

Coconut Oil – Ideal Fat next only to Mother’s Milk (Scanning Coconut’s Horoscope)

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“Opinions cannot survive if one has no chance to fight for them.”

– Thomas Mann.

Up until the 1930s every American food manufacturer used only coconut oil in food preparation. Palm oil had to be imported as little coconut grew in the US. The local farmers, after the economic depression of the 1930s, insisted that there should be no import of edible oils. Around that time, maybe a little later, after the second world war, a new disease was born – *the fat theory of atherosclerosis*¹. Many factors contributed to its success, least of all the affluence of Europe and increased food consumption there. Concurrently, there was a parallel effort at disease labelling (inventions) going on². Scientific research had better backing from the governments and there was money available for research. A new theory of “risk factors” was born. Reductionist science is blind to its own inherent lacunae of looking at bits and pieces and not the whole. We have seen the birth of evidence based medicine full of problems with its evidence base³.

Epidemiology did serve us well in the arena of contagious disease control. Sadly, the same was applied to chronic degenerative disease field without much scientific foundation, resulting in epidemiologists creating imaginary epidemics! One such was coronary artery disease, which was with mankind from “times out of mind.” A Chinese lady, aged 39, was recently discovered buried twelve feet deep in the snow in northern China. It is estimated that she should have died around 2,500 years ago. Her heart had a large myocardial infarct associated with a fully blocked left anterior descending artery! The best description of angina pectoris was given thousands of years ago in the Indian Ayurvedic text, *Madhava Nidhana*, which could never be bettered even today. Curious are the ways of the world of science⁴!

Whereas Heberden only guessed that his chest pain could have come from his heart, while his own student thought that the teacher must have had syphilitic aortitis, *Madhavan Nidhana*, an Ayurvedic text, clearly stated that angina was a classical disease of the heart. Unfortunately, modern medicine labels this disease as Heberden’s angina. It is, in fact, a truly Indian disease. A study published in *The Lancet* in 1987 by Stehabens found no evidence of even one per cent absolute recent epidemic rise or a later fall in this disease in the last one hundred years. The apparent relative increase was found to be due to labelling errors, advancing age of the population, and wrong death certification without postmortem confirmation⁵. In fact, many sudden (electrical) deaths, and those due to alcoholic cardiomyopathy, had been (I think are still being) labelled as heart attacks!

Despite all these evidences to the contrary, epidemiologists went ahead and produced a monster, coronary artery disease epidemic, and discovered as many as two hundred forty odd risk factors. Steven Milloy, a renowned American epidemiologist, writing in his book *Science without Sense*, goes to prove that epidemiology in chronic disease scenario is a curse⁶. If I, for example, were to state that wearing a tight brasserie daily is a risk factor for cancer breast, it would take epidemiologists to study five hundred million women (double the population of the US) to disprove that hypothesis—a task impossible. Similar is the fat hypothesis for atherosclerosis.

The first ever *Diet-Heart* Study in Framingham, which began in 1954 ending in 1959, after having spent \$110 million American tax payers’ money, only showed that the two are not connected! Alas, the study did not see the light of the day in print as the vested business interests, who by then had already established a billion dollar business on food fats and heart healthy foods, etc., saw that the results never got published⁷. A recent study of

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elderly French women living in a nursing home showed that those with the highest cholesterol levels lived the longest; the death rate was more than five times higher for women with very low cholesterol⁸. One has to remember, though, that cholesterol lowering agents net billions of dollars in cash to the Pharma lobby annually.

The MRFIT study (1976-80), which initially screened 360,000 Americans to get a sample of around 12,000 high risk subset for studying coronary risk factor control. It used 250 researchers in 22 centres in 18 US cities spending around \$ 150 million. After all that effort, the result is here for all to see. "In conclusion, we have shown that it is possible to apply an intensive long-term intervention programme against three coronary risk factors with considerable success in terms of risk factor changes. The overall results do not show a beneficial effect on CHD or total mortality from this multifactor intervention"⁹. They do not want to destroy their rice bowl, at any cost.

With this background, the poor coconut oil got the boot in the west as newer polyunsaturated fats came in a big way and thousands of industry funded "scientific studies" had proclaimed to the world that coconut oil is very bad because it is a saturated fat. The misinformed lay press and the public believed the "scientific" world. All saturated fats were said to be the reason for the cholesterol induced epidemic of coronary disease. This powerful lobby could influence the thinking of the medical world through a plethora of studies, all of which when scrutinised scientifically, fall by the way side^{1,3,7,8}. Coconut lobby was not there and even a few individuals who thought otherwise were silenced effectively by the vested interests. Truth cannot be suppressed for all times. Most, if not all, of the polyunsaturated fats sold to the gullible public have been shown to be dangerous and a search for better fats landed researchers in the backyard of coconut palms, the cholesterol myth notwithstanding.

