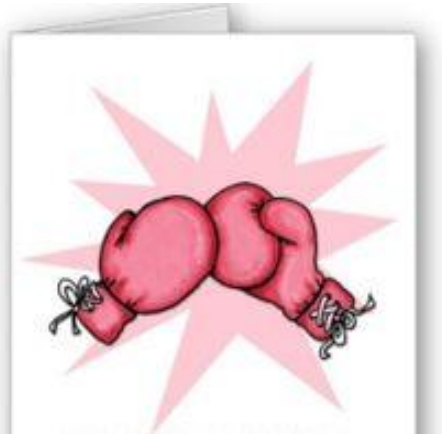


The **CANCER**

And

I



Round Four

September 2015 – July 2016

BY

Yehia ElMahgary, Ph.D., Dr. Tech.

Round Four

Round three thus ended in a similar way as Round One: re-discovery of malignant tumor of Gleason pattern 3 + 3, score 6. The Cancer-dude got back on its feet and won that round by points. I also visited in Helsinki, in August 2015, another urologist specialized in laser operation, but he prescribed Duadart (Dutasteride with tamsulosine) to shrink the prostate. I bought it, but didn't take even one pill due to its side effects (which I described in Round Three).

I left Finland to Egypt in August 2015 thinking that there was no way except going back to the six-pronged approach¹⁾. After losing the momentum, it is always difficult to collect it again and put yourself back on the track, but I did start it immediately without hesitation. I also used to take in Finland Laxoberon (natrium pikosulfat) against constipation. In the leaflet it was mentioned, however, that it may not be taken on continuous bases, so I shifted in Egypt to Purgaton (Calcium sinnosides). I used to take one pill daily from Purgaton, but it seemed not to be sufficient. A few weeks later, I noticed blood in the urine. I thought it was connected to the constipation, but in order to be sure I went to another urologist recommended by a friend.

Yet another Urologist in Egypt!

This new urologist left me with a better impression than the previous one. He requested again to make all kind of analyses, which I did. Things looked normal except for the large size of the prostate and the PSA which was 35 - a bit higher than before. He confirmed my doubts that the blood was caused by constipation. The tiny blood vessels in the enlarged prostate couldn't stand the exertion of the constipation so they broke causing bleeding. When I doubled the dose of Purgaton to two pills/day, constipation stopped and the blood in the urine disappeared.

1) The six-pronged approach I followed and explained in Round One was: 1. Food diet what to eat and what not to eat, 2. Antioxidants and Dietary Supplement to be used, 3. Physical Training Program, 4. Homeopathy, 5. Oxygen Therapy, 6. Using Mistletoe.

As I mentioned in Round Three, it isn't usual to leave a doctor's appointment, particularly in Egypt, without a prescription. This time I got prescriptions for two medications: Omnic 0.4 (tamsulosin hydrochloride) and Proscar (finasteride). Proscar is an old version of Avodart and Duodart. Its component Finasteride, is a synthetic 4-azasteroid compound, which is a specific inhibitor of steroid Type II 5 α -reductase, an intracellular enzyme that converts the androgen testosterone into 5 α -dihydro-testosterone (DHT). (I already explained the role of dihydrotestosterone (DHT) in Round Three). The doctor and I talked about Casodex, a hormone medication, which side effects I mentioned in Round one. I expressed to him openly that I am not going to take Casodex or any medication that contains estrogen. I told him I don't want to get any hot flashes, which my wife got during the menopause, and I prefer to die as the man I was born. He tried to convince me that Casodex doesn't have estrogen. When I studied their side effects, I found that Omnic 0.4 was the mildest one, reducing tension in the smooth muscles of the prostate and urethra, enabling urine to pass more smoothly. Advised also by my FRCS friend to take it, that was the one I took.

Back to the Finnish Urologist

In November 2105, as I had a business trip to Helsinki, I decided to pay a visit to the urologist there. To be on the save side, I made an up-to-date MRI (Magnetic Resonance Imaging) to show him. When he asked me about the Duodart, which he prescribed to me the previous summer, I told him frankly that you could consider me a bad patient who doesn't follow the doctor's orders, but I was truly horrified by its possible side effects. Besides, I remember I read somewhere that some of the medications used to treat benign prostatic hyperplasia (BPH), could cause mutation to cancer cells, thus triggering metastasis (spreading cancer to the other parts of the body). Naturally, he still defended Duodart.

After reading the MRI report, he suggested to me radiotherapy. Was the situation that bad? He explained to me that I should prepare myself to go daily to the clinic to get the radiation dose for about a month. Since this couldn't work for me during the short business trip, he booked it ahead for the summer holidays of 2016. After returning back to Egypt, I went on with my six-pronged approach.

My general condition was good, and I also felt healthy. In April 2016, I got a notification from a clinic in Finland informing that they have reserved a time in July for me to have the radiation treatment.

