

Review on Health Benefit and Risk of Coffee Consumption

Hailu Lire Wachamo*

¹Ethiopian Institute of Agricultural Research, Wondogenet Agricultural Research Center, PO Box 198 Shashemane, Ethiopia

²Department of Horticulture and Plant Science, Jimma University College of Agriculture and Veterinary Medicine, PO Box 307, Jimma, Ethiopia

*Corresponding author: Hailu Lire Wachamo, Ethiopian Institute of Agricultural Research, Wondogenet Agricultural Research Center, P.O. Box 198, Shashemane, Ethiopia, Tel: +2519149134993; E-mail: hailulire2016@gmail.com

Received date: July 17, 2017; Accepted date: August 01, 2017; Published date: August 06, 2017

Copyright: © 2017 Wachamo HL. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

Coffee is the world's beloved drink that is the most regularly consumed caffeine-containing beverage next to water and tea. It contains a multipart combination of chemicals constituents, which associated with health benefits, most consumers, begin their day with a minimum a cup of coffee after eating food, and end their workday with coffee. It is considered as a significant part of modern daily life because it has an alerting outcome on the human brain. Opposing this, various groups report experiencing uneven health risks thus hesitant to drink coffee, this suggests individual disparity to coffee intolerance. The aim of this review was to in brief summarize health benefits and risks coffee consumption. Most of the informative reports suggested that long-term consumption of coffee and decaffeinated coffee can reduce the risk of many diseases. Among these it is used to boosts our physical performance, burn fat, reduces risk of stroke, liver, prostate and colorectal cancer by 20%, risk of Parkinson's disease by 25%, lower risk of Type II diabetes, reduces risk of dementia and protects our mind, brightens our mood, helps us to fight depression and minimize risk of suicide by 50%. In addition, coffee consumers have less risk of heart disease, with strongly integrated DNA. Also reports that coffee drinking has also naturally extended sleep latency, minimizes total sleep time and its effectiveness, and worsened supposed sleep feature.

However, from positive health prospect of coffee consumption, a recent study finds coffee consumption does not always provide protective benefits because overdrinking is associated with negative impact or risk on our health. Some negative impact of coffee consumption on our health; it reduces appetite levels for food, impact on pregnant women, on people with cholesterol, cause insomnia and restlessness, breast tissue cysts in women, incontinence digestive disorders, and risk of headaches. In addition, decrease fertility probability in female and male, cause allergies and miscarriage, forceful heart contractions, anxiety, depression and the need for anxiety medication, inhibits collagen production in the skin of human being, less hearing loss improvement, does not help with extended sleep deprivation interferes with ossification and could also lead to greater risk of bone fracture. Finally, the most recent studies reported that coffee consumption is beneficial for our health when it is optimum range approximately four cups on average. The supplementary research will be crucial to make clear that both the health benefits and risk of coffee consumption.

Keywords: Coffee consumption; Chemical constituents; Health benefits; Health risks

Introduction

Coffee (*Coffea L.*) is the world's beloved drink that is the most regularly consumed caffeine-containing beverage and the second most traded commodity next to edible oil. It contains a complex mixture of chemicals that provide important amounts of chlorogenic acid and caffeine [1]. It is the most important agricultural commodity in international trade and Arabica coffee (*Coffea L.*) and Robusta coffee (*C. canephora* Pierre ex *A. Froehner*) is the two major species used in the coffee production. Although Arabica coffee is Ethiopian origin which is the most significant in the world coffee market and providing approximately about 66-70% of commercial production [2]. In fact, Coffee offers few nutrients, but it contains more than thousands of chemicals which occur naturally such as carbohydrates, lipids, nitrogenous compounds, vitamins, minerals, alkaloids and phenolic compounds, a number of which are potentially healthful (and others potentially harmful) which is well unwritten [3].

Next, to water and tea, it is the world's most popular beverage used in everything from high blood pressure and high cholesterol (and thus heart disease) to pancreatic cancer, fibrocystic breasts, and bone loss. However, recent studies relating coffee/caffeine consumption to health problems. However, in up to date years, most research has suggested that coffee actually has health benefits [4-6]. The caffeine in coffee is a bioactive compound with stimulatory property on the central nervous system and a positive outcome on long-term memory. Although coffee consumption has been historically connected to unfavorable health effects, new research indicates that coffee consumption may be beneficial [5]. Moreover, Coffee consumed by millions of people every day and various scientific studies have been conducted to check the relationship between coffee consumption and a wide range of chronic diseases and health risk, in addition to total death, lots of cancers, cardiometabolic risk, liver disorders, and neurological situation. These properties have been certified due to many different bioactive constituents of coffee, as well as caffeine (methylxanthine), chlorogenic acids (polyphenol), diterpenes, and other phenolics, among these, may also potentially have additive or synergistic effects [6].

In Ethiopia, coffee consumed in a detailed formal procedure that takes place in almost all households in a daily basis and on average

Ethiopians drinks 4 cups per days and they get a cup of coffee at the shop, on the road, hotels, and restaurants, everywhere [7]. Although coffee is enjoyed worldwide, the coffee ceremony is totally an Ethiopian custom/tradition, and while it has long been accepted all over the country [8]. Coffee consumption is a reflection to have both beneficial and negative effects on health like cardiovascular risk, may be due to the presence of the different biologically active substances which taken during coffee intake [9]. Many studies concluded that coffee consumption has health benefits like it can reduce risk of stroke in woman [10], 26% lower probability of developing colorectal cancer [11], reduce the risk of type 2 diabetes mellitus and hypertension, cardiovascular risk such as obesity and depression [12]. It also reported as an energizer, comfort food, addiction, flavoring, and confection [13], positive effect on psychoactive responses (alertness, mood change), neurological (infant hyperactivity, Alzheimer's and Parkinson's diseases) and metabolic disorders (diabetes, gallstones, liver cirrhosis), and gonad and liver function [14].

In addition, Consumption of 3-4 cups coffee/day lower mortality risk in men [15] and inhibit inflammation and thereby reduce the risk of cardiovascular and other inflammatory diseases in postmenopausal women [16]. However, coffee consumption has a detrimental effect on health such Caffeine had a negative impact on the appetite levels [17], adversely affect lipid profiles depending on how the beverage is prepared [12]. Therefore, drinking of coffee is important stimulating beverage drink used worldwide; it includes a wide array of components that can have probable implication on health. However, recent scientific studies show coffee consumption its associated health benefits and negative impact on the health of human being which needs scientific evidence in an advance and through intensive research. With these in mind, the main aim of this review was to reports works done a wide-ranging overview of the health benefits and risks of coffee consumption.

Review of Literature

Major chemical compounds of coffee

Coffee contains diverse compounds that are reported in recent times, which are associated with beneficial health effects [18,19]. It is a complex mixture of chemicals provides significant amounts of chlorogenic acid and caffeine. Unfiltered coffee is a significant source of cafestol and kahweol, which are diterpenes that have been implicated in the cholesterol-raising effects of coffee [1]. It is the main source of caffeine in many populations. Moreover, it also contains thousands of different chemicals like carbohydrates, lipids, nitrogenous compounds, vitamins, minerals, alkaloids, and phenol compounds [5,20]. Chlorogenic acid (the most prominent), caffeic acid, melanoidin are all antioxidants found in coffee. N-methyl pyridinium, one of identified as an anti-oxidant that found in coffee [18,21,22]. Major important chemical constituents in coffee are caffeine, chlorogenic acid, cafestol, kahweol and other micronutrients. Coffee is a composite combination of a thousand chemicals containing possible bioactive molecules such as chlorogenic acid, caffeine, and two diterpenes including cafestol and kahweol [23]. Some of the constituents reviewed as below.

Caffeine (Methylxanthine)

Caffeine (1,3,7-trimethylxanthine) is a nonselective antagonist adenosine receptor in several physiological systems and it is an alkaloid compound which naturally occurring compound of coffee in coffee

beans and other sixty plants such as tea leaves, cocoa beans, cola nuts [19,24]. Caffeine is the most commonly consumed psychoactive stimulant in the globe and appears to exert most of its biological property through the antagonism of the adenosine receptor especially A1 and A2A. Its content is highly unstable ranging between 30 mg and 350 mg per cup of coffee or 150 milliliters of home-prepared coffee [1,24]. Adenosine is an endogenous neuromodulator with the regularly inhibitory property, and adenosine antagonism by caffeine results in effects that are normally stimulatory. Some other physiological effects that governed with caffeine include central nervous system stimulation, acute elevation of blood pressure, increased metabolic rate, and diuresis [25]. Caffeine is body weight regulator by controlling the balance of energy through rising energy expenditure and decreasing energy intake. It also improves weight maintenance through thermogenesis, fat oxidation, and energy intake [26].

