



Review on Coffee and Health

1. Miss. Divya Sunil kamble, *Student, Vardhaman college of pharmacy*
2. Dr. Nitin B. Kohale, *principal, vardhaman college of pharmacy*
3. Mr. Suraj B. Rathod, *Assistant professor, vardhaman college of pharmacy*
4. Mr. Gaurav G. Manwar, *Assistant professor, vardhaman college of pharmacy*

Date of Submission: 08-03-2023

Date of Acceptance: 21-03-2023

ABSTRACT

The significant amount of chlorogenic acid and caffeine. This complex compound is known as coffee. Cafestol and Kahweol are the significant source of the unfiltered coffee, which are diterpenes that have been implicated in the cholesterol raising effect. Most of people start their day with a cup of coffee. Many people will also finish their daily work with coffee. Coffee drinking is an important part of modern daily life. It has been told that coffee is a driving force of humans to develop science, because it has an alerting effect on the human brain. The result of epidemiological research suggest that coffee consumption may help prevent several chronic diseases including type 2 diabetes mellitus, Parkinson's disease and liver disease. Coffee consumption is associated increases in several cardiovascular disease risk factors including blood pressure and plasma homocysteine. At present, there is a little evidence that coffee consumption increases the risk of cancer.

Keywords: Caffeine, type 2 diabetes, Parkinson's disease, liver disease, cardiovascular disease, pregnancy.

I. INTRODUCTION

Coffee (*coffea L.*) is the most popular drink in the world. Second most regularly consumed coffee drink second best deal after cooking oil. Contains a complex mixture of significant amounts of chlorogenic acid and caffeine [1]. It is the main agricultural raw material for International Trade and Arabica Coffee (*coffea L.*) and Robusta Coffee (*C. canephora Pierre ex A. Froehner*) are his two main species used. Coffee production. Arabica coffee is native to Ethiopia this is of utmost importance in the global coffee and food market. About 66-70% of commercial production [2]. As a matter of fact, Coffee Has Few Nutrients, But Thousands More carbohydrates, lipids, nitrogen compounds,

vitamins, minerals, alkaloids, phenols compounds, some of which are potentially healthy (and others potentially harmful) poorly written [3]. Along with water and tea, it is the most popular drink in the world. From hypertension to high cholesterol (thus heart disease), pancreatic cancer, fibrocystic breast, and bone loss. However, recent research links coffee/caffeine consumption and health problem. However, in recent years most studies have suggested Coffee actually has health benefits [4-6]. Coffee caffeine Bioactive compounds with central nervous system stimulating properties Positive results for system and long-term memory. Even though it's coffee Consumption has historically been associated with poor health Impact, according to a new study, coffee consumption Beneficial [5]. Along with water and tea, it is the most popular drink in the world. From hypertension to high cholesterol (thus heart disease), pancreatic cancer, fibrocystic breast, and bone loss. However, recent research links coffee/caffeine consumption and health problem. However, in recent years most studies have suggested Coffee actually has health benefits [4-6]. Coffee Caffeine Bioactive compounds with central nervous system stimulating properties Positive results for system and long-term memory. Even though it's coffee Consumption has historically been associated with poor health Impact, according to a new study, coffee consumption Beneficial [5]. Moreover, all coffee is consumed by millions of people Various scientific studies have been conducted to verify this Relationship between coffee intake and various chronic diseases In addition to disease and health risks, all-cause mortality and many cancers, Cardiometabolic risk, liver disease, neurological conditions. Nose Properties are certified based on various bioactive substances the components of coffee are kaotein (methylxanthine) and chlorogen. Acids (polyphenols), diterpenes, and other phenols may be



among these. There is also an additive or synergistic effect [6].