By that time I didn't think I would need radiotherapy with all its potential complications. Besides, I hated to waste one month of my holiday travelling daily to the clinic, which was about 50km from where I lived. I wrote to them telling that I wouldn't go through the radiotherapy that summer, but I can go through any analysis and scanning they suggest. Indeed, they booked for me time for blood and urine analysis, prostate and bone scanning, and consequently after that a time with my urologist.

The Final Outcome

Days passed rather quickly and before I knew it, I was on summer holidays in Finland. I made all the analysis and scanning they planned for me and went in mid-July to meet the urologist. In Finland the patient doesn't get to know anything about the results of the analysis/scans until from the treating doctor. It came to my mind while I was waiting for my turn to see him, that by now we know each other's way of thinking rather well. After all, he was the same urologist, who told me two years ago, after seeing the biopsy and the MRI made in Egypt, that I had to take Casodex. I had told him then, that I want first to be sure before taking any medications with their well known potential side effects, that I really had cancer. Therefore, he had suggested another biopsy, which we did and the result was negative. Believing what he said that I didn't have malignant cells and that what they saw in the biopsy I took in Egypt wasn't cancer, I went back to normal eating diet. One year after that biopsy, we made another biopsy, which was positive as I described in Round Three.

By now I had spent one year from August 2015 to July 2016 following my six-pronged approach. That was the best that I could have done. Somehow, it looked to me as a "déjà vu" scenario, when I compared it to the situation in August 2014 following the four-months when I tried for the first time the six-pronged

approach. I wasn't at all nervous about seeing the doctor, but just curious about how things would look like this time around.

Finally, I was called into his office. I don't remember how he said it exactly, but I understood from him that there was nothing to worry about. All the analysis and the scans were negative and the PSA went down to 22, which is considered normal for a person like me with such a large prostate. He said that we don't need to take any actions or any medications, just to follow the situation, preferably every six months. He told me before I left, that if he were in my shoes he would have taken Avodart! I said to myself, for your good luck you are not.

That was a great relief. I went to meet my wife and daughter, and we celebrated the astonishingly great news by having a healthy salad bar lunch.

What About the Score!



Round One ended by the cancer winning by points (Gleason pattern 6).

Round two ended by me knocking him down with a negative biopsy.

Round three ended by the cancer winning again by points (Gleason pattern 6).

Round Four ended by negative results for all the analysis and scans. What should we consider it, a knock-out, a knock-down or just winning by points? Knowing already the mean and resilient nature of cancer, one wouldn't dare to consider a total knock-out in my favor. John Hopkins' statement crossed my mind: *"Every person has cancer cells in the body. These cancer cells do not show up in the standard tests until they have multiplied to a few billion. When doctors tell cancer patients that there are no more cancer cells in their bodies after treatment, it just means the tests are unable to detect the cancer cells because they have not reached the detectable size"*. Hence, most probably my cancer is starving and hiding somewhere, waiting for his favorite nutrition, sugar, to bring him back to life as well as an acidic environment, caused most probably by red meat, for him to thrive in. In the best case we can, thus, consider it a knock-down. This means that each one of us has won two rounds. A fairly equal fight!

The decision of the Finnish urologist sounds wise; let us follow up the situation, "watch and wait" (plz refer to item 5 below). When I told him that the last result was achieved thanks to the six-pronged approach, he just smiled. Doesn't he believe in it, despite all evidence? Or has he started to believe what's opening in front of his eyes, but is just hiding it?

I am not planning a Fifth Round yet, and I am not sure there will be one. Accordingly, I am ending this last round by discussions and a conclusion.

Discussions

1. **Alternative Medicine**¹⁾

I have criticized medical doctors in Round Three because, in my opinion, they don't take the side effects of the medical treatment in general and the medications in particular sufficiently enough into consideration.

1) Alternative medicine is the term for medical products and practices that are not part of standard care. Examples of alternative practices include homeopathy, traditional medicine, chiropractic, zone therapy and acupuncture.

Sorry doctors! I know you are doing a great job every day; treating millions of patients and saving lives of yet other millions. Among you are my brothers and best friends, but we can hardly dispute about research and experimental evidences. In science and engineering (which is my field), when a new theory is supported by research results and experimental evidences, it will be stipulated as a theory. And it gets stronger the more experimental evidences confirm it. Doesn't the same apply in medicine?

I am going to criticize you this time as well, because you don't take Alternative Medicine into account. I am going to give my justification in the following section based on my own experimental case, referring to the opinion of top experts and to the outcomes of the most updated research results in this field.