Caffeine is rapidly absorbed through the gastrointestinal (GI) tract and moves through cellular membranes with the same efficiency as when it is absorbed and circulated to tissue. Caffeine is metabolized by the liver and results in metabolites like paraxanthine (1,7-dimethyl-xanthine), theophylline (1,3-dimethyl-xanthine), and theobromine (3,7-dimethyl-xanthine) by the action of an enzyme [27,28]. Paraxanthine is the known metabolite it accounts for about 84% of the well-known products [28]. The high amount of caffeine occurs in the blood flow within 15-45 min of consumption, peaking approximately 60 minutes post-consumption. It freely crosses the blood-brain barrier like lipid soluble compound, and it has influence in our neural function attributed to energy balance [27]. Cup of coffee gives an energizing jolt because it naturally contains caffeine. The Linus Pauling caffeine Institute notes that caffeine is quickly absorbed by all our body's tissues, including the brain, and stimulates the nervous system (Figure 1). The amount of caffeine depends on the type of coffee and method of preparations. A standard cup of brewed coffee gives us 100 milligrams of caffeine [29,30].

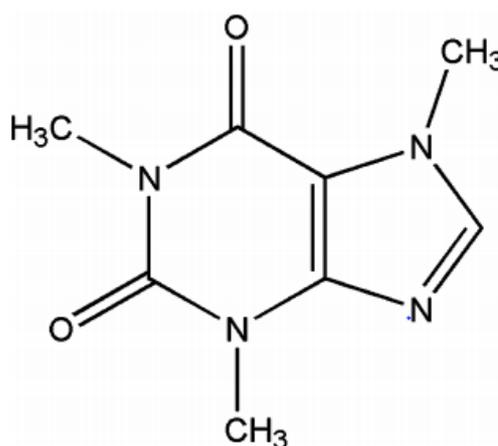


Figure 1: Chemical structure of caffeine.

Chlorogenic acids (Polyphenol)

Chlorogenic acid is one of the biologically active compounds that found in coffee, slow absorption of carbohydrates [31]. It is one chemical compound in coffee which found in Ester family and formed in between trans-cinnamic and quinic acid which are useful nutritional phenols [1,32]. It also is known as 5-O-caffeoylquinic acid which ranges in between 70-350 mg in a 200 ml (7-oz) cup of coffee in which it contains about 35-175 Mg of caffeic acid [17]. Chlorogenic acid can able to exert important roles in glucose and lipid metabolism regulation and on the other related disorders, e.g., diabetes, cardiovascular disease (CVD), obesity, cancer, and hepatic steatosis. Moreover, it has many potential health benefits of such as anti-diabetic, anti-carcinogenic, anti-inflammatory and anti-obesity impacts, may also provide a non-pharmacological and non-invasive advance for some chronic diseases treatment and/or prevention [33] (Figure 2).

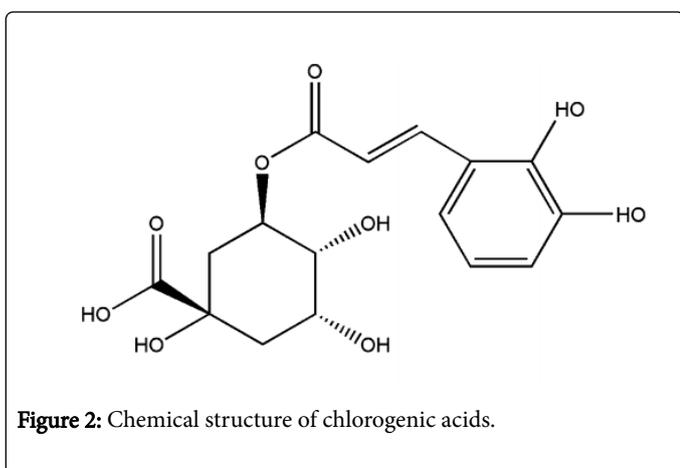


Figure 2: Chemical structure of chlorogenic acids.

Coffee lipids (Cafestol and kahweol)

The typical bean of *Coffea arabica* contains cafestol and kahweol, a structural analog of cafestol, with individual concentrations ranging from 0.1-7 mg/ml in coffee [34,35]. It is the two-coffee specific diterpenes with anticarcinogenic as well as against aflatoxin B1 (AFB1) activity in human cells and it increases serum cholesterol levels in humans when we drink boiled coffee [36,37]. Diterpenes cafestol and kahweol (C+K) in coffee have able to produce a broad range of biochemical effects resulting in a reduction of the genotoxicity of several carcinogens including 7,12-dimethylbenz[a]anthracene (DMBA), aflatoxin B1 (AFB1), benzo[a]pyrene (B[a]P) and 2-amino-1-methyl-6-phenylimidazo[4,5-b]pyridine [36]. Coffee consumption is the major source of human exposure to C+K. It has health significance in humans consuming moderate amounts of coffee (up to 5 cups a day). Moreover, it occurs in liver, kidney, lung and intestinal tissues [38]. Generally, Natural diterpenes from coffee, cafestol, and kahweol induce apoptosis through regulation of specificity protein expression in human malignant pleural mesothelioma and they found in boiled coffee and promote a rise in plasma cholesterol concentration in humans [39] (Figure 3).

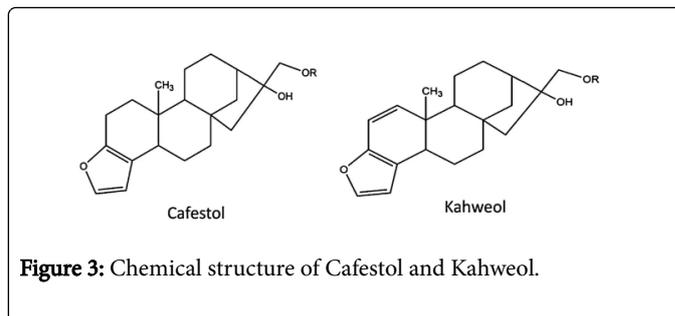


Figure 3: Chemical structure of Cafestol and Kahweol.

Other micronutrients/Compounds

Coffee also contains many micronutrients such as magnesium, potassium, niacin, and vitamin E. and other important minor compounds (Table 1 and 2). A cup of black coffee (1.25 dl) contains practically no fat, carbohydrates or protein, so its energy content is only 1-2 kcal. Coffee contains many minerals and vitamins, particularly potassium, magnesium and nicotinic acid. It's the composition of these depends on such factors as the quantity of ground coffee, the brewing method, the quality of the water used, and the other ingredients used in the coffee [40-42]. Generally, the concentration of twenty-seven elements (Li, Be, B, Mg, Al, P, K, Ca, Cr, Mn, Co, Ni, Cu, Zn, As, Se, Sr, Mo, Cd, Sn, Sb, Ba, Hg, Pb, Bi, Th, and U) in green coffee [41].

Health benefit and risk of coffee consumption

Health benefits of coffee consumption: Coffee is in fact very healthy stimulant commodity that taken daily at least 3-4 cup per day. It contains antioxidants and beneficial nutrients, which can able to improve our health condition. As much scholarly reviewed reports show that coffee drinkers have a much lower risk of several serious diseases. Its major action is to stimulate the central nervous systems, cardiovascular muscle, respiratory system, diuretic, and delays fatigue [19,26,43,44]. Habitual coffee drinking has been associated with a reduced risk of mortality and chronic diseases, including cancer [34,45]. The favorable influence of coffee is supported by several plausible mechanisms due to the presence of a variety of biological compounds such as caffeine, diterpenes, caffeic acid, polyphenols as well as volatile aroma and heterocyclic substances. Recent evidence suggests that coffee consumption is associated with a reduced risk of liver, kidney, and to a lesser extent, premenopausal breast and colorectal cancers, while it is unrelated to prostate, pancreas and ovary cancers. Coffee drinking may still help reduce death due to liver cancer [46,47].

