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REVIEW ARTICLE

NUTS AND HEALTHY LIFE: A BRIEF REVIEW

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ABSTRACT

Nuts are an important source of nutrients for both humans and wildlife. Tree nuts are a rich source of tocopherols and total phenols and contain a wide variety of flavonoids and proanthocyanidins. In addition to being a rich source of several essential vitamins and minerals, mono- and polyunsaturated fatty acids, and fiber, most tree nuts provide an array of phytochemicals that may contribute to the health benefits attributed to this whole food. Although many of these constituents remain to be fully identified and characterized, broad classes include the carotenoids, hydrolyzable tannins, lignans, naphthoquinones, phenolic acids, phytosterols, polyphenols, and tocopherols. These phytochemicals have been shown to possess a range of bioactivity, including antioxidant, antiproliferative, anti-inflammatory, antiviral, and hypocholesterolemic properties. Nuts (or seeds generally) are also a significant source of nutrition for wildlife. This is particularly true in temperate climates where animals such as jays and squirrels store acorns and other nuts during the autumn to keep them from starving during the late autumn, all of winter, and early spring.

Many nuts are good sources of vitamins E and B_2 (riboflavin, an antioxidant), and are rich in protein, folate, fiber, and essential minerals such as magnesium, phosphorus, potassium, copper, and selenium. Raw or unroasted walnuts are considered the healthiest, with twice as many anti-oxidants as other nuts.

Nuts such as almonds, walnuts, pea nuts may have beneficial effects on cardiovascular risk factors. Epidemiological studies, suggested that nut eating was associated with diminished risk of coronary artery disease (CAD).

In reviewing the history, nutrient composition, and the epidemiological and clinical studies of nuts, the need to make nuts and oil-rich seeds a more important part of modern, healthy diets should become evident to the reader.

KEY WORDS: nuts, antioxidant, healthy life, vitamins

INTRODUCTION:

type diet, in which nuts are considered a source of high diet in free-living subjects is better and the nutrient profile quality protein, are well recognized by a growing number of the moderate-fat diet is superior ¹⁴ Moderate-fat diets of people. Notwithstanding the fact that nuts are an that contain nuts elicit a more favorable lipid and intrinsic part of the diets of some Mediterranean regions lipoprotein profile after maintenance of weight loss as well where both serum cholesterol levels and the incidence of ¹⁵ The evidence supporting these observations is outlined heart disease are low^{1,2}, in recent years consumers have below. felt and still feel that low-fat foods are the ultimate choice for a healthy diet, weight control and disease prevention. Based on the evidence from epidemiological and controlled of several conditions in which oxidative stress may play a clinical studies, nut consumption is not associated with role, including coronary heart disease,¹⁶⁻¹⁸ hypertension,¹⁹ higher body weight³⁻⁸ In fact; the epidemiological evidence type 2 diabetes,²⁰ indicates consistently that nut consumers have a lower BMI dysfunction. ^{21,22} than nonconsumers. With respect to clinical studies, the evidence is nearly uniform that their inclusion in the diet hazelnuts, macadamias, pecans, pine nuts, pistachios and

leads to little or no weight gain ^{9-13.} Moreover, adherence The health benefits of a plant-based, vegetarian- to a moderate-fat, weight loss diet vs. a low-fat weight loss

> Data from large observational studies show that regular nut consumption is associated with a reduced risk inflammation and endothelial

> Almonds, Brazil nuts, cashews, chestnuts,

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nutrients for good health. Enjoying nuts regularly as part of source of food, while Brazil nuts are part of the native a healthy diet has been shown to benefit the heart ²³⁻²⁷ and Brazilian Amazon flora and are an ancient food of that may reduce the risk of developing type 2 diabetes [28-30] region. Cashews are another nut native to the Amazons, and help with weight management³¹ Eating a small regular but currently the largest producers are India and East serve of nuts can have benefits for weight management Africa. Macadamia nuts are native to the rain forests of and nuts naturally contain a broad range of important Australia, whereas pecans belong to the walnut family and vitamins, minerals, antioxidants and other phytochemicals are of North American origin where they were a staple of helping you achieve a balanced diet. ³²⁻³³

