



The Bill Edwards Heart Beat

Newsletter of the North Vancouver Recreation Commission, North Shore Cardiac Rehab
Produced By North Shore Cardiac Rehab
Volume 9 Issue 1, January 2009
Editor: Jim Rolston
Internet--www.nvancr.com

Pomegranates for the prostate and the heart: Seeds of hope

Few American men have heard of the pomegranate, and fewer still have eaten the curious-looking fruit loaded with red seeds. But if new scientific studies bear fruit, this exotic edible may one day find a place in healthful diets. What are pomegranates?

Pomegranates are exotic in America but commonplace in the Middle East. They are the fruit of the *Punica granatum* tree, which is native to Iran and is also cultivated in some Mediterranean countries and in parts of Russia, Afghanistan, India, China, and Japan.

Pomegranates are relatively new to Americans, but they have a venerable history. Legend holds that they grew in the Garden of Eden, and they have a place in the mythology and traditions of ancient Greece, Persia, Babylonia, and China.

The edible portion of a pomegranate is composed of 80% fruit and 20% seeds. Like other foods, the pomegranate contains hundreds of chemicals. Unlike many other foods, though, some of the pomegranate's chemicals have strong biological actions and potential medical benefits. The fruit is 85% water and 10% sugar — but it also contains large amounts of vitamin C and a variety of polyphenols and tannins, which have potent antioxidant activities. The seeds contain fiber, a steroid estrogen, estrone, and isoflavones, including two (genistein and daidzein) that are abundant in soy. The seeds also contain a unique oil that contains an uncommon fatty acid, punicic acid.

Chemistry in action

Historians have traced the role of the

pomegranate in ancient civilizations, anthropologists have documented its use in folk medicine, and chemists have described its complex constituents. Medical scientists have gone one step further by showing that pomegranate extracts and juices have potentially important biological activities.

Pomegranate extracts can slow the multiplication of and promote the death of cancer cells by apoptosis, a phenomenon that's been characterized as cell suicide. Laboratory studies also reveal that pomegranate components can retard angiogenesis, the process that supplies tumors with the new blood vessels that they need to grow. The cancer cells that have been studied most extensively come from breast and prostate tumors. Flavonoids present in green tea and soy have similar antitumor activities.

Pomegranate extracts also have actions that may protect the heart and blood vessels. As potent antioxidants, they can protect cholesterol from the oxidative damage that allows it to damage the walls of blood vessels. Pomegranates also have anti-inflammatory properties that may reduce the inflammation that characterizes the progression of atherosclerosis. Antiplatelet actions of the juice could also help prevent artery-blocking blood clots. Many of these properties of pomegranates are also displayed by red wine, which is rich in similar polyphenols.

Pomegranates and the prostate

Test-tube experiments suggest that pomegranate juices and extracts may help fight prostate cancer. Two studies, one in mice and the other in men, hint that these laboratory effects may have clinical relevance.

Scientists at the University of Wisconsin grew cells from highly aggressive cases of human

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prostate cancer in tissue culture. They discovered that pomegranate fruit extracts slowed the growth of cancer cells and promoted cell death by apoptosis. The next step was new and even more significant. The researchers implanted the human prostate cancer cells in three groups of specially prepared mice. One group received plain drinking water while the other groups' water was laced with low or higher doses of pomegranate juice extract. The pomegranate-treated mice developed significantly smaller tumors than the untreated animals, and they also had lower blood PSA levels. Moreover, the higher dose of pomegranate fruit extract worked better than the lower dose.

Mice are not men, but a small, preliminary study suggests that pomegranate juice may have clinical activity in humans. The volunteers were 46 patients who had rising PSA levels after surgery or radiation treatment for early prostate cancer. The men were clinically well and did not require conventional therapy. Doctors tracked each man for at least six months without any treatment, monitoring PSA levels and calculating the PSA doubling time, a measure of tumor growth rate. During the next phase, each patient drank 8 ounces of commercially available pomegranate juice every day while PSA monitoring continued. The calculated average PSA doubling time increased from 15 months before treatment to 54 months on pomegranate juice. Blood samples taken during pomegranate treatment were also more active against prostate cancer cells grown in test tubes than samples obtained before treatment.

Pomegranates and the heart

Preliminary results in test tubes, animals, and humans suggest that pomegranates may have beneficial effects on cardiovascular disease. Studies in mice and men show that drinking pomegranate juice can protect LDL ("bad") cholesterol from oxidative damage. In addition, pomegranate juice slows the progression of plaques in mice with atherosclerosis.

