

## Coconut Oil for Digestive Disorders

**Excerpts from:** Shilhavy, Brian & Marianity Jader, "Crohn's Disease, Irritable Bowel Syndrome, Ulcerative Colitis, and Virgin Coconut Oil" in *Virgin Coconut Oil*, West Bend, Wisconsin USA, West Bend, Wisconsin, Tropical Traditions, Inc., 2005, p. 62.

If you saw a newspaper headline which stated "Crohn's Disease Patients Find Relief by Eating Cookies" you may think the editor was a little kooky. Dr. L.A. Cohen of the Naylor Dana Institute for Disease Prevention in Valhalla New York wouldn't think so, not if the cookies were made with coconut.

Dr. Cohen notes the ease with which medium chain fatty acids (MCFA) in coconut oil are digested and absorbed and says they "have found use in the clinic as a means to provide high energy lipid to patients with disorders of lipid digestion (pancreatitis) lipid absorption (Crohn's disease), and lipid transport (chylomicron deficiency)."

Eating coconut cookies has made an impact on Gerald Brinkley, a Crohn's disease sufferer for 30 years. "When I read that eating coconut macaroons could ease symptoms," Brinkley says, "I decided to try them myself. Coincidence or not, my symptoms have improved since I began eating two cookies a day."

**Crohn's disease** is an inflammatory intestinal disease characterized by diarrhea, abdominal pain, bleeding ulcers, bloody stools, anemia, and weight loss. Ulcerations can occur anywhere along the digestive tract from the mouth to the rectum.

**Ulcerative colitis** is a similar disease that affects the colon—the lower part of the intestinal tract. At times these chronic conditions can become debilitating. The ability of the intestines to absorb food is hampered which may lead to nutritional deficiencies. Sufferers find that certain foods aggravate symptoms and are, therefore, constantly challenged to find foods that they can tolerate.

Reports suggest that coconut may offer relief from symptoms and prevent digestive distress. Teresa Graedon, Ph.D. co-author of *The People's Pharmacy Guide to Herbal and Home Remedies* says during the research for her book she heard enough testimonials about the benefit of using coconut for Crohn's disease that she was convinced that this is one home remedy that may have important medical significance and believes strongly that more research should be pursued in this area.

I have also heard similar stories. For example, one occurred in Hawaii and involved a small child that suffered from an intestinal problem so severe that most any food, including milk, aggravated symptoms. The child was wasting away

because he couldn't tolerate most of the foods he was given. A native Hawaiian told the mother to feed the child the "jelly" inside an immature coconut.

She took the woman's advice and the child thrived eating a diet consisting primarily of coconut jelly. Knowing what we do scientifically about the digestibility of coconut oil, it makes sense that it would be of benefit to those with digestive problems.

Interestingly enough researchers have demonstrated the benefits of coconut oil on patients with digestive problems, including, Crohn's disease, at least since the 1980s. The anti-inflammatory and healing effects of coconut oil apparently play a role in soothing inflammation and healing injury in the digestive tract which are characteristic of Crohn's disease.

Its antimicrobial properties also affects intestinal health by killing troublesome microorganisms that may cause chronic inflammation.

While the cause of Crohn's disease is still unknown, many doctors feel it is the result of a bacterial or viral infection. Stomach ulcers, for example, are caused primarily by the bacterium *H. pylori*.

The bacteria bore into the stomach wall causing ulcerations and discomfort characteristic of the condition. It's possible that this bacterium or a similar one could also infect other areas of the digestive tract.

Several studies have shown that the measles and mumps viruses might be involved. A persistent low-grade measles infection in the intestine is common in many Crohn's and ulcerative colitis patients. The infection is localized in the digestive tract so it does not cause a full-scale case of the measles.

Those who have had measles or mumps in the past and now suffer from some type of inflammatory bowel disease (IBD) such as Crohn's disease or ulcerative colitis are likely to harbor a low-grade intestinal infection that the body has not been able to overcome. The evidence for measles infection as a cause or at least a contributing factor in IBD is very convincing.

