

# Cocoa Cherry StandardBar®

9550

Please Copy for Your Patients

## Cocoa Cherry StandardBar—a High-Protein, Carbohydrate-Controlled Health Bar for Those on the Go

In a press release from July 31, 2002, the National Institutes of Health (NIH) quoted some significant statistics from the extensive Framingham Heart Study conducted by the National Heart, Lung, and Blood Institute (NHLBI). The quotation revealed that obesity is reaching epidemic proportions in the United States. The release stated that an estimated 61 percent of American adults, ages 20 to 74, are either overweight or obese. And our children are following suit. How did we get so out of control? Doctors, researchers, and scientists agree that our hunger for foods that taste good and are convenient, coupled with technological advances that invite us to sit more and move less, are the two greatest contributing factors. What does that mean exactly? It means that when given a choice, we eat too many calories and carbohydrates for the energy we expend, resulting in weight gain and its potential health risks. We don't often incorporate foods that will maintain a healthy balance of proteins, carbohydrates, sugars, and starches. Our shopping carts usually contain a high percentage of refined foods and lots of sugar but comparatively low percentages of important proteins and other nutrients. Health and nutrition experts stress wiser food choices, smaller portions, and increased exercise to help us maintain a healthy weight and support good health. Our snacks as well as our main meals should contain a healthy balance of the four basic nutrients—water, carbohydrates, proteins, and fats.

## How Cocoa Cherry StandardBars Keep You Healthy

### Supports a healthy diet and promotes weight management

The ingredients found in Cocoa Cherry StandardBars provide a high protein, carbohydrate-controlled supplement for your diet.

Protein is responsible for growth and development and provides energy for the body. It is essential for the production of hormones, antibodies, enzymes, and tissues. Protein also helps maintain the delicate acid-alkaline balance of the body. The protein blend in the Cocoa Cherry StandardBar from whey concentrate, calcium caseinate, and whole egg powder provide complete proteins, meaning they contain all nine of the essential amino acids.

Fats are comprised of building blocks called fatty acids that come in three different types—saturated, monounsaturated, and polyunsaturated fatty acids. Despite public perception, not all saturated fatty acids are necessarily bad. They are used by the liver to make cholesterol that assists in the movement and absorption of all fatty acids. The Cocoa Cherry StandardBar contains almond butter and grape seed oil that contribute polyunsaturated fatty acids. Vitamin A, fiber, and the oxidation-fighting flavonoid quercetin from cherries and calcium from whey offer nutrients to help balance this nutritious health bar.

Many people have found that controlling total carbohydrate intake is an effective way to attain and maintain a desirable weight when used in conjunction with exercise and an otherwise balanced healthy diet. The Cocoa Cherry StandardBar can be an important adjunct to this type of weight management program.†



**Introduced in:**

2003

**Content:**

Eighteen 1.75 oz (50 g) Bars

### Supplement Facts:

Serving Size: 1 bar

Servings per Container: 18

		%DV
Calories	200	
Calories from Fat	60	
Total Fat	7 g	11%*
Saturated Fat	1 g	5%*
Cholesterol	80 mg	27%
Total Carbohydrate	20 g	7%*
Dietary Fiber	1 g	4%*
Sugars	2 g	
Protein	17 g	34%*
Calcium	100 mg	10%
Sodium	25 mg	1%

\* Percent Daily Values (DV) are based on a 2,000 calorie diet.

### NET CARB COUNT

**5** Total Carbs: 20  
Low-Impact Carbs: 15  
**NET CARB COUNT: 5**

This cocoa cherry bar has a net carbohydrate count of 5 g (sugar/starch). Only these 5 g should be counted toward your daily carbohydrate intake.

The remaining 15 g of low-impact carbohydrates come from glycerin, maltitol, and fiber—all which have a negligible impact on blood sugar levels.



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† These statements have not been evaluated by the Food & Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.

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# Cocoa Cherry StandardBar<sup>®</sup>

## What Makes Cocoa Cherry StandardBars Unique

### Unique Product Attributes

This is a vegetarian product (lacto-ovo)

Ingredients are derived from whole-food sources

- Egg contributes iron and protein
- Whey offers complete protein and calcium
- Cherries provide vitamin A and fiber, plus the antioxidant quercetin
- Grape seed oil contains vitamin E and is lower in saturated fats than many other oils†

Provides a healthy balance of carbohydrates, proteins, and fats

- Comprised of 17 grams of protein, providing energy without excess sugar or refined flour
- Contains a net carbohydrate count of 5 grams
- Provides carbohydrates which are of the beneficial complex form, as opposed to simple sugars, to encourage healthy blood-sugar metabolism
- Carries a low glycemic index
- Low in saturated fat
- Offers a convenient and balanced supplement snack without artificial preservatives, colors, or flavors†

### Unique Processing

Degreed microbiologists and chemists in our on-site laboratories constantly conduct bacterial and analytical tests on raw materials, product batches, and finished products