Two small clinical studies are even more intriguing. Doctors in Israel studied 19 patients

with atherosclerotic narrowing of their carotid arteries. All the volunteers received the best conventional medical treatments; 10 also received a daily dose of pomegranate juice. After a year, the carotid artery thickness had increased by 9% in the conventionally treated patients but had decreased in the pomegranate group. Blood pressure also fell significantly during pomegranate treatment; no side effects were reported.

The Israeli study was not a randomized trial, but a 2005 American study randomly assigned 45 patients with coronary artery disease to receive pomegranate juice or a placebo in addition to their normal clinical care. Stress tests with nuclear scans were performed at the start of the study and after three months; the patients who drank 8 ounces of commercially available pomegranate juice a day enjoyed improved cardiac blood flow.

Pomegranates? Perhaps

Pomegranate juice is commercially available in the United States and is being promoted for health as well as flavor. Early studies raise hopes that pomegranates may have clinical benefits for prostate cancer and heart disease, but much more research is needed before we'll know if these hopes are justified. Meanwhile, men who enjoy the ruby red color and tart flavor of pomegranate juice can drink up. Remember, though, that the juice is expensive and contains 140 calories in a serving. Preliminary research also suggests that pomegranate juice may share grapefruit juice's potential interaction with certain medications. And a 2006 report implicated pomegranate juice in a case of statin-induced muscle damage.

In ancient times, the Persians believed pomegranates could protect them in battle, the Babylonians regarded the fruit as an agent of resurrection, and the Chinese used it to symbolize longevity. In the future, doctors may classify the pomegranate as a functional food with medicinal benefit. Without denying that potential, though, men should still think of the pomegranate as an interesting fruit that can be

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made into a tasty juice with a striking red color.
Harvard Men's Health Watch

Microwave cooking and nutrition

Microwave ovens cook food with waves of oscillating electromagnetic energy that are similar to radio waves but move back and forth at a much faster rate. These quicker waves are remarkably selective, primarily affecting molecules that are electrically asymmetrical — one end positively charged and the other negatively so. Chemists refer to that as a polarity. Water is a polar molecule, so when a microwave oven cooks or heats up food, it does so mainly by energizing — which is to say, heating up — water molecules, and the water energizes its molecular neighbors. The reason glass, masonry, and many types of plastic don't heat up in a microwave oven is that they're made up of nonpolar molecules.

In addition to being more selective, microwave-oven energy is also more penetrating than heat that emanates from an oven or stovetop. It immediately reaches molecules about an inch or so below the surface. In contrast, regular cooking heat goes through food rather slowly, moving inward from the outside by process of conduction.

Some nutrients do break down when they're exposed to heat, whether it is from a microwave or a regular oven. Vitamin C is perhaps the clearest example. So, as a general proposition, cooking with a microwave probably does a better job of preserving the nutrient content of foods because the cooking times are shorter.

As far as vegetables go, it's cooking them in water that robs them of some of their nutritional value because the nutrients leach out into the cooking water. For example, boiled broccoli loses glucosinolate, the sulfur-containing compound that may give the vegetable its cancer-fighting properties as well as the taste that many find distinctive and some, disgusting. The nutrient-rich water from boiled vegetables needn't go to waste. You can incorporate it into sauces or soups.

Is steaming vegetables better? In some respects,

yes. For example, steamed broccoli holds on to more glucosinolate than boiled or fried broccoli.

But this is nutrition, and nothing in nutrition is simple. Italian researchers published results in 2008 of an experiment comparing three cooking methods — boiling, steaming, and frying — and the effect they had on the nutritional content of broccoli, carrots, and zucchini. Boiling carrots actually increased their carotenoid content, while steaming and frying reduced it. Carotenoids are compounds like lutein, which may be good for the eyes, and beta carotene. One possible explanation is that it takes longer for vegetables to get tender when they're steamed, so the extra cooking time results in more degradation of some nutrients and longer exposure to oxygen and light.

Vegetables, pretty much any way you prepare them, are good for you, and most of us don't eat enough of them. And the microwave oven? A marvel of engineering, a miracle of convenience — and sometimes nutritionally advantageous to boot.

