Grapefruit Teases Your Taste Buds In an Impressive Nutrition Package

The Folklore: Grapefruit first appeared in the West Indies in the 1700's, probably the result of a serendipitous cross between a pomelo and an orange. It was given its current name when it was noticed that the fruit grew in clusters, like grapes. Today, in the U.S., grapefruits are grown mostly in Florida, Texas, California and Arizona.

The Facts: Grapefruit is a refreshingly tart and juicy fruit that comes in white, pink and red varieties. Deep red varieties, like the Ruby Sweet and Rio Star from Texas, are among the sweetest tasting. Grapefruit is an excellent source of vitamin C; red and pink fruits provide vitamin A in the form of carotenoids.

Despite its reputation as a fat-burner, grapefruit does not possess special enzymes that speed fat loss. However, a small pilot study from the Nutrition and Metabolic Research Center at Scripps Clinic in San Diego recently found that grapefruit may encourage weight loss by reducing insulin levels.

The Findings: Grapefruit provides pectin, a cholesterol-lowering, soluble fiber found in the membrane. The red and pink varieties are good sources of lycopene and beta-carotene, which may help fight cancer and heart disease. Grapefruit also contains flavonoids and limonoids, phytonutrients that may have disease-fighting properties.

Natural compounds in grapefruit and grapefruit juice may interact with some prescription drugs, inhibiting their breakdown and resulting in higher levels of the drugs in the bloodstream. Higher levels in the blood can mean increased side effects. Less often, blood levels of drugs are reduced and so is the drug's effectiveness. Some of the drugs that interact with the compounds in grapefruit include cholesterol-lowering statins like Mevacor and Lipitor; anti-anxiety drugs, like BuSpar and Valium; and drugs for high blood pressure like Plendil and Sular. Most drugs are unaffected, but if you take medications, ask your pharmacist if grapefruit and grapefruit juice are okay.

The Finer Points: For fresh, juicy grapefruit, choose those that have shiny, smooth skin and feel heavy for their size. To prepare, rinse the grapefruit first. Cut in half crosswise and separate the flesh from the peel with a paring knife or grapefruit knife, then slice between the sections and their membranes to loosen. Or use a serrated grapefruit spoon to scoop out the sections. To peel a grapefruit, cut a small slice across the top; then cut down in strips to remove the peel in sections. Scrape off the bitter-tasting pith.

Grapefruits are most flavorful at room temperature. They can be kept out for a week; in the refrigerator, they'll keep for about six to eight weeks.

Serve half a grapefruit as an appetizer or dessert or use the sections in fruit and vegetable salads. For added flavor, top a grapefruit half with cinnamon, ginger or a drizzle of maple syrup. Or sprinkle with brown sugar and broil.

--- Adrienne Forman, M.S., R.D.

**Notable Nutrients in Grapefruit**

(W medium fruit, 4" in diameter)

<table>
<thead>
<tr>
<th>Nutrient</th>
<th>Amount</th>
<th>% Daily Value</th>
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<tbody>
<tr>
<td>Calories</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>Vitamin C</td>
<td>44 milligrams (73% DV)</td>
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<tr>
<td>Vitamin A</td>
<td>42 to 1,187 International Units depending on variety (1% to 24% DV)</td>
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<tr>
<td>Potassium</td>
<td>178 milligrams (5% DV)</td>
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<tr>
<td>Fiber</td>
<td>1.4 grams (6% DV)</td>
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**Chilled Grapefruit-Broccoli Salad**

- 2 grapefruit
- ¼ cup low-calorie (fat-free) Italian salad dressing
- 1 teaspoon Dijon mustard
- ½ teaspoon dried dill weed
- 2 cups cooked broccoli flowerets, drained and chilled
- ¼ pound mushrooms, sliced

1. Over bowl, peel and section grapefruit; drain and reserve 3 tablespoons of the grapefruit juice.
2. In second bowl, combine salad dressing, reserved juice, mustard and dill. Add chilled broccoli, mushrooms and grapefruit sections.
3. Chill for 30 minutes, stirring occasionally.

Makes six servings (about 5½ cups)

**Nutrition Information Per Serving:**

44 calories, 10 grams carbohydrates, 2 grams fiber, 133 milligrams sodium, 52 milligrams vitamin C

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**Research Roundup**

- Drinking coffee may keep Parkinson's disease at bay, but only for men. For postmenopausal women who have never used estrogen replacement therapy (ERT), according to a Harvard study that followed more than one million older men and women for 16 years. Researchers compared coffee drinking and the risk of death due to Parkinson's disease and found that regular coffee drinkers had about two-thirds less risk of developing Parkinson's disease, compared to coffee abstainers. The one exception—women who had ever taken ERT. Estrogen appears to lessen coffee's protective effect, say researchers.  
  [American Journal of Epidemiology, November 15, 2014]

- High blood levels of selenium are associated with a reduced risk of abnormal cell growth in the colon and rectum, according to a study from the University of Arizona. Researchers pooled data from three large, randomized clinical trials and found that people with the highest blood levels of selenium had a 34% lower risk of developing new polyps compared to those with the lowest levels of selenium in their blood. Selenium may offer antitumor benefits by protecting against DNA damage, inducing cancer cell death and increasing immune system activity.  
  [Journal of the National Cancer Institute, November 17, 2004]

- Obesity may increase the risk of atrial fibrillation (AF), the most common type of abnormal heart rhythm, according to a large study out of Framingham, Massachusetts. Researchers tracked 5,280 middle-aged adults for an average of 14 years, during which time 526 developed AF. The researchers found that in both men and women obesity was associated with a 50% increased risk of AF; a condition that, if left uncontrolled, increases the chances of stroke and death.  
  [Journal of the American Medical Association, November 24, 2004]

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**In Coming Issues**

How do frozen pizzas pan out nutritionally?...What's your dietary supplement IQ?...The latest on diet and breast cancer...The new 2005 Dietary Guidelines explained.