

More about HIV / AIDS and Virgin Coconut Oil

By Bruce Fife, N.D.

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In September of 1996 AIDS patient Chris Dafoe of Cloverdale, Indiana, figured his time was running out. He'd lost a great deal of weight, lacked energy, and felt worse and worse with each passing day. The thing that drove the nail into his coffin was the lab results. The report showed he had a viral load of over 600,000 – an indication of rampant HIV infection and a sign that he didn't have too much time left to live. So he made arrangements for his funeral, paying all the expenses up front. Before he died, however, and while he still had some strength left, he wanted to take one last vacation – a dream vacation to the jungles of South America. He flew to the tiny Republic of Surinam and wound his way into the jungle where he stayed briefly among a group of Indians. While there, he ate the same foods as the natives. Every day he was served a dish of cooked coconut prepared by the natives.

"The Indian Chief told me," says Dafoe, "that they use the coconut as the basis for all their medicines. They also use the milk from the inside of the coconut and also use other plants and herbs from the jungle to make medicines. They eat cooked coconut every morning to help prevent illness." While there, Dafoe's health took a turn for the better, his strength and energy increased and he regained 32 pounds. Home again six weeks later he went in for another lab test. This time the results showed his viral load had plummeted to *undetectable levels*. The HIV virus that once flooded his body was no longer measurable.

He continues eating cooked coconut for breakfast every day, mixing it with hot cereal. He is convinced that it keeps the virus under control and allows him to enjoy good health. With a zest for life he says, "I feel great. I have more energy than ever.

Much "bad press" has been given to coconut oil over the years. Here's a little of what Dr. Jon J. Kabara, Ph.D. has to say on the subject.

"The abundance of documented scientific facts reviewed for Dr. Fife's book will tell as Paul Harvey would say, "the rest of the story". As the story unfolds the reader can better appreciate the fact that "saturated fats are classified into two primary categories: (1) long-chain fats and (2) short and medium-chain fats, each subgroup having markedly different biological effects. It is shown that the over consumption of polyunsaturated fats in our diet is more detrimental to our health than saturated fats found in tropical oils.

Not only is coconut oil not a "dietary poison" but it contains a remarkable fat called monolaurin. The medium-chain fat, first discovered in our laboratory, represents one of the most exceptional and inspiring group of fats found in nature. This unique fat available naturally from mother's milk and coconut oil is now commercially available as Lauricidin®. Monolaurin (Lauricidin®) is currently being tested in clinical trials as a treatment for genital

herpes, hepatitis C, and HIV. Early clinical results have been very promising and show exciting possibilities for an important new weapon in alternative medicine.

Dr. Bruce Fife should be commended for bringing together in this very readable book the positive health benefits of coconut oil and especially monolaurin. The inquiring reader will have a new and more balanced view of the role of fat and especially saturated fats in our diet."

Dr. Jon J. Kabara has had a long career in lipid research. Beginning in 1948 as a research assistant at the University of Illinois, Department of Biochemistry to full professorship at the University of Detroit and then at Michigan State University where he served as Associate Dean and helped establish a new private College of Osteopathic Medicine. He was one of the first researchers to discover the antimicrobial properties of medium-chain fatty acids. He has been awarded 16 patents and has authored or co-authored more than 200 scientific publications including eight books. All of Dr. Kabara's awards and achievements in nutritional biochemistry and pharmacology are far too numerous to list here. He is considered by many to be one of the world's foremost authorities on dietary fats and oil.

The following excerpt from Dr. Fife's book may be of interest ...

AIDS PREVENTION AND TREATMENT

After two decades of research, the AIDS epidemic is still going strong. Drugs have been developed to help slow down the progress of the disease, but like other viruses, there is as yet no cure.

One of the most exciting and active areas of research with medium-chain fatty acids (MCFA) is in the treatment of those infected with the human immunodeficiency virus (HIV). HIV, like many other microorganisms, has a lipid membrane which is vulnerable to MCFA.

In the 1980s researchers discovered that the medium-chain fatty acids lauric and capric acids were effective in killing HIV in lab cultures. This opened the door to a possible treatment for HIV/AIDS that was far safer than the drugs currently being used.

One of the problems with antiviral drugs used to fight HIV is that they have undesirable side effects including muscle wasting, nausea, vomiting, anorexia, bone marrow suppression, ulcerations, haemorrhaging, skin rash, anaemia, fatigue, and altered mental function. Another problem is that the AIDS virus can grow resistant to the drugs, often becoming invulnerable to them. The specific combination of viral resistance varies from patient to patient. To fight these resistant strains of super viruses, doctors use a hit-and-miss approach by brewing potent AIDS drug cocktails. The more drugs used, the greater the risk of undesirable side effects.

