

Legumes

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Legumes, or pulses as they are also known, are a group of plant foods which include beans, lentils and dried peas. Legumes are nutritionally valuable and a great food to include regularly in your diet.

Some examples of legume varieties include:

Beans: Black, kidney, lima, white, pinto, chickpeas and soy beans

Peas: Yellow and green split peas

Lentils: Yellow, brown, red and green



Legumes can be purchased canned or dried. Dried legumes require soaking and cooking for several hours. Canned legumes are pre-cooked and ready to eat.

Nature's super food

Legumes are an inexpensive and versatile food which contain a wide variety of essential nutrients. Some of the nutrition benefits of legumes include:

Nutrition Benefits

- ✓ Rich in protein
- ✓ Low GI
- ✓ Low in saturated fat
- ✓ High in fibre and resistant starch
- ✓ Important sources of vitamins and minerals.

Packed with protein, vitamins and minerals

Legumes are an excellent source of protein and a great low-fat alternative to red meat, another major source of dietary protein. While the quality of protein in legumes is high (they provide a range of essential amino acids needed for growth and repair), they do not contain *all* the essential amino acids. Fortunately, the amino acids lacking in legumes can be found in grain foods. When eaten in combination with grains, legumes are a good source of dietary protein, particularly for vegetarians.

Legumes are also a source of antioxidants, B-group vitamins, iron, calcium, phosphorus, zinc and magnesium.

Full of fibre

Legumes are rich in dietary fibre which is essential for the body's digestive processes. A healthy diet should include at least 30g of fibre a day, however, most Australians only eat approximately two thirds of this. Adding legumes to meals is a great way of increasing fibre intake naturally. For example, just half a cup of red kidney beans provides one

quarter of an adult's daily fibre needs.

Good for your heart

Legumes are a particularly good source of 'soluble' fibre. Soluble fibre may play a part in reducing blood cholesterol levels which in turn reduces risk of heart disease¹. Soluble fibre is thought to bind with cholesterol and carry it out of the body. Eating foods like legumes, which are high in soluble fibre, may help lower cholesterol absorption.

Low GI - great news for diabetics

Legumes have a low glycaemic index (GI). Low GI foods release glucose into the bloodstream less rapidly than foods with a higher GI. This means that legumes are an excellent source of carbohydrate for people with diabetes as well as for the general population².

Dynamite for digestive health

Our digestive systems contain trillions of bacteria, some of which are beneficial for health, while others are potentially harmful. If the amount of 'bad' bacteria in the bowels start to outnumber the 'good', this can have a negative impact on bowel health.

Eating foods which contain *probiotics* (live bacteria) can benefit bowel health by replacing friendly bacteria which have been destroyed by poor diet or medication. Some types of yoghurt and fermented milk drinks contain probiotics.

Legumes contain a type of fibre known as 'resistant starch' which positively effects digestive health by functioning as a *prebiotic*³. Prebiotics are a food source for probiotics; they encourage growth and protection of beneficial bacteria in the bowel, while suppressing harmful bacteria. The overall result is a healthier digestive system.

Gluten-free

Gluten is a type of protein that is found in the grains of wheat, rye, barley, triticale and oats. Finding foods which are gluten-free can be challenging for people with gluten sensitivities. Legumes don't contain gluten and can add variety to a gluten-free diet.

Fat fighting

Legumes are ideal for weight maintenance. All legumes, with the exception of soy beans, are low in fat and provide plenty of fibre and bulk, which may help control appetite by keeping you feeling fuller for longer.

References

1. Truswell AS. 1994. . Aust NZ J Med. 24: 98- 106
2. Rizkalla, S et al. Br J Nutr 2002 Dec;88 Suppl 3:S255-62
3. Jenkins, D and Kendall, C. 2000; 16:178-183.