Harvard Health Letter Volume 33 – Number 7 – May 2008

Stents and Medication Therapy Offer Equal Angina Relief After Three Years

Utilizing the combination of stents and optimal medical therapy may make your angina symptoms subside faster than if you relied on medical therapy alone, but according to analysis of the landmark COURAGE trial, published in the Aug. 14 issue of the New England Journal of Medicine, the advantage of stenting for symptom relief ends at around 36 months. The COURAGE trial was the controversial 2007 study that followed 2,287 patients with stable coronary artery disease (CAD), and found there was no advantage, in terms of mortality or heart attack, in using an initial dual strategy of stenting and medical therapy, compared with an initial approach using optimal medical therapy only. Study participants were questioned about their quality of life and frequency of angina

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after starting medical therapy or after stent implantation. And while stent patients reported fewer bouts with angina and a higher quality of life throughout the first year, by the third year both sets of patients offered almost identical responses.

<http://www.heart-advisor.com/issues/>

Vitamin D May Help Keep Your Heart Strong

However, more studies are needed before a clear link can be established.

People with lower blood levels of vitamin D (less than or equal to 15 nanograms per milliliter, or ng/mL) had an increased risk of heart attack compared to people with higher levels, according to a study published in the June 9 issue of the Archives of Internal Medicine, which followed 18,225 men who were free from cardiovascular disease at the beginning of the study. The recommended daily amount of vitamin D for adults age 70 and older is 600 international units (IUs) daily.

“These findings are suggestive,” says Adam W. Grasso, MD, PhD, a staff cardiologist in the Department of Cardiovascular Medicine at Cleveland Clinic. “But it doesn’t mean that low vitamin D levels caused the heart attacks.”

A second study, published in the June 23 issue of Archives, found that lower levels of vitamin D (between 7.6 and 13.3 ng/mL) were associated with both all-cause mortality and cardiovascular mortality in 3,258 men and women who were scheduled to have a coronary angiography.

But Dr. Grasso points out that because these patients already had symptoms, there is no way to know whether the low vitamin D levels were the cause of death.

“All we really have are associations from population studies,” he says.

Women’s Health Initiative

To date, there has only been one large, randomized trial studying the effects of vitamin D on heart health. Results from the Women’s Health Initiative (WHI) found that women who were given 400 IUs of vitamin D daily did not appear to experience any kind of heart benefit. Dr. Grasso notes that this may have been due to the low doses of vitamin D given in this study.

“Treatments in the WHI may not have been adequate,” he says. “Between 1,000 and 2,000 IU may be required to see any benefit. What we need is a randomized trial with higher doses of vitamin D to see if that reduces heart attack risk. “These are very real and important findings, but we don’t have enough information yet to recommend supplementation or treatment with vitamin D for cardiac patients,” he says.

Researchers generally advise that adults don’t get more than 2,000 IU of vitamin D per day. Vitamin D toxicity can cause symptoms such as nausea, vomiting, constipation, and weight loss. It also can cause confusion and heart rhythm abnormalities.

http://www.heart-advisor.com/issues/11_11/features/628-1.html, November 2008

Lipid Control May Require More than a Statin

Additional medications or lifestyle changes may be necessary to lower total bad cholesterol and raise good cholesterol.

Statin drugs enable millions to lower their low-density lipoprotein (LDL) cholesterol, and with it, their risk of heart attack or stroke. However, a significant percentage of people with low LDL still suffer cardiovascular events. Reducing this “residual risk” may require altering other blood lipids.

“Elevated LDL is bad, but so are high levels of total cholesterol and triglycerides (TG) and low levels of high-density lipoproteins (HDL),” says Cleveland Clinic cardiologist Michael Rocco, MD. “All adults should have a fasting blood lipid panel that includes LDL, HDL, VLDL, TGs and total cholesterol by age 20.”

Tackling Bad Blood Lipids

The amount of bad cholesterol (“non-HDL”) in your blood is your total cholesterol minus your “good” HDL cholesterol. If your total cholesterol is 260 and your HDL is 50, your non-HDL is 210 (260-50=210). Non-HDL becomes a target of therapy once your LDL goal has been reached.

“If you have heart disease or diabetes, your LDL should be less than 70. If you do not have these diseases, an LDL less than 100 is advised. In

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any case, your non-HDL should be only 30 points higher," says Dr. Rocco.

Options for reducing non-HDL include lowering LDL further by adding a cholesterol absorption inhibitor, making lifestyle changes or using medications to lower TGs or raise HDL.