1. COMPOUNDS IN COFFEE THAT MAY AFFECT HUMAN HEALTH

1.1 Caffeine (1, 3, 7-trimethylxanthine) is a non-selective antagonist. Adenosine receptor and alkaloid in several physiological systems. Natural compounds of coffee found in the coffee bean and 60 other plants such as tea leaves, cocoa beans and kola nuts [19, 24]. Caffeine is the most commonly consumed psychoactive drug. It is a stimulant and appears to exert most of its biological effects. Peculiarities due to adenosine receptor antagonism A1 and A2A. Its content is highly unstable in the range between 30 mg 350 mg per cup of coffee or 150 ml of homemade coffee [1,24]. Adenosine is an endogenous neuromodulator that is regularly used. Inhibitory Properties, and adenosine antagonism by Caffeine, usually stimulating effect. Other physiological effects compose the central nervous system, which is innervated by Caffeine stimulation, blood pressure spikes, increased metabolism rate and diuresis [25]. Caffeine controls and regulates body weight. Energy balance due to increased energy consumption. Reduced energy consumption. Also improves weight maintenance. Thermogenesis, fat oxidation and energy uptake [26]. Caffeine is rapidly absorbed from the gastrointestinal (GI) tract. Crosses the cell membrane as efficiently as this is because it is absorbed and circulates in the tissues. Caffeine is It leads to metabolites such as paraxanthine (1, 7-dimethylxanthine), theophylline (1, 3-dimethylxanthine), and theobromine. (3, 7-dimethylxanthine) by the action of the enzyme [27, 28]. Paraxanthine is a known metabolite, accounting for approximately 84%. A known product [28]. A large amount of Caffeine. Blood flow within 15-45 minutes after ingestion, approximate peak 60 minutes after taking. Cross the blood-brain barrier unhindered like a fat-soluble compound, it affects our nerve cells. Functions attributed to energy balance [27]. A cup of coffee shows Energizes impact due to the inclusion of natural Caffeine. The Linus Pauling Caffeine institute discovers caffeine is rapidly assimilated by all of us. Stimulates body tissues, including the brain, and stimulates the nervous system (Figure 1). The amount of caffeine depends on the type of coffee. Method of preparation. 100 for a cup of regular freshly brewed coffee milligrams of Caffeine [29, 30].

1.2 Chlorogenic Acids (Polyphenol): Chlorogenic acid is one of the bioactive compounds. Found in coffee, slow absorption of carbohydrates [31]. It is one A chemical compound found in

coffee, found in the Easter tribe, Formed between useful Trans cinnamoyl and quinic acid dietary phenol [1, 32]. Also known as -O-kaoylquinic acid. It contains 70-350mg in a 200ml coffee cup. It contains about 35-175 Mg of calcic acid [17]. Chlorogenic Acids can play an important role in glucose and lipid metabolism for regulatory and other related diseases. For example diabetes, cardiovascular disease (CVD), obesity, cancer, fatty liver. Additionally, it has many potential health benefits such as anti-diabetes. Anti-carcinogenic, anti-inflammatory, anti-obesity effect. It also offers non-pharmacological and non-invasive advances. Treatment and/or prevention of some chronic diseases [33].

1.3 Cafestol and Kahweol: Typical Arabica beans include Cafestol and Kahweol. Structural analogues of cafestol with different individual concentrations 0.1-7 mg/ml in coffee [34, 35]. It's Unique to Two Coffee Diterpenes for Anticarcinogenicity and Aflatoxin B1 (AFB1) Activity in human cells and elevated serum cholesterol levels. People when drinking freshly brewed coffee [36, 37]. Diterpene Cafestol u Coffee Kahweol (C+K) was able to produce a wide variety of coffee's biochemical effects leading to reduced genotoxicity of Some carcinogens, including 7,12-dimethylbenz[a]anthracene (DMBA), Aflatoxin B1 (AFB1), Benzo[a]pyrene(B[a]P), 2- Amino-1-methyl-6-phenylimidazo[4,5-b]pyridine[36]. Coffee Consumption is the primary source of human exposure to C+K. it has Health effects in people who consume moderate amounts of coffee (up to 5 cups per day). It can also occur in the liver, kidneys, and lungs. Intestinal tissue [38]. Natural diterpenes, commonly derived from coffee, Cafestol and kahweol are. Specificity of protein expression in human malignant pleura Mesothelioma and They Found in Freshly Brewed Coffee Helps Surge Human plasma cholesterol levels [39].