When I have mentioned to doctors the ways of alternative medicine I am currently following - mainly the six-pronged approach and particularly what I call John Hopkins food diet (Annex 1) - they told me it isn't enough, and you have to be treated by hormone medications or radiotherapy. A famous and internationally well known Egyptian oncologist told me: *"I can't follow what you are saying just like that. If I did and something happened to my patients, they would put me in jail. Give me a scientific article that justifies what are saying."* I am attaching for that reason the article of Thomas Sayfried, hoping that it would be the justification he needed. I hope the day will come when medical schools and doctors include in their treatment the Alternative Medicine in order to have a holistic approach to the treatment of patients. I am very optimistic that this will happen sooner than later, as I have already seen signs of it.

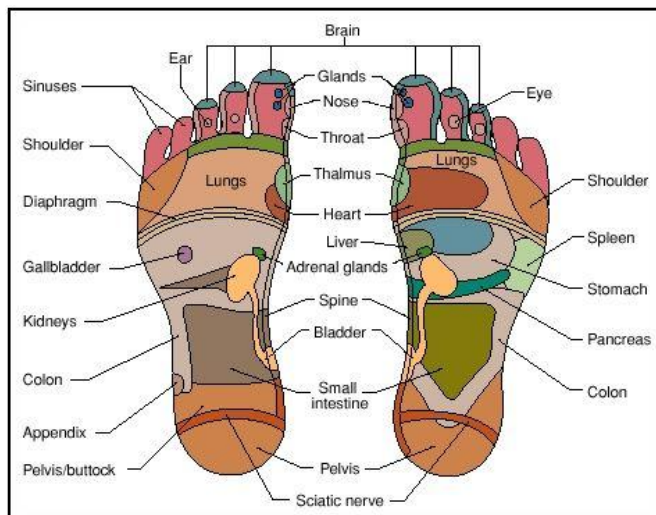
First and foremost comes to mind a well known surgeon in Finland, who attended courses in chiropractic¹⁾ and was qualified as chiropractor, successfully treated my disc slip just in few minutes, if not seconds. He then sent me to a physiotherapist for few weeks, resulting in a normal condition in my back.

¹⁾**Chiropractic** is a form of alternative medicine concerned with the diagnosis and treatment of mechanical disorders of the musculoskeletal system, especially the spine. Chiropractic was founded by Daniel Palmer of Iowa, USA in the 1890s. It has been practiced in a primitive way in Egypt for ages by what is called "Megabbaraty" or healer.



Chiropractic

Also, I was advised by a friend to visit a zone therapist in Finland to treat the hay fever (allergic rhinitis) I had every spring and summer. I didn't believe in the beginning that there was a treatment to hay fever and my chronic condition, but after the treatment I haven't needed any antihistamine pills for over twenty years now. As a matter of fact, I forgot that I ever had the nasty symptoms of hay fever. By the way, zone therapy's history goes back to Ancient Egyptians.



Zone Therapy (Reflexology)

The third example is about homeopathy. The tricky thing with homeopathy is that it is difficult to know for sure how helpful it actually is as it is usually taken

together with other treatments and diets, but I'm definitely convinced that I got positive results with Mistletoe and other homeopathic treatments.



Homeopathy

Finally, what would you say docs to my experiences of having biopsy with Gleason 6 twice, and in both times it disappeared after following the six-pronged approach, most important of which is John Hopkins food diet? I have amended the slogan below to fight cancer to include The Holistic Medical Approach. By holistic approach I mean here Alternative as well as Standard Medicine. I bet that by the end of the Discussion chapter below, the reader would be convinced that we should include Alternative Medicine into our holistic medical treatment, and possibly even start with it. The strong argument here is why don't we start with actions that strengthen the immunity system of the patient, before going to actions that may destroy it?

2.Is Cancer a Genetic or Metabolic Disease?

Dr. Mercola (1) wrote an article on August 07, 2016, introducing the book "Cancer as a Metabolic Disease: On the Origin, Management, and Prevention of Cancer" by Thomas Sayfried. Sayfried (2) is a Ph.D and professor of biology at Boston

College, a leading expert and researcher in the field of cancer metabolism and nutritional ketosis.



As Mercola put it: Sayfried is one of the pioneers in the application of nutritional ketosis for cancer, a therapy that stems from the work of Dr. Otto Warburg, who was undoubtedly one of the most brilliant biochemists of the 20th century. Warburg received the Nobel Prize in Physiology/Medicine in 1931 for the discovery of metabolism of malignant cells. Warburg also held a doctorate in chemistry and was a friend of Albert Einstein, as well as many of the most prominent scientists of his time. His life's mission was to find a cure for cancer, which he actually did. Unfortunately, few were able to appreciate the importance of his findings. The traditionally held view or dogma is that cancer is a genetic disease, but what Warburg discovered is that cancer is really caused by a defect in the cellular energy metabolism of the cell, primarily related to the function of the little power stations within each cell called mitochondria. The mitochondria were

not well understood in Warburg's time, but today we have a much better understanding of how they work.

