Coconut Oil Helps Combat Stress & is Heart Friendly

Two peer-reviewed studies published recently (March of 2018) continue the trend of showing coconut oil's health benefits and debunking the official USDA government nutrition dogma that saturated fats are bad for one's health.

The first study, published in the journal Food & Function, shows evidence that coconut oil helps combat stress and anxiety. The second study, published in the British Medical Journal, compared diets consuming mainly coconut oil, olive oil, or butter, and concluded that coconut oil significantly lowered C reactive protein, a marker of inflammation, and had positive blood lipid profiles in those consuming coconut oil as their main dietary oil.

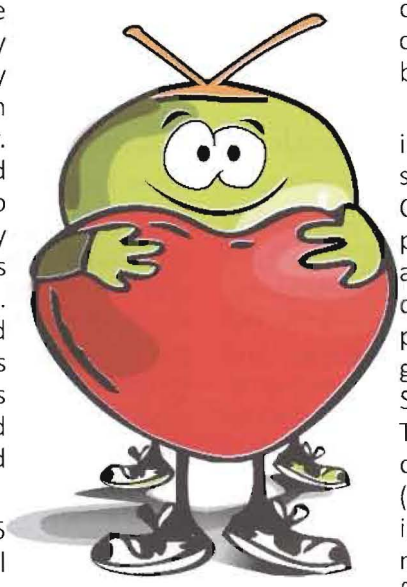
The first study is titled, "Can coconut oil and treadmill exercise during the critical period of brain development ameliorate stress-related effects on anxiety-like behavior and episodic-like memory in young rats?" This study was devised to observe the synergistic effect of virgin coconut oil (VCO) and exercise on young rats. The rats were very young, ranging from 15 to 45 days after birth. During that time the test rats were fed VCO daily and exercised 30 minutes per day on treadmills with speed being gradually increased weekly.

After their feeding and exercise, both control (non-VCO – treadmill rats) and test rats (the VCO treadmill group) were compared to rats within the same age group that were not exercised or fed VCO, the control group. For a few days after the exercise and coconut oil, both the test and control rats were restrained for a few days. Then they were all evaluated with open field testing for signs of anxiety behavior, locomotor activity, and their ability to identify objects and locations. The researchers concluded that coconut oil and exercise during lactation can ameliorate the effects of stress on anxiety-like behavior and episodic-like memory in young rats.

The second study, Coconut Oil, Olive Oil, and Butter's Effect on Blood Lipids was requested and funded by the BBC TV producers of "Trust me, I'm a doctor." BBC wanted to do an episode featuring a coconut oil study as a response to the growing public awareness of coconut oil's health virtues. This study was published in the BMJ (British Medical Journal) in March 2018 with the title, "Randomised trial of coconut oil, olive oil or butter on blood lipids and other cardiovascular risk factors in healthy men and women."

The BBC, via its website, recruited 160 volunteers for the study, of which 96 became participants. The remaining 96 men and women selected to participate were screened out on the basis of being 50–75 years of age, without a known cancer history, cardiovascular disease or diabetes, and not on statin drugs. The mean age was 60, and slightly over 60 percent were women. The participants were divided into three groups of around 30 or so. Each individual in the three groups was given a month's supply of one of these fats: Virgin coconut oil (VCO); extra virgin olive oil; unsalted butter. They were all required to consume 50 grams daily of the fat

assigned to its group or consort. Olive is essentially a monounsaturated fat while both coconut oil and butter are considered saturated fats, with one major difference that the study did not mention: Coconut oil is mostly comprised of medium chain fatty acids or triglycerides (MCTs) while butter contains long chain fatty acids. Coconut oil's MCTs are easily converted into ketones, which provide metabolic cellular energy. The participants were expected to substitute the fats portioned to them in lieu of the fats they normally used and were given recipe ideas for using the particular fat assigned. After four weeks on their assigned fats, 91 returned for a final analysis for comparison to baseline readings to determine changes in blood lipid profile, weight, fat distribution and metabolic markers.



Those who reported over 75 percent compliance to the protocol with their assigned fat consumption were put into one group to form a ratio with that group against the total number of participants and adjust their statistical analysis accordingly. The study revealed that that coconut oil and olive oil consumers for. the four weeks had lower LDL (low-density lipoproteins), considered the "bad cholesterol," readings than butter, which had higher ratios of total cholesterol/HDL (high-density lipoproteins) or "good cholesterol." The higher the ratio the higher the risk of coronary disease, according to mainstream medical and nutritional guidelines.

There were no significant differences in changes in weight, BMI [body mass index], central adiposity [belly fat] fasting blood glucose, systolic or diastolic blood pressure among any of the three intervention groups. Coconut oil also significantly lowered C reactive protein [a marker of inflammation] in comparison with olive oil but not compared with butter. The researchers concluded that coconut and olive oil consumers in the study both had favorably lower levels of LDL than butter. But coconut oil is a saturated fat while olive oil is a monounsaturated fat, yet the two saturated fats, butter, and coconut oil, have different effects on blood lipids. Thus, metabolic effects and health outcomes may vary more according to lipid profiles than the mere crude distinction between saturated and unsaturated fats.

Remaining within the context of the good cholesterol / bad cholesterol labels that are accepted officially is proving to be archaic compared to recent revelations that break down different aspects of LDL. The BMJ Coconut Oil Study states that Coconut oil also significantly lowered C reactive protein [a marker of inflammation]in comparison with olive oil, but not compared with butter

This should be the main takeaway insight from this study, especially since its duration was so short. Considering that inflammation is the physiological source of most if not all of the autoimmune or chronic diseases, that insight alone should promote the value of coconut oil greatly. There are two types of LDL: Small and dense or large and fluffy. The smaller low-density lipoproteins can burrow into an inner arterial wall (endothelium) sometimes to create inflammation. But those smaller more dense LDL particles are usually from sugar and high fructose corn syrup, not saturated or healthy unsaturated fats.

Evidence that's largely denied in mainstream medicine and nutrition shows that refined sugar and high fructose corn syrup are the culprits for obesity and heart disease by upsetting glucose metabolism and insulin sensitivity and creating arterial inflammation. Sugar and refined carbs are the major sources of inflammation, obesity, diabetes, and heart disease. Not natural dietary fats. On the other hand, processed or hydrogenated fats are processed with high heats. They're "cooked" before you can use it for cooking. They are the most widely used fats commercially, especially in processed foods and fast food restaurants.

What matters is whether the cholesterol and fat residing in those LDL particles have been oxidized. Cholesterol has nothing to do with heart disease, except if it's oxidized. The high temperatures used in commercial frying cause inherently unstable polyunsaturated oils to oxidize, and that these oxidized fatty acids become a destructive part of LDL particles. Even when not oxidized by frying, soybean and corn oils can oxidize inside the body. The BMJ study hedged and remained within the framework of established saturated fats dogma, but the study clearly supported the health virtues of coconut oil and other saturated fats.

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