TGs will often drop with exercise and a diet that excludes simple sugars, refined carbohydrates and saturated fats. Some people also require prescription fibrates, niacin or high-dose omega-3. A TG level under 150 is optimal.

HDL protects the heart in most cases, so the higher it is, the better. Low HDL increases risk, even when LDL levels are low. HDL levels under 40 in men and 50 in women are considered too low. Aerobic exercise, managing diabetes and reducing TG levels can raise HDL. So can niacin. What About LDL?

"Lowering LDL should be your first goal. For every one percent reduction in LDL there is a one percent reduction in cardiovascular risk," says Dr. Rocco. "TGs, HDL and non-HDL should also be monitored, and medication and lifestyle changes added to statin therapy to alter these lipids, if necessary.

"The best combination of medications for total lipid control is an evolving story," he continues. "People at high risk for cardiovascular events should discuss screening and management with their physician."

The Cleveland Clinic, Heart Advisor, November 2008

Glucosamine: the news is in.

Two years ago we reported on the government sponsored Glucosamine/chondroitin Arthritis Intervention Trial (GAIT), the most important study ever done on those top-selling dietary supplements, taken by millions of Americans with osteoarthritis. Over -all, neither glucosamine hydrochloride nor chondroitin sulfate, alone or together, reduced pain and other symptoms significantly better than a placebo. (The prescription pain reliever Celebrex also tested, fared only slightly better.) But what about the main claim made for these supplements--that they slow or prevent the deterioration of joint-cushioning cartilage that is the hallmark of arthritis? A much-awaited second part of the study looked at this

question, and the results were published in September.

The first GAIT study included 1,600 people with osteoarthritis of the knee, the joint that's most likely to cause pain and loss of mobility, and lasted six months. In the follow-up study, 357 of these subjects continued treatment (glucosamine, chondroitin, both supplements together, Celebrex, or placebo) for an additional 18 months and then had X-ray exams to measure cartilage loss, as determined by the distance between the ends of the bones in the knee. The exam found only insignificant differences in cartilage loss between groups. Interestingly, glucosamine and chondroitin did worse than the placebo.

Are these disappointing findings the last word on glucosamine and chondroitin? As in most studies the researchers ended with several caveats and questions and called for still more research. But this was a large, expensive, well-designed study, and it's hard to imagine that a better one will be done any time soon. Earlier this year a Dutch study of 222 people with arthritis of the hip found that another form of glucosamine (sulfate) did not reduce pain or stiffness any better than a placebo, and x-rays revealed no differences.

Arthritis noncures.

Americans spend billions of dollars every year on unproven arthritis remedies. There is no cure, but everything seems to work for a while, in part because there's such a strong placebo effect (the placebo helped relieve symptoms in a whopping 60% of subjects in GAIT, almost the same as the supplements). Moreover, arthritis pain waxes and wanes, and we tend to blame or credit whatever we're trying at the time. Pain relievers help many arthritis sufferers but don't affect the underlying loss of cartilage. Discuss the options with your doctor.

We suggest you forget about glucosamine and chondroitin--unless you're willing to pay \$20 or \$30 or more a month for what is probably a placebo effect. If you already take these supplements and find they help, continue with them, but consider stopping for a while to see if there's a difference.

University of California, Berkeley, Wellness Letter, December 2008

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Coming Events

LIONS GATE HOSPITAL
CARDIAC REHAB – CARDIO METABOLIC PROGRAM

EDUCATION SCHEDULE - 2008/2009

DATE	TOPIC	EDUCATOR
Monday Jan 5th	Goal Setting to Improve Outcomes	Louise Lydon, Occupational Therapist
Monday Jan 19th	Heart Physiology and Heart Disease	Dr. Kevin McLeod, Internal Medicine Specialist
Monday Feb 2nd	Exercise and Heart Health	Min van Velzen, Exercise Specialist
Monday Feb 16th	Risk Factors – How to reduce them and live longer	Dr. Kevin McLeod, Internal Medicine Specialist
Monday March 2nd	CARDIAC REHAB CHAMPIONS	Guest Speakers

CLASSES HELD IN THE LIONS GATE HOSPITAL AUDITORIUM (ground floor) at 7:00 PM

PLEASE NOTE: Nutrition education and counseling is available through Lions Gate Hospital.
Please let us know if you would like to be directly referred to this program.