Unlike the standard drugs used to treat HIV which attack the virus's genetic material, medium-chain fatty acids simply break the virus apart. The MCFA are much like the other fatty acids that make up the virus's lipid membrane and are absorbed by the virus, which weakens the membrane until it breaks apart, killing the virus. It is unlikely that the virus

can develop an immunity to this mechanism, so MCFA can attack and kill any of the strains of HIV, even the genetically drug-resistant super viruses.

Over the years many HIV infected individuals have reported a decrease in their viral load (the number of viruses in the blood) and an improvement in overall health after eating coconut or drinking coconut milk. Some have reported lowering their viral loads to non-detectable levels after eating coconut for only a few weeks.

The first clinical study on the effectiveness of coconut oil to treat HIV patients was reported by Cornrado Dayrit, MD., emeritus professor of pharmacology, University of the Philippines and former president of the National Academy of Science and Technology, Philippines. In this study 14 patients aged 22 to 38 with HIV were separated into three groups. None of the patients had ever received any anti-HIV treatment. The treatment they were testing compared monolaurin (the monoglyceride of lauric acid found in coconut oil (see page 62) and pure coconut oil. One group (four patients) was given 22 grams of monolaurin a day. The second group (five patients) was given 7.2 grams of monolaurin. The third group (five patients) was given 3½ tablespoons of coconut oil. The amount of coconut oil in the third group contained the same quantity of lauric acid as supplied by the monolaurin in the first group. After three months of treatment the viral load had decreased in seven of the patients. After six months when the study was completed, nine out of the 14 patients had a decreased viral count (two in the first group, four in the second, and three in the third). Eleven of the patients had regained weight and appeared to be improving. This study confirmed the anecdotal reports that coconut oil has anti-HIV effects and has provided solid clinical evidence that both monolaurin and coconut oil are effective in fighting HIV. Additional research is currently underway to further study the use of monolaurin and coconut oil to treat HIV/AIDS.

Unfortunately, the ready availability and low cost of coconut oil and its derivative fatty acids is one reason why research into its use as a treatment for AIDS and other viral illnesses has been slow. There is little monetary incentive for pharmaceutical companies to fund research of a natural, readily available substance that they cannot protect with a patent and charge exorbitant prices for. Currently the cost of standard medications for one person to control the virus can reach over \$15,000 a year. If all the hundreds and thousands of people who are infected by HIV spend anywhere near this amount you can easily see the enormous amount of money the pharmaceutical companies pull in. It is no wonder they are reluctant to support a treatment that threatens to end this flood of cash.

HIV infected individuals often suffer from nutritional deficiencies and recurrent infections. Resistance to infectious illness decreases as the disease progresses. Opportunistic microorganisms such as cytomegalovirus, candida, cryptosporidium, and others quickly take root. In time the body is devastated so greatly by infection that survival is impossible. The fatty acids in coconut oil not only offer the possibility of reducing HIV load, but kill other harmful organisms as well. Combined with the fact that lauric acid and other MCFA improve digestion and energy production, the result is better overall health.

Current research suggests that individuals infected with HIV progress more rapidly to AIDS when they have a higher viral load. Reducing the viral load to undetectable levels greatly increases the patient's chances of avoiding the disease and reduces the chance of infecting others.

A recent study by researchers from Johns Hopkins University showed that the number of individual viruses in the person determines the degree to which the virus can be passed on to others. The study found that someone with 200,000 virus copies (individual viruses per mm of blood) is 2.5 times more likely to spread HIV than is someone with only 2,000 copies. The researchers found no transmission of the virus at all by infected people who carried less than 1,500 copies of the virus.

Currently some researchers recommended that HIV infected individuals consume the equivalent of 24 – 28 grams of lauric acid a day in order to significantly reduce their viral load. This would amount to about 3½ tablespoons (50 grams) of coconut oil.

What does all this mean to you and me? A lot. While it is not yet known if lauric acid may one day be a cure for AIDS, it has been proven to reduce the HIV load in those individuals who are infected by the virus, thus allowing them to live more normal lives and greatly reduce the risk of transmitting the virus to others. It may just as well be able to protect and possibly prevent infection in the first place if a person has sufficient lauric acid in his or her daily diet and exposure to HIV is low.

Currently the AIDS epidemic has spread worldwide. Millions of people are affected by HIV. The numbers who become infected are increasing daily. As yet there has not been an effective means to stop this plague. With coconut oil and lauric acid now there is hope. Many people fear picking up the virus, even those who are not involved in high-risk activities. The simple act of using coconut oil in your ordinary food preparation may provide you with a substantial degree of protection not only against HIV but against measles, herpes, flu, as well as dozens of other disease-causing viruses.

Adapted from Bruce Fife's book "[The Healing Miracles of Coconut Oil](#)".

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