



Joe McSweyn, O.M.D, C.A. | Pari Vokshori, L.Ac, D.O.M. | Gila Varis, L.Ac, R.N. | Steven Jarsky, L.Ac, D.A.O.M.
Alan Sher, L.Ac | Ellen Elphand L.Ac., Dipl.OM | Aydin Bengisu L.Ac. | Faith Triandos

Coffee Blues

Eight reasons to change to green, black, or herbal teas, scientific research and clinical experience links coffee drinking to the following diseases:

1. anxiety disorders and depression
2. arrhythmias and tachycardia (irregular or rapid heartbeat)
3. increased risk of heart attack
4. aggravation of ulcers and acid reflux
5. increased cholesterol, LDL, and triglycerides
6. increased risk of osteoporosis
7. increased risk of rheumatoid arthritis
8. increased occurrence of colon and bladder cancer

“In conclusion, heavy coffee consumption increases the short-term risk of acute myocardial infarction or coronary death, independent of the brewing method or currently recognized risk factors for CHD.” J Nutr. 2004 Sep;134(9):2381-6. Coffee drinking is dose-dependently related to the risk of acute coronary events in middle-aged men. Happonen P, Voutilainen S, Salonen JT. Department of Public Health and General Practice, University of Kuopio, Kuopio, Finland. pertti.happonen@uku.fi.

“Chronic coffee consumption exerts a detrimental effect on aortic stiffness and wave reflections, which may increase the risk of cardiovascular disease.” Am J Clin Nutr. 2005 Jun;81(6):1307-12. Chronic coffee consumption has a detrimental effect on aortic stiffness and wave reflections. Vlachopoulos C, Panagiotakos D, Ioakeimidis N, Dima I, Stefanadis C. 1st Department of Cardiology, Hippokraton Hospital, School of Medicine, University of Athens, Athens, Greece. cvlachop@otenet.gr.

“Cafestol, a diterpene present in unfiltered coffee brews such as Scandinavian boiled, Turkish, and cafetière coffee, is the most potent cholesterol-elevating compound known in the human diet.” Mol Endocrinol. 2007 Jul;21(7):1603-16. Epub 2007 Apr 24. The cholesterol-raising factor from coffee beans, cafestol, as an agonist ligand for the farnesoid and pregnane X receptors. Ricketts ML, Boekschoten MV, Kreeft AJ, Hooiveld GJ, Moen CJ, Müller M, Frants RR, Kasanmoentalib S, Post SM, Princen HM, Porter JG, Katan MB, Hofker MH, Moore DD. Department of Molecular and Cellular Biology, Baylor College of Medicine, BCM 130, One Baylor Plaza, Houston, Texas 77030, USA. mlrick@bcm.tmc.edu.

“In the cross sectional survey the number of cups of coffee drunk daily was directly proportional to the prevalence of RF (rheumatoid factor) positivity.” Ann Rheum Dis 2000 Aug;59(8):631-5. Coffee consumption, rheumatoid factor, and the risk of rheumatoid arthritis. Heliovaara M, Aho K, Knekt P, Impivaara O, Reunanen A, Aromaa A National Public Health Institute, Helsinki, Finland. markku.heliovaara@ktl.fi.

“The results of this study suggest that coffee consumption reduces the risk of breast cancer in lean women, whereas coffee might have the opposite effect in relatively obese women.” J Environ Pathol Toxicol Oncol. 1992 Sep-Oct;11(5-6):303-7. Epidemiological factors of cancer in California. Moran EM. World Institute of Ecology, University of California, Irvine. “Increased coffee consumption has been found to be associated with increased occurrence of colon and bladder cancer”

“Patients with reflux esophageal symptoms should eliminate foods that decrease LES pressure, such as chocolate, peppermint, alcohol, and coffee” Br J Cancer. 1990 Aug;62(2):267-70. Coffee consumption and the risk of breast cancer. A prospective study of 14,593 Norwegian women. Vatten LJ, Solvoll K, Løken EB. Department of Oncology, University Hospital, Trondheim, Norway.

Gastroenterol Clin North Am. 1991 Jun;20(2):313-24. Diet and the irritable bowel syndrome. Friedman G. Department of Medicine, Mt. Sinai School of Medicine, New York, New York.