Sayfried noted: *"A dogma is considered irrefutable truth, and that cancer is a genetic disease is, no question, a dogma. The problem with dogma is that sometimes it blinds you to alternative views and sets up ideologies that are extremely difficult to change."*

He continues: *"All of the major college textbooks talk about cancer as a genetic disease. The National Cancer Institute (NCI) website, the first thing they say is cancer is a genetic disease caused by mutations ... [and] if cancer is a genetic disease, everything flows from that concept."*

"It permeates the pharmaceutical industry, academic industry and textbook industry, the entire knowledge base. There's very little discussion of alternative views to the genetic view. The argument now is that, yes, metabolic problems occur in cancer cells. No one denies that, but these are all due to the genetic mutations. Therefore we must maintain ourselves on the established track that all of this metabolic stuff could be resolved if we just understood more about the genetic underpinning of the disease."

"Now that would be well and good if it were true. But evidence is accumulating that the mutations we see that are the prime focus and the basis for the genetic theory are actually epiphenomenal. They're downstream effects of this disturbance in the metabolism that Warburg originally defined back in the 1920s and '30s," says Sayfried making an important emphasis on the metabolism.

Sayfried's views on the war against cancer were: At present, the cancer industry is focusing on the downstream effects of the problem, which is why the "war on cancer" has been such a miserable failure.

He says: *"Personalized medicines, checkpoint inhibitors, all of these kinds of therapies are basically looking at downstream effects of the disease. Unfortunately, most of the cells in the tumor are all genetically different from each other. **You're not going to be able to target all of the different cells using these kinds of approaches. Even though you may get success for a few months, or***

even a year in some people, the majority of people will not respond effectively to these kinds of therapies for the most part."

The importance of the statement I blocked can't be overemphasized. This explains why radiotherapy, chemotherapy, etc., fail to treat cancer in some cases and fail to demolish it completely in many cases.

Sayfried concludes: *"Two major conclusions emerge from the hypothesis; first that many cancers can regress if energy intake is restricted and, second, that many cancers can be prevented if energy intake is restricted. Consequently, energy restricted diets combined with drugs targeting glucose and glutamine can provide a rational strategy for the longer-term management and prevention of most cancers."*

The complete article of Sayfried is attached to this Round.

This puts us directly in front of two solutions, which fundamentally are rather similar:

1. John Hopkins diet (Annex 1), which I personally have been following
2. The ketogenic diet (Annex 2)

Both diets are built on abstaining from sugar and carbohydrates.

On the problems of sugar intake Sayfried says: *"I think that's an important point. One of the things that trigger cancer is inflammation. We have inflammation. Chronic high levels of blood sugar create inflammation. This you see in a lot of situations. Glucose itself is not carcinogenic, but elevated dysregulated glucose metabolism can lead to inflammation, and can cause a number of other disturbances in the overall metabolism of the body."*

And John Hopkins says: *"Sugar is a cancer-feeder. By cutting off sugar it cuts off one important food supply to the cancer cells."*

Both diets support to increase the dose of fresh vegetables up to 80%, because they help to establish an alkaline environment in the body.

Cruciferous Vegetables

These vegetables include **broccoli, cauliflower and cabbage** that are among the healthiest diet you can eat. These are nutrient-packed vegetables that are excellent sources of vitamins, minerals and fiber which helps to lower cholesterol and blood pressure.



Both diets agree to decrease intake of protein, but recommend instead to increase healthy fats. As Sayfried put it: *“In order to lower glutamine, you have to eat less protein”*. John Hopkins on the other hand says: *“Cancer cells thrive in an acid environment. A meat-based diet is acidic and it is best to eat fish, and a little chicken rather than beef or pork.”*

Could we now conclude that the diets presented in Annexes 1 & 2, are the outcomes of the work of two top scientists in their fields? Shall we still have hesitation in applying the results of their work? I personally have no hesitation whatsoever, as I applied one of them on myself and so far it is working. Sayfried explains the problem of the people who do not follow the diet as follows:

“The problem is that many people don't want [to take the preventive steps to avoid cancer]. They're like, 'I have to therapeutically fast for a week? Oh, I'm not going to. Give me a break' ... An effective prevention is to eat less and move more. A lot of people don't want to do that ... Once you realize what cancer is, that it's a metabolic disease, you can take charge of those kinds of things. In other words,

getting cancer is not God's will. It's not bad luck." (please refer to the conclusion for a discussion about getting cancer and God will).

And the problem of the doctors in his opinion is as follows:

"The problem today is not that scientists and doctors cannot understand the science; it's that they cannot accept that this could be the truth behind the nature of the disease, because it changes how you approach treatment."