HISTORICAL PERSPECTIVE:

Throughout history, nuts have been part of the diet around the world. Records of eating pistachios date back to **COMPOSITION:** the Stone Age of 7000 BC. Early descriptions of diets and food intakes indicate that the Romans, Persians, and Arabs nutrients and their consumption is associated with health all used ground nuts to thicken stews and sauces; that benefits. The protein content of nuts ranges from 10 practice later extended to Europe. During exploration of percent in walnuts to 17 percent in Asia, nuts made their way from Persia to China and became Almonds; the dietary fiber ranges from 5 percent in a highly prized delicacy. In the Scandinavian countries, nuts winters ³⁴

oil-rich seeds, played important roles in the diet of the with the exceptions of coconuts which contain Incas at the peak of their civilization: ancient Peruvian predominantly saturated fat and walnuts which contain peanut shells indicate that Incas roasted these seeds and primarily polyunsaturated fat. nuts, similar to what we do currently³⁵⁻³⁶. Walnuts were used by the Greeks at least four centuries BC, and ancient as other beneficial biologically active constituents ^{28,37} fossil remains of hazelnuts (filberts) have been found in Some tree nuts, especially almonds and hazelnuts, are Sicily. Pistachios were considered a precious food in Persia good sources of vitamin E and other tocopherols, while in the sixth century BC, and from there this nut spread nuts also provide some niacin, B6, folic acid, magnesium, throughout Asia and Europe. The Book of Genesis in the zinc, copper, and potassium. Phytochemicals, many of Bible talks about almonds, and in Roman times Apicius them antioxidants such as phenolic compounds, add to wrote frequently about roasted almonds. In fourteenth- protective properties of nuts. Additionally, peanuts, century English cookbooks [36], almond milk was used similarly to soy beans, also contain phytoestrogens, which extensively after it had been brought to northern Europe recent research suggests may play important health from Asia and the Middle East. In tropical and subtropical protective roles

walnuts are all nuts that are packed full of beneficial regions, coconuts continue to be considered a primary native Americans of the southern regions. Acorns are the "nut" of the oak tree and at one time were a staple food of native Americans.

Nuts (ground and tree) are rich sources of multiple

macadamia nuts to 10-14 percent in almonds and were dried and stored as a food to use in the long, harsh pistachios. The fat content of nuts ranges from about 35 percent in coconuts to over 70 percent in macadamia nuts. Sunflower seeds and peanuts, both protein- and Most nuts are rich sources of monounsaturated fatty acids,

Nuts also supply important micronutrients as well



Figure I: Cashews, Wall nut, Almonds and pistachios

	Almonds	Cashews	pecans	Pistachios	walnuts
Total energy,k Cal	163	157	196	159	185
Protein, g	6	5.2	2.6	5.8	4.3
Carbohydrates,g	6.1	8.6	3.9	7.8	3.9
Fiber,g	3.5	0.9	2.7	2.9	1.9
Sugars, Total, g	1.1	1.7	1.1	2.2	0.7
Total lipids,g	14	12.4	20.4	12.9	18.5
Saturated fatty acids, g	1.1	2.2	1.8	1.6	1.7
Monosaturated fatty acids, g	8.8	6.7	11.6	6.8	2.5
Polysaturated fatty acids, g	34	2.2	6.1	3.9	13.4
Phytosterols,g	34	44.8	28.9	60.7	20.4
Minerals,mg(Ca)	75	10	20	30	28
Iron	1.1	1.9	0.72	1.1	0.8
Sodium	0	3	0	0	1
Potassium	200	187	<mark>11</mark> 6	291	125
Magnesium	76	83	34	34	45
Phosphorus	137	168	79	<mark>1</mark> 39	98
Zinc	1	1.6	1.3	0.6	0.9
Copper	0.3	0.6	0.3	0.4	0.5
Manganese	0.7	0.5	1.3	0.3	1
Selenium	0.7	5.6	1.1	2	1.4
Vitamins, mg Vit C	0	0.1	0.3	1.6	0.4
Thiamin	0.1	0.1	0.2	0.2	0.1
Riboflavin	0.3	0	0	0	0
Niacin	1	0.3	0.3	0.4	0.3
Pantothenic acid	0.1	0.2	0.2	0.1	0.2
Vitamin B-6, mg	0	0.1	0.1	0.5	0.2
Folate, total, mg 🛛 📐	14	7	6	14	28
Vitamin B-12	0	0	0	0	0
Vitamin A,	0	0	16	118	6
Vitamin E(total tocopherols)	7.7	1.9	7.6	7.3	6.7

