Scientists have recently discovered a powerful new weapon against heart disease. As surprising as it may seem, this new weapon is coconut oil. Yes, ordinary coconut oil. Eating coconut oil on a regular basis can reduce your chances of suffering a heart attack!

Coconut oil is composed of a group of unique fat molecules known as medium-chain fatty acids (MCFA). Although they are technically classified as saturated fats, this fat can actually protect you from getting a heart attack or suffering a stroke.

Although coconut oil is predominately a saturated fat, it does not have a negative effect on cholesterol. Natural, nonhydrogenated coconut oil tends to increase HDL cholesterol and improve the cholesterol profile. HDL is the good cholesterol that helps protect against heart disease. Total blood cholesterol, which includes both HDL (good) and LDL (bad) cholesterol, is a very inaccurate indicator of heart disease risk. A much more accurate way to judge heart disease risk is to separate the two types of cholesterol. Therefore, the ratio of the bad to good cholesterol (LDL/HDL) is universally recognized as a far more accurate indicator of heart disease risk. Because of coconut oil’s tendency to increase HDL, the cholesterol ratio improves and thus decreases risk of heart disease.

People who traditionally consume large quantities of coconut oil as part of their ordinary diet have a very low incidence of heart disease and have normal blood cholesterol levels. This has been well supported by numerous population studies. The research shows that those people who consume large quantities of coconut oil have remarkably good cardiovascular health.

At first, this observation confused many researchers. They did not recognize the difference between the MCFA in coconut oil and other saturated fats. New research, however, has demonstrated that medium-chain fats in coconut oil protect against heart disease and may one day even be used as a treatment to cure it.

Studies in the 1970s and 1980s indicated that coconut oil is heart friendly even though saturated fat at the time was being accused of promoting heart disease. Coconut oil consumption was found to have many factors associated with a reduced risk of heart disease compared to other dietary oils namely, improved cholesterol readings, lower body fat deposition, higher survival rate, reduced tendency to form blood clots, fewer uncontrolled free radicals in cells, low levels of blood and liver cholesterol, higher antioxidant reserves in cells, and lower incidence of heart disease in population studies.

From this evidence alone coconut oil should be viewed as heart healthy or at least benign as far as heart disease is concerned. But there is another factor, that is even more
important, that reveals coconut oil as not simply a benign bystander but a very important player in the battle against heart disease. So remarkable is it, that it may soon become a powerful new weapon used against heart disease.

Heart disease is caused by atherosclerosis (hardening of the arteries) which is manifest by the formation of plaque in the arteries. According to current thought atherosclerosis initially develops as a result of injury to the inner lining of the arterial wall. The injury can be the result of a number of factors such as toxins, free radicals, viruses, or bacteria. If the cause of the injury is not removed further damage may result. As long as irritation and inflammation persist scar tissue continues to develop.

Special blood clotting proteins called platelets circulate freely in the blood. Whenever they encounter an injury they become sticky and adhere to each other and to the damaged tissue acting somewhat like a bandage to facilitate healing. This is how blood clots are formed. Injury from any source triggers platelets to clump together or clot and arterial cells to release protein growth factors that stimulate growth of the muscle cells within the artery walls. A complex mixture of scar tissue, platelets, calcium, cholesterol, and triglycerides are incorporated into the site to heal the injury. This mass of tissue forms arterial plaque. When this process occurs in the coronary artery, which feeds the heart, it is referred to as coronary heart disease-the most common cause of death in the United States.

One area of investigation that is gaining a great deal of interest is the relationship between chronic infection and atherosclerosis. It appears that there is a cause and effect relationship associated with persistent low-grade infections and heart disease. Recent research has shown that certain microorganisms can cause or at least are involved in the development of arterial plaque, which leads to heart disease.

A large number of studies have reported associations between heart disease and chronic bacterial and viral infections. As far back as the 1970s researchers identified the development of atherosclerosis in the arteries of chickens when they were experimentally infected with a herpes virus. In the 1980s similar associations were reported in humans infected with a number of bacteria (e.g., Helicobacter pylori and Chlamydia pneumoniae) and certain herpes viruses (particularly cytomegalovirus). In one study, for example, Petra Saikku and colleagues at the University of Helsinki in Finland found that 27 out of 40 heart attack patients and 15 out of 30 men with heart disease carried antibodies related to Chlamydia, which is more commonly known to cause gum disease and lung infections. Compared to subjects who were free of heart disease only seven out of 41 had such antibodies. In another study at Baylor College of Medicine in Houston, Texas researchers found that 70 percent of patients undergoing surgery for atherosclerosis carry antibodies to cytomegalovirus (CMV), a common respiratory infection, while only 43 percent of controls do.