2. OTHER MICRONUTRIENTS/COMPOUNDS

Coffee is also rich in micronutrients such as magnesium. Potassium, Niacin, Vitamin E and Other Important Byproducts compounds (Tables 1 and 2). A cup of black coffee (1.25 dl) has Energy content as well, as it contains virtually no fat, carbs or protein. Only 1-2 calories. Coffee contains many minerals and vitamins. Especially potassium, magnesium, nicotinic acid. That is these configurations depend on factors such as quantity ground coffee, brewing method, quality of water used, other ingredients used in coffee [40-42]. In general, 27 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, H, U) in green coffee [41]

3. HEALTH BENEFITS AND RISK OF COFFEE CONSUMPTION

3.1 Health benefits of coffee consumption: Coffee is indeed a very healthy stimulant, consumed at least 3-4 cups daily. It contains antioxidants and beneficial nutrients that can improve our health. As many scientifically-verified reports show, coffee drinkers are more likely to suffer from several serious ailments. Much lower risk. Its main action is to stimulate the central nervous system, cardiovascular muscles, respiratory system, and diuretic and delay fatigue [19, 26, 43, and 44]. Drinking coffee is associated with a lower risk of mortality and chronic diseases, including cancer [34, 45]. The beneficial effects of coffee are supported by several plausible mechanisms. These mechanisms are attributed to the presence of various biological compounds such as caffeine, diterpenes, caffeic acids, polyphenols, and aromatic and heterocyclic volatiles. Recent evidence suggests that coffee consumption is not associated with prostate, pancreatic, or ovarian cancer, but the risk of liver, kidney, and premenopausal breast and colon cancers. Associated with a decline in Drinking coffee still helps reduce deaths from liver cancer [46, 47]. Coffee consumption is significantly associated with lower risk Fewer than 5 cups of coffee a day reduce colorectal cancer [43]. Caffeine relieves drowsiness, enhances performance, Treatment of apnea in preterm infants. It usually prolongs sleep Delayed, decreased or worsened total sleep time and sleep efficiency Perceived sleep quality [48]. Its consumption has also been reported. Associated with reduced risk of death. It can show Protective effect in heavy smokers and drinkers [15]. In addition, coffee consumption also has many health benefits. Already agreed by Human observations. A few Of which, coffee consumption, improved energy levels, improved various aspects of brain function such as memory, mood, and alertness, Energy levels, reaction times, and general cognitive function [49-51]. Coffee consumption also burns fat and greatly increases metabolic rate in the range of 3-11%. Caffeine Can Dramatically Improve Your Physical Condition performance; it stimulates the nervous system and makes it transmit Signals fat cells to break down body fat. Cup of coffee Contents: - Riboflavin (vitamin B2), which accounts for 11% of the RDA, Pantothenic Acid (Vitamin B5), 6% of RDA, Manganese Potassium, 3% of RDA, Magnesium, Niacin (B3): of 2% RDA, but most people say he drinks more than 1 drink a day.

If these amounts increased rapidly when consuming 3-4 cups per day [52]. Moderate consumption of caffeinated and decaffeinated coffee it may reduce her risk of type 2 diabetes in young and middle aged women. Coffee ingredients other than caffeine can affect the development of Type 2 diabetes [53]