Table 1: The nutritional profile of commonly consumed, whole, natural nuts (per ounce/28 grams) ³⁸.

NUTS & CARDIOVASCULAR DISEASE:

Nuts are rich in unsaturated fatty acids and most explain the beneficial effects of nuts on CVD. contain substantial amounts of monounsaturated fatty acids (MUFA); walnuts are especially rich in both (n-6) NUTS AND OXIDATIVE STRESS: [linoleic acid (LA)] and (n-3) [a-linolenic acid (ALA)] PUFA. Healthy fats (i.e. unsaturated fatty acids) in nuts contribute substantial amounts of melatonin, which contributed a to the beneficial associations of frequent nut intake significant antioxidant effect in an experimental rat model observed in epidemiologic studies [prevention of coronary ⁴⁰. Nuts also are a source of PUFA, especially walnuts. heart disease (CHD), diabetes, and sudden death], effects Whereas research has shown that PUFA are more in short-term feeding trials (cholesterol lowering), and susceptible to oxidation than MUFA⁴¹, nuts are a rich decreases in other CVD risk factors. However, nuts are source of many antioxidants that protect the PUFA in vivo complex food matrices that also are sources of other against oxidative modification. Oxidative markers after bioactive compounds, namely: macronutrients, such as feeding of MUFA-rich nuts have been examined in several vegetable protein and fiber; other nutrients, such as clinical trials. Results have been inconsistent in studies potassium, calcium, magnesium, and tocopherols; and involving almonds. Berry et al. ⁴² showed that oxidation of phytochemicals, such as phytosterols and phenolic plasma and LDL lipids in healthy volunteers were less after compounds, among other bioactive compounds, such as an almond diet compared with a low-fat diet. Jenkins et al. resveratrol and arginine ³⁹ Collectively, the individual ⁴³, in a dose-response study comparing 2 doses of almonds

nutrients and composite of cardio protective nutrients

Recently, walnuts were shown to contain

with a low-fat diet in hyperlipidemic subjects, observed a by nut consumption in both men and women. Gallstone 14% reduction in plasma oxidized LDL levels after the disease is associated with all the individual components of higher dose (average 73 g/d).

NUTS AND SATIETY:

nuts have high satiety properties. The provision of fixed elevated among subjects with the metabolic syndrome, energy loads of nuts (peanuts, almonds, and chestnuts increased insulin resistance, or fatty liver (even after taking have been tested to date) leads to sharp reductions in self- BMI into account) ^{55,56.} Recently, nut consumption reported hunger on questionnaires ⁴⁴ Loads matched on (peanuts, other nuts, and peanut butter) was studied weight and volume to peanuts, but low in energy, were not prospectively in relation to the risk of cholecystectomy, a as effective at suppressing hunger, indicating these are not surrogate of symptomatic gallstone disease, in the Nurses' the relevant properties. Fatty acid saturation does not Health Study and Health Professionals' Follow-up and exert a dominating role. The low glycemic index of nuts has showed that higher consumption of nuts was associated also been proposed as a mechanism by which they with lower risk of gallstone disease in both men and modulate appetite⁴⁵. This assumes plasma insulin or women^{57,58}. glucose causally influence appetite. However, euglycemic clamp studies did not confirm this ⁴⁶ and high **NUTS AND POSTPRANDIAL GLYCEMIA:** concentrations of insulin in the brain suppress feeding ⁴⁷. At this time, no single attribute accounts for the high, self- be confined to reducing glycemia and insulinemia but may reported satiety value of nuts.

