon saturated fatty acid palmitic acid. However, a medium chain saturated fat, lauric acid, composes half of the saturated fats found in palm kernel and coconut oil. Medium-chained saturated fatty acids act differently than the long-chain fatty acids found in meat.1

Is lauric acid another biological hero?

Athletes use oils that have lauric acid to get quick energy, because they are metabolized quicker and easier. Medium chain fatty acids, such as lauric acid, are quickly digested and absorbed more efficiently than long-chain saturated fats found in meat and the long-chained fatty acids in vegetable oils. Why?

Medium-chain fatty acids are transported in the blood right from the gastrointestinal track and go directly to the liver. This allows these fats to enter the cells’ power plants independently, instead of being transported into the cell by other biological mechanisms. The shorter chain fatty acids are used preferentially by the cells to give us energy. They also may have potential for weight reduction because medium chained fats are easier to burn off than long-chain fatty acids.1 There are early studies which suggest that coconut oil could possibly benefit the aging brain.

What are the cardiovascular dangers from liberal consumption of saturated fats?

- Consumption of long chain saturated fats from meat raise LDL cholesterol levels. Elevated LDL cholesterol levels are a risk factor for cardiovascular disease while a good level of HDL cholesterol is seen as protective.2 Replacing saturated with polyunsaturated fats may help to reduce the risk for cardiovascular disease.
- Diets high in saturated fat raises levels of endothelial lipase (EL), an enzyme associated with the development of atherosclerosis and inflammation. On the other hand, a polyunsaturated fat diet showed a significant decrease in EL and beneficial changes in inflammatory factors.3
- Saturated fats impair the ability of the blood vessels to expand, decrease protection from HDL, and allow more inflammatory agents to accumulate in the arteries. In contrast, polyunsaturated fats, a healthier form of fat, can increase the anti-inflammatory properties of HDL, and help to protect the inner lining of the arteries. A single meal of junk food consisting mainly of saturated fats reduces the ability of blood vessels to dilate by 24%.

- Frequent consumption of large amounts of saturated fat is toxic to the heart muscle cells. Evidence indicates that saturated fats accumulate in the heart muscle; they stress the transportation system found in the heart muscles and can actually cause the death of these cells.

- In some studies, compounds in meat, other than long-chain saturated fats, could also contribute to increased risk for cardiovascular disease.

### Do saturated fats in coconut and palm oils act differently?

Eighty-one to eighty-five percent of the fatty acids in both palm kernel oil and coconut oil are saturated. The cardiovascular effects of coconut have not been studied extensively. Coconut oil can boost HDL levels. It is important to use virgin coconut oil because the more processed coconut oil can elevate cholesterol.

Several epidemiological studies reveal that the residents of the South Pacific who eat lots of coconut and palm oils do not suffer from lipidemia, a high amount of cholesterol and triglycerides in the blood. This, however, might be attributable to their consumption of omega-3 fat rich foods rather than coconut or palm oil. In an attempt to sort this out, scientists fed mice various diets. The mice who ate the diet supplemented with coconut oil exhibited elevated levels of plasma cholesterol and triglycerides, an increase in plaque development, and increased inflammation in the aortic tissue. However, when flax seed, an omega-3 rich food, was included in the diet, atherosclerosis was reduced through a reduction of circulating cholesterol levels.

Needless to say, anyone eating coconut and/or palm oil needs to include the balancing omega-3 fatty acids in their diets. Plant sources for omega-3 fats include chia, flaxseed, soybeans, walnuts, and spinach.

Then, too, the Filipinos who also consume a large amount of coconut oil have a substantial incidence of metabolic syndrome. Metabolic Syndrome is characterized by obesity, elevated blood sugar, high triglycerides (blood fats), hypertension, inflammation, and strong activation of the sympathetic nervous system,—all of which increases the risk of serious cardiovascular consequences like heart attack and stroke. Diabetes and hypertension are common in the Philippines. Studies also show that coconut oil does not protect our heart and blood vessels if we eat an unhealthful diet like the typical Filipino diet which include patis (fish sauce), and bagoong (shrimp paste), anchovies, and pork.

Conclusion: It is premature to say that coconut oil is heart healthy without more controlled and randomized studies. The mechanisms by which coconut oil protect the heart and blood vessels (if it does) need to be confirmed by a variety of studies.