3.2 Health risks of Coffee Consumption: Despite its positive health benefits, recent research suggests that coffee can it does not always provide protective benefits. 28 cups of coffee too many, the more you eat per week, the more likely you are to die prematurely A 21% increase was reported. The risk was more than 50% higher for him Adults under the age of 55 [65]. Too much coffee consumption Excessive coffee consumption linked to increased mortality risk improves health there is a risk because it increases heart rate and blood pressure. Slightly increases peripheral arteriosclerosis. Distal vascular tone [66]. A recently reported study shows that coffee Consumption increases long-term risk of coronary artery disease, but habitual moderate coffee Alcohol consumption is associated with reduced risk of coronary artery disease female [67]. Coffee has been around for a long time and is being blamed for it Many diseases, from stunting our growth to causing heart disease. Youngest Studies have found it is not commonly associated with coffee increased risk of heart disease or cancer [45, 46]. Some research actually discovered a link between coffee consumption and reduced consumption All-cause mortality and cardiovascular mortality are possible, but Suggestions are not true among high-consuming youth Amount of coffee [23, 67, and 68]. A large amount of coffee consumption during the period Pregnancy increases the risk of miscarriage, regardless of pregnancy-related symptoms [69].

II. SUMMARY AND CONCLUSIONS

Coffee is the most commonly consumed caffeinated psychoactive beverage worldwide. Most prospective reports recommend that long-term coffee and decaffeinated coffee consumption can reduce the risk of many diseases. Among the health benefits of drinking coffee, it increases our physical performance, burns fat, reduces the risk of stroke, liver, prostate, and colon cancer by 20%, and reduces the risk of Parkinson's disease by 25%. Reduces the risk of type 2 diabetes, reduces the risk of dementia, protects the mind, brightens the mood, fights depression, and reduces the risk of suicide by 50%. A highly integrated DNA lowers the risk of heart disease and lowers the risk of dying from a heart attack. It has also been reported that coffee



drinking naturally increases sleep latency, minimizes total sleep time and its effects, and impairs supposed sleep function. Differed between adults and the elderly. For example, sleep in older adults is more sensitive to coffee consumption than in teenagers. Reports that regular consumption of caffeinated coffee may reduce diabetes risk suggest that tolerance develops leading to a short-term decrease in glucose tolerance and insulin sensitivity, or that decaffeinated coffee reduces glucose tolerance. Suggest that it improves performance and insulin sensitivity. Many reports show that regular consumption of decaffeinated coffee prevents the risk of diabetes.

THE IMPACTS OF COFFEE ON DISEASE

The association between coffee consumption and clinical symptoms has been examined only in observational studies. In addition to this limitation, the small sample size further limits the weight of conclusions in some studies. However, these weaknesses in the literature are partially offset by the frequent availability of numerous studies that allow the use of more powerful analytical methods such as meta-analyses, as outlined in the next section. Mas.

Coffee and death

Given the multiple associations between coffee consumption and chronic disease, it is important to recognize whether there is an association between coffee consumption and any cause of death. Decreased mortality was found in population-segmented studies such as those with type 2 diabetes [158]. More importantly, recent studies have shown that enormous population sizes have given sufficient power to detect modest associations or develop subgroups.

III. CONCLUSION

As coffee is a beverage consumed worldwide, its health effects have received the most attention. The global view of coffee's health effects is shifting from a predominantly detrimental balance to a possibly beneficial profile. , or from the fairly clear benefits derived from recent observations of global mortality. The data on cancer appear to be broadly balanced in terms of benefits. There are some first signs of this. Coffee components such as chromogenic acid improve glucose tolerance, sensitivity to insulin. It can help consumers lose weight by toning down assimilation of glucose from the small intestine. However, the harmful effects of coffee consumption are sometimes hard to come by. Information instead of all reported

informative aspects. A few reportedly, coffee consumption negatively affects our health. Some people drink four or more cups of coffee a day. Associated with premature death, it also raises consumer blood pressure. Caffeine, associated with hypertension and reduced fertility in women and men. Coffee increases nervousness/anxiety, hopelessness/depression, Need for anxiety medication. In addition, other adverse effects: adrenal fatigue, arrhythmias, hallucinations, acceleration, etc. Bone loss and tremor. Meanwhile, those coffee consumers you should know how Caffeine in coffee interacts with your body. Consider individual health conditions. Finally, the best recent reports suggest drinking coffee may be more appropriate for our health, especially the health of those with chronic disease. More research both the short-term and long-term effects of Coffee Consumption and Its Ingredients for Health Benefits and Risks coffee consumption.