NUTS AND INFLAMMATION:

of systemic low-grade inflammation, was a Secondary in hypercholesterolemia subjects with almonds ^{48,49,50} or walnuts ^{51,52}. Inclusion of almonds in the dietary portfolio dose-dependent fashion ^{59.} might have contributed to the anti-inflammatory response observed. Obviously, the specific dietary constituent that contributed to CRP lowering cannot be determined because of the multiple dietary changes that were made.

NUTS AND DIABETES:

Because there is no currently available cure for diabetes, primary prevention through diet and lifestyle **CONCLUSION**: modification is of paramount importance. One part of this strategy may be an increase in dietary vegetable protein concentrated sources of fibre. They are said to contain and fat in the form of nuts. As well as providing vegetable unsaturated fats, which are believed to provide energy and protein and unsaturated [monounsaturated fatty acids carbohydrates. (MUFA) ⁵³ and PUFA] fatty acids, nuts provide other nutrients that may improve lipid risk factors for heart Vitamin E and minerals and are thought to protect against disease and also glucose and insulin homeostasis.

consumption is also associated with reduced LDL cholesterol concentrations and possibly raised HDL nuts will help to provide the right balance of healthy fats in cholesterol levels ^{53,54}, have reversed the proscription our daily eating plan. Nuts have many potential advantages against nut consumption for those at risk of CHD.

NUTS AND GALLSTONE DISEASE:

syndrome disease, also appears to be influenced favorably thereby potentially decreasing the risk for cardiovascular

the metabolic syndrome, e.g. low HDL, high triglycerides, high blood pressure, insulin resistance, and impaired glucose tolerance or type 2 diabetes. Recent data suggest First, several lines of evidence demonstrate that the prevalence of gallstone disease is markedly

The effect of nuts on postprandial events may not also influence postprandial oxidative damage. Nuts in general contain very little available carbohydrate and therefore contribute little to the postprandial glycemic Plasma high-sensitivity CRP, an accepted measure response. However, by virtue of the content of fat and protein, and possibly of related phytochemicals (e.g. outcome in several controlled nut feeding trials carried out phytates and phenolics in the skin), nuts depress the glycemic response to a standard carbohydrate load in a

> When almonds were fed with bread, the destruction (i.e. oxidation) of serum protein thiols, as a maker of oxidative stress, was less than when bread was taken alone or when potato and rice were both fed with butter and cheese to equalize the fat and protein in the almond plus bread meal.

Nuts are believed to be one of the most

Nuts are reported to contain a high amount of antioxidant damage and many other stresses in the body. These data, together with evidence that nut Many people are believed to be allergic to nuts.

Nuts are rich in the healthy fats. Eating a variety of in allowing recommended macronutrient test targets to be met while fitting well into a heart-healthy diet. Incorporation of almonds into a healthy diet has beneficial Gallstone disease, as an associated metabolic effects on adiposity, glycemic control, and the lipid profile,

disease in patients with type 2 diabetes mellitus. Nuts are a **11.** Sabate J, Cordero-MacIntyre Z, Siapco G, Torabian S, positive addition to a healthy eating pattern for managing weight.

effects on adiposity, glycemic control, and the lipid profile, thereby potentially decreasing the risk for cardiovascular disease in patients with type 2 diabetes mellitus. Healthy fats are monounsaturated or polyunsaturated fats which 13. Hollis JH, Mattes RD. Effect of chronic consumption of can help regulate blood cholesterol. More intervention studies are required to demonstrate the therapeutic potential of nuts to complement data indicating their 14. McManus K, Antinoro L, Sacks F. A randomized preventive potential against CHD and diabetes.

And of course people enjoy eating nuts so they stick to weight loss diets for longer. So get cracking and enjoy a handful of nuts everyday to get your healthy smart fats.