### What do scientific studies show about palm oil?

The studies on the cardiovascular effects of palm oil are conflicting. Even though palm oil does contain palmitic acid, many studies show that it does not raise cholesterol levels. A 17-year study showed that palm oil is associated with increased risk for coronary artery disease in dose related fashion.

At this time the oils from coconut and palm do not seem to affect plasma homocysteine and inflammatory markers associated with cardiovascular diseases.
Can palm oil be harmful?

Palm oil is not a healthy substitute for trans fats. Much of the palm oil that is consumed as food is to some degree oxidized due to processing, and this oxidation appears to be responsible for part of the health risk associated with consuming palm oil. One caveat here: much of coconut oil you find in the grocery store has been adulterated with palm oil. So, if you want to try coconut oil, get the virgin coconut oil.

Is coconut oil the best fat for your heart?

In the Harvard Health Letter, the world-renown scientist and researcher, Dr. Walter Willet, was asked by a reader, “I have started noticing more coconut oil at the grocery store and have heard it is better for you than a lot of other oils. Is that true?” In part, his response was to take caution because even though coconut oil seems to give a boost to the good HDL cholesterol, studies have not been perused that would prove the long term health risks of consistently using this saturated fat. Interestingly he said, "Fat in the diet, whether it's saturated or unsaturated, tends to nudge HDL levels up but coconut oil seems to be especially potent at doing so… Saturated fat is divided into various types, based on the number of carbon atoms in the molecule, and about half of the saturated fat in coconut oil is the 12-carbon variety, called lauric acid. That is a higher percentage than in most other oils, and is probably responsible for the unusual HDL effects of coconut oil." Concluding with a balanced word of advice, "Coconut oil's special HDL-boosting effect may make it “less bad” than the high saturated fat content would indicate, but it's still probably not the best choice among the many available oils to reduce the risk of heart disease."

Well, what are the best fats for your heart? In our article entitled “Best Fats for Heart Health” we addressed that question.

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Granola Bars

Cristiano Sequeira

1 cup brown rice syrup
½ cup honey
2 teaspoons vanilla
1 teaspoon coconut extract
3 tablespoons peanut butter
4 cups granola
4 cups puffed rice or Rice Krispies cereal
½ cup each: sesame, pumpkin, and sunflower seeds
½ cup unsweetened, flaked coconut
1 cup dry-roasted peanuts
1½ cup raisins or dried cranberries

1. Place first four ingredients in a 2-quart kettle and simmer for 10 minutes. (Don’t use a smaller pot—it will boil over!) Remove from heat and stir in peanut butter.

2. Combine all remaining ingredients in a large bowl and add hot syrup mixture. Mix to coat evenly.

3. Spread onto a Bake Magic-lined (or oiled) 12” x 17” sheet pan that has sides. Press lightly in place with wet hands.

4. Bake at 350ºF for 10-15 minutes or until bars begin to brown on the edges. Remove and cool for 20 minutes and then, with an oiled knife, cut into squares while still slightly soft.

5. When cool, store in plastic bags, not an airtight container, or they will soften.

Makes about 24 bars.

From the Seven Secrets Cookbook.
The best fats are literally nutritional powerhouses. Although tree nuts are high in fat, they contain fiber, high-quality protein, potassium, magnesium, anti-inflammatory compounds, and antioxidants. Predominately the fats in nuts are composed of healthy monounsaturated and polyunsaturated fatty acids. Many nuts are also rich in omega-3 fatty acids. Nuts are rich in L-arginine, an amino acid that helps preserve the flexibility of arteries and discourages undesirable clotting.

Which fats reduce your risk for both cancer and cardiovascular disease?

Spanish researchers examined the effect on the primary prevention of cardiovascular disease of over 7000 older people (ages 55 to 90) randomized to a Mediterranean Diet, supplemented with extra virgin olive oil or nuts, and compared to a control group following a low fat diet. Here are their findings:

- There were fewer people with type 2 diabetes or people taking medicine for hypertension in the group of people who ate the most nuts.
- Nut eaters had a 39% lower mortality risk and walnut eaters did even better at 45% lower risk.
- People eating more than 3 servings (1 serving — 28 g) a week of tree nuts reduced the risk of death due to cardiovascular disease by 55% and cancer by 40%. A similar effect was demonstrated with walnuts.

Can you provide four ways in which nuts benefit individuals who have diabetes?