- Ensures consistent quality and safety

Vitamin and mineral analyses validate product content and specifications

- Assures high-quality essential nutrients are delivered

### Whole Food Philosophy

Dr. Lee challenged common scientific beliefs by choosing a holistic approach of providing nutrients through whole foods. His goal was to provide nutrients as they are found in nature—in a whole food state where he believed their natural potency and efficacy would be realized. Dr. Lee believed that when nutrients remain intact and are not split from their natural associated synergists—known and unknown—bioactivity is markedly enhanced over synthetic nutrients. Following this philosophy, even a small amount of a whole food concentrate will offer enhanced nutritional support, compared to a synthetic or fractionated vitamin. Therefore, one should examine the source of nutrients rather than looking at the quantities of individual nutrients on product labels.

**Ingredients:** Protein blend (whey (dairy) protein concentrate, calcium caseinate, whole egg powder), maltitol syrup, almond butter, glycerin, brown rice syrup, whey crisps (whey (dairy) protein and rice flour), natural chocolate flavoring, cherries, grape (seed) oil, cocoa powder, soybean lecithin, vanilla extract, and natural cherry flavor.

**Sold to health care professionals.**

Studies on nutrients generally use large doses and these studies, some of which are cited below, are the basis for much of the information we provide you in this publication about whole food ingredients. See the supplement facts for the Cocoa Cherry StandardBar<sup>®</sup>.

Anderson G.H., et al. 2002. Inverse association between the effect of carbohydrates on blood glucose and subsequent short-term food intake in young men. *American Journal of Clinical Nutrition* 76(5): 1023-1030.

Anderson L.E. 1998. *Mosby's Medical, Nursing, & Allied Health Dictionary*. 5th ed. St. Louis, MO: Mosby: 260-261, 1291, 1450, 1677.

Atkins R.C. 2002. *Dr. Atkins' New Diet Revolution*. New York, NY: Avon Books.

Augustin L.S., et al. 2002. Glycemic index in chronic disease: a review. *European Journal of Clinical Nutrition* 56(11): 1049-1071.

Balch J.E., Balch P.A. 1997. *Prescription for Nutritional Healing*. 2nd ed. Garden City Park, NY: Avery Publishing Group: 3-5.

Bensaï D.A., et al. 2003. A high-protein diet enhances satiety without conditioned taste aversion in the rat. *Physiological Behavior* 78(2): 311-320.

Brand-Miller J.C., et al. 2002. Glycemic index and obesity. *American Journal of Clinical Nutrition* 76(1): 281S-285S.

Byers T. 2002. The role of nutrition and nutrients in the prevention of chronic diseases. *Primary Care* 29(3): 615-627, x.

Chen J. 2000. *Nutritional Immunology*. Provo, Utah: Bright Ideas Press: 158-159, 167.

Chopra M., et al. 2002. A global response to a global problem: the epidemic of overnutrition. *Bulletin from the World Health Organization* 80(12): 952-958.

Del Negro A. 2003. Take Weight Off Your Heart and a Load Off Your Mind. *Medscape Cardiology*. <http://www.medscape.com/viewarticle/448658>.

Dye L., Blundell J. 2002. Functional foods: psychological and behavioural functions. *British Journal of Nutrition* 88(Suppl 2): S187-S211.

Eisenstein J., et al. 2002. High-protein weight-loss diets: are they safe and do they work? A review of the experimental and epidemiological data. *Nutrition Review* 60(7 Pt 1): 189-200.

Enig M.G. 2002. *Know Your Fats: The Complete Primer for Understanding the Nutrition of Fats, Oils, and Cholesterol*. Silver Spring, MD: Bethesda Press.

Friedman A.N., et al. 2003. Demographics and trends in overweight and obesity in patients at time of kidney transplantation. *American Journal of Kidney Disease* 41(2): 480-487.

Gapparov M.M. 2002. [The role of protein in human nutrition under environmental pollution.] *Vestn Ross Akad Med Nauk* (9): 20-22.

Gifford K.D. 2002. Dietary fats, eating guides, and public policy: history, critique, and recommendations. *American Journal of Medicine* 113(Suppl 9B): 89-106.

Gilbertson H.R., et al. 2003. Effect of low-glycemic-index dietary advice on dietary quality and food choice in children with type 1 diabetes. *Am J Clin Nutr* 77(1): 83-90.

Haulrik N., et al. 2002. Effect of protein and methionine intakes on plasma homocysteine concentrations: a 6-mo randomized controlled trial in overweight subjects. *American Journal of Clinical Nutrition* 76(6): 1202-1206.

Hill J.O., Peters J.C. 2002. Biomarkers and functional foods for obesity and diabetes. *British Journal of Nutrition* 88(Suppl 2): S213-S218.

Hu F.B., Willett W.C. 2002. Optimal diets for prevention of coronary heart disease. *JAMA* 288(20): 2569-2578.