REFERENCES:

- 1. Keys, A., Seven Countries: A Multivariate Analysis of Press, Cambridge, MA, 1980.
- 2. Spiller, G.A. (Ed.), The Mediterranean Diets in Health and Disease, Van Nostrand, New York, NY, 1991.
- 3. Fraser GE, Sabate J, Beeson WL, Strahan TM. A possible heart disease. The Adventist Health Study. Arch Intern Med. 1992;152:1416-24.
- 4. Hu FB, Stampfer MJ, Manson JE, Rimm EB, Colditz GA, Rosner BA, Spitzer FE, Hennekens CH, Willett WC. Frequent nut consumption and risk of coronary heart 1998;317:1341-5.
- 5. Ellsworth JL, Kushi LH, Folsom AR. Frequent nut intake causes in postmenopausal women: the Iowa Women's Health Study. Nutr Metab Cardiovasc Dis. 2001;11:372-7.
- 6. Albert CM, Gaziano JM, Willett WC, Manson JE. Nut death in the Physicians' Health Study. Arch Intern Med. 2002;162:1382-7.
- 7. Sabate J. Nut consumption and body weight. Am J Clin Nutr. 2003; 78 Suppl 3:S647-50.
- 8. Griel AE, Eissenstat B, Juturu V, Hsieh G, Kris-Etherton PM. Improved diet quality with peanut consumption. J 23. Fraser GE et al. Arch Intern Med 1992;152:1416–24. Am Coll Nutr. 2004;23:660-8.
- 9. Rajaram S, Sabate J. Nuts, body weight and insulin resistance. Br J Nutr. 2006;96:S79-86.
- 10. Alper CM, Mattes RD. The effects of chronic peanut Obes. 2002;26:1129-37.

- Haddad E. Does regular walnut consumption lead to weight gain? Br J Nutr. 2005;94:859-64.
- Use of almonds into a healthy diet has beneficial 12. Fraser GE, Bennett HW, Jaceldo KB, Sabate J. Effect on body weight of a free 76 kilojoule (320calorie) daily supplement of almonds for six months. Am J Clin Nutr. 2002;21:275-83.
 - almonds on body weight in healthy humans. Br J Nutr. 2007;98:651-6.
 - controlled trial of a moderate-fat, low-energy diet compared with a low fat, low-energy diet for weight loss in overweight adults. Int J Obes Relat Metab Disord. 2001;25:1503-11.
 - 15. Pelkman CL, Fishell VK, Maddox DH, Pearson TA, Mauger DT, Kris-Etherton PM. Effects of moderate-fat (from monounsaturated fat) and low-fat weight-loss diets on the serum lipid profile in overweight and obese men and women. Am J Clin Nutr. 2004;79:204-12.
- Death and Coronary Heart Disease, Harvard University 16. Hu FB, Stampfer MJ. Nut consumption and risk of coronary heart disease: a review of epidemiologic evidence. Curr Atheroscler Rep. 1999;1:204-9.
 - 17. Fraser GE. Nut consumption, lipids, and risk of a coronary event. Clin Cardiol. 1999;22(7 Suppl):1111-5.
- protective effect of nut consumption on risk of coronary **18.** Kris-Etherton PM, Zhao G, Binkoski AE, Coval SM, Etherton TD. The effects of nuts on coronary heart disease risk. Nutr Rev. 2001;59:103-11.
 - **19.** Djousse L, Rudich T, Gaziano JM. Nut consumption and risk of hypertension in US male physicians. Clin Nutr. 2009; 28:10-4.
- disease in women: prospective cohort study. BMJ. 20. Jiang R, Manson JE, Stampfer MJ, Liu S, Willett WC, Hu FB. Nut and peanut butter consumption and risk of type 2 diabetes in women. JAMA. 2002;288:2554-60.
- and risk of death from coronary heart disease and all 21. Jiang R, Jacobs DR Jr, Mayer-Davis E, Szklo M, Herrington D, Jenny NS, Kronmal R, Barr RG. Nut and seed consumption and inflammatory markers in the multi-ethnic study of atherosclerosis. Am J Epidemiol. 2006;163:222-31.
- consumption and decreased risk of sudden cardiac 22. Nettleton JA, Steffen LM, Mayer-Davis EJ, Jenny NS, Jiang R, Herrington DM, Jacobs DR Jr. Dietary patterns with biochemical are associated markers of inflammation and endothelial activation in the Multi-Ethnic Study of Atherosclerosis (MESA). Am J Clin Nutr. 2006;83:1369-79.