REFERENCES

- [1]. Higdon, J.V. and Frei, B., 2006. Coffee and health: a review of recent human research. *Critical reviews in food science and nutrition*, 46(2), pp.101-123..
- [2]. Davis, A.P., Gole, T.W., Baena, S. and Moat, J., 2012. The impact of climate change on indigenous arabica coffee (*Coffea arabica*): predicting future trends and identifying priorities. *PloS one*, 7(11), p.e47981.
- [3]. Spiller, M.A., 2019. The chemical components of coffee. *Caffeine*, pp.97-161.
- [4]. Clark, I. and Landolt, H.P., 2017. Coffee, caffeine, and sleep: A systematic review of epidemiological studies and randomized controlled trials. *Sleep medicine reviews*, 31, pp.70-78.
- [5]. De Mejia, E.G. and Ramirez-Mares, M.V., 2014. Impact of caffeine and coffee on our health. *Trends in Endocrinology & Metabolism*, 25(10), pp.489-492.
- [6]. Pourshahidi, L.K., Navarini, L., Petracco, M. and Strain, J.J., 2016. A comprehensive overview of the risks and benefits of coffee consumption. *Comprehensive reviews in food science and food safety*, 15(4), pp.671-684.
- [7]. Wachamo, H.L., 2017. Review on health benefit and risk of coffee consumption. *Med. Aromat. Plants*, 6(4), pp.1-12..
- [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) (Doctoral dissertation, Carleton University).