In diabetes the ability of the blood vessels to dilate is significantly compromised. Stress also causes blood vessels to constrict. Two servings of pistachios per day lowered vascular constriction during stress and improved neural control of the heart in diabetic adults. In this study one group of participants ate a standard heart-healthy diet, 27 percent fat and 7 percent saturated fat, while another group consumed a diet containing two servings of pistachios per day, about 3 ounces or 20 percent of calories from pistachio nuts. The typical participant consumed about 150 pistachio nuts per day. The pistachio diet contained 33 percent fat and 7 percent saturated fat. At the end of each four-week diet period, the researchers measured blood pressure and total resistance to blood flow at rest and during two stress tests: a cold water challenge and a confusing mental arithmetic test. After the pistachio diet, blood vessels remained more relaxed and open during both the stress tests (even though the participants felt angry and frustrated during the math stress test).

Jenkins and his colleagues found that nuts were useful in replacing some carbohydrate in diabetic individuals. They provided three different diet supplements to subjects with type 2 diabetes. One group was given muffins; the second group was provided with a daily two ounces of assorted nuts including raw almonds, pistachios, walnuts, pecans, hazelnuts, peanuts, cashews, and macadamias; and the third group was given a mixture of muffins and nuts.

The results? Participants receiving the nut-only supplement reported the greatest improvement in blood glucose control using the glycosylated hemoglobin (HbA1c) test. This lab test shows the average level of blood sugar...
(glucose) over the previous 3 months. Not only did nut diet consumers reduce their HbA1c, they also experienced a reduction in LDL cholesterol (“bad cholesterol”). Participants provided the muffin supplement or the mixed muffin-and-nut supplement experienced no significant improvement in blood sugar control. Those receiving the muffin-nut mixture also significantly lowered their serum LDL levels (“bad cholesterol”). What is also encouraging is that the nut group experienced no weight gain!3

Almonds are particularly helpful for diabetic individuals. Regular, daily almond consumption reduces hemoglobin A1c in individuals with well-controlled type 2 diabetes mellitus.4 Inclusion of almonds in the breakfast meal decreased blood glucose concentrations and increased satiety, both acutely, and even after a second meal in adults with glucose intolerance.5

**How can nuts help obese individuals?**

Several cross-sectional analyses have shown an inverse association between higher nut consumption and lower body weight. Other types of studies found that increasing nut consumption was associated with lower weight gain over relatively long periods of time.6

Metabolic syndrome (MetS) is characterized by three of the following: obesity (pot-belly), elevated blood sugar and blood pressure, decreased LDL, and is also accompanied by elevated blood fats, inflammation, increased risk for undesirable blood clots, and increased activation of sympathetic (“fight or flight) nervous system activation. Any of these can increase the risk and contribute to heart and blood vessel diseases.

Serotonin is a compound that helps transmit nerve signals, promotes a positive outlook and self-control, and decreases feelings of hunger. Just one ounce of mixed nuts (raw unpeeled walnuts, almonds, and hazelnuts) increased the serotonin level in individuals who had metabolic syndrome.7

Individuals who have either substantial obesity or MetS are at risk for developing type 2 diabetes. Another study found that when approximately 1/4 cup of tree nuts replaced refined carbohydrates, reductions in triglycerides and blood glucose occurred.8

In obesity and MetS, the ability of the blood vessels to dilate is impaired. Daily ingestion of 56 g of walnuts (approximately 1/4 cup) improves endothelial function in overweight adults with visceral adiposity. The addition of walnuts to this diet does not lead to weight gain.9

Because of their high fiber and substantial fat content nuts can act as appetite suppressants. Here, though, Korean pine nuts might be your best bet for now because in one small study pine nuts stimulated two well-known appetite suppressing hormones (cholecystokinin and glucagon-like peptide) in overweight women. These women reported significantly less desire to eat only 30 minutes after ingestion compared with an olive oil placebo. A significant increase in cholecystokinin of 60% and glucagon-like peptide-1 of 25% remained as long as four hours after ingestion.10

**How does regular consumption of nuts help chronic diseases?**

Inflammation fuels chronic diseases such as obesity, diabetes, metabolic syndrome and atherosclerosis. Regular consumption of nuts is associated with significant reduction of three pro-inflammatory markers.11 One study of 987 diabetic women showed a direct association between nut consumption and increased plasma levels of adiponectin12 an important hormone that exerts anti-inflammatory properties. Adiponectin also helps to protect from atherosclerosis.

However, some people are allergic to nuts. What can they do? How about the no-oil diets? What are their benefits or drawbacks? In future articles, we will attempt to answer the questions.
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