 - 24. Hu FB, Stampfer MJ. Evidence Current AtheroReports 1999;1:205-210.
 - 25. Ellsworth JL et al. Nutr Metab Cardiovasc Dis 2001;11(6):372-7.
- consumption on energy balance and hedonics. Int J 26. Albert CM et al. Arch Intern Med 2002;162(12):1382-7. **27.** Blomhoff R et al. *Brit J Nutr*2007;96(SupplS2):S52–S60.

PageU

- 28. Li TY et al. J Nutr 2009;139(7):1333-8.
- **29.** Magliano DJ et al. *Diabetes Care* 2008;31(2):267–272.
- 30. Jiang R, et al. JAMA 2002;288(20):2554-2560.
- 31. Mozaffarian D et al. N Engl JMed 2011;364(25):2392-404.
- 32. Tey SL et al. J Nutr Metab doi:10.1155/2011/357350
- **33.** O'Neil C et al. Asia Pac J Clin Nutr 2010;19(1):142–50.
- 34. Dreher, M.L., Maher, C.V. and Kearney, P., "The diets", Nutrition Reviews, Vol. 54, 1996, pp.241-5.
- 35. Coe, S.D., America's First Cuisine, University of Texas Press, Austin, TX, 1994.
- 36. Spiller, G. and Hubbard, R., Nutrition Secrets of the Ancients, Prima, Rocklin, 1996.
- 37. Hieatt, C.B and Butler, S., Curye on Inglysch: English Culinary Manuscripts of the Fourteenth Century, Oxford University Press, Toronto, 1985.
- 38. Paul, A.A. and Southgate, D.A.T., The Composition of 51. Jenkins DJA, Kendall CWC, Marchie A, Faulkner DA, Foods, 4th ed., Elsevier/North-Holland Biomedical Press, London, 1978.
- 39. Segura R, Javierre C, Lizarraga MA, Ros E. Other relevant components of nuts: phytosterols, folate and minerals. Br J Nutr. 2006;96 Suppl 2:S36-44.
- 40. Kris-Etherton PM, Yu-Poth S, Sabate' J, Ratcliffe HE, Zhao G, Etherton TD. Nuts and their bioactive constituents: effects on plasma lipids and other factors that affect disease risk. Am J Clin Nutr. 1999; 70 Suppl: 53. Zhao G, Etherton TD, Martin KR, West SG, Gillies PJ, S504-11.
- 41. Reiter RJ, Manchester LC, Tan DX. Melatonin in walnuts: influence on levels of melatonin and total antioxidant capacity of blood. Nutrition. 2005;21:920-4. 1750S Supplement jn.nutrition.org by guest on June 23, 2013
- 42. Reaven PD, Witzum JL. Oxidized low density lipoproteins in atherogenesis: role of dietary modification. Annu Rev Nutr. 1996;16:51-71.
- 43. Berry EM, Eisenberg S, Friedlander Y, Harats D, Kaufmann NA, Norman Y, Stein Y. Effects of diets rich in the Jerusalem Nutrition Study. II. Monounsaturated fatty acids vs carbohydrates. Am J Clin Nutr. 1992;56: 394-403.
- 44. Jenkins DJ, Kendall CW, Marchie A, Parker TL, Connelly Dose response of almonds on coronary heart disease risk factors: blood lipids, oxidized low density lipoprotein(a), homocysteine, lipoproteins, pulmonary nitric oxide: a randomized, controlled, crossover trial. Circulation. 2002;106:1327-32.
- 45. Kirkmeyer SV, Mattes RD. Effects of food attributes on hunger and food intake. Int J Obes Relat Metab Disord. 2000;24:1167-75.