Does this mean that we need a new mindset in dealing with cancer and probably other diseases? What about the courses syllabi of the medical schools? Isn't it necessary to update it? Professors usually do that, but what if they didn't grasp themselves the new treatment approaches? What about medical and pharmaceutical industry, how far and how fast are they going to accept the new treatment approaches and medications? (this particular question is the topic of next item). A lot of questions that need answers!

3. Several cancer-curing treatments are being suppressed by the medical and pharmaceutical industry

Dr. Leonard Coldwell (3) explains that Cancer is a \$60 billion a year industry, while cancer protection and the early intervention of cancer brings in an additional \$162 billion each year. Cancer is thus the biggest money maker in the history of pharmaceutical industry. Coldwell added that the medical industry owns the media and partially owns the health insurance industry, as they both work together, hand-in-hand.

Coldwell named several cancer-curing treatments that are being suppressed by the medical and pharmaceutical industry, including sodium bicarbonate, apricot kernels, rife machines, and colloidal silver.

As an example he mentioned the case of Dr. Tullio Simoncini, who managed to cure many types of cancer using pharmaceutical grade sodium bicarbonate (baking soda). Simoncini is the author of "Cancer is a Fungus" (4) and his research concluded that abnormal cells are held together by a fungus, and the fungus can't exist in an alkaline environment. Through his sodium bicarbonate treatment, the fungi is attacked and cancer is eliminated. On the basis of the scientific

considerations in his book, he claims that sodium bicarbonate is the only useful remedy that is now available for healing the disease.

4 Natural CANCER TREATMENTS

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Don't forget these 12 Cancer Prevention Strategies!

1 Avoid GMOs	7 Vitamin D from sunlight
2 Eat high-raw (at least 50-70% raw)	8 Proper sleep
3 Eliminate processed/junk foods	9 Stress reduction techniques
4 Reduce or eliminate eating animal products	10 Breathing exercises
5 Consider enzyme therapy	11 Reduce toxin & radiation exposure
6 Exercise (high intensity, and low intensity)	12 Learn to LOVE

Among the holistic approaches suggested by Dr. Coldwell are the 4 natural cancer treatment and the 12 cancer prevention strategies mentioned above

He also recommended to combine 5 spoons of organic maple syrup with 1 teaspoon of sodium bicarbonate, and to add ½ teaspoon of sea salt to each gallon of water you consume, adding that the water should be in a glass container.

4. Is Soda bicarbonate the new magic treatment of cancer?

After publishing the book of Simoncini, the Baking Soda became a magic word in treating cancer from one side. Oncologists supported by medical industry declared war on it from the other side. As Dave Mihalovic put it (6); *“Oncologists Don't Like Baking Soda Cancer Treatment Because It's Too Effective and Too Cheap”*. On the other hand, Webster Kehr of the Independent Cancer Research Foundation, Inc. (7), writes, *“Did you know that the average orthodox cancer*

treatment costs \$350,000? This treatment costs about \$3 and in most cases is far more effective than the \$350,000 treatments”.

Kehr added “This treatment was developed in Italy by an oncologist and uses baking soda or sodium bicarbonate. This treatment is primarily used for cancer of the digestive tract, including cancers of the throat, colon, intestines, rectal area, and other cancers in between. Cancers outside of the digestive tract generally need a health practitioner to inject the baking soda solution.”



On the other hand Dr. Sircus (8) wrote, According to Dr. Loyd Jenkins of the Budwig Center, if there was one thing you could do every day that would dramatically fight disease and increase your energy, consuming lemon juice combined with baking soda would be on the top of the list. Lemon in addition to being an effective internal cleanser and especially when combined with baking soda has also shown to contain anti-carcinogenic properties as it contains limonoides, which are phytochemicals found in a number of citrus fruits. Apparently the limonoides help strip off the protective layer coating the cancer cells. Lemon also has been shown to have strong anti-microbial effects, which has been tested in research exploring the idea that cancer is very much like a fungus within the body. When treating cancer as a fungus, various methods can be used

and some have found that lemon and bicarbonate can help fight the fungus causing various types of cancer.”

Dr. Johanna Budwig (8) was in favor of using as many natural substances as possible. Introducing more lemon into your diet is one of the easiest and natural ways to introduce high alkaline substances into the system. When you use the lemon and baking soda together, it helps to fight cancerous cells or other diseases in the body. Together they help increase the body’s ability to clean itself up of what may be causing the diseases in the first place, which is mostly high acidity and low oxygen conditions.