LECTURES

MONDAY, JANUARY 19, 2009 HOSPITAL AUDITORIUM
9:30 A.M. - 10:30 A.M.

‘TUNE UP YOUR NUTRITION’, HOW TO EAT HEART HEALTHY
PRESENTED BY: DIANNA INMAN, DIETITIAN LIONS GATE HOSPITAL

MONDAY, MARCH 23, 2009, HOSPITAL AUDITORIUM
9:30 A.M. - 10:30 A.M.

MEDICATIONS & HEART DISEASE

MOST COMMON CARDIOVASCULAR MEDICATIONS INCLUDING:
BETABLOCKERS, ACE INHIBITORS, ANGIOTENSIN BLOCKERS
STATINS, CALCIUM CHANNEL BLOCKERS, DIURETICS
ANTI-PLATELETS, ANTI-COAGULANTS

DISCUSSION ON:

HOW THEY WORK, WHY YOU ARE TAKING THEM AND POSSIBLE INTERACTIONS

PRESENTED BY: FOUR SECOND YEAR UBC PHARMACY STUDENTS

NOTE:

THOSE ATTENDING BRING LIST OF YOUR MEDS

Recipes

Baked Parmesan Tomatoes

A sprinkle of Parmesan and a drizzle of olive oil transform tomatoes into the perfect side dish.

Or try sandwiching them between slices of your favorite whole-wheat country bread.

Makes 4 servings

ACTIVE TIME: 5 minutes

TOTAL TIME: 20 minutes

EASE OF PREPARATION: Easy

4 tomatoes, halved horizontally

1/4 cup freshly grated Parmesan cheese

1 teaspoon chopped fresh oregano

1/4 teaspoon salt

Freshly ground pepper to taste

4 teaspoons extra-virgin olive oil

1. Preheat oven to 450° F.

2. Place tomatoes cut-side up on a baking sheet.

Top with Parmesan, oregano, salt and pepper.

Drizzle with oil and bake until the tomatoes are tender, about 15 minutes.

NUTRITION INFORMATION: Per serving:

91 calories; 6 g fat (2 g sat, 4 g mono); 4 mg cholesterol; 6 g carbohydrate; 3 g protein; 2 g fiber; 375 mg sodium; 363 mg potassium.

1/2 Carbohydrate Serving

What you get: Vitamins A & C, potassium, calcium.

EatingWell Magazine August/September 2006

Egg & Salmon Sandwich

Smoked salmon and egg whites on a toasted whole-wheat English muffin is the perfect power breakfast. For a more substantial meal, pair it with a piece of fruit or a glass of 100% juice.

Makes 1 sandwich

ACTIVE TIME: 15 minutes

TOTAL TIME: 15 minutes

EASE OF PREPARATION: Easy

1/2 teaspoon extra-virgin olive oil

1 tablespoon finely chopped red onion

2 large egg whites, beaten

Pinch of salt

1/2 teaspoon capers, rinsed and chopped (optional)

1 ounce smoked salmon

1 slice tomato

1 whole-wheat English muffin, split and toasted

1. Heat oil in a small nonstick skillet over medium heat. Add onion and cook, stirring, until it begins to soften, about 1 minute. Add egg whites, salt and capers (if using) and cook, stirring constantly, until whites are set, about 30 seconds.

2. To make the sandwich, layer the egg whites, smoked salmon and tomato on English muffin.

NUTRITION INFORMATION: Per serving:

214 calories; 5 g fat (1 g sat, 2 g mono); 7 mg cholesterol; 25 g carbohydrate; 19 g protein; 3 g fiber; 670 mg sodium; 221 mg potassium.

Nutrition bonus: Good source of omega-3s.

1 1/2 Carbohydrate Servings

Exchanges: 1 1/2 starch, 2 lean meat

From EatingWell Magazine July/August 2008

Shrimp Saganaki

Shrimp top a delicious saute of fennel, scallions and feta in this version of saganaki. A saganaki is a shallow, two-handled skillet that is one of the most traditional cooking vessels in Greece. Saganaki is also the fried cheese, made in the pan, that is one of Greece's most famous appetizers.