In one study, for example, 36 Crohn's disease patients, 22 ulcerative colitis patients, and 89 people free of IBD symptoms (controls) were tested. Twenty-eight of the 36 Crohn's disease patients (78%) and 13 of 22 ulcerative colitis patients (59%) tested positive to the measles virus as compared to only 3 of 89 (3.3%) controls.

*H. pylori* bacteria and the measles virus are both killed by the MCFAs in coconut oil. If the symptoms characteristic in Crohn's disease and ulcerative colitis are also

caused by these or some other microorganism then coconut oil may be beneficial in treating these conditions.

Eating macaroons to ease symptoms of Crohn's disease, as strange as it may sound, does have some scientific backing. For those who have Crohn's disease, ulcerative colitis, stomach ulcers, or other digestive problems you don't have to eat coconut cookies to get relief. Eating foods rich in Virgin Coconut Oil, which is high in MCFAs, would work just as well if not better.

### **Digestion and Nutrient Absorption of Coconut Oil**

For at least five decades researchers have recognized that the medium chain fatty acids (MCFAs) in coconut oil were digested differently than other fats. This difference has had important applications in the treatment of many digestive and metabolic health conditions and since that time MCFA have been routinely used in hospital and baby formulas.

The digestive health advantages of medium-chain fatty acids (MCFA) over long-chain fatty acids (LCFA) are due to the differences in the way our bodies metabolize these fats. Because the MCFA molecules are smaller, they require less energy and fewer enzymes to break them down for digestion. They are digested and absorbed quickly and with minimal effort.

MCFA are broken down almost immediately by enzymes in the saliva and gastric juices so that pancreatic fat-digesting enzymes are not even essential. Therefore, there is less strain on the pancreas and digestive system. This has important implications for patients who suffer from digestive and metabolic problems.

Premature and ill infants especially whose digestive organs are underdeveloped, are able to absorb MCFA with relative ease, while other fats pass through their systems pretty much undigested. People who suffer from malabsorption problems such as cystic fibrosis, and have difficulty digesting or absorbing fats and fat soluble vitamins, benefit greatly from MCFA.

They can also be of importance for people suffering from diabetes, obesity, gallbladder disease, pancreatitis, Crohn's disease, pancreatic insufficiency, and some forms of cancer.

As we get older our bodies don't function as well as they did in earlier years. Our pancreas doesn't make as many digestive enzymes, our intestines don't absorb nutrients as well, the whole process of digestion and elimination moves at a lower rate of efficiency.

As a result, older people often suffer from vitamin and mineral deficiencies. Because MCFA are easy to digest and improve vitamin and mineral absorption

they should be included in the meals of older people. This is easy to do if the meals are prepared with coconut oil.

Unlike other fatty acids, MCFA are absorbed directly from the intestines into the portal vein and sent straight to the liver where they are, for the most part, burned as fuel.

Other fats require pancreatic enzymes to break them into smaller units. They are then absorbed into the intestinal wall and packaged into bundles of fat (lipid) and protein called *lipoproteins*. These lipoproteins are carried by the lymphatic system, bypassing the liver, and then dumped into the bloodstream, where they are circulated throughout the body.

As they circulate in the blood, their fatty components are distributed to all the tissues of the body. The lipoproteins get smaller and smaller, until there is little left of them. At this time they are picked up by the liver, broken apart, and used to produce energy or, if needed, repackaged into other lipoproteins and sent back into the bloodstream to be distributed throughout the body.

Cholesterol, saturated fat, monounsaturated fat, and polyunsaturated fat are all packaged together into lipoproteins and carried throughout the body in this way. In contrast, MCFA are not packaged into lipoproteins but go to the liver where they are converted into energy. Ordinarily they are not stored to any significant degree as body fat. MCFA produce energy. Other dietary fats produce body fat.

Inside each of our cells is an organ called the mitochondria. The energy needed by the cell to carry on its functions is generated by the mitochondria. Mitochondria are encased in two membranous sacs which normally require special enzymes to transport nutrients through them.

