

Peanut Butter StandardBar®

9650

Please Copy for Your Patients

The Peanut Butter StandardBar Features High-Quality Proteins in a Great Tasting, Carbohydrate-Controlled Snack

What constitutes a healthy diet? The answer seems to change over time. Take for instance the consumption of nuts. For many years, we were told that to lose or maintain weight, we should limit or avoid eating lots of nuts because they contain fat. But over the past few years, research suggests that nuts contain a number of constituents that contribute positively to our good health and eating them in moderation helps us in many ways. Government and various health organization guidelines agree that to maintain a healthy body, we should choose a diet that takes most of its calories from whole grains, vegetables, fruits, low-fat dairy products, lean meats, fish, poultry, and dry beans. These guidelines also suggest choosing fewer calories from saturated fat, refined flour, and sugar.

Another piece of the diet/lifestyle puzzle that continues to evolve is the focus on carbohydrate intake. There are two kinds of carbohydrates, *simple* and *complex*. If we consume fewer simple carbohydrates (carbohydrates from sugars) and eat more of the complex variety (carbohydrates from vegetables and whole grains) and do so as part of a healthy diet, we can then maintain a healthy weight and promote healthy blood-sugar levels. Our high-protein Peanut Butter StandardBar, which contains carbohydrates of the beneficial complex form, can help us achieve this goal.†

How Peanut Butter StandardBars Keep You Healthy

Support a healthy heart

Peanuts are a rich source of monounsaturated fatty acids, magnesium, and folate. The fatty acid composition of peanuts helps reduce triglycerides and boosts the activity of other heart-healthy nutrients. Egg white and whey and rice protein contain a particularly nutritious composition of essential amino acids and antioxidants to help maintain healthy blood pressure. Nutrients from grape seed oil and stanols from soybean lecithin exert strong antioxidant activity to help protect the heart from oxidative stress. These nutrients also encourage healthy cholesterol levels in individuals with normal cholesterol levels.†

Encourage glucose and insulin balance

Unsaturated fats in peanut butter can help improve glucose and insulin ratios in the body.†



Introduced in:

2004

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	1.5 g	8%*
Cholesterol	16 mg	5%
Total Carbohydrate	20 g	7%*
Dietary Fiber	1 g	4%*
Sugars	2 g	
Protein	17 g	34%*
Vitamin E	1 IU	2%
Calcium	40 mg	4%

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

NET CARB COUNT

5.5

Total Carbs: 20
Low-Impact Carbs: 14.5
NET CARB COUNT: 5.5

This peanut butter bar has a net carbohydrate count of 5.5 g (sugar/starch). Only these 5.5 g should be counted toward your daily carbohydrate intake.

The remaining 14.5 g of low-impact carbohydrates come from glycerin, maltitol, and fiber—all which have a negligible impact on blood sugar levels.

Peanut Butter StandardBar® 9650



800-558-8740 • www.standardprocess.com

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

Peanut Butter StandardBar®

What Makes Peanut Butter StandardBars Unique

Unique Product Attributes

This is a vegetarian product (lacto-ovo)

Ingredients are derived from whole-food sources

- Egg and peanut butter contribute iron and protein
- Whey offers complete protein and calcium
- 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 5.5 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
- Provides only 1.5 grams of saturated fat and is low in cholesterol
- 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, egg white, and rice protein), maltitol syrup, peanut butter, glycerin, brown rice syrup, whey crisps (whey (dairy) protein and rice flour), natural flavors, peanuts, grape (seed) oil, peanut flour, soybean lecithin oil, and wheat (germ) oil.

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 Peanut Butter StandardBar®.

Adom K.K., Liu R.H. 2002. Antioxidant activity of grains. *Journal of Agriculture and Food Chemistry* 50(21): 6182-6187.

Alper C.M., Mattes R.D. 2003. Peanut consumption improves indices of cardiovascular disease risk in healthy adults. *Journal of the American College of Nutrition* 22(2): 133-141.

Astrup A., et al. 2004. Atkins and other low-carbohydrate diets: hoax or an effective tool for weight loss? *Lancet* 364(9437): 897-899.

Awad A.B., et al. 2000. Peanuts as a source of beta-sitosterol, a sterol with anticancer properties. *Nutrition and Cancer* 36(2): 238-241.

Bolch J.F., Bolch P.A. 1997. *Prescription for Nutritional Healing*. 2nd ed. Garden City Park, NY: Avery Publishing Group; 3, 45.

Craig S.A. 2004. Betaine in human nutrition. *American Journal of Clinical Nutrition* 80(3): 539-549.

Dastani H.B., et al. 2004. Combating the Obesity Epidemic: Community Pharmacists' Counseling on Obesity Management (November). *Annals of Pharmacotherapy* [Epub ahead of print.]

Davalos A., et al. 2004. Antioxidant activity of peptides derived from egg white proteins by enzymatic hydrolysis. *Journal of Food Proteins* 67(9): 1939-1944.

Ellis L., Haman D. 2004. Population increases in obesity appear to be partly due to genetics. *Journal of Biosocial Science* 36(5): 547-559.

