As good as olive oil

Many traditional Indian oils have been banished from health-conscious kitchens. The fact is that each one of them provides a different health benefit

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WHY WE NEED OILS

- Fatty acids in oil help absorb fat soluble vitamins like A, D, E & K
- Promote digestion
- Promote satiety, ie, a sense of fullness
- Help in growth, hormone balance and body organ development
- Act as antioxidants to remove carcinogens
- Help brain development and smooth functioning of central nervous system
- Important organs such as the retina are mainly composed of fats
- Form lines and insulate neurons in the brain and body
- Insulate the body against loss of heat

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Olive oil is touted as the panacea to all health problems — from unclogging arteries to making you look younger. While this may well be the case, oils used in traditional Indian recipes are not quite the health villains they're often made out to be. And though they might not have the fancy packaging, the good news is they're loaded with nutrients and are cheaper.

The biggest plus of olive oil is that it is rich in oleic acid, which is a mono-unsaturated fatty acid (MUFA). The consumption of a good quantity of MUFA has distinct advantages for cardiovascular health, because it gives the best possible lipid profile with lower LDL (bad) and higher HDL (good) cholesterol.

Go back to nature and eat whole grains, nuts and oilseeds in their natural form. They give the same benefits as oils do plus other nutrients like carbohydrates, proteins and fibre

"However, MUFA is not just present in olive oil but also in mustard oil, groundnut oil, sesame oil and rice bran oil. It is also present in nuts. So, olive oil is not the only source of MUFA," says Dr B Sesikeran, director of the National Institute of Nutrition (NIN).

MODERATION IS THE KEY

Any type of oil has 9 calories per gram

- One teaspoon of oil = **5** g = **45** calories
- One tablespoon of oil = **15** g = **135** calories

Besides, MUFA alone isn't enough. There has to be a balance of saturated fat and polyunsaturated fatty acid (PUFA). PUFA, in turn, should have a good ratio of omega 6 (present in sunflower and safflower oils and rice bran oil) and omega 3 (available through fish and fish oils or mustard and soyabean oils). Omega 6 helps lower cholesterol and makes our blood 'sticky' so it is able to clot, while omega 3 reduces the risk of heart disease and stroke and minimises symptoms of hypertension and rheumatoid problems.

"Some oils are better than others. But no single oil can provide all the essential fatty acids in the required quantity," says Dr Nupur Krishnan, a Mumbai-based clinical nutritionist. "Hence the thumb rule is to use different types of oils alternatively to reduce your bad cholesterol level and increase good cholesterol."

Advertisements on oils can often be misleading, and half-baked information on the internet only makes matters worse. Sheela Krishnaswamy, nutrionist and director (wellness) at Bangalore-based Chi Health, has a simple solution: "Go back to nature and eat whole grains, nuts and oilseeds in their natural form. They give the same benefits as do oils plus other nutrients like carbohydrates, proteins and fibre."

Above all, remember, moderation is the key. So while fried foods are best avoided, two to three teaspoons of oil a day are recommended. The next time you're at the edible oils aisle in your neighbourhood supermarket, keep these pointers in mind:

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SUNFLOWER OIL

A staple in urban kitchens, this oil is rich in vitamin E, which is good news for your skin. Dr Sesikeran says it gives one a good lipid profile. "But it is very high in polyunsaturated fats, particularly in omega 6. This tilts the omega 3-omega 6 ratio unfavourably," says Krishnaswamy. "The oil also oxidises quickly when heated and might become an easy platform for cancer causing substances, known as carcinogens.

RICE BRAN OIL

This one is fast catching on in urban homes, what with its much advertised cholesterol-lowering substance, Oryzanol. "It's a good source of omega 6 and MUFA with small amounts of omega 3, but is rich in antioxidants," says Dr Sesikeran. Rice bran oil is also loaded with vitamin E. "There is no downside to this oil as such," says Dr Krishnan. "But as in the case of any oil, excess consumption will lead to weight gain."

COCONUT OIL

It's impossible to imagine anything from the kitchens of Kerala without coconut oil — be it crisp banana chips or the vegetable curry *aviyal*. Krishnaswamy says coconut oil is high in medium chain fatty acids, which are easily digested and absorbed. "This is particularly useful in patients who have digestion difficulties," she says. Virgin coconut oil is considered good for curing thyroid disorders. But, warns Dr Krishnan: "It contains high levels of saturated fatty acids that elevate bad cholesterol."

