Nutricion Hospitalaria

2015 Nov 1;32(5):2144-52. A COCONUT EXTRA VIRGIN OIL-RICH DIET INCREASES HDL CHOLESTEROL AND DECREASES WAIST CIRCUMFERENCE AND BODY MASS IN CORONARY ARTERY DISEASE PATIENTS.

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Abstract in English, Spanish

INTRODUCTION:

saturated fat restriction has been recommended for coronary arterial disease, but the role of coconut oil (Cocos nucifera L.) extra virgin, lauric acid source in the management of lipid profile remains unclear.

OBJECTIVE:

to evaluate the effect of nutritional treatment associated with the consumption of extra virgin coconut oil in anthropometric parameters and lipid profile.

METHODS:

we conducted a longitudinal study of 116 adults of both sexes presenting CAD. Patients were followed in two stages: the first stage (basal-3 months), intensive nutritional treatment. In the second stage (3-6 months), the subjects were divided into two groups: diet group associated with extra virgin coconut oil consumption (GDOC) and diet group (DG). Held monthly anthropometric measurements: body mass, waist circumference (WC), neck circumference (PP), body mass index (BMI).

RESULTS:

the mean age of the population was 62.4 ± 7.7 years, 63.2% male, 70% elderly, 77.6% infarcted, 52.6% with angina, hypertension and dyslipidemia 100%. In the first stage the nutritional treatment reduced body weight, WC, BMI and PP and insulin concentrations, HbA1C, HOMA-IR and QUICK, without changing the other parameters. In the second stage of the study, it was observed that the GDOC maintained the reduction of body mass, BMI, WC, with a significant difference between groups for DC (-2.1 ± 2,7 cm; p < 0.01). In addition, there was an increase in HDL-C concentrations, Apo A, with significant difference in GD, only for HDL-C (3.1 ± 7.4 mg/dL; p = 0.02).



ISRN Pharmacol. 2011;2011:949686. doi: 10.5402/2011/949686. 2011 Mar 15.

An open-label pilot study to assess the efficacy and safety of virgin coconut oil in reducing visceral adiposity.

Liau KM1, Lee YY, Chen CK, Rasool AH.

Abstract

Introduction. This is an open-label pilot study on four weeks of virgin coconut oil (VCO) to investigate its efficacy in weight reduction and its safety of use in 20 obese but healthy Malay volunteers.

Methodology. Efficacy was assessed by measuring weight and associated anthropometric parameters and lipid profile one week before and one week after VCO intake. Safety was assessed by comparing organ function tests one week before and one week after intake of VCO. Paired t-test was used to analyse any differences in all the measurable variables.

Results. Only waist circumference (WC) was significantly reduced with a mean reduction of 2.86 cm or 0.97% from initial measurement (P = .02). WC reduction was only seen in males (P < .05). There was no change in the lipid profile. There was a small reduction in creatinine and alanine transferase levels.

Lipids. 2009 Jul;44(7):593-601. doi: 10.1007/s11745-009-3306-6. 2009 May 13.

Effects of dietary coconut oil on the biochemical and anthropometric profiles of women presenting abdominal obesity.

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Author information

Abstract

The effects of dietary supplementation with coconut oil on the biochemical and anthropometric profiles of women presenting waist circumferences (WC) >88 cm (abdominal obesity) were investigated. The randomised, double-blind, clinical trial involved 40 women aged 20-40 years. Groups received daily dietary supplements comprising 30 mL of either soy bean oil (group S; n = 20) or coconut oil (group C; n = 20) over a 12-week period, during which all subjects were instructed to follow a balanced hypocaloric diet and to walk for 50 min per day. Data were collected 1 week before (T1) and 1 week after (T2) dietary intervention. Energy intake and amount of carbohydrate ingested by both groups diminished over the trial, whereas the consumption of protein and fibre increased and lipid ingestion remained unchanged. At T1 there were no differences in biochemical or anthropometric characteristics between the groups, whereas at T2 group C presented a higher level of HDL (48.7 +/- 2.4 vs. 45.00 +/- 5.6; P = 0.01) and a lower LDL:HDL ratio (2.41 +/- 0.8 vs. 3.1 +/- 0.8; P = 0.04). Reductions in BMI were observed in both groups at T2 (P < 0.05), but only group C exhibited a reduction in WC (P = 0.005). Group S presented an increase (P < 0.05) in total cholesterol, LDL and LDL:HDL ratio, whilst HDL diminished (P = 0.03). Such alterations were not observed in group C. It appears that dietetic supplementation with coconut oil does not cause dyslipidemia and seems to promote a reduction in abdominal obesity.