Dr. Sircus concluded, *“One is not likely to fall into a cancerous condition if one’s blood and tissues are in an alkaline state. To achieve a sufficiently healthy alkaline state, free from all sickness and disease, one must have alkaline nutritional sufficiency, which can be readily supplied by both lemon and baking soda taken on a consistent basis. In addition full hydration, ingestion of green foods rich in chlorophyll, plenty of healthy sun exposure and of course, slow breathing and plenty of exercise are going to help us avoid and treat cancer.”*

These views was shared by the author Drew Canole of another article, which source was Instituto de Ciencias de la Salud, L. L. C. 819 N. (9). He came up with the following list of ingredients and instructions

- 2 teaspoons lemon juice (fresh squeezed) organic
- ½ teaspoon baking soda (no aluminum)
- 8 oz water

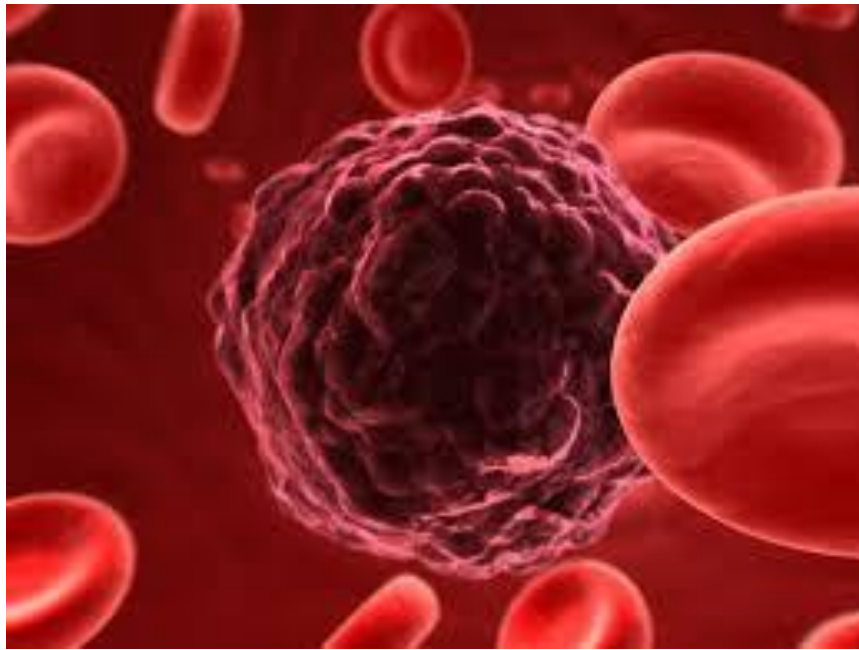
Instructions

1. Patients should drink 4 times a day.
2. Please make sure to use organic lemons.

Note: Organic lemons are 100 times more effective than a lemon grown with chemical fertilizers and sprayed with chemicals .

5. Statistics: Treating prostate cancer Is often no better than doing nothing

Rather interesting statistics were published this year (5). According to a new 10-year study conducted on more than 1,500 men in the United Kingdom, those who are diagnosed may want to hold off on starting aggressive treatment right away.



The Prostate Testing for Cancer and Treatment (ProtecT) trial recruited U.K. men ages 50 to 69 from 1999 to 2009. Of 2,664 men who received a diagnosis of prostate cancer, 1,643 agreed to be randomized to any one of three of the most common prostate cancer treatments: active monitoring (545 men), radical prostatectomy (553 men) or radiotherapy (545 men).

The men were not further classed into low- or high-risk groups based on the features of their tumor or the levels of PSA (prostate-specific antigens) in their blood. This is what the researchers found:

There was no difference in death rates. The scientists followed up with the men after a median of 10 years and found that while there were less prostate cancer-specific deaths in the groups that got radiation or surgery, the difference was not

significant, and all groups had at least a 98.8 percent survival rate when it came to prostate cancer-specific deaths. In all, the death rate from prostate cancer across all groups was about one percent after a median of ten years.

There was a difference in the rate of cancer spread. Of the men who were randomized to the active monitoring group, 112 experienced disease progression, including cancer spread, which was higher than in the surgery and radiation groups (46 and 46, respectively). While there appears to be a slight advantage to getting treated immediately after a prostate cancer diagnosis to avoid cancer progression, longer-term follow up is needed to see if these results are significant, the researchers wrote.

Comment:

It would have been extremely interesting and enlightening to all who are treating cancer, being treated from it or interested in its preventive measures to add two more groups to the three groups mentioned above, viz, one group that uses one of the diet; either John Hopkins or Thomas Sayfried and the fifth one that uses the therapy of lemon mixed with Soda bicarbonate.

The question is:

Who is the Oncologist who will dare to do it?, Which Clinic will gamble by hosting such a study? And what newspaper or TV channel will publish this news? What about the Hegemonic Empire of Cancer Industry?

If you think I am exaggerating the situation, let us try to read between the lines of these pieces of news:

- Dr. Tullio Simoncini was tried and found guilty of fraud and manslaughter in 2006 after a patient died after using his treatment.
- Dr. Leonard Coldwell has one of the leading roles in curing cancer. His website was blocked by the federal government, because of his success in curing cancer.