Coffee consumption is significantly associated with a decreased risk of colorectal cancer at less than 5 cups per day of coffee consumption [43]. Caffeine is valuable to mitigate sleepiness, enhance performance, and treat apnea in premature infants. It typically prolonged sleep latency, reduced total sleep time and sleeps efficiency, and worsened perceived sleep quality [48]. Its consumption was also reported that it associated with decreased risk of mortality. It able to show the defending effect stronger smoker status and alcohol drinker [15]. Moreover, coffee consumption has also many health benefits that have been already agreed through real observation in a human being. Some of these are coffee consumption improve energy levels, improve various aspects of brain function such as memory, mood, vigilance, energy levels, reaction times and general cognitive function [49-51]. It

also Coffee consumption burns fat and boosts metabolic rate about in the range of 3-11%. The caffeine can drastically improve physical performance; it stimulates the nervous system, causing it to send signals to the fat cells to break down body fat. A single cup of coffee contains: - Riboflavin (Vitamin B2) which is 11% of the RDA, Pantothenic Acid (Vitamin B5), accounts 6% of the RDA, Manganese and Potassium, 3% of the RDA, Magnesium and Niacin (B3): 2% of the RDA, although most people are drinking more than one cup per day. If it consumed 3-4 cup/day then these amounts quickly increased [52]. Moderate consumption of both caffeinated and decaffeinated coffee may lower risk of type 2 diabetes in younger and middle-aged women. Coffee constituents other than caffeine may affect the development of type 2 diabetes [53].

The caffeine in coffee is a bioactive compound with stimulatory effects on the central nervous system and a positive effect on long-term memory. Although coffee consumption has been historically linked to adverse health effects, new research indicates that coffee consumption may be beneficial [5]. The consumption of coffee has been associated with a number of health benefits, including a reduced risk of cardiovascular disease. Hypertension is an important risk factor for adverse cardiovascular events. Coffee drinking help to reduce blood pressure (BP) in humans, which might be attributable to its polyphenolic compound, chlorogenic acid [54]. On the other hand, by-products of coffee fruit and bean processing can also be considered as potential functional ingredients for the food industry. The coffee husks, peel, and pulp, which comprises nearly 45% of the cherry, are one of the main by-products of coffee agro-industry and might be a valuable material for several purposes, including extraction of caffeine and polyphenols. Other by-products of coffee processing such as the mucilage and the parchment also identified. Additionally, the use of the roasted coffee silver skin as a nutritional fiber-rich ingredient and associated with antioxidative properties [55]. A waste material that is widely available in the world, as a source of natural phenolic antioxidants. Coffee consumption also reported being inversely associated with risk of type 2 diabetes mellitus. Similar associations reported for decaffeinated coffee [56].

According to Sugiyama et al. that association between coffee consumption and the risk of bladder cancer [57]. Regular and decaffeinated coffee consumption decreased plasma free fatty acid levels, increased hepatic adenosine triphosphate content, and decreased total mammalian target of rapamycin (mTOR) and phosphorylated mTOR (p-mTOR) protein content in the liver. Moreover, coffee consumption by the aged population had a positive effect on behavioral energy and lipid metabolism [58]. Caffeine in coffee drink influence the energy balance by increasing energy expenditure and decreasing energy intake, therefore, it can potentially be used as a body weight regulator. It also improves weight maintenance through thermogenesis, fat oxidation, and energy intake. The sympathetic nervous system is involved in the regulation of energy balance and lipolysis (breakdown of lipids to glycerol and free fatty acids) and the sympathetic innervation of white adipose tissue may play an important role in the regulation of total body fat [26]. Increased coffee drink reduces death, decreases progression of the nonalcoholic fatty liver disease and decreases the rate of scarring in the liver and progression to cirrhosis, decreases the rate of liver cancer development, and increases treatment response to hepatitis C antiviral interferon-based therapy [59]. Many reports show beneficial association coffee drinking with human health. For instance it prevent symptomatic gallstone disease in women [60], lower 23-50% risk of type II Diabetes, which is a various health disturbance, recently affiliate

about approximately 300 million people in the globe [32,61], 20% lower risk of death in men and 26% death of women, Alzheimer's disease, and Dementia that mainly occur in peoples whose ages are 65 and more [62-64]. Some of the health benefits are described in Table 3 below.

Health risks of coffee consumption

In contrary from its positive health, a recent study finds coffee does not always offer protective benefits. Overdrinking 28 cups of coffee or more per week increased a person's probability of dying prematurely by 21 percent was reported. This risk was more than 50 percent higher in adults under 55 years old [65]. Also, heavy coffee consumption associated to higher death risk Excessive caffeine intake raises health risks because it increases a person's heart rate and blood pressure and slightly increases peripheral arterial stiffness; distal vascular tone [66]. Recently reported shows that coffee consumption increases the long-term risk of coronary heart disease but habitual moderate coffee drinking was associated with a lower risk of coronary heart disease in women [67]. Coffee has been around for a long time and blamed for many ills from stunting our growth to causing heart disease. Recent studies have generally found no connection between coffee and an increased risk of heart disease or cancer [45,46]. In fact, a few studies have found an association between coffee consumption and decreased overall mortality and possibly cardiovascular mortality, although the suggestion is not a fact in young aged people who consume large amounts of coffee [23,67,68]. High doses of coffee intake during pregnancy increase the risk of miscarriage, independent of pregnancy-related symptoms [69].

Epidemiological studies report also suggest that drinking of boiled coffee is associated with elevated risk for cardiovascular disease. This is mainly due to the two diterpenes identified in the lipid fraction of coffee grounds, cafestol, and kahweol. These compounds promote increased the plasma concentration of cholesterol in humans [35]. Also, coffee drinking causes hepatocellular carcinoma were also reported in Italy [70]. Also, higher levels of coffee drink have lower a rate of incident arterial fibrillation (AF) [71]. Glucose tolerance is reduced shortly after ingestion of caffeine or caffeinated coffee in human and which is suggested that coffee consumption could increase the risk of diabetes [72,73]. Coffee drinking is beneficial when we drink in moderation 2-4 cup per day it has a negative effect on our health when we drink more than considerable range [1]. Also, Nonsmokers who rapidly metabolize caffeine may be at increased risk for having infants with decreased birth size when consuming ≥ 300 mg of caffeine per day [74].

A few of those risks of coffee consumption include adrenal fatigue, irregular heartbeat, hallucinations, accelerates bone loss and tremors are reported [75,76]. Chronic, heavy caffeine ingestion may cause or exacerbate anxiety and may be associated with depression and increased use of anti-anxiety drugs. Caffeine may cause anxiety and panic in panic disorder patients and may aggravate the symptoms of premenstrual syndrome. Chronic users who are caffeine-sensitive may have symptoms of caffeine at relatively low doses. Those who regularly consume moderate to heavy amounts of caffeine may develop caffeinism, or they may show signs of caffeine withdrawal syndrome after abstaining from the drug [77]. Some negative impacts of coffee consumption are summarized Table 4 below.

Summary and conclusions

Coffee is the most widely consumed caffeine containing psychoactive beverage in the world. Most of the prospective reports recommended that long-term consumption of coffee and decaffeinated coffee can reduce the risk of many diseases. Among health benefits of coffee drinking it boosts our physical performance, burn fat, reduces risk of stroke, liver, prostate and colorectal cancer by 20%, risk of Parkinson's disease by 25%, lower risk of Type II diabetes, reduces risk of dementia and protects our mind, brightens our mood, helps us to fight depression and minimize risk of suicide by 50%. Moreover, coffee consumers have less risk of heart disease, with strongly integrated DNA, Reduced risk of heart attack death. Also reports that coffee drinking has also naturally extended sleep latency, minimizes total sleep time and its effectiveness, and worsened supposed sleep feature. Its health beneficial aspects were differing in adult and old aged people. For instance, the sleep of older adults is more sensitive to coffee consumption as compared with teenagers. Reports in a potential reduction in diabetes risk due to habitual consumption of caffeinated coffee suggest that tolerance does develop to the short-term decrease in glucose tolerance and insulin sensitivity or that coffee with no caffeine constituents that enhance glucose tolerance and insulin sensitivity. A number of reports support that habitual consumption of decaffeinated

coffee protects against diabetes risk. A little initial evidence exists that coffee constituents like chlorogenic acid improve glucose tolerance and sensitivity to insulin. It can help consumer lose weight by attenuating the assimilation of glucose from the small intestine. However, the harmful effects of coffee consumption are occasionally harder to get information rather than all of the reported beneficial aspects. Some reports suggest that coffee consumption has a negative impact on our health. Some of these are drinking coffee above 4 cups per day associated with early death, also increase blood pressure in a consumer with hypertension, and reduce fertility in women and men, caffeine in coffee augmented nervousness/anxiety, hopelessness/depression and the need for anxiety medication. Moreover, other negatives impact such as adrenal fatigue, irregular heartbeat, hallucinations, accelerate bone loss and tremors. on the other hand, those coffee consumers should be aware of how caffeine in coffee interacts with their bodies in regard to their own individual health condition. In conclusion, most recent reports exist that coffee consumption could be better suitable for our health especially for that of decaffeinated coffee. More research will be necessary to make clear that both the short and long-term effects of coffee consumption and its constituents on health benefits and risks of the coffee consumption.

