

The MCT Oil-enriched Ketogenic Diet

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A blend of the classical and MCT oil Ketogenic diets

MCT oil to speed up ketosis and alleviate constipation

LCT for long term sustained ketosis

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Experience of use of formula for diet ketogenic with medium-chain triglycerides in refractory epilepsy in Colombia

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OBJECTIVES

Describe the experience, in the use of a Ketogenic formula containing MCT and LCT fatty acids in Colombia, its indications, adverse effects and effectiveness.

MATERIAL AND METHODS

Description: a retrospective study of the cases reported on a country-wide database of epilepsy and Ketogenic diet patients, using the ketogenic diet delivered by means of the MCT oil containing formula, demographic variables, diagnoses, co-morbidities, others treatments, adverse effects and improvement of seizures.



RESULTS

133 patients with refractory epilepsy were identified as candidates to start the ketogenic diet.

Of the 133 patients:

56 began treatment with MCT containing the ketogenic diet formula
41 had regular follow-ups between 2 to 28 months (average of 5 months)
19 were female and 22 were male, with an average age of 7 years.

The most commonly-reported diagnosis were:

symptomatic focal epilepsy (10 cases (24%))
Lennox Gastaut syndrome (7 cases (17%))
West syndrome (7 cases (17%))
refractory epilepsy of idiopathic origin (6 cases (14%))
epileptic encephalopathy (3 cases (7%))
multi-focal epilepsy (2 cases (5%)).

The average number of seizure events, prior to initiation of the ketogenic diet with MCT-containing formula, was 23.7 seizures per day.

After treatment, the seizure events decreased to an average of 7.8 per day. 8 patients had a 100% control of seizures, 7 patients a 90 to 99% control of seizures and only 6 patients experienced a less than 25% seizure reduction.

The greatest degree of seizure control was observed in patients fed exclusively on the MCT Oil containing formula via a Gastrostomy tube, after 3 months of treatment.

The difference in response to seizures management was not significant among patients with focal or generalised crisis.

Mild and transient adverse effects were observed in 9 cases, of which 5 experienced constipation, 1 gastro-esophageal reflux and 1 hypercholesterolemia. No anomalies were observed in liver function, thyroid profile, or calcium/creatinine index.

CONCLUSIONS

The formula containing MCT as a complete ketogenic diet is effective in patients with refractory epilepsy, with low presentation of adverse effects, no significant differences in response for crisis focal or generalised.

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