Iso H., et al. 2003. Fat and protein intakes and risk of intraparenchymal hemorrhage among middle-aged Japanese. *American Journal of Epidemiology* 157(1): 32-39.

Jean C., et al. 2002. Wistar rats allowed to self-select macronutrients from weaning to maturity choose a high-protein, high-lipid diet. *Physiological Behavior* 76(1): 65-73.

Jenkins D.J., et al. 2002. Glycemic index: overview of implications in health and disease. *American Journal of Clinical Nutrition* 76(1): 266S-273S.

Jenkins D.J., et al. 2002. High-complex carbohydrate or lente carbohydrate foods? *American Journal of Medicine* 113 (Suppl 9B): 30-7.

Jenkins D.J., et al. 2003. Effect of high vegetable protein diets on urinary calcium loss in middle-aged men and women. *European Journal of Clinical Nutrition* 57(2): 376-382.

Killingsworth R.E. 2003. Health promoting community design: a new paradigm to promote healthy and active communities. *American Journal of Health Promotion* 17(3): 169-170, ii.

Kortt M., Baldry J. 2002. The association between musculoskeletal disorders and obesity. *Australian Health Review* 25(6): 207-214.

Lada A.T., Rudel L.L. 2003. Dietary monounsaturated versus polyunsaturated fatty acids: which is really better for protection from coronary heart disease? *Current Opinions in Lipidology* 14(1): 41-46.

Leeds A.R. 2002. Glycemic index and heart disease. *American Journal of Clinical Nutrition* 76(1): 286S-289S.

Liu S., Willett W.C. 2002. Dietary and glycemic load and atherothrombotic risk. *Current Atherosclerosis Report* 4(6): 454-461.

Marmonier C., et al. 2002. Snacks consumed in a nonhungry state have poor satiating efficiency: influence of snack composition on substrate utilization and hunger. *American Journal of Clinical Nutrition* 76(3): 518-528.

Morris K.L., et al. 2003. Effects of dietary carbohydrate on the development of obesity in heterozygous Zucker rats. *Journal of Nutritional Biochemistry* 14(1): 32-39.

Muller H., et al. 2003. The serum LDL/HDL cholesterol ration is influenced more favorably by exchanging saturated with unsaturated fat than by reducing saturated fat in the diet of women. *Journal of Nutrition* 133(1): 78-83.

National Institutes of Health (NIH) News Release. NHLBI's Framingham Heart Study Finds Strong Link Between Overweight/Obesity And Risk For Heart Failure. 2002. <http://www.nih.gov/news/pr/jul2002/nhlbi-31.htm>.

Pitchford P. 1993. *Healing With Whole Foods*. Revised ed. Berkeley, CA: North Atlantic Books: 104-113, 118-123, 336.

Rogers R.G., et al. 2003. The effect of obesity on overall, circulatory disease- and diabetes-specific mortality. *J Biosoc Sci* 35(1): 107-129.

Ruangdaraganon N., et al. 2002. The association between television viewing and childhood obesity: a national survey in Thailand. *Journal of the Medical Association of Thailand* 85(Suppl 4): S107S-S108.

Russell L. 2001. The importance of patients' nutritional status in wound healing. *British Journal of Nursing* 10(6 Suppl): S42, S44-S49.

Sacks F.M., Katan M. 2002. Randomized clinical trials on the effects of dietary fat and carbohydrate on plasma lipoproteins and cardiovascular disease. *American Journal of Medicine* 113(Suppl 9B): 13-24.

Shepherd T.M. 2003. Effective management of obesity. *Journal of Family Practice* 52(1): 34-42.

Skov A.R., et al. 2002. Effect of protein intake on bone mineralization during weight loss: a 6-month trial. *Obesity Research* 10(6): 432-438.

Soriquer F., et al. 2003. Redistribution of abdominal fat after a period of food restriction in rats is related to the type of dietary fat. *British Journal of Nutrition* 89(1): 115-122.

Sun Z.J., Huang Z.Y. 2001. [Progress in the study of obesity]. *Sheng Li Ke Xue Jin Zhan* 32(1): 39-44.

Tapper-Gardina Y., et al. 2002. Should you recommend a low-carb, high-protein diet? *Nurse Practitioner* 27(4): 52-53, 55-56, 58-59.

Vainio H., et al. 2002. Weight control and physical activity in cancer prevention: international evaluation of the evidence. *European Journal of Cancer Prevention* 11(Suppl 2): S94-S100.

Wang F., et al. 2003. The relationship between National Heart, Lung, and Blood Institute Weight Guidelines and concurrent medical costs in a manufacturing population. *American Journal of Health Promotion* 17(3): 183-189.

Willett W., et al. 2002. Glycemic index, glycemic load, and risk of type 2 diabetes. *American Journal of Clinical Nutrition* 76(1): 274S-280S.

Willett W.C., Leibell R.L. 2002. Dietary fat is not a major determinant of body fat. *American Journal of Medicine* 113(Suppl 9B): 47-59.