Micronutrient	Per 100 ml (1 dl)	Per cup of coffee (1.25 dl)
Sodium	Very little	Very little
Potassium	92 mg	115 mg
Magnesium	8 mg	10 mg
Manganese	0.05 mg	0.06 mg
Riboflavin	0.01 mg	.,01 mg
Niacin	0.7 mg	0.9 mg

Table 1: The mineral and vitamins concentrations in 100 ml of coffee.

Nutrient	Unit	1 Value per 100 g	1 serving 2 tbsp=13.0 g
Proximates			
Water	g	1.7	0.22
Energy	kcal	460	60
Protein	g	5.29	0.69
Total lipid (fat)	g	15.87	2.06
Carbohydrate, by difference	g	74.04	9.63
Fiber, total dietary	g	1.9	0.2
Sugars, total	g	58.2	7.57
Minerals			
Calcium, Ca	mg	271	35
Iron, Fe	mg	0	0
Magnesium, Mg	mg	68	9

Phosphorus, P	mg	251	33
Potassium, K	mg	1033	134
Sodium, Na	mg	317	41
Zinc, Zn	mg	0.96	0.12
Vitamins			
Vitamin C, total ascorbic acid	mg	0.6	0.1
Thiamin	mg	0.031	0.004
Riboflavin	mg	0.028	0.004
Niacin	mg	2.263	0.294
Vitamin B-6	mg	0.055	0.007
Folate, DFE	µg	9	1
Vitamin B-12	µg	0.45	0.06
Vitamin A, RAE	µg	1	0
Vitamin A, IU	IU	5	1
Vitamin E (alpha-tocopherol)	mg	0	0
Vitamin D (D2 + D3)	µg	0	0
Vitamin D	IU	0	0
Vitamin K (phyloquinone)	µg	1.5	0.2
Lipids			
Fatty acids, total saturated	g	4.934	0.641
Fatty acids, total monounsaturated	g	8.934	1.161
Fatty acids, total polyunsaturated	g	1.053	0.137
Fatty acids, total trans	g	0	0
Cholesterol	mg	0	0
Other			
Caffeine	mg	360	47

Table 2: Summary of micronutrients in coffee [78].

Health benefit of coffee consumption	Description of action	Sources
Coffee appears to have protective effects on the liver, which is important body organ, that maintains a number of functions in our body. And lower liver stiffness in patients with non-alcoholic fatty liver disease, hepatitis c, and hepatitis b	A number of known diseases largely influence the liver, such as hepatitis and fatty liver disease. People who take above 4 cups per day lower risk of cirrhosis about 80%.	[79-82]
Coffee drinking lower 40% risk of liver cancer and 15% of colorectal cancer and prostate cancer.	Coffee consumption has effects on antioxidants in blocking mutations and carcinogen metabolism and increases in glutathione in colonic cells.	[45,47,83-85]
Coffee/Caffeine consumption lower in the range of 32-60% the risk of Parkinson's diseases	It is a neurodegenerative disease, right after Alzheimer's. it mainly by the death of dopamine-producing neurons in our brain	[86-91]
Coffee consumption protects against 65 or more aged people from Alzheimer's disease and dementia. It lower 65% risk of Alzheimer's disease	The neurodegenerative disease most common in old people over 65 years of age and above	[64,89,91-93]

Coffee drinking lower risk by 23-67% of type II diabetes	Diabetes mellitus type 2 (also known as type 2 diabetes) is a long-term metabolic disorder that is characterized by high blood sugar, insulin resistance, and relative lack of insulin in both men and women.	[32,61,94-101]
Coffee consumption can lower about 26% probability of colorectal cancer, especially distal colon cancer. It is known as a healthy beverage for the prevention of colorectal cancer.	It has nutraceutical approach that can able to reduce colorectal cancer	[11,20,43,45,68,102]
The caffeine can significantly improve our physical performance	Through reducing rating of perceived exertion during and after exercise	[103-106]
Coffee consumption can fight stress and make active our brain and it has beneficial influence on mood, cognitive function, performance and hydration	Through improvements in physical endurance, cognitive function, particularly alertness and vigilance, mood and perception of fatigue.	[50]
Coffee consumption not associated with risk heart disease and it can lower the risk of stroke in woman	Coffee consumption may modestly reduce the risk of stroke.	[10,107]
Coffee consumption is the principal supply of antioxidants in the western diet; reduce the risk of cardiovascular and other inflammatory diseases in postmenopausal women.	Through inhibiting inflammation	[16]
Coffee drinking burn fat and regulatory of our body weight and improve energy levels	By increasing energy expenditure and decreasing Energy intake. caffeine and coffee consumption could also help individuals lose weight by reducing body fat	[26]
Lower risk of Coronary heart disease	Lightly reduced risk for coronary heart disease was observed, with the lowest risk in the group consuming 2-3 cups per day ¹	[108-111]
Coffee consumption is associated with a reduced risk of gallbladder cancer	Mediated via reduced gallstone formation or through other mechanisms such as reduction of oxidative damage and inflammation and regulation of DNA repair, phase II enzymatic activity, apoptosis, angiogenesis, and metastasis	[83]

Table 3: Summary of health benefits of coffee consumption.

Health risks of coffee consumption	Mode of action	Sources
Caffeine had a negative impact on the appetite levels and it reduces appetite for food	Inducing satiety and smoking augments	[17]
Affect pregnant women if they drink more than a cup of the day.	Drinking coffee when pregnant, caffeine will also reach the fetus, and child is highly sensitive to caffeine. Therefore, heavyweight coffee drinker while pregnant, at least reduce coffee intake not more than one cup per day.	[112-114]
Coffee consumption has a negative impact on people with cholesterol when they drink unfiltered coffee.	Coffee beans contain cafestol and kahweol, two ingredients that appear to raise LDL cholesterol levels.	[43,45,115,116]
Coffee can cause insomnia and restlessness.	Above the recommended maximum amount of caffeine is 400 milligrams, which obtained from 4 cups of coffee. Through making chronic inability to fall asleep or to enjoy uninterrupted sleep.	[117-120]
Coffee drinking for children may increase bedwetting	Drinking of coffee affects 5-7-year-old children may increase enuresis bedwetting.	[121-123]
Coffee can cause death if we drink 80-100 cups (23 liters) per month	A poisonous and will amount in 10-13 grams of caffeine in our body. It vomits consumer while drinking.	[65,124]
Coffee drinking increase risk of blood pressure on adults and risk of heart attacks among teenagers'	Consumption of coffee with high caffeine boosts energy and increase blood pressure level even in a people with normal blood pressure. Longer-term coffee consumption and increased blood pressure or between habitual coffee consumption and an increased risk of CVD in hypertensive subjects.	[125-127]

