Go Coconuts

A source of “good” fat for those with fat malabsorption

November 1, 1997 By Raya Miller

Sure, coconut oil sounds like something people slather on at the beach. But instead of self-basting, try consuming coconut fat, 48 percent of which is hard-working little substance called lauric acid.

Also found in mother’s milk, lauric acid suppresses many viruses, including herpes 1 and 2 and CMV, according to test-tube research. Mary Enig, PhD, a noted fatty-acid researcher and contributing editor of Clinical Nutrition, proposes that 24 grams of lauric acid (about four tablespoons of coconut oil) daily might also work against HIV and Cryposporidium.

Although that theory hasn’t been tested, a well-supported use for coconut fat is as a source of medium-chain triglycerides (MCTs)—the “good” fat for those who have trouble absorbing it. This problem affects one-fourth of HIV positive people in early disease and worsens over time, often causing diarrhea and promoting waste. Chester Myers, PhD, food scientist and HIV-nutrition educator in Toronto, Canada, says, “MCTs are easier to digest and absorb, while not suppressing immune function or causing diarrhea.”

Honolulu PWA Stephanie Glass says, “When I bought the MCT oil [a coconut derivative] my doctor recommended, it was $26. I get just as much coconut oil [65 percent MCTs] for $4.80, and it’s fabulous for cooking.” Another option, although only 42 percent MCTs and lower in lauric acid, is coconut cream. Both can generally be found in whole-, Asian- or Indonesian-food stores. Try two tablespoons of the cream in a delicious blended shake with milk and fruit. Coconut mean (21 percent MCTs) is another possibility.

So, while you may no longer have access to mother’s milk, coconut fat seems the next best thing.

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