- Steve Delgado, College of Engineering wrote in (10) March 30, 2012; "A \$2 million grant from the National Institutes of Health will enable University of Arizona biomedical engineering researchers to improve the way doctors measure the effectiveness of drinking baking soda to fight breast cancer. Dr. Mark Sircus, Dave Mihalovic and many others wrote in their Newsletter that University of Arizona Cancer Center member Dr. Mark Pagel received a \$2 million grant from the National Institutes of Health to study the effectiveness of personalized baking soda cancer treatment for breast cancer. Great news isn't it? Few years later Dr. Pagel announced that **he didn't receive a grant to study the effectiveness of baking soda in cancer treatment, but he received a grant to help refine a new magnetic resonance imaging (MRI) method** for measuring pH, or acid content, of a tumor that has been discovered in a patient but not yet treated.

No more comments!

Conclusion

I started my Round One with a verse of Qur'an, and I am going to end this with another verse:

قُلْ إِنَّ الْمَوْتَ الَّذِي تَفِرُّونَ مِنْهُ فَإِنَّهُ مُلْقِيكُمْ ثُمَّ تُرَدُّونَ إِلَىٰ
عِلْمِ الْغَيْبِ وَالشَّهَادَةِ فَيُنَبِّئُكُمْ بِمَا كُنْتُمْ تَعْمَلُونَ

8 الجمعة AlJumaa (62,8)

Say : “Verily, the death from which you flee will surely meet you, then you will be sent back to God, the All-Knower of the unseen and the seen, and He will tell you what you used to do.”

I selected this verse to end with because it describes what we usually do when we become sick, when our lives are threatened or when we face an awesome situation in plane, ship, train, etc. The first reaction we do unconsciously is to escape from death. I think that was what I exactly did in my confrontation with cancer. The Four Rounds were a trial to beat him, survive and escape death.



To put it in anecdotic way, after reaching sixty or seventy depending on the physical, physiological and mental conditions one starts to play hide and seek with death! When we escape from death once or twice, it doesn't mean we have escaped from our fate. As a matter of fact we followed our fate and did that with the full awareness and even the help of our Creator, who knows very well our path in life with all its humps and dumps, and of course its end. All this is part of His holistic plan of the Universe we are living in, and other Universes which we don't see nor know anything about.

Luckily His knowledge and plan are never transmitted to us. On the other hand, He leaves for us the choices and the taking of decisions so as to be responsible of the consequences, but He is always close to us and responds to our prayers, as long as we believe in Him and don't disdain His worship: (وَقَالَ رَبُّكُمْ ادْعُونِي أَسْتَجِبْ) (لَكُمْ) **“And your Lord says, Call upon Me; I will respond to you”** 40/60.

Hence, when one gets cancer we don't usually blame him for that, and we consider it God will, as he didn't know that cancer is a metabolic disease and getting it depends to a large extend on what he eats. But if he knew in advance that eating these types of food might cause cancer to him, and he still eats them excessively, then he should be blamed for that, as he had the knowledge of the consequences of his choices, but he made the wrong decision. Exactly like the smoker, who knows that tobacco is carcinogenic but he continues smoking. When one of them gets cancer and we say that it is the will of God, we are then playing with words, as God didn't tell him to eat these foods or smoke excessively. Indeed it has been part of God's plan, which we know nothing about, but in reality he has actually caused cancer to himself.

At the end the seek and hide game ends, when we get old and tired of hiding or when death knows all the places where we use to hide, and he will catch us in the place and time exactly fixed to us by our Creator. Understanding the fact that our life will end one day in this simplified way, after which we shall meet our Creator to remind us with what we did in our lives, would help in my opinion to get rid of the fear of dying or what is known as the “Thanatophobia”.

What then?

When I started writing these rounds about three years ago, I had no idea how they are going to end or whether I would be alive to end them. I visited in Egypt

three urologists and one oncologist. I also consulted in Finland three urologists and one oncologist. I hardly found any difference in their treatment approaches. Naturally, they were all based on treating cancer as genetic disease. Frankly, they were not convincing to me and I didn't feel comfortable with these approaches. I was not aware of the outcomes of Sayfried's and his colleagues' work that cancer is a metabolic disease. Hence, I had to look for something else!

I went through the following three steps:

First, I decided not go through any destructive treatment or take any medication with possible destructive negative side effects as, radiotherapy, chemotherapy or hormone medications, except if I were absolutely convinced that there were no other alternative.

Second, when I read John Hopkins ideas and proposed diet, they made sense to me. They were coming from a top oncologist, who spent thirty years in treating cancer patients' by orthodox treatments including operations, radiotherapy and chemotherapy. After seeing the side effects and the shortcomings of these treatments, he turned to a more constructive and radical way of treating cancer, and that is why I adopted it. I was astonished when an MD friend laughed at the proposed diet of John Hopkins when I showed it to him. He commented; there is hardly anything left to eat!

