



October 2008, Vol 134, No. 4\_MeetingAbstracts

&lt; Previous in this issue

Next in this issue &gt;

Abstract: Poster Presentations | October 2008

## THE EFFECT OF VIRGIN COCONUT OIL SUPPLEMENTATION FOR COMMUNITY-ACQUIRED PNEUMONIA IN CHILDREN AGED 3 TO 60 MONTHS ADMITTED AT THE PHILIPPINE CHILDREN'S MEDICAL CENTER: A SINGLE BLINDED RANDOMIZED CONTROLLED TRIAL

FREE TO VIEW

Gilda Sapphire Erguiza, MD\*; Arnel Gerald Jiao, MD; Michelle Reley, MD; Shelesh Ragaza, MD

 ► [Author and Funding Information](#)

Chest. 2008;134(4\_MeetingAbstracts):p139001. doi:10.1378/chest.134.4\_MeetingAbstracts.p139001

Text Size: A A A

Article

### Abstract

**PURPOSE:** The objective was to determine the efficacy of virgin coconut oil (VCO) as an adjunct therapy in pediatric community acquired pneumonia.

**METHODS:** This is an experimental single blinded randomized controlled trial conducted to 40 children admitted because of community acquired pneumonia. Group A (VCO group) received intravenous Ampicillin plus 2 ml/kg/day of virgin coconut oil orally taken for a maximum period of three days and Group B received intravenous Ampicillin alone. After the observation period, they were evaluated as to good clinical response or treatment failure. The time to normalization of respiratory rate, temperature, oxygen saturation, proportion of patients with adverse effect and overall duration of hospitalization were determined. The outcome was analyzed using the t-test, Chi-square or Fischer's exact test.

**RESULTS:** The VCO group had 1 treatment failure while the control group had 2 treatment failures but this was not statistically significant. The respiratory rate of the VCO group significantly normalized earlier than the control group [32.6 hrs (SD=21.73) vs 48.2 hrs (SD 17.62); p= 0.017]. More patients under the control group were still noted to have crackles at 72 hours compared to VCO group [12/20 (60%) vs 5/20 (25%) p =0.025]. VCO supplementation resulted in earlier time to normalize temperature (18.8 hrs vs 24.6 hrs; p 0.299) and oxygen saturation (60.9 hrs vs 74.15 hrs; p 0.48) and shorter hospitalization (75.9 hrs vs 91.85 hrs; p 0.391) than the Control group but was not statistically significant. Forty percent developed soft stools, 5 % had vomiting and 55 %

Some tools below are only available to our subscribers or users with an online account.

-  Print
-  Email
-  Share
-  Get Citation
-  Get Permissions
-  Article Alerts

Web of Science® Times Cited: 0



SEPTEMBER ULTRASONOGRAPHY COURSES

 Further Your  
 Critical Care  
 Ultrasonography  
 Skills


STILL TIME TO REGISTER

### Related Content

Customize your page view by dragging & repositioning the boxes below.

CHEST Journal Articles

Filter By Topic &gt;

- Decrease in Mortality in Severe Community-Acquired Pneumococcal Pneumonia: Impact of Improving Antibiotic Strategies (2000-2013)

*Chest.* 2014;146(1):22-31.  
 doi:10.1378/chest.13-1531

- A 16-year prospective study of community-onset bacteraemic *Acinetobacter* pneumonia: low mortality with appropriate initial

had no adverse effect with VCO supplementation.

**CONCLUSION:** Virgin coconut oil is an effective adjunct therapy for pediatric community acquired pneumonia in accelerating the normalization of respiratory rate and resolution of crackles.

**CLINICAL IMPLICATIONS:** Pneumonia is still a significant cause of morbidity and mortality. The use of interventional measures such as VCO as an adjunct therapy can improve management of this problem.

**DISCLOSURE:** Gilda Sapphire Erguiza, None.

Wednesday, October 29, 2008

1:00 PM - 2:15 PM

empirical antibiotic protocols

*Chest.* 2014. doi:10.1378/chest.13-3065

- Impact of Macrolide Therapy in Patients Hospitalized With ***Pseudomonas aeruginosa*** Community-Acquired Pneumonia

*Chest.* 2014;145(5):1114-1120. doi:10.1378/chest.13-1607

[+] View More

#### PubMed Articles

- [Sepsis due to community-acquired methicillin-resistant *Staphylococcus aureus* in southern Brazil].

*Rev Soc Bras Med Trop* 2009 Jul-Aug;42(4):458-60.

All Results at PubMed.gov  
Results provided by:



CHEST Journal  
Print ISSN: 0012-3692  
Online ISSN: 1931-3543



## CHEST Journal

Home  
Online First  
Current Issue  
All Issues  
CHEST Collections  
Guidelines  
CHEST Meeting Abstracts  
Podcasts  
For Authors  
Instructions & Policies  
Submit a Manuscript

## CHEST Books

Home  
Pulmonary Medicine  
Critical Care Medicine  
Sleep Medicine  
Pediatric Pulmonary Medicine  
Topic Collections

## CHEST Publications

Home  
Topic Collections  
Mobile  
Store  
  
Services  
Subscription Information:  
For Individuals  
For Libraries & Institutions  
For Consortia  
For Subscription Agents  
Rights & Permissions  
Reprints & e-Prints  
Advertising & Recruitment  
Medical Employment  
RSS Feeds  
e-Mail Alerts

## General Information

About CHEST Publications  
About the American College of Chest Physicians  
Terms & Conditions  
Privacy Policy  
Media/Embargo Policy  
Advertising Disclaimer  
Contact Us



Follow us on Twitter

Follow us on Facebook

Copyright © by the American College of Chest Physicians

Powered by INFORMATION/SYSTEMS