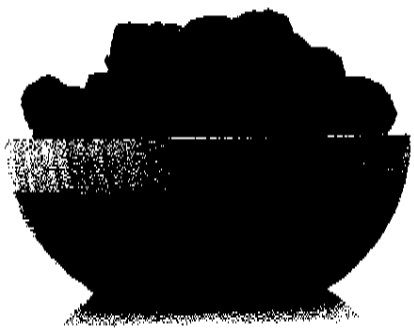

DRIED PLUMS KEEP BONES HEALTHY

When it comes to improving bone health in postmenopausal women—and people of all ages, for that matter—eating dried plums is a simple, proactive solution to help prevent fractures and osteoporosis, reports a Florida State University researcher. "During my career, I have tested numerous fruits, including figs, dates, strawberries and raisins, and none of them come anywhere close to having the effect on bone density that dried plums, or prunes, have," says Bahram H. Arjmandi, The Florida State University's Margaret A. Sitton Professor and chair of the Department of Nutrition, Food and Exercise Sciences.

Arjmandi and his colleagues tested two groups of postmenopausal women over a 12-month period. The first group of 55 women consumed 100 grams of dried plums (about 10 prunes) each day, while the second, control group of 45 women ate 100 grams of dried apples. All participants also received daily doses of calcium (500 milligrams) and vitamin D (400 international units).

The group that consumed dried plums had significantly higher bone mineral density in the ulna (one of two long bones in the forearm) and spine, compared with the group that ate dried apples. According to Arjmandi, this was due in part to the ability of dried plums to suppress the rate of bone resorption, or breakdown, which tends to exceed the rate of new bone growth as people age.

A Better Way to Protect Against Cardiovascular Disease

It is quite clear that cardiovascular disease is initiated and driven by ongoing inflammation; this has been known for many years. Cholesterol is only part of the issue, and elevations represent a component of the chronic inflammatory state. So, the focus should be inflammation reduction (a point I have made repeatedly in this column).

The current American diet is excessively high in sugar, flour and fat calories (trans- and omega-6 fatty acids), which leads to substantially elevated postprandial levels of circulating glucose and triglycerides, referred to as postprandial dysmetabolism. The outcome is an immediate increase in inflammatory markers such as free radicals and C-reactive protein, and sympathetic hyperactivity, which is directly linked to the expression of diabetes and cardiovascular disease.[13-14]

Not well-appreciated is that the postprandial dysmetabolic inflammatory state may be associated with the perpetuation of lumbar radicular pain, tendinopathies, and generalized musculoskeletal pain,[15-19] so we should consider addressing the dysmetabolic inflammatory state in patients suffering with chronic musculoskeletal pain syndromes.

In the clinical setting, a BMI above 25 identifies patients who are pursuing dysmetabolism. An operational goal should be to achieve a BMI below 25 by eating anti-inflammatory foods and exercising daily. Proper exercise is anti-inflammatory and has an appetite-suppressing effect. And when individuals eat an anti-inflammatory diet that includes lean animal protein, vegetables, fruit, nuts and low glycemic tubers such as sweet potatoes, the postprandial dysmetabolism is blunted.

The problem is that most Americans do not eat this way, so they perpetually live in the postprandial dysmetabolic inflammatory state. For more details, see the O'Keefe, et al., paper on this topic, available as a free full text.[14]

Supplements may also be useful in addressing chronic inflammation. The focus should be inflammation reduction, not trying to use natural cholesterol-lowering agents such as red yeast rice to replace statins that only offer a 1 percent better preventative effect

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