Coffee consumption associated with risk of gout attacks	Drinking four servings of caffeinated beverages in the previous 24 hours was associated with an 80% increased risk of recurrent gout	[128]
Breast tissue cysts in women	If females who drink 31-250 mg of caffeine/day had a 3/2-fold rise in the chances of developing fibrocystic breast disease and females who drink over 500 mg/day had a 2.double increase in the probability of developing cysts.	[129-133]
Coffee drinking cause incontinence	Women who drink more than 329 mg of caffeine daily caffeinated coffee exposed for about 70% or more likely to build up incontinence	[134-137]
Coffee drinking associated with digestive disorders	Upset stomach or indigestion occurs when we drink caffeine	[138,139]
Coffee drinking can cause headaches	Over drinking of coffee cause symptom of a headache due to its caffeine chemical compound.	[140]
Coffee drinking decrease fertility in female	Reduce a chance of woman's to be pregnant by about 27%.	[141,142]
Caffeine and miscarriage risk	Both men and women who consumed at least two caffeinated beverages a day during the weeks prior to conception slightly increased the risks of a miscarriage	[143,144]
Coffee consumption associated with risk of Allergies.	Anaphylaxis due to caffeine	[145,146]
Caffeine causes more forceful heart contractions	Coronary artery disease, the risk may be increased in individuals who with slow metabolizers of caffeine and drink two or more cups of coffee per day. The ingestion of large quantities of caffeine might be associated with arrhythmic and cardiovascular events, especially in patients with underlying heart disease.	[147]
Worse menopause symptoms.	Menopausal women who consumed caffeine had a greater degree of vasomotor symptoms.	[148]
Caffeine consumption can lead to increased anxiety, depression and the need for anxiety medication	Caffeine during coffee drink can produce feelings of anxiety and even be a catalyst for a full-blown panic attack. It also causes anxiety and panic in panic disorder patients and which may exaggerate the symptoms of premenstrual condition	[149,150]
Coffee consumption has risk that inhibits collagen production in the skin of human being	Coffee drinking cause caffeine-induced inhibition of collagen production in human skin fibroblasts	[151,152]
Coffee drinking can damage hearing loss improvement	A daily dose of caffeine was found to impair the recovery of hearing after an After Acoustic Overstimulation Events	[153,154]
Coffee drinking due to its caffeine does not help with extended sleep deprivation:	a recent study reported that coffee consumption due to its caffeine chemical constituents it causes following restricting sleep up to 5 hours per night, use no longer improved alertness or performance after three nights. results show that relative to placebo, caffeine significantly improved psychomotor vigilance task performance during the first two days, but not the last three days of sleep restriction.	[48,155]
Coffee drinking interferes with ossification and could also lead to greater risk of bone fractures	Coffee drink associated with raising the risk of bone fractures, particularly for women.	[156,157]
Coffee drinking cause indigestion	Coffee drinking due its caffeine content cause upset stomach and or problem of digestion when consumed on before eating food.	[139]
Coffee intake cause male infertility	Influence semen parameters, but also sperm DNA integrity	[158]

Table 4: Summary of health risks of coffee consumption.

References

- Higdon JV, Frei B (2006) Coffee and health: a review of recent human research. *Critical reviews in food science and nutrition* 46: 101-123.
- Davis A, Gole T, Baena S, Moat J, Fenton B (2012) The impact of climate change on indigenous arabica coffee (*coffea arabica*): predicting future trends.
- Spiller MA (1998) The chemical components of coffee. In: caffeine. Spiller GA, ed, CRC Press, Boca Raton, pp: 97-161.

4. Clark I, Landolt HP (2017) Coffee, caffeine and sleep: a systematic review of epidemiological studies and randomized controlled trials. *Sleep Medicine Reviews* 31: 70-78.
5. De Mejia EG, Ramirez-mares MV (2014) The impact of caffeine and coffee on our health. *Trends in Endocrinology & Metabolism* 25: 489-492.
6. Pourshahidi LK, Navarini L, Petracco M, Strain J (2016) A comprehensive overview of the risks and benefits of coffee consumption. *Comprehensive reviews in food science and food safety* 15: 671-684.
7. Sesay I (2011) Ethiopia's coffee love affair. *Cnn*.
8. Daniel D (2016) The comforts of coffee: the role of the coffee ceremony in ethiopians' efforts to cope with social upheaval during the derg regime (1974-1991). Carleton University Ottawa.
9. Riksen NP, Rongen GA, Smits P (2009) Acute and long-term cardiovascular effects of coffee: implications for coronary heart disease. *Pharmacology & therapeutics* 121: 185-191.
10. Lopez-garcia E, Rodriguez-artalejo F, Rexrode KM, Logroscino G, Hu FB, et al. (2009) Coffee consumption and risk of stroke in women. *Circulation* 119, 1116-1123.
11. Je Y, Liu W, Giovannucci E (2009) Coffee consumption and risk of colorectal cancer: a systematic review and meta-analysis of prospective cohort studies. *International Journal of Cancer* 124: 1662-1668.
12. O'keefe JH, Bhatti SK, Patil HR, Dinicolantonio JJ, Lucan SC, et al. (2013) Effects of habitual coffee consumption on cardiometabolic disease, cardiovascular health, and all-cause mortality. *Journal of the American College of Cardiology* 62: 1043-1051.
13. Tucker CM (2017) Coffee culture: local experiences, global connections, Taylor & Francis.
14. Dórea JG, Da costa THM (2005) Is coffee a functional food? *British Journal of Nutrition* 93: 773-782.
15. Grosso G, Stepaniak U, Micek A, Stefler D, Bobak M, et al. (2017) Coffee consumption and mortality in three eastern european countries: results from the hapiee (health, alcohol and psychosocial factors in eastern europe) study. *Public Health Nutrition* 20: 82-91.
16. Andersen F, Jacobs DR, Carlsen MH, Blomhoff R (2006) Consumption of coffee is associated with reduced risk of death attributed to inflammatory and cardiovascular diseases in the iowa women's health study. *The american journal of clinical nutrition* 83: 1039-1046.
17. Kale LB, Reddy KJ (2017) A study on caffeine consumption and its association with stress and appetite among call centre employees in Mumbai city, India. *International Journal of Community Medicine and Public Health* 4: 835-840.
18. Ballesteros LF, Ramirez MJ, Orrego CE, Teixeira JA, Mussatto SI (2017) Optimization of autohydrolysis conditions to extract antioxidant phenolic compounds from spent coffee grounds. *Journal of Food Engineering* 199: 1-8.
19. Oñatibia-astibia A, Franco R, Martínez-pinilla E (2017) Health benefits of methylxanthines in neurodegenerative diseases. *Molecular Nutrition & Food Research*.
20. Grosso G, Micek A, Godos J, Sciacca S, Pajak A, et al. (2016) Coffee consumption and risk of all-cause, cardiovascular, and cancer mortality in smokers and non-smokers: a dose-response meta-analysis. *Springer*.
21. Delarozza F, Rakocevic M, Malta GB, Sanchez PM, Bruns RE, et al. (2017) Factorial design effects of plant density, pattern and light availability on the caffeine, chlorogenic acids, lipids, reducing sugars and ash contents of coffee arabica l. Beans and leaves. *Analytical methods*.
22. Wallace JT (2017) An analysis of the acid profile of coffee brews: caffeine and chlorogenic acid concentrations in different forms of coffee brew. *The University of Mississippi*.
23. Bonita JS, Mandarano M, Shuta D, Vinson J (2007) Coffee and cardiovascular disease: in vitro, cellular, animal, and human studies. *Pharmacological Research* 55: 187-198.
24. Nawrot P, Jordan S, Eastwood J, Rotstein J, Hugenholtz A, et al. (2003) Effects of caffeine on human health. *Food Additives & Contaminants* 20: 1-30.
25. Carrillo JA, Benitez J (2000) Clinically significant pharmacokinetic interactions between dietary caffeine and medications. *Clinical Pharmacokinetics* 39: 127-153.
26. Harpaz E, Tamir S, Weinstein A, Weinstein Y (2017) The effect of caffeine on energy balance. *Journal of Basic and Clinical Physiology and Pharmacology* 28: 1-10.
27. Goldstein TEZ (2010) International society of sports nutrition position stand: caffeine and performance. *J Int Soc Sports Nutr*.
28. Heckman MA, Weil J, Mejia D, Gonzalez E (2010) Caffeine (1,3,7-trimethylxanthine) in foods: a comprehensive review on consumption, functionality, safety, and regulatory matters. *Journal of Food Science*.
29. Chan JYM, Scourboutakos MJ, Labbé MR (2017) Unregulated serving sizes on the canadian nutrition facts table—an invitation for manufacturer manipulations. *BMC Public Health* 17: 418.
30. Frary CD, Johnson RK, Wang MQ (2005) Food sources and intakes of caffeine in the diets of persons in the united states. *Journal of The American Dietetic Association* 105: 110-113.
31. Tenner K (2017) Omega sports burn 24 Review. *Omega*.
32. Casal S, Rebelo I (2017) Coffee: A Dietary intervention on type 2 diabetes? *Current Medicinal Chemistry* 24: 376-383.
33. Tajik N, Tajik M, Mack I, Enck P (2017) The potential effects of chlorogenic acid, the main phenolic components in coffee, on health: a comprehensive review of the literature. *European Journal of Nutrition*.
34. Arab L (2010) Epidemiologic evidence on coffee and cancer. *Nutrition and Cancer* 62: 271-283.
35. Ranheim T, Halvorsen B (2005) Coffee consumption and human health—beneficial or detrimental? Mechanisms for effects of coffee consumption on different risk factors for cardiovascular disease and type 2 diabetes mellitus. *Molecular Nutrition & Food Research* 49: 274-284.
36. Cavin C, Holzhaeuser D, Scharf G, Constable A, Huber W, et al. (2002) Cafestol and kahweol, two coffee specific diterpenes with anticarcinogenic activity. *Food and Chemical Toxicology* 40: 1155-1163.
37. Post SM, De wit EC, Princen HM (1997) Cafestol, the cholesterol-raising factor in boiled coffee, suppresses bile acid synthesis by downregulation of cholesterol 7 α -hydroxylase and sterol 27-hydroxylase in rat hepatocytes. *Arteriosclerosis, Thrombosis and Vascular Biology* 17: 3064-3070.
38. Cavin C, Mace K, Offord E, Schilter B (2001) Protective effects of coffee diterpenes against aflatoxin b 1-induced genotoxicity: mechanisms in rat and human cells. *Food and chemical toxicology* 39: 549-556.
39. Lee KA, Chae JI, Shim JH (2012) Natural diterpenes from coffee, cafestol, and kahweol induce apoptosis through regulation of specificity protein 1 expression in human malignant pleural mesothelioma. *Journal of Biomedical Science* 19: 60.
40. Moreira AS, Nunes FM, Simões C, Maciel E, Domingues P, et al. (2017) Data on coffee composition and mass spectrometry analysis of mixtures of coffee related carbohydrates, phenolic compounds, and peptides. *Data in Brief* 13: 145-161.
41. Şemen S, Mercan S, Yayla M, Açıkkol M (2017) Elemental composition of green coffee and its contribution to dietary intake. *Food Chemistry* 215: 92-100.
42. Tran HT, Vargas CAC, Lee LS, Furtado A, Smyth H, et al. (2017) Variation in bean morphology and biochemical composition measured in different genetic groups of arabica coffee (*coffea arabica* l.). *Tree Genetics & Genomes* 13: 54.
43. Gan Y, Wu J, Zhang S, Li L, Cao S, et al. (2017) Association of coffee consumption with risk of colorectal cancer: a meta-analysis of prospective cohort studies. *Oncotarget* 8: 18699.
44. Kelleni MT (2017) Benefits of green coffee beans extract in health and obesity. *Food chemistry* 64: 9663-9674.
45. Nakagawa SH, Ito H, Hosono S, Oze I, Tanaka H, et al. (2017) Coffee consumption and the risk of colorectal cancer by anatomical subsite in japan: results from the herpacc studies. *International Journal of Cancer* 141: 298-308.

