2022-17 Bitter Food Is Good for Everyone

Send to your friends and neighbors

God made people and their food perfect, but people think that they know better and try to improve on God's creation. People in general, do not like the bitter taste of herbs, or any bitter food. So people have removed the bitter tasting ingredients from their food. Removing the bitter taste from food comes at a great cost to our health. Act on the information in these five pages, it may save someones life.

1st

Am J Clin Nutr
actions
. 2000 Dec;72(6):1424-35. doi: 10.1093/ajcn/72.6.1424.

Bitter taste, phytonutrients, and the consumer: a review

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Abstract

Dietary phytonutrients found in vegetables and fruit appear to lower the risk of cancer and cardiovascular disease. Studies on the mechanisms of chemoprotection have focused on the biological activity of plant-based phenols and polyphenols, flavonoids, isoflavones, terpenes, and glucosinolates. Enhancing the phytonutrient content of plant foods through selective breeding or genetic improvement is a potent dietary option for disease prevention. However, most, if not all, of these bioactive compounds are bitter, acrid, or astringent and therefore aversive to the consumer. Some have long been viewed as plant-based toxins. As a result, the food industry routinely removes these compounds from plant foods through selective breeding and a variety of debittering processes.

This poses a dilemma for the designers of functional foods because increasing the content of bitter phytonutrients for health may be wholly incompatible with consumer acceptance. Studies on phytonutrients and health ought to take sensory factors and food preferences into account.

2nd

Review

Antioxid Redox Signal

actions:

. Nov-Dec 2005;7(11-12):1630-47. doi: 10.1089/ars.2005.7.1630.

Chemosensitization and radiosensitization of tumors by plant polyphenols

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Abstract

The treatment of cancer with chemotherapeutic agents and radiation has two major problems: time-dependent development of tumor resistance to therapy (chemoresistance and radioresistance) and nonspecific toxicity toward normal cells. Many plant-derived polyphenols have been studied intently for their potential chemopreventive properties and are pharmacologically safe. These compounds include genistein, curcumin, resveratrol, silymarin, caffeic acid phenethyl ester, flavopiridol, emodin, green tea polyphenols, piperine, oleandrin, ursolic acid, and betulinic acid. Recent research has suggested that these plant polyphenols might be used to sensitize tumor cells to chemotherapeutic agents and radiation therapy by inhibiting pathways that lead to treatment resistance. These agents have also been found to be protective from therapy-associated toxicities. **How these polyphenols protect normal cells and sensitize tumor cells to treatment is discussed in this review.**

Antioxid. Redox Signal. 7, 1630-1647.

3rd
Review
Chin J Integr Med
actions:
. 2016 Jun;22(6):403-11. doi: 10.1007/s11655-016-2258-y. Epub 2016 May 26.

Complementary and alternative medicine therapies for chronic pain

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Abstract

Pain afflicts over 50 million people in the US, with 30.7% US adults suffering with chronic pain. Despite advances in therapies, many patients will continue to deal with ongoing symptoms that are not fully addressed by the best conventional medicine has to offer them. The patients frequently turn to therapies outside the usual purview of conventional medicine (herbs, acupuncture, meditation, etc.) called complementary and alternative medicine (CAM). Academic and governmental groups are also starting to incorporate CAM

recommendations into chronic pain management strategies. Thus, for any physician who care for patients with chronic pain, having some familiarity with these therapies-including risks and benefits-will be key to helping guide patients in making evidence-based, well informed decisions about whether or not to use such therapies. On the other hand, if a CAM therapy has evidence of both safety and efficacy then not making it available to a patient who is suffering does not meet the need of the patient. We summarize the current evidence of a wide variety of CAM modalities that have potential for helping patients with chronic pain in this article. **The triad of chronic pain symptoms, ready access to information on the internet, and growing patient empowerment suggest that CAM therapies will remain a consistent part of the healthcare of patients dealing with chronic pain.**
Keywords: chronic pain; complementary and alternative medicine; safety and efficacy; therapy.

Beware Of Fraudulent Supplements

In 2013 researchers in Toronto published a report in which they sampled and analyzed 44 herbal supplements. The supplements were sold in both the US and Canada, and labeled as containing single herbs. Using DNA bar coding analysis, less than half the supplements (48%) contained any of the herb listed on the label. More than half of the supplements contained something that wasn't on the label (substitutions or fillers). Even among the samples that contained the herb on the label, many also contained fillers or contaminants.

IN early 2015, the New York Attorney General sent warning letters to major retailers who sold supplements that were shown by DNA testing to be mislabeled. Lab tests determined that only 21% of the products from **GNC**, **Target**, **Walmart** and the **Walgreen Co**. actually had DNA from the plants advertised on the labels. Although they're not tested very often, careful studies find that many supplements are not what they are supposed to be.

A more serious trend today is extra ingredients in supplements. Some "herbal" supplements have been found to contain prescription drugs or other compounds that are not listed on their labels. For example, some

supplement ads are targeted to men as “enhancers” or muscle builders. Certain of these so-called “supplements” have been found to contain substances much like Viagra® or Cialis®, and have been recalled.

FDA Does Not Routinely Check For Quality Of Supplements, Like They Do For Drugs.

Dietary supplements are considered safe until proven unsafe. FDA is not legally responsible for the safety of dietary supplements; the manufacturers are. Manufacturers are also responsible for what’s in their supplements, and assuring that the contents are the same from one pill or package to another. The **FDA only looks into reported problems or safety hazards. They do not routinely check for quality of supplements, like they do for drugs.**

Supplement Companies Can provide Customers this kind of Material

The DSHEA provides that retail outlets may make available "third-party" materials to help inform consumers about any health-related benefits of dietary supplements. These materials include articles, book chapters, scientific abstracts, or other third-party publications. These provisions stipulate that the information must not be false or misleading; cannot promote a specific supplement brand; must be displayed with other similar materials to present a balanced view; must be displayed separate from the supplements; and may not have other information attached (product promotional literature, for example).

Get back with the person that gave you this information they will guide you to good supplements.