MUSTARD OIL

This one is to Bengali cooking what coconut oil is to Kerala cuisine. No amount of bad press against mustard oil will make a Bengali use anything else for *macher jhol* or even the humbler *aloo posto*. On the upside, this oil is high in monounsaturated fats. "It also has fairly good amounts of omega 3 fats and is low in saturated fats," says Krishnaswamy. But some varieties contain a fatty acid called erucic acid, which is known to cause some abnormalities in the heart, says Dr Sesikeran. The good news is that low erucic acid varieties of the oil are available, so look out for them.

SESAME OIL

Commonly used in Tamil Nadu, this one is also used 'raw', as it is poured over *podis* (dry masala powders) as an accompaniment to *idli*, *dosa* and other South Indian snacks. Sesame oil is a good source of MUFA and omega 6. "It is also rich in antioxidant compounds," says Dr Sesikeran. This oil contains vitamin E and K and is less prone to rancidity. Dr Krishan says it contains important minerals like calcium, copper and magnesium. "But, because this oil has a low smoking point, it is not recommended for frying," she says.

GROUNDNUT OIL

Besides being common in the western and northern states, groundnut oil is also used in Asian cooking, especially for stir frying. Its high smoking point is certainly one reason why, apart from its flavour that is. "This oil is fairly balanced as it is rich in MUFA as well as omega 6, but it also does not contain significant omega 3," says Dr Sesikeran. According to Dr Krishnan, this oil works well as an alternative to rice bran oil — a big plus, given that rice bran oil is yet to see penetration in smaller towns.

GHEE

Popular in households across India, ghee is held in high esteem in Ayurveda. But since it is rich in saturated fat and cholesterol, it cannot be consumed in large quantities. However, ghee has good MUFA and some amount of fat soluble vitamins. "Conjugated linoleic acid, present in ghee, has shown some antioxidant and anti-cancer properties," says Krishnaswamy. "Some research shows that it may not increase blood cholesterol levels as was earlier believed." ■

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BODY TALK
The latest from the world of fitness and health

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HIGH HEEL CONFIDENTIAL

A new study has found that prolonged wearing of and walking in high heels can contribute to joint degeneration and knee osteoarthritis. An Iowa State University kinesiology master's student Danielle Barkema, recently completed her thesis research studying the effects of high-heeled walking on forces acting on joints of the lower extremities. Kinesiology professor and department chair Phil Martin assisted her in the study. Barkema selected three different heel heights — flat, two inches, and 3.5 inches — and had each of the 15 women in her study complete walking trials. She measured the forces acting about the knee joint and the heel strike-induced shock wave that travels up the body when walking in heels. Using sensors, accelerometers and lab equipment such as a force platform and markers/cameras, she was able to capture motion and force data and translate them into results that could change the way millions of women select their footwear. The ISU researchers found that heel height changes walking characteristics such as slower speeds and shorter stride lengths. And as the heels got higher, they also saw an increase in the compression on the inside — or medial side — of the knee. "This means that prolonged wearing and walking in heels could, over time, contribute to joint degeneration and knee osteoarthritis," Barkema said. "Wearing high heels regularly puts a person at risk and the higher the heel, the greater the risk," Martin added. "The loading that's being produced in the joint with every step that they take is higher — or at least, these data suggest that. These are not direct measures of loading within the joint, but they're an alternative way of looking at that kind of loading." ***— ANI***

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FAT FACTS

Ever wondered why two people could eat the same high-fat diet, but one becomes obese and prone to diabetes while the other maintains a slim frame? Well, Yale School of Medicine researchers have answered this question — weight is set before birth in the developing brain.

Led by Tamas Horvath, the research team analysed the same question in specific groups of rats. These have been bred so that their vulnerability to diet-induced obesity is known before they'd be put on high-fat, high-calorie diets. He said rats that become obese already had a significant difference in the feeding centre of the brain. Neurons that are supposed to signal when you've eaten enough and when to burn calories are much more sluggish in them because they are inhibited by other cells. In animals resistant to obesity, these satiety signalling neurons are much more active and ready to signal to the rest of the brain and peripheral tissues when enough food has been consumed. "It appears that this base wiring of the brain is a determinant of one's vulnerability to develop obesity. These observations add to the argument that it is less about personal will that makes a difference in becoming obese, and, it is more related to the connections that emerge in our brain during development," said Horvath.

He points to other unwanted consequences of these brain mechanisms. "Those who are vulnerable to diet-induced obesity also develop a brain inflammation, while those who are resistant, do not. This emerging inflammatory response in the brain may also explain why those who once developed obesity have a harder time losing weight," he said. ***— ANI***