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October 2008, Vol 134, No. 4_MeetingAbstracts

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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

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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 %

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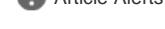
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had no adverse effect with VCO supplementation.

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

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