46. Nkondjock A (2009) Coffee consumption and the risk of cancer: an overview. *Cancer Letters* 277: 121-125.
47. Saab S, Mallam D, Cox GA, Tong MJ (2014) The impact of coffee on liver diseases: a systematic review. *Liver International* 34: 495-504.
48. Clark I, Landolt HP (2016) Coffee, caffeine and sleep. *Sleep med rev.*
49. Brice CF, Smith AP (2002) Effects of caffeine on mood and performance: a study of realistic consumption. *Psychopharmacology* 164: 188-192.
50. Ruxton C (2008) The impact of caffeine on mood, cognitive function, performance, and hydration: a review of benefits and risks. *Nutrition bulletin* 33: 15-25.
51. Wilhelmus MM, Hay JL, Zuiker RG, Okkerse P, Perdrieu C, et al. (2017) Effects of a single, oral 60 mg caffeine dose on attention in healthy adult subjects. *Journal of Psychopharmacology* 31: 222-232.
52. Kurobe K, Nakao S, Nishiwaki M, Matsumoto N (2017) Combined effect of coffee ingestion and repeated bouts of low-intensity exercise on fat oxidation. *Clinical Physiology and Functional Imaging* 37: 148-154.
53. Van dam RM, Willett WC, Manson JE, Hu FB (2006) Coffee, caffeine, and risk of type 2 diabetes. *Diabetes Care* 29: 398-403.
54. Loader TB, Taylor CG, Zahradka P, Jones PJ (2017) Chlorogenic acid from coffee beans: evaluating the evidence for a blood pressure-regulating health claim. *Nutrition Reviews* 75: 114-133.
55. Esquivel P, Jiménez VM (2012) Functional properties of coffee and coffee by-products. *Food Research International* 46: 488-495.
56. Huxley R, Lee CMY, Barzi F, Timmermeister L, Czernichow S, et al. (2009) Coffee, decaffeinated coffee, and tea consumption in relation to incident type 2 diabetes mellitus: a systematic review with meta-analysis. *Archives of Internal Medicine* 169: 2053-2063.
57. Sugiyama K, Sugawara Y, Tomato Y, Nishino Y, Fukao A, et al. (2017) The association between coffee consumption and bladder cancer incidence in a pooled analysis of the miyagi cohort study and ohsaki cohort study. *European Journal of Cancer Prevention* 26: 125-130.
58. Takahashi K, Yanai S, Shimokado K, Ishigami A (2017) Coffee consumption in aged mice increases energy production and decreased hepatic more levels. *Nutrition.*
59. Loy V (2017) Health maintenance in liver disease and cirrhosis. *Liver Disorders*. Springer.
60. Leitzmann MF, Stampfer MJ, Willett WC, Spiegelman D, Colditz GA, et al. (2002) Coffee intake is associated with lower risk of symptomatic gallstone disease in women. *Gastroenterology* 123: 1823-1830.
61. Tuomilehto J, Hu G, Bidel S, Lindström J, Jousilahti P (2004) Coffee consumption and risk of type 2 diabetes mellitus among middle-aged finnish men and women. *Jama* 291: 1213-1219.
62. Bellou V, Belbasis L, Tzoulaki L, Middleton LT, Ioannidis JP, et al. (2017) Systematic evaluation of the associations between environmental risk factors and dementia: an umbrella review of systematic reviews and meta-analyses. *Alzheimer's & Dementia* 13: 406-418.
63. Rege DS, Geetha T, Broderick LT, Ramesh BJ (2017) Can diet and physical activity limit alzheimer's disease risk? *Current Alzheimer Research* 14: 76-93.
64. Kolahdouzan M, Hamadeh MJ (2017) The neuroprotective effects of caffeine in neurodegenerative diseases. *CNS Neuroscience & Therapeutics* 23: 272-290.
65. Vivian J (2013) The media of mass communication. Pearson.
66. Echeverri D, Pizano A, Montes FR, Forcada P (2017) Acute effect of coffee consumption on arterial stiffness, evaluated using an oscillometric method. *Artery Research* 17: 16-32.
67. Wu JN, Ho SC, Zhou C, Ling WH, Chen WQ, et al. (2009) Coffee consumption and risk of coronary heart diseases: a meta-analysis of 21 prospective cohort studies. *International Journal of Cardiology* 137: 216-225.
68. Schmit SL, Rennert HS, Rennert G, Gruber SB (2016) Coffee consumption and the risk of colorectal cancer. *Cancer Epidemiology and Prevention Biomarkers* 25: 634-639.
69. Weng X, Odouli R, Li DK (2008) Maternal caffeine consumption during pregnancy and the risk of miscarriage: a prospective cohort study. *American Journal of Obstetrics and Gynecology*, pp: 198-279.
70. Bravi F, La VC, Turati F (2017) Green tea and liver cancer. *Hepatobiliary Surgery and Nutrition* 6: 127-129.
71. Mostofsky E, Johansen MB, Lundbye-christensen S, Tjønneland A, Mittleman MA, et al. (2016) The risk of atrial fibrillation associated with coffee intake: findings from the danish diet, cancer, and health study. *European Journal of Preventive Cardiology* 23: 922-930.
72. Ericson U, Sonestedt E, Gullberg B, Hellstrand S, Hindy G, et al. (2013) High intakes of protein and processed meat associate with increased incidence of type 2 diabetes. *British Journal of Nutrition* 109: 1143-1153.
73. Greenberg JA, Boozer CN, Geliebter A (2006) Coffee, diabetes, and weight control. *The American Journal of Clinical Nutrition* 84: 682-693.
74. Sasaki S, Limpar M, Sata F, Kobayashi S, Kishi R (2017) The interaction between maternal caffeine intake during pregnancy and cyp1a2 c164a polymorphism affects infant birth size in the hokkaido study. *Pediatric Research.*
75. Heaney R (2002) Effects of caffeine on bone and the calcium economy. *Food and Chemical Toxicology* 40: 1263-1270.
76. James JE, Kristjánsson AL, Sigfúsdóttir ID (2011) Adolescent substance use, sleep, and academic achievement: evidence of harm due to caffeine. *Journal of Adolescence* 34: 665-673.
77. Clementz GL, Dailey JW (1988) Psychotropic effects of caffeine. *American Family Physician* 37: 167-172.
78. David H, Linda L, Pamela P (2017) Usda national nutrient database for standard reference, p: 24.
79. Corrao G, Zambon A, Bagnardi V, Dynamics A, Klatsky A, et al. (2001) Coffee, caffeine, and the risk of liver cirrhosis. *Annals of Epidemiology* 11: 458-465.
80. Gallus S, Tavani A, Negri E, La VC (2002) Does coffee protect against liver cirrhosis? *Annals of Epidemiology* 12: 202-205.
81. Hodge A, Lim S, Goh E, Wong O, Marsh P, et al. (2017) Coffee intake is associated with a lower liver stiffness in patients with non-alcoholic fatty liver disease, hepatitis c and hepatitis b. *Nutrients* 9: 56.
82. Klatsky AL, Morton C, Udaltsova N, Friedman GD (2006) Coffee, cirrhosis, and transaminase enzymes. *Archives of Internal Medicine* 166: 1190-1195.
83. Larsson SC, Giovannucci EL, Wolk A (2017) Coffee consumption and risk of gallbladder cancer in a prospective study. *Journal of the National Cancer Institute*, p: 109.
84. Pounis G, Tabolacci C, Costanzo S, Cordella M, Bonaccio M, et al. (2017) Reduction by coffee consumption of prostate cancer risk: evidence from the moli-sani cohort and cellular models. *International Journal of Cancer* 141: 72-82.
85. Taylor AE, Martin RM, Geybels MS, Stanford JL, Shui I, et al. (2017) Investigating the possible causal role of coffee consumption with prostate cancer risk and progression using mendelian randomization analysis. *International Journal of Cancer* 140: 322-328.
86. Ek WE, Tobi EW, Ahsan M, Lampa E, Ponzi E, (2017) Tea and coffee consumption in relation to dna methylation in four european cohorts. *Human Molecular Genetics.*
87. Hernán MA, Takkouche B, Caamaño-isorna F, Gestal-otero JJ (2002) A meta-analysis of coffee drinking, cigarette smoking, and the risk of parkinson's disease. *Annals of Neurology* 52: 276-284.
88. Hu G, Bidel S, Jousilahti P, Antikainen R, Tuomilehto J (2007) Coffee and tea consumption and the risk of parkinson's disease. *Movement Disorders* 22: 2242-2248.
89. Ross GW, Abbott RD, Petrovitch H, Morens DM, Grandinetti A, et al. (2000) Association of coffee and caffeine intake with the risk of parkinson disease. *Jama* 283: 2674-2679.
90. Simon DK, Wu C, Tilley BC, Lohmann K, Klein C, et al. (2017) Caffeine, creatine, grin2a and parkinson's disease progression. *Journal of the Neurological Sciences* 375: 355-359.