- [9]. Riksen, N.P., Rongen, G.A. and Smits, P., 2009. Acute and long-term cardiovascular effects of coffee: implications for coronary heart disease. *Pharmacology & therapeutics*, 121(2), pp.185-191.
- [10]. Lopez-Garcia, E., Rodriguez-Artalejo, F., Rexrode, K.M., Logroscino, G., Hu, F.B. and van Dam, R.M., 2009. Coffee consumption and risk of stroke in women. *Circulation*, 119(8), pp.1116-1123.
- [11]. Je, Y., Liu, W. and 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(7), pp.1662-1668.
- [12]. O'Keefe, J.H., Bhatti, S.K., Patil, H.R., DiNicolantonio, J.J., Lucan, S.C. and Lavie, C.J., 2013. Effects of habitual coffee consumption on cardiometabolic disease, cardiovascular health, and all-cause mortality. *Journal of the American College of Cardiology*, 62(12), pp.1043-1051.
- [13]. Tucker, C.M., 2017. *Coffee culture: Local experiences, global connections*. Routledge.
- [14]. Dórea, J.G. and da Costa, T.H.M., 2005. Is coffee a functional food?. *British journal of nutrition*, 93(6), pp.773-782.
- [15]. Grosso, G., Stepaniak, U., Micek, A., Stefler, D., Bobak, M. and Pajak, A., 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(1), pp.82-91.
- [16]. Andersen, L.F., Jacobs Jr, D.R., Carlsen, M.H. and 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(5), pp.1039-1046.
- [17]. Kale, L.B. and Reddy, K.J., 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(3), pp.835-840.
- [18]. Ballesteros, L.F., Ramirez, M.J., Orrego, C.E., Teixeira, J.A. and Mussatto, S.I., 2017. Optimization of autohydrolysis conditions to extract antioxidant phenolic compounds from spent coffee grounds. *Journal of Food Engineering*, 199, pp.1-8.
- [19]. Oñatibia- Astibia, A., Franco, R. and Martínez- Pinilla, E., 2017. Health benefits of methylxanthines in neurodegenerative diseases. *Molecular nutrition & food research*, 61(6), p.1600670.
- [20]. Grosso, G., Micek, A., Godos, J., Sciacca, S., Pajak, A., Martínez-González, M.A., Giovannucci, E.L. and Galvano, F., 2016. Coffee consumption and risk of all-cause, cardiovascular, and cancer mortality in smokers and non-smokers: a dose-response meta-analysis. *European Journal of Epidemiology*, 31(12)
- [21]. Delarozza, F., Rakocevic, M., Malta, G.B., Sanchez, P.M., Bruns, R.E. and Scarminio, I.S., 2017. Factorial design effects of plant density, pattern and light availability on the caffeine, chlorogenic acids, lipids, reducing sugars and ash contents of *Coffea arabica* L. beans and leaves. *Analytical methods*, 9(24), pp.3612-3618.
- [22]. Wallace, J.T., 2017. An analysis of the acid profile of coffee brews: caffeine and chlorogenic acid concentrations in different forms of coffee brew.
- [23]. Bonita, J.S., Mandarano, M., Shuta, D. and Vinson, J., 2007. Coffee and cardiovascular disease: in vitro, cellular, animal, and human studies. *Pharmacological research*, 55(3), pp.187-198.
- [24]. Nawrot, P., Jordan, S., Eastwood, J., Rotstein, J., Hugenholtz, A. and Feeley, M., 2003. Effects of caffeine on human health. *Food Additives & Contaminants*, 20(1). Wachamo, H.L., 2017. Review on health benefit and risk of coffee consumption. *Med. Aromat. Plants*, 6(4), pp.1-12.
- [25]. Carrillo, J.A. and Benitez, J., 2000. Clinically significant pharmacokinetic interactions between dietary caffeine and medications. *Clinical pharmacokinetics*, 39(2), pp.127-153.
- [26]. Harpaz, E., Tamir, S., Weinstein, A. and Weinstein, Y., 2017. The effect of caffeine on energy balance. *Journal of basic and clinical physiology and pharmacology*, 28(1), pp.1-10.
- [27]. Goldstein, E.R., Ziegenfuss, T., Kalman, D., Kreider, R., Campbell, B., Wilborn, C., Taylor, L., Willoughby, D., Stout, J., Graves, B.S. and Wildman, R., 2010. International society of sports nutrition position stand: caffeine and performance. *Journal of the International Society of Sports Nutrition*, 7(1), p.5.