Etzel M.R. 2004. Manufacture and use of dairy protein fractions. *Journal of Nutrition* 134(4): 996S-1002S.

FitzGerald R.J., Meisel H. 2000. Milk protein-derived peptide inhibitors of angiotensin I-converting enzyme. *British Journal of Nutrition* 84(Suppl 1): S33-S37.

Gannon M.C., Nuttall F.Q. 2004. Effect of a high-protein, low-carbohydrate diet on blood glucose control in people with type 2 diabetes. *Diabetes* 53(9): 2375-2382.

Garami M., et al. 2004. Fermented Wheat Germ Extract Reduces Chemotherapy Induced Febrile Neutropenia in Pediatric Cancer Patients. *Journal of Pediatric Hematology and Oncology* 26(10): 631-635.

Ha L., Zemel M.B. 2003. Functional properties of whey, whey components, and essential amino acids: mechanisms underlying health benefits for active people (review). *Journal of Nutrition and Biochemistry* 14(5): 251-258.

Hallfrisch J., et al. 2000. Mechanisms of the effects of grains on insulin and glucose responses. *Journal of the American College of Nutrition* 19(3 Suppl): 320S-325S.

Hammerstone J.F., et al. 2000. Procyranidin content and variation in some commonly consumed foods. *Journal of Nutrition* 130(8S Suppl): 2086S-2092S.

<http://www.niddk.nih.gov/health/nutrit/pubs/wloss/wloss.htm>.

<http://www.niddk.nih.gov/health/nutrit/pubs/statobes.htm>.

©2005 Standard Process Inc. All rights reserved. 12/05

Hu M., et al. 2004. Antioxidant activity of a proanthocyanidin-rich extract from grape seed in whey protein isolate stabilized algae oil-in-water emulsions. *Journal of Agriculture and Food Chemistry* 1(6): 5272-5276.

Jiang R., et al. 2002. Nut and peanut butter consumption and risk of type 2 diabetes in women. *JAMA* 288(20): 2554-2560.

Kris-Etherton P.M., et al. 1999. High-monounsaturated fatty acid diets lower both plasma cholesterol and triacylglycerol concentrations. *American Journal of Clinical Nutrition* 70(6): 1009-1015.

Ludwig D.S. 2000. Dietary glycemic index and obesity. *Journal of Nutrition* 130(2S Suppl): 280S-283S.

Maguire L.S., et al. 2004. Fatty acid profile, tocopherol, squalene and phytosterol content of walnuts, almonds, peanuts, hazelnuts, and the macadamia nut. *International Journal of Food Science Nutrition* 55(3): 171-178.

McConahy K.L., et al. 2002. Food portions are positively related to energy intake and body weight in early childhood. *Journal of Pediatrics* 140(3): 340-347.

Marshall K. 2004. Therapeutic applications of whey protein. *Alternative Medicine Review* 9(2): 136-156.

Miyashita Y., et al. 2004. Beneficial effect of low carbohydrate in low calorie diets on visceral fat reduction in type 2 diabetic patients with obesity. *Diabetes Research and Clinical Practice* 65(3): 235-241.

Nicolosi R.J., et al. 2001. Dietary effects on cardiovascular disease risk factors: beyond saturated fatty acids and cholesterol. *Journal of the American College of Nutrition* 20(5 Suppl): 421S-427S, 440S-442S.

Pitchford P. 1993. *Healing With Whole Foods*. Revised ed. North Atlantic Books: Berkeley, CA: 298, 432, 470, 493.

Roberts S.B. 2000. High-glycemic index foods, hunger, and obesity: is there a connection? *Nutrition Review* 58(6): 163-9.

Seshadri P., et al. 2004. A randomized study comparing the effects of a low-carbohydrate diet and a conventional diet on lipoprotein subfractions and C-reactive protein levels in patients with severe obesity. *American Journal of Medicine* 117(6): 398-405.

Spilburg C.A., et al. 2003. Fat free foods supplemented with soy stanol-lecithin powder reduce cholesterol absorption and LDL cholesterol. *Journal of American Dietetic Association* 103(5): 577-81.

Stampfer M.J., et al. 2000. Primary prevention of coronary heart disease in women through diet and lifestyle. *New England Journal of Medicine* 343(1): 16-22.

Tome D. 2004. Protein, amino acids and the control of food intake. *British Journal of Nutrition* 92(Suppl): S27-S30.

Tsai C.J., et al. 2004. Frequent nut consumption and decreased risk of cholecystectomy in women. *American Journal of Clinical Nutrition* 80(1): 76-81.

United States. National Institutes of Health (NIH). *Weight Loss for Life. Statistics Related to Overweight and Obesity*. 2004.

Vinson J.A., et al. 2002. Beneficial effects of a novel H636 grape seed proanthocyanidin extract and a niacin-bound chromium in a hamster atherosclerosis model. *Molecular Cell Biochemistry* 240(1-2): 99-103.

Walzem R.L., et al. 2002. Whey components: millennia of evolution create functionalities for mammalian nutrition: what we know and what we may be overlooking. *Critical Review in Food Science Nutrition* 42(4): 353-375.