- 46. Rajaram S, Sabate J. Nuts, body weight and insulin resistance. Br J Nutr. 2006;96:S79-86.
- 47. Chapman IM, Goble EA, Wittert GA, Morley JE, Horowitz M. Effect of intravenous glucose and euglycemic insulin infusions on short term satiety and food intake. Am J Physiol. 1998;274:R596-603.
- **48.** Porte D, Woods SC. Regulation of food intake and body weight by insulin. Diabetologia. 1981;20:274-80.
- traditional and emerging role of nuts in healthful 49. Abbey M, Noakes M, Belling GB, Nestel PJ. Partial replacement of saturated fatty acids with almonds or walnuts lowers total plasma cholesterol and lowdensity-lipoprotein cholesterol. Am J Clin Nutr. 1994;59:995-9.
 - 50. Jenkins DJA, Kendall CWC, Marchie A, Faulkner DA, Josse AR, Wong JMW, de Souza R, Emam A, Parker TL, et al. Direct comparison of dietary portfolio vs statin on C-reactive protein. Eur J Clin Nutr. 2005; 59:851–60.
 - Wong JMW, de Souza R, Emam A, Parker TL, Vidgen E, et al. Effects of a dietary portfolio of cholesterollowering foods vs lovastatin on serum lipids and Creactive protein. JAMA. 2003;290:502-10.
 - 52. Ros E, Nu'n[~] ez I, Pe'rez-Heras A, Serra M, Gilabert R, Casals E, Deulofeu R. A walnut diet improves endothelial function in hypercholesterolemic subjects. Circulation. 2004;109:1609-14.
 - Kris-Etherton PM. Dietary alpha-linolenic acid reduces inflammatory and lipid cardiovascular risk factors in hypercholesterolemic men and women. J Nutr. 2004;134:2991-7.
 - Downloaded from 54. Jenkins DJ, Kendall CW, Marchie A, Parker TL, Connelly PW, Qian W, Haight JS, Faulkner D, Vidgen E, et al. Dose response of almonds on coronary heart disease risk factors: blood lipids, oxidized low-density lipoprotein(a), lipoproteins, homocysteine, and pulmonary nitric oxide: a randomized, controlled, crossover trial. Circulation. 2002;106:1327-32.
- monounsaturated fatty acids on plasma lipoproteins: 55. Tapsell LC, Gillen LJ, Patch CS, Batterham M, Owen A, Bare M, Kennedy M. Including walnuts in a lowfat/modified-fat diet improves HDL cholesterol-to-total cholesterol ratios in patients with type 2 diabetes. Diabetes Care. 2004;27:2777-83.
- PW, Qian W, Haight JS, Faulkner D, Vidgen E, et al. 56. Shaffer EA. Gallstone disease: epidemiology of gallbladder stone disease. Best Pract Res Clin Gastroenterol. 2006;20:981-96.
 - and 57. Nervi F, Miquel JF, Alvarez M, Ferreccio C, Garcia-Zattera MJ, Gonzalez R, Perez-Ayuso RM, Rigotti A, Villarroel L. Gallbladder disease is associated with insulin resistance in a high risk Hispanic population. J Hepatol. 2006;45:299-305.

- 58. Tsai CJ, Leitzmann MF, Hu FB, Willett WC, Giovannucci EL. A prospective cohort study of nut consumption and the risk of gallstone disease in men. Am J Epidemiol. 60. Josse AR, Kendall CW, Augustin LS, Ellis PR, Jenkins DJ. 2004;160:961-8.
- 59. Tsai CJ, Leitzmann MF, Hu FB, Willett WC, Giovannucci EL. Frequent nut consumption and decreased risk of 61.

cholecystectomy in women. Am J Clin Nutr. 2004;80:76-81.

Almonds and postprandial glycemia: a dose-response Metabolism. study. 2007;56: 400-4