- [28]. Heckman, M.A., Weil, J. and De Mejia, E.G., 2010. Caffeine (1, 3, 7- trimethylxanthine) in foods: a comprehensive review on consumption, functionality, safety, and regulatory matters. *Journal of food science*, 75(3), pp.R77-R87.
- [29]. Chan, J.Y.M., Scourboutakos, M.J. and L'Abbé, M.R., 2017. Unregulated serving sizes on the Canadian nutrition facts table—an invitation for manufacturer manipulations. *BMC Public Health*, 17(1), pp.1-13.
- [30]. Frary, C.D., Johnson, R.K. and Wang, M.Q., 2005. Food sources and intakes of caffeine in the diets of persons in the United States. *Journal of the american dietetic association*, 105(1), pp.110-113.
- [31]. Tenner, K., 2017. Omega sports burn 24 Review. *Omega*
- [32]. Casal, S. and Rebelo, I., 2017. Coffee: a dietary intervention on type 2 diabetes?. *Current medicinal chemistry*, 24(4), pp.376-383.
- [33]. Tajik, N., Tajik, M., Mack, I. and 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*, 56(7), pp.2215-2244.
- [34]. Arab, L., 2010. Epidemiologic evidence on coffee and cancer. *Nutrition and cancer*, 62(3), pp.271-283.
- [35]. Ranheim, T. and 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(3), pp.274-284.
- [36]. Cavin, C., Holzhaeuser, D., Scharf, G., Constable, A., Huber, W.W. and Schilter, B., 2002. Cafestol and kahweol, two coffee specific diterpenes with anticarcinogenic activity. *Food and chemical toxicology*, 40(8), pp.1155-1163.
- [37]. Post, S.M., de Wit, E.C. and Princen, H.M., 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(11), pp.3064-3070.
- [38]. Cavin, C., Mace, K., Offord, E.A. and Schilter, B., 2001. Protective effects of coffee diterpenes against aflatoxin B1-induced genotoxicity: mechanisms in rat and human cells. *Food and Chemical toxicology*, 39(6), pp.549-556.
- [39]. Lee, K., Chae, J.I. and Shim, J.H., 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(1), pp.1-10.
- [40]. Moreira, A.S., Nunes, F.M., Simões, C., Maciel, E., Domingues, P., Domingues, M.R.M. and Coimbra, M.A., 2017. Data on coffee composition and mass spectrometry analysis of mixtures of coffee related carbohydrates, phenolic compounds and peptides. *Data in brief*, 13, pp.145-161.
- [41]. Şemen, S., Mercan, S., Yayla, M. and Açıkkol, M., 2017. Elemental composition of green coffee and its contribution to dietary intake. *Food chemistry*, 215, pp.92-100.
- [42]. Tran, H., Vargas, C.A.C., Slade Lee, L., Furtado, A., Smyth, H. and Henry, R., 2017. Variation in bean morphology and biochemical composition measured in different genetic groups of arabica coffee (*Coffea arabica* L.). *Tree genetics & genomes*, 13(3), pp.1-14.
- [43]. Gan, Y., Wu, J., Zhang, S., Li, L., Cao, S., Mkandawire, N., Ji, K., Herath, C., Gao, C., Xu, H. and Zhou, Y., 2017. Association of coffee consumption with risk of colorectal cancer: a meta-analysis of prospective cohort studies. *Oncotarget*, 8(12), p.18699.
- [44]. Kelleni, M.T., 2017. Benefits of green coffee beans extract in health and obesity. *Food chemistry*, 64, pp.9663-9674.
- [45]. Nakagawa- Senda, H., Ito, H., Hosono, S., Oze, I., Tanaka, H. and Matsuo, K., 2017. Coffee consumption and the risk of colorectal cancer by anatomical subsite in Japan: results from the HERPACC studies. *International Journal of Cancer*, 141(2), pp.298-308.
- [46]. Nkondjock, A., 2009. Coffee consumption and the risk of cancer: an overview. *Cancer letters*, 277(2), pp.121-125.
- [47]. Saab, S., Mallam, D., Cox, G.A. and Tong, M.J., 2014. Impact of coffee on liver diseases: a systematic review. *Liver international*, 34(4), pp.495-504.
- [48]. Clark, I. and Landolt, H.P., 2017. Coffee, caffeine, and sleep: A systematic review of epidemiological studies and randomized controlled trials. *Sleep medicine reviews*, 31, pp.70-78.
- [49]. Brice, C.F. and Smith, A.P., 2002. Effects of caffeine on mood and performance: A study



