

Coconut oil: The future of atopic dermatitis treatment?

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Atopic dermatitis (AD) is a skin disorder resulting in dry, pruritic lesions. It is likely attributable to multiple factors, such as epidermal irregularities and colonization by *Staphylococcus aureus*, which lead to typical features of AD such as pruritus, decreased skin hydration, and inflammation (Evangelista, Abad-Casintahan, & Lopez-Villafuerte, 2014; Verallo-Rowell, Dillague, & Syah-Tjundawan, 2008). Current treatment strategies often include topical emollients or corticosteroids (Sathishkumar & Moss, 2016). While corticosteroids are effective, they have higher side effect profiles than many emollients. Thus, the use of effective topical emollients is preferred. Virgin coconut oil (VCO) is a largely understudied emollient that may provide an economic and efficacious alternative to established treatments.

Verallo-Rowell et al. (2008) performed the first study examining the impact of VCO on AD. This study employed a double-blind, controlled design that explored the impact of topical VCO and virgin olive oil on *S. aureus* colonization in 26 individuals with AD (Verallo-Rowell et al., 2008). Results showed that VCO exhibits an antibacterial effect that significantly decreases *S. aureus* colonization (Verallo-Rowell et al., 2008). The only other study examining the impact of VCO on AD was performed by Evangelista et al. (2014) (Verallo-Rowell et al., 2008). This randomized controlled trial compared the efficacy of VCO to mineral oil in treating 117 patients with AD by examining multiple measures of eczema severity including SCORAD (SCORing of Atopic Dermatitis), transepidermal water loss, and skin capacitance (Evangelista et al., 2014). While both treatments demonstrated improvements, VCO

proved to be significantly more effective, showing increases in skin capacitance and decreases in SCORAD value, pruritus, and transepidermal water loss (Evangelista et al., 2014).

Overall, VCO appears to be an emerging treatment for AD due to its safety and ability to both combat the suggested pathogenesis of AD and provide clinical improvement. More extensive trials that comprehensively examine the positive and negative effects of treating AD with VCO are indicated.

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How to cite this article: Desai A. Coconut oil: The future of atopic dermatitis treatment?. *Dermatologic Therapy*. 2017;00:e12472. <https://doi.org/10.1111/dth.12472>