91. Wierzejska R (2017) Can coffee consumption lower the risk of alzheimer's disease and parkinson's disease? A literature review. *Archives of Medical Science* 13: 507.
92. Maia L, De mendonça A (2002) Does caffeine intake protect from alzheimer's disease? *European Journal of Neurology* 9: 377-382.
93. Santos C, Costa J, Santos J, Vaz-carneiro A, Lunet N (2010) Caffeine intake and dementia: systematic review and meta-analysis. *Journal of Alzheimer's Disease* 20: 187-204.
94. Alpert D, Butler J, Koh M, Yuan WP, Van dam RM (2017) Influence of temperate, subtropical, and tropical fruit consumption on risk of type 2 diabetes in an asian population. *The American Journal of Clinical Nutrition* 105: 736-745.
95. Odegaard AO, Pereira MA, Koh WP, Arakawa K, Lee HP, et al. (2008) Coffee, tea, and incident type 2 diabetes: the singapore chinese health study. *The American Journal of Clinical Nutrition* 88: 979-985.
96. Salazar-martinez E, Willett WC, Ascherio A, Manson JE, Leitzmann MF, et al. (2004) Coffee consumption and risk for type 2 diabetes mellitus. *Annals of Internal Medicine* 140: 1-8.
97. Talaei M, Wang YL, Yuan JM, Pan A, Koh WP (2017) Meat, dietary heme iron and risk of type 2 diabetes: the singapore chinese health study. *American Journal of Epidemiology*.
98. Van DRM, Feskens EJ (2002) Coffee consumption and risk of type 2 diabetes mellitus. *The Lancet* 360: 1477-1478.
99. Van DRM, Hu FB (2005) Coffee consumption and risk of type 2 diabetes: a systematic review. *Jama* 294: 97-104.
100. Van DS, Uiterwaal CS, Van DSY, Van VAD, Boer JM, et al. (2009) Coffee and tea consumption and risk of type 2 diabetes. *Diabetologia* 52: 2561-2569.
101. Zhang Y, Lee ET, Cowan LD, Fabsitz RR, Howard BV (2011) Coffee consumption and the incidence of type 2 diabetes in men and women with normal glucose tolerance: the strong heart study. *Nutrition, Metabolism and Cardiovascular Diseases* 21: 418-423.
102. Liu JJ, Crous-bou M, Giovannucci E, de vivo I (2016) Coffee consumption is positively associated with longer leukocyte telomere length in the nurses' health study. *The Journal of Nutrition* 146: 1373-1378.
103. Astley C, Souza D, Polito M (2017) Acute caffeine ingestion on performance in young judo athletes. *Pediatric Exercise Science* pp: 1-16.
104. Doherty M, Smith P (2005) Effects of caffeine ingestion on rating of perceived exertion during and after exercise: a meta-analysis. *Scandinavian Journal of Medicine & Science in Sports* 15: 69-78.
105. Faber NS, Häusser JA, Kerr NL (2017) Sleep deprivation impairs and caffeine enhances my performance, but not always our performance: how acting in a group can change the effects of impairments and enhancements. *Personality and Social Psychology Review* 21: 3-28.
106. Schmidt L, Chandon P, Pessiglione M, Plassmann H (2017) Red bull gives you incentive motivation: understanding placebo effects of energy drinks on human cognitive performance. *Biorxiv* p: 097717.
107. Larsson SC, Virtamo J, Wolk A (2011) Coffee consumption and risk of stroke in women. *Stroke* 42: 908-912.
108. Di castelnuovo A, di giuseppe R, Iacoviello L, de Gaetano G (2012) Consumption of cocoa, tea and coffee and risk of cardiovascular disease. *European Journal of Internal Medicine* 23: 15-25.
109. Ogilvie RP, Lutsey PL, Heiss G, Folsom AR, Steffen LM (2017) Dietary intake and peripheral arterial disease incidence in middle-aged adults: the atherosclerosis risk in communities (are) study. *The American Journal of Clinical Nutrition* p: 137497.
110. Satija A, Bhupathiraju SN, Spiegelman D, Chiuve SE, Manson JE, et al. (2017) Plant-based diets and the risk of coronary heart disease in us adults. *The FASEB Journal* 31: 167.4.
111. Yano K, Rhoads GG, Kagan A (1977) Coffee, alcohol, and risk of coronary heart disease among japanese men living in hawaii. *New England Journal of Medicine* 297: 405-409.
112. Little RE, Schultz FA, Mandell W (1976) Drinking during pregnancy. *Journal of Studies on Alcohol* 37: 375-379.
113. Simkin P, Ancheta R (2017) Prolonged prelabor and latent first stage. *The labor progress handbook: Early interventions to prevent and treat dystocia*.
114. Van der hoeven T, Browne JL, Uiterwaal CS, Van der ent CK, Grobbee D, et al. (2017) Antenatal coffee and tea consumption and the effect on birth outcome and hypertensive pregnancy disorders. *PLoS ONE* 12: e0177619.
115. Ricketts ML, Boekschoten MV, Kreeft AJ, Hooiveld GJ, Moen CJ, et al. (2007) The cholesterol-raising factor from coffee beans, cafestol, as an agonist ligand for the farnesoid and pregnane x receptors. *Molecular Endocrinology* 21: 1603-1616.
116. Urgert R, Katan M (1997) The cholesterol-raising factor from coffee beans. *Annual review of nutrition* 17: 305-324.
117. Bhojaraja VS, Janardhan H, Hameed NA, Ar FG, Ali MZ (2017) Knowledge, attitude, and practices towards consumption of caffeine containing drinks among the student population of ras al-khaimah medical and health sciences university, use. *International Journal of Research in Medical Sciences* 4: 3537-3541.
118. Caffarel-salvadora E, Bradya AJ, Donnelly RF (2017) 11 microneedle patches for caffeine detection and quantification. *Detection of drug misuse: biomarkers, analytical advances and interpretation*, p: 212.
119. Husted C (2017) Powering up or stressing out?: a look at the effects of caffeine on stress in college-aged youth. *Journal of Interdisciplinary Graduate Research* 2: 3.
120. Tyagi D (2017) Insomnia with homoeopathy. *Journal of Biomedical and Pharmaceutical Research*.
121. Al-otaibi T, Al-qwaiee M, Faraidi H, Batniji F, Al-otaibi F, et al. (2017) Prevalence of obstructive sleep apnea in children with sickle cell disease at a tertiary hospital in saudi arabia. *Saudi Medical Journal* 38: 616-620.
122. Culebras A (2017) Sleep and headaches.
123. Stores R, Wiggs L, Stores G (2017) Disorders in children with learning difficulties. *Positive initiatives for people with learning difficulties*, p: 132.
124. D'anci K, Kanarek R (2006) 12 caffeine, the methylxanthines, and behavior. *Nutrition and behavior: A Multidisciplinary Approach*, p: 179.
125. Haug TT, Mykletun A, Dahl A (2002) Are anxiety and depression related to gastrointestinal symptoms in the general population? *Scandinavian Journal of Gastroenterology* 37: 294-298.
126. Köksal E, Yardimci H, Kocaadam B, Deniz GB, Yilmaz B, et al. (2017) Relationship between dietary caffeine intake and blood pressure in adults. *International Journal of Food Sciences and Nutrition* 68: 227-233.
127. Mesas AE, Leon-muñoz LM, Rodríguez-artalejo F, Lopez-garcía E (2011) The effect of coffee on blood pressure and cardiovascular disease in hypertensive individuals: a systematic review and meta-analysis. *The American Journal of Clinical Nutrition*, p: 16667.
128. Efferth T, Li PC, Konkimalla VSB, Kaina B (2007) From traditional chinese medicine to rational cancer therapy. *Trends in Molecular Medicine* 13: 353-361.
129. Bhoopathy N, Peeters P, Van gils C, Beulens JW, Van der graaf Y, et al. (2010) Coffee and tea intake and risk of breast cancer. *Breast Cancer Research and Treatment* 121: 461-467.
130. Gierach GL, Freedman ND, Andaya A, Hollenbeck AR, Park Y, et al. (2012) Coffee intake and breast cancer risk in the nih-aarp diet and health study cohort. *International Journal of Cancer* 131: 452-460.
131. Ishitani K, Lin J, Manson JE, Buring JE, Zhang SM (2008) Caffeine consumption and the risk of breast cancer in a large prospective cohort of women. *Archives of Internal Medicine* 168: 2022-2031.
132. Li J, Seibold P, Chang-claude J, Flesch-janes D, Liu J, et al. (2011) Coffee consumption modifies the risk of estrogen-receptor negative breast cancer. *Breast Cancer Research* 13: r49.
133. Yuan JM, Sun C, Butler LM (2011) Tea and cancer prevention: epidemiological studies. *Pharmacological Research* 64: 123-135.
134. Abrams P, Andersson K, Birder L, Brubaker L, Cardozo L, et al. (2010) Fourth international consultation on incontinence recommendations of the international scientific committee: Evaluation and treatment of urinary incontinence, Pelvic organ prolapse, and fecal incontinence. *Neurourology and Urodynamics* 29: 213-240.