Makes 4 servings

12 jumbo shrimp (6-8 per pound), peeled and deveined, tails left on

2 tablespoons lemon juice, divided

1/4 teaspoon salt

1 tablespoon extra-virgin olive oil

1 medium bulb fennel, cored and finely chopped

5 scallions, thinly sliced

1 small chile pepper, such as jalapeño or serrano, seeded and minced

1/2 cup Chardonnay, preferably Greek

1/2 cup crumbled feta cheese, preferably Greek

Freshly ground pepper to taste

1. Toss shrimp with 1 tablespoon lemon juice in a medium bowl and sprinkle with salt.

2. Heat oil in a large skillet (or "saganaki" pan) over medium heat. Add fennel, scallions and chile pepper and cook, stirring, until soft and beginning to brown, 3 to 5 minutes. Pour in wine. Cook, stirring, for 1 minute. Place the shrimp on top of the fennel mixture, cover and cook until the shrimp are pink and just cooked through, 3 to 4 minutes. Remove from the heat.

3. Transfer the shrimp to a plate. Add the remaining 1 tablespoon lemon juice, feta and

pepper to the pan and stir until the cheese begins to melt, about 1 minute. Serve the shrimp atop the fennel mixture.

NUTRITION INFORMATION: Per serving: 239 calories; 9 g fat (4 g sat, 4 g mono); 227 mg cholesterol; 8 g carbohydrate; 26 g protein; 2 g fiber; 631 mg sodium; 540 mg potassium. Nutrition bonus: Vitamin C (30% daily value), Iron (25% dv), Calcium (20% dv), Potassium (15% dv).

1/2 Carbohydrate Serving

Exchanges: 1 vegetable, 3 lean meat

EatingWell Magazine September/October 2008

Grilled Rosemary-Scented Chicken

Grilling chicken breasts on a bed of rosemary sprigs is an effective and easy way to infuse them with flavor. Savory black olive paste, contrasted with a sweet confit of caramelized onion, provides a sophisticated finish.

Makes 4 servings

Sweet & Sour Onion Jam (recipe follows)

4 boneless, skinless chicken breast halves, trimmed of fat (1-1 1/4 pounds total)

1 1/2 teaspoons extra-virgin olive oil

1/4 teaspoon salt, or to taste

Freshly ground pepper to taste

4 large sprigs fresh rosemary

4 teaspoons black olive paste (see Ingredient note)

1. Prepare Sweet & Sour Onion Jam.
2. Prepare a charcoal fire or preheat a gas grill.
3. Rub chicken breasts with oil and season with salt and pepper. Place rosemary sprigs on the grill and lay a chicken breast over each one. Grill until chicken is browned on the bottom, about 5 minutes. Turn, keeping rosemary under chicken, and grill until no trace of pink remains in the center, about 5 minutes more. Discard rosemary. Serve chicken with black olive paste and the onion jam.

NUTRITION INFORMATION: Per serving: 250

calories; 9 g fat (1 g sat, 4 g mono); 66 mg cholesterol; 15 g carbohydrate; 27 g protein; 1 g fiber; 287 mg sodium.

Nutrition bonus: Selenium (30% daily value).

1 Carbohydrate Serving

Exchanges:

1 other carbohydrate

4 very lean meat

TIP: Ingredient Note: An equal amount of minced black olives can be substituted for the black olive paste.

EatingWell Magazine May/June 1997

Sweet & Sour Onion Jam

Makes about 3/4 cup, for 4 servings

Ingredients

2 teaspoons extra-virgin olive oil

2 large sweet onions, such as Vidalia, halved lengthwise and sliced

2 1/2 tablespoons sugar

1 large clove garlic, minced

1 teaspoon chopped fresh rosemary

1/4 cup distilled white vinegar, plus more to taste

Pinch of salt

Freshly ground pepper to taste

1. Heat oil in a 12-inch skillet (not nonstick) over medium heat. Add onions and sugar. Cover and cook, stirring occasionally, until onions are soft and most of their liquid has evaporated, 10 to 20 minutes. Uncover and cook, stirring, until onions turn deep golden, 10 to 20 minutes more. (Add 1 or 2 tablespoons water if the onions start to scorch.)

2. Add garlic and rosemary; cook, stirring, until fragrant, about 1 minute. Add 1/4 cup vinegar and cook until most of the liquid has evaporated, about 3 minutes. Season with salt, pepper and more vinegar, if desired.

Cover and refrigerate for up to 4 days.

Nutrition Information

Per serving: 81 calories; 2 g fat (0 g sat, 2 g mono); 0 mg cholesterol; 15 g carbohydrate; 1 g protein; 1 g fiber; 38 mg sodium.

EatingWell Magazine May/June 1997 ,