Let us analyse coconut oil's horoscope scientifically. Coconut oil had the bad *Shani Desha* since the 1930s, but the times have changed and it is going on to the *Guru Desha* now. Hopefully, it will have this good *Desha* for all times to come. Fats are more scientifically classified into three varieties based mainly on the number of carbon atoms they possess and the length of the chain—*Short Chain* having between C4 - C6 carbon atoms, *Medium*

Chain having between C6 - C10 or so and *Long Chain* with C11 - C24 atoms. The saturated, unsaturated classification is for the convenience of the fat lobby to sell their wares. Science is what scientists do. Science is only curiosity and, as such, could never be bad, but scientists could definitely be bad when the circumstances warranted. The problems for man would not cease as long as the present market economy lasts. God help mankind!

Little over 50% of coconut oil is medium chain fatty acid, *Lauric acid* and another 7 - 10% is a medium chain *Capric acid*. Lauric acid gets converted inside the human system into *Monolaurins*— the best fat that mother's milk has¹⁰. Other than mother's milk, monolaurins are found only in coconut oil. New born babies and infants depend on the monolaurins for their immune system development and their capacity to withstand any infection¹¹. In addition, coconut oil can be digested by the salivary lipase, getting absorbed very fast to give energy like carbohydrates. All other fats need the pancreatic lipase for digestion that the infants do not have. The best alternative food fat for the infant when mother's milk is not available is coconut oil (in baby foods). Other fats might be dangerous¹². Very recently, a study published in the *British Medical Journal* showed the dangers of using soya fat for babies. The article also warns adults to take soya oils cautiously¹³!

Coconut oil is a low calorie fat and as such helps control body weight. In addition, coconut oil stimulates metabolism to get itself metabolised fast to supply quick energy unlike all other fats. This also helps control body weight. Changing the food fat to coconut oil could help reduce weight in obese individuals¹⁴. It also helps to control blood fat levels in diabetics. Because most of the coconut oil is medium chain fat, it gets absorbed and metabolised so fast that it rarely gets transported to fat depots like other fats, altering the lipoprotein fractions of blood— another great boon. Coconut oil contains so many anti-oxidants that it resists oxidation even if it is preserved for as long as a year whereas all other fats would have been already oxidised and have become transfatty acids by the time they come on the food store shelves! Coconut oil resists oxidation even on boiling at 76 degrees centigrade. So there are no trans fats in coconut oil¹⁵. While fried foods are not good for health, if fried in coconut oil, fried foods are not that bad, after all.

The monolaurins in the coconut oil have been found to be very powerful antibacterial, antiviral, and antifungal agents. Most viruses, including the retrovirus HIV, are sensitive to coconut oil. Coconut oil has been found to be an excellent moisturiser for dry skin conditions and is known to be even absorbed from the skin surface of preterm babies. A diet rich in coconut oil reduces diurnal postprandial variations in circulating tissue plasminogen activator antigen and fasting lipoprotein-a compared with a diet rich in unsaturated fat in women¹⁶. Coconut oil is said to penetrate hair roots to keep hair healthy and clean¹⁷. They have even found some very interesting therapeutic values in coconut oil¹⁸. A recent report shows how it could be used to treat aluminum oxide poisoning (agricultural pesticide content) for which there had never been any specific antidote so far¹⁹.

Coconut oil's regular use in diet would regularise blood fats and is known to increase the HDL cholesterol fraction while decreasing the LDL and triglycerides significantly; disproving the myth that coconut oil increases cholesterol and triglycerides^{15, 20}. Coconut oil has been now classified as a *functional food*. Functional food was defined as "food that provides health benefits over and above the basic nutrients." No other fat could claim that status except the Indian clarified butter—*ghee*, which according to Ayurveda is an excellent food for good health and strength. Even the West has now learnt a bitter lesson. After having realised the dangers of polyunsaturated fats in margarine, they have coined a new slogan: "butter is better".

In conclusion, one could easily surmise that coconut oil that has been our staple food for thousands of years, could not have suddenly become so bad in the 1930s that it had to be thrown out of the window. Our thousands of years of observational research is any day more reliable compared to the short term cross-sectional motivated research today. Although Aristotle did say that truth could only influence half a score of men in a century, truth will have to triumph at the end. The sad state of the Polynesian migrants to the west coast of America is there for all to see. Prof. Castle's elegant studies did show the curse of acculturation of these long living sturdy people whose main food was coconut till they became American citizens. With modernity, Polynesians were succumbing to all the degenerative diseases precociously. They never had

atherosclerosis in their natural habitat – what with 80% of their calories coming from coconut. Long live the coconut tree, the venerated *kalpavriksha*, for the common good of humankind.

***"Free man is by necessity insecure;
thinking man is by necessity uncertain."***

– Eric Fromm.

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