MCFA are unique in that they can easily permeate both membranes of the mitochondria without the need of enzymes and thus provide the cell with a quick and efficient source of energy. Longer chain fatty acids demand special enzymes to pull them through the double membrane, and the energy production process is much slower and taxing on enzyme reserves.

Because of the above advantages, coconut oil has been a lifesaver for many people, particularly the very young and the very old. It is used medicinally in special food preparations for those who suffer digestive disorders and have trouble digesting fats. For the same reason, it is also used in infant formula for the treatment of malnutrition.

Since it is rapidly absorbed, it can deliver quick nourishment without putting excessive strain on the digestive and enzyme systems and help conserve the body's energy that would normally be expended in digesting other fats. Medium-chain

fatty acids comprise a major ingredient in most infant formulas commonly used today.

***Helico Pylori Bacteria* + Gastro-Esophageal Reflux /Disease (GERD.)+ inflammatory bowel disease(IBD)**

by Dr. Sanford Pinna

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*Note:* This article is not written to advise people to treat themselves with coconut oil. It is for informative interest only.

The ***Helico Pylori Bacteria*** is one of the most common bacteria that infect the Human race. It is found in families, who pass the bacteria to each other. H. Pylori **inhabits the stomach and the esophagus**. It stimulates cells in the stomach to produce **excessive amounts of gastric or hydrochloric acid**.

This acid reflects back and up into the stomach causing “**Heart burn**” or, technically, **Gastro-Esophageal Reflux /Disease**, commonly referred to as **GERD**.

This reflux is painful and can cause ulcers, gastritis and occasional gastric cancer, which can be **deadly**.

#### **TREATMENT**

There are dozens of diagnostic methods for determining the presence of H. Pylori, and dozens of treatments devised by major pharmaceutical companies who make **billions of dollars** with disease.

The normal treatment consist of an accurate diagnosis using **an analysis of breath from the patient** which contains **gas byproducts of the bacterium**, followed by **an average ten day treatment of six antibiotics daily, plus two proton pump inhibitors daily**. (Prevacid, etc.) At the end, the patient is retested for the presence of H. Pylori.

There is an approximate **90 percent success rate**, sometimes 70 to 80 percent.

#### **DRAWBACKS OF MEDICAL TREATMENT**

1. **COST:** \$300 – \$500, if no insurance.
2. **SIDE EFFECTS:** diarrhea, stomach complaints, overgrowth of bad bacteria.
3. **TIME COSTS:** visits to doctors and laboratories.

#### **SUMMARY**

Treating H. Pylori infections medically, is costly, time consuming, produces side effects and is **not one hundred percent successful**.

#### **ALTERNATIVE TREATMENTS**

Many of my patients who have studied alternative medicine on the Internet, have asked my opinion about **Virgin Coconut Oil** for the treatment of Pylori Infections causing hyperacidity.

## **HOW SHOULD I ADVISE?**

My method of studying a new plant or drug is to **first learn the chemistry of the plant or drug**. I must know the molecular structure and how the molecule interacts with other molecules in the body.

Without this knowledge I would be like a carpenter that doesn't know whether a nail will pierce steel. This knowledge requires research into the **description of the molecules**, its various **chemical properties** and the **physiological properties of the body molecules** that will be affected.

Over thirty years as a Physician makes this task arduous, **HOWEVER**, I have learned to do the research and abstract the conclusion.

## **COCONUT OIL AND HOW IT KILLS BACTERIA**

Coconut oil is an excellent “**anti-biotic**”. It kills bacteria and fungi on contact! Coconut oil is made of saturated fatty acids of the medium length variety. Its major Saturated Acid is called **LAURIC ACID**. The Lauric Acid **invades the cell wall and destroys it**.

Here is an excerpt from a scientific study:

“Studies on lipids in the 1960s by Kabara and colleagues showed medium-chain (C-8 to C-14) FAs and their monoglycerides to have **antimicrobial effects against several laboratory organisms**.

In the 1990s, more laboratory studies **confirmed the antimicrobial activity of these lipids** against gram-positive and some gram-negative organisms, including **Neisseria gonorrhoeae, Helicobacter pylori, and Chlamydia trachomatis**, as well as **Candida albicans** yeast and enveloped viruses.