135. Dowd TT, Campbell JM, Jones JA (1996) Fluid intake and urinary incontinence in older community-dwelling women. *Journal of community health nursing* 13: 179-186.
136. Goode PS, Burgio KL, Richter HE, Markland AD (2010) Incontinence in older women. *Jama* 303: 2172-2181.
137. Rao SS (2004) Pathophysiology of adult fecal incontinence. *Gastroenterology* 126: s14-s22.
138. Camilleri M, Brako AN (2017) The role of nutrition in understanding common gastrointestinal disorders. *Nutrition guide for physicians and related healthcare professionals*. Springer.
139. Shirlow M, Mathers C (1985) A study of caffeine consumption and symptoms: indigestion, palpitations, tremor, headache, and insomnia. *International Journal of Epidemiology* 14: 239-248.
140. Bigal ME, Sheftall FD, Rapoport AM, Tepper SJ, Lipton RB (2002) Chronic daily headache: identification of factors associated with induction and transformation. *A headache: The Journal of Head and Face Pain* 42: 575-581.
141. E paula TDM, Shang FLT, Chiarini-garcia H, Radicchi F, de Almeida CL (2017) Caffeine intake during pregnancy: what are the real evidences? *Journal of Pharmacy and Pharmacology* 5: 249-260.
142. Yu T, Campbell SC, Stockmann C, Tak C, Schoen K, et al. (2016) Pregnancy-induced changes in the pharmacokinetics of caffeine and its metabolites. *The Journal of Clinical Pharmacology* 56: 590-596.
143. Greenwood DC, Alwan N, Boylan S, Cade JE, Charvill J, et al. (2010) Caffeine intake during pregnancy, late miscarriage and stillbirth. *European Journal of Epidemiology* 25: 275-280.
144. Savitz DA, Chan RL, Herring AH, Howards PP, Hartmann KE (2008) Caffeine and miscarriage risk. *Epidemiology*, pp: 55-62.
145. Rosén LA, Beyers JA (1990) Allergies. *Handbook of clinical behavioral pediatrics*. Springer.
146. Sugiyama K, Cho T, Tatewaki M, Onishi S, Yokoyama T, et al. (2015) Anaphylaxis due to caffeine. *Asia Pacific Allergy* 5: 55.
147. Celik T, Iyisoy A, Amasyali B (2010) The effects of coffee intake on coronary heart disease: ongoing controversy. *International Journal of Cardiology* 144: 118.
148. Mai X, Lamonte MJ, Hovey KM, Freudenheim JL, Andrews CA, et al. (2016) Periodontal disease severity and cancer risk in postmenopausal women: the buffalo osteoperio study. *Cancer Causes & Control* 27: 217-228.
149. Chadwick AE, Zoccola PM, Figueroa WS, Rabideau EM (2016) Communication and stress: effects of hope evocation and rumination messages on heart rate, anxiety, and emotions after a stressor. *Health Communication* 31: 1447-1459.
150. Schmidt NB, Lerew DR, Jackson RJ (1997) The role of anxiety sensitivity in the pathogenesis of panic: prospective evaluation of spontaneous panic attacks during acute stress. *Journal of Abnormal Psychology*: 106: 355.
151. Donejko M, Przyłipiak A, Rysiak E, Głuszuk K, Surazyński A (2014) Influence of caffeine and hyaluronic acid on collagen biosynthesis in human skin fibroblasts. *Drug Design, Development and Therapy* 8: 1923.
152. Donejko M, Przyłipiak A, Rysiak E, Milyk W, Galicka E, et al. (2015) Hyaluronic acid abrogates ethanol-dependent inhibition of collagen biosynthesis in cultured human fibroblasts. *Drug Design, Development and Therapy* 9: 6225.
153. Seidman MD, Moneysmith M (2009) Save your hearing now: the revolutionary program that can prevent and may even reverse hearing loss, grand central life & style.
154. Zawawi F, Bezdjian A, Mujica-mota M, Rappaport J, Daniel SJ (2016) Association of caffeine and hearing recovery after acoustic overstimulation events in a guinea pig model. *Jama otolaryngology-head & neck surgery* 142: 383-388.
155. Chase JD, Roberson PA, Saunders MJ, Hargens TA, Womack CJ, et al. (2017) One night of sleep restriction following heavy exercise impairs 3-km cycling time trial performance in the morning. *Applied Physiology, Nutrition, and Metabolism*.
156. Liu H, Yao K, Zhang W, Zhou J, Wu T, et al. (2012) Systematic review/meta-analysis of coffee consumption and risk of fractures: a meta-analysis. *Archives of Medical Science* 8: 776-783.
157. Tomaszewski M, Olchowik G, Tomaszewska M, Burdan F (2012) Use of x-ray microprobe to diagnose bone tissue demineralization after caffeine administration. *Folia Histochemical et Cytobiological* 50: 436-443.
158. Ricci E, Viganò P, Cipriani S, Somigliana E, Chiaffarino F, et al. (2017) Coffee and caffeine intake and male infertility: a systematic review. *Nutrition Journal* 16: 37.