More evidence supporting the link between infection and cardiovascular disease showed up in the early 1990s when researchers found fragments of bacteria in arterial plaque. One of the first to discover microorganisms in atherosclerotic plaque was Brent
Muhlestein, a cardiologist at the LDS Hospital in Salt Lake City and the University of Utah. Muhlestein and colleagues found evidence of Chlamydia in 79 percent of plaque specimens taken from the coronary arteries of 90 heart disease patients. In comparison, fewer than four percent of normal individuals had evidence of Chlamydia in artery walls. Animal studies provided more direct evidence that bacteria might contribute to chronic inflammation and plaque formation. Muhlestein showed that infecting rabbits with Chlamydia measurably thickens the arterial walls of the animals. When the animals were given an antibiotic to kill the Chlamydia the arteries became more normal in size.3

At least one out of every two adults in developed countries have antibodies to Helicobacter pylori, Chlamydia pneumoniae, or cytomegalovirus (CMV). The presence of antibodies does not necessarily indicate an active infection or the presence of atherosclerosis, but is a sign that infection has occurred at some time. It's common for infections from these organisms to persist indefinitely. Once infected with herpes, for example, the virus remains for life. The effectiveness of the immune system determines the degree of trouble the virus may cause. The weaker the immune system the more likely an infection will hang on and cause problems. When these microorganisms enter the bloodstream they can attack the artery wall causing chronic low-grade infections that lack any noticeable symptoms. As microorganisms colonize an artery wall they cause damage to arterial cells. In an effort to heal the injury blood platelets, cholesterol, and protein combine in the artery wall setting the stage for plaque formation and atherosclerosis. As long as the infection and inflammation persists plaque continues to develop. Infection can both initiate and promote growth of atherosclerosis in arteries which, in turn, leads to heart disease.4, 5

You or anyone else may have a chronic low-grade infection without even realizing it. This apparently is what happens to many people who think they are healthy but suddenly drop dead from a heart attack.

As yet, researchers are not ready to say infection is responsible for every case of heart disease. Other factors (e.g. free radicals, high blood pressure, diabetes, etc.) can also cause injuries to the arterial wall and initiate plaque formation. Also, not all infections promote atherosclerosis. Only when the immune system is incapable of controlling the infection is there cause for alarm. Anything that may lower immune efficiency such as serious illness, poor diet, exposure to tobacco smoke, stress, and lack of exercise (i.e. many of the typical risk factors associated with heart disease) will also open up the body to chronic low-grade infections that can promote atherosclerosis.

The findings mentioned above suggest that, at least in some cases, heart disease may be treated with antibiotics. Antibiotics are limited because they are only good against bacteria. Infections caused by viruses would remain unaffected. However, there is something that will destroy both the bacteria (Helicobacter pylori and Chlamydia pneumonia) and viruses (CMV) that are most commonly associated with atherosclerosis and that is MCFA or coconut oil. The MCFA in coconut oil are known to kill all three of the major types of atherogenic organisms. MCFA are powerful germ fighters and are known to kill dozens of disease causing organisms. Not only can coconut oil help protect
you from the germs that cause ulcers, lung infections, herpes, and such, but also heart disease and stroke. If you want to avoid dying from heart disease you should be eating coconut oil!

Heart disease, stroke, and atherosclerosis account for nearly half of all the deaths in the United States. Statistically, one out of every two people you know will die from one of these cardiovascular conditions. In countries where people eat a lot of coconut products cardiovascular disease is much less frequent. In Sri Lanka, for example where coconut oil has been the primary dietary fat, the death rate from heart disease is one of the lowest in the world.6 In areas of India, where coconut oil has been largely replaced by other vegetable oils, cardiovascular disease is on the rise. People have been encouraged to switch from their traditional cooking oils, such as coconut oil, in favor of vegetable oils that are promoted as "heart-friendly." Researchers involved with studies on diet and heart disease in India are now recommending the return to coconut oil to reduce the risk of heart disease. This recommendation is based on their findings showing an increase in the occurrence of heart disease as coconut oil is replaced by other vegetable oils.7

It appears that by simply using coconut oil in your daily diet in place of other oils you can achieve a remarkable degree of protection from heart disease and stroke.


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