Since 1998, some clinical studies have confirmed these laboratory data, specifically data on monolaurin, the monoglyceride of lauric acid from VCO. A 2% gel preparation of Lauricidin (Skin Sciences Laboratory, Inc, Pasig City, Philippines), which contains 90% pure monolaurin, **significantly degermed SA cultured from health workers' hands after hospital duty**.

Another study cultured the skin lesions of 100 pediatric patients. The top isolates were SA, coagulase-negative SA, Streptococcus spp, Enterobacter spp, and Escherichia vulneris. The sensitivity of these organisms to penicillin, oxacillin, erythromycin, fusidic acid, mupirocin, and vancomycin varied significantly, demonstrating low to high susceptibility, across the different isolates (Fisher exact test = 0.000;  $p < .05$ ).

In marked contrast, sensitivity to monolaurin **did not significantly differ across the different bacterial isolates**(Fisher exact test = 0.110;  $p > .05$ ), reflecting **high antibacterial activity**.

There also was a statistically significant and marked difference in resistance rates. SA, coagulase-negative SA, and Streptococcus spp did not exhibit any resistance to monolaurin as opposed to the varying resistance observed with the other antibiotics in this study.”

We can easily see that “**MONOLAURIN**” or **LAURIC ACID**, the most common fatty acid in coconut oil is “**highly antibacterial**” and kills “**H. Pylori.**”

#### **MY PATIENTS PERFORM THEIR OWN EXPERIMENT**

My patients, independent of my medical advise, decided to try their own experiments.

I, as a licensed physician, cannot advise them to experiment, with unknown and untested modalities of treatment. I offered them the information I had obtained from my research, conducted tests to determine if they were infected with H. Pylori, and offered them **the standard medical treatment.**

They refused my standard treatment and told me that they wanted to try **virgin coconut oil, one teaspoon three times daily.** I advised them of potential adverse consequences, which they totally rejected.

#### **MY PROFESSIONAL OBLIGATIONS**

I, as a licensed physician of the State of Florida, am legally obligated to follow the **Good Standards Medical Practice**, as outlined by the Board of Medicine of the State of Florida. Also, as Doctor of Medicine and Surgery and a Graduate of the University of Bologna, Faculta di Medicina e Chirurgia, I took the **Hippocratic Oath** upon graduation.

As a former U.S. Marine, I take all my oaths seriously. I do not believe that I can change the intent of my oaths, whether in the military, in medicine or even in marriage.

Therefore, although I feel that there are **hundreds of excellent alternative treatments for diseases**, I always advise my patients that the medical profession has a standard treatment, however, **the natural treatment may be better.** I explain my reasons for my belief, and I advise them that **they are free to choose whichever treatment they desire.** In this way, I comply with the **law**, with **ethical constraints**, yet, try to give the patient enough information to make a **wise decision.**

This method has proven to be above reproach and has yielded **excellent results.**

#### **MY PATIENTS' EXPERIMENT**

I could do no more. My patients are free citizens. They were not about to take a deadly poison. Millions of people in Asia ingest much larger quantities of coconut oil with no ill effects.

Their question: **Would coconut oil, which is bactericidal, kill the Helico Pyloric Bacteria in their gut?**

In approximately one month, we had the answer. **It was a resounding YES!**

Upon repeat testing, none of my patients had evidence of H. Pylori. Also, their symptoms of acid regurgitation, stomach pain and burping disappeared.

## **CONCLUSION**

I, am now, of the firm conviction, that **in some people, the ingestion of Virgin Coconut Oil, three times daily, can eradicate H. Pylori infections.**

I do not know if this natural treatment will work on all people. There simply is **not enough evidence, or large trials.** I seriously doubt that large trials will be undertaken, since there is no monetary gain involved for companies or governments.

Those individuals suffering from H. Pylori infections **may try on their own.** There is no evidence that coconut oil is detrimental to the body. Billions of people ingest it daily, and no government had advised that it is dangerous.

*Personally, I would try the experiment. If you have experience, you may want to comment on this article.*

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