- of realistic consumption. *Psychopharmacology*, 164(2), pp.188-192.
- [50]. Ruxton, C.H.S., 2008. The impact of caffeine on mood, cognitive function, performance and hydration: a review of benefits and risks. *Nutrition bulletin*, 33(1), pp.15-25.
- [51]. Wilhelmus, M.M., Hay, J.L., Zuiker, R.G., Okkerse, P., Perdrieu, C., Sausser, J., Beaumont, M., Schmitt, J., Van Gerven, J.M. and Silber, B.Y., 2017. Effects of a single, oral 60 mg caffeine dose on attention in healthy adult subjects. *Journal of psychopharmacology*, 31(2), pp.222-232.
- [52]. Kurobe, K., Nakao, S., Nishiwaki, M. and Matsumoto, N., 2017. Combined effect of coffee ingestion and repeated bouts of low-intensity exercise on fat oxidation. *Clinical physiology and functional imaging*, 37(2), pp.148-154.
- [53]. WILLETT, W.C., VAN DAM, R.B. and MANSSON, J., 2006. Coffee, caffeine, and risk of type 2 diabetes. *Diabetes Care*, 29(2), pp.398-403.
- [54]. Loader, T.B., Taylor, C.G., Zahradka, P. and Jones, P.J., 2017. Chlorogenic acid from coffee beans: Evaluating the evidence for a blood pressure-regulating health claim. *Nutrition Reviews*, 75(2), pp.114-133.
- [55]. Esquivel, P. and Jimenez, V.M., 2012. Functional properties of coffee and coffee by-products. *Food research international*, 46(2), pp.488-495.
- [56]. Huxley, R., Lee, C.M.Y., Barzi, F., Timmermeister, L., Czernichow, S., Perkovic, V., Grobbee, D.E., Batty, D. and Woodward, M., 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(22), pp.2053-2063.
- [57]. Sugiyama, K., Sugawara, Y., Tomata, Y., Nishino, Y., Fukao, A. and Tsuji, I., 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(2), pp.125-130.
- [58]. Takahashi, K., Yanai, S., Shimokado, K. and Ishigami, A., 2017. Coffee consumption in aged mice increases energy production and decreases hepatic mTOR levels. *Nutrition*, 38, pp.1-8.
- [59]. Loy, V., 2017. Health maintenance in liver disease and cirrhosis. In *Liver Disorders* (pp. 89-98). Springer, Cham.
- [60]. Leitzmann, M.F., Stampfer, M.J., Willett, W.C., Spiegelman, D., Colditz, G.A. and Giovannucci, E.L., 2002. Coffee intake is associated with lower risk of symptomatic gallstone disease in women. *Gastroenterology*, 123(6)
- [61]. Tuomilehto, J., Hu, G., Bidel, S., Lindström, J. and Jousilahti, P., 2004. Coffee consumption and risk of type 2 diabetes mellitus among middle-aged Finnish men and women. *Jama*, 291(10), pp.1213-1219.
- [62]. Bellou, V., Belbasis, L., Tzoulaki, I., Middleton, L.T., Ioannidis, J.P. and Evangelou, E., 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(4), pp.406-418.
- [63]. D Rege, S., Geetha, T., L Broderick, T. and Ramesh Babu, J., 2017. Can diet and physical activity limit Alzheimer's disease risk?. *Current Alzheimer Research*, 14(1), pp.76-93.
- [64]. Askarova, A., 2019. Factors of language shift from Kazakh to Russian in university students.
- [65]. Echeverri, D., Pizano, A., Montes, F.R. and Forcada, P., 2017. Acute effect of coffee consumption on arterial stiffness, evaluated using an oscillometric method. *Artery Research*, 17, pp.16-32.
- [66]. Wu, J.N., Ho, S.C., Zhou, C., Ling, W.H., Chen, W.Q., Wang, C.L. and Chen, Y.M., 2009. Coffee consumption and risk of coronary heart diseases: a meta-analysis of 21 prospective cohort studies. *International journal of cardiology*, 137(3), pp.216-225.
- [67]. Weng, X., Odouli, R. and Li, D.K., 2008. Maternal caffeine consumption during pregnancy and the risk of miscarriage: a prospective cohort study. *American journal of obstetrics and gynecology*, 198(3), pp.279-e1.
- [68]. Bravi, F., La Vecchia, C. and Turati, F., 2017. Green tea and liver cancer. *Hepatobiliary surgery and nutrition*, 6(2), p.127.
- [69]. Mostofsky, E., Johansen, M.B., Lundbye-Christensen, S., Tjønneland, A., Mittleman, M.A. and Overvad, K., 2016. Risk of atrial fibrillation associated with coffee intake: findings from the Danish Diet, Cancer, and Health study. *European journal of preventive cardiology*, 23(9), pp.922-930