In the course of the last three years, more research work was published on the topic. When Sayfried and others' work that cancer is a metabolic disease was published, there was finally some kind of agreement that food diet is one corner stone in treating cancer. This, in addition to the outcomes of my own fight against cancer throughout the three years, confirmed to me that I was on the right track.

Third, I decided to write these rounds to put what happened to me, my experience, views, and the literature I collected about this topic under the disposal of the readers, potential patients and researchers, hoping they could make use of it. There is a lot written on this topic by doctors, almost everything, but very little or almost none by the patients themselves. Would it be too much to hope that doctors also could make use of these rounds?

**Start your
fight against
Cancer by
letting it
Starve**

THE END

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Annex 1

Food Diet: what not to eat and what to eat (John Hopkins' Diet)

From the seven-pronged approaches, the food diet seems to be most important.

What not to eat:

- a) The main staff that was avoided was sugar and any sweets or any compounds that contain sugar, like Sauces, Ketchup, ready juices, etc. Remember Sugar, is a cancer-feeder. By cutting off sugar it cuts off one important food supply to the cancer cells (John Hopkins).
- b) Milk and milk products were completely avoided. Cancer feeds on mucus produced by milk products.
- c) Beef and mouton were completely avoided as they both acidic based diet.
- d) Carbohydrates (bread, rice, etc.) were completely avoided because they turn in the body into sugar.

What to eat:



- a) Fresh vegetables and juices, particularly: **broccoli** as it is rich in *sulforaphane*, an antioxidant that helps the liver break down and destroy cancer-causing toxins (Mark Stengler). **Tomatoes**. This fruit is rich in *lycopene*, the antioxidant that gives tomatoes their red color. Studies have found that tomatoes reduce the risk for prostate cancer (Mark Stengler). **Garlic**. Slice.

- b) or dice a garlic clove, and a relatively inert compound called allicin undergoes an amazing cascade of chemical changes. Nearly all allicin-generated compounds function as antioxidants that prevent the types of cell mutations that give rise to cancer. **Spinach.** Spinach, Egyptian Spinach (Molokheya) and other “greens,” such as chard and collard greens, are rich in antioxidants that protect cells from the type of damage that can create cancerous mutations. One study published in Journal of Agricultural and Food Chemistry gave spinach the top “bioactivity index” ranking of vegetables for its ability to protect against cancer.
- c) Nuts and Dried fruits: **Almond, Walnut, Cashew and Raisins, Apricot**
- d) **Cold-water fish.** Salmon, sardines and trout are rich in healthy omega-3 fats. Eaten once a week
- e) **Lentils (brown and yellow), brown beans (foul), Tofu (particularly recommended for Prostate Cancer) and unsweetened Soya milk.** They are the source plant proteins.

Annex 2

Practical Keto Meal Plans for Cancer

Ketogenic Diet: Basic Information, Practical Tips, Meal Plans and lots of Dairy free and Gluten free Recipes for Cancer Patients



Patricia Daly

TABLE OF CONTENTS

This eBook contains 14 days of carefully calculated meal plans including:

- 14 breakfasts
- 14 simple lunches based on leftovers
- 14 dinners
- 15 different snack options

Here is an extract of the Table of Contents. There are 102 pages in total.

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INTRODUCTION

About the Author

Hello, my name is Patricia Daly and I'm a qualified nutrition professional based in Dublin, Ireland. I'm delighted that you are interested in a topic that I'm very passionate about- the ketogenic diet for cancer.

The main goal of my eBook is to help people who want to go on a ketogenic diet. It is mainly aimed at cancer patients but can be very beneficial for any individual suffering from an inflammatory condition, autoimmune disease, excess weight or anybody who wants to clean up their diet and detox! A ketogenic diet needs close monitoring by a health professional and proper guidance, at least in the initial stages. Many people are put off trying it because it involves a radical change in eating habits and it can be daunting initially. I've met cancer patients who were very willing to embark on the ketogenic journey but so confused as to what to eat that they ended up eating almost nothing for too long, which obviously can't be the solution. I want to put the theory of a ketogenic diet outlined by some brilliant minds into practice and prove that it can be a healthy, nutritious, anti-inflammatory, alkalizing and, most importantly, enjoyable lifestyle. Most importantly, I'd like to make the information available and affordable for anybody who wants to embark on this journey.



As everybody who reads a bit about nutrition knows, biochemical individuality is paramount, which means that we all respond differently to various foods depending on our genetic predisposition, our environment, stress levels, health history, food preferences and more. While I do my best in this book to give advice on how to tailor meal plans and recipes to your needs, it is still very important that you don't just follow it blindly and ignore the signals your body gives you. You are the expert of your own body and you know what suits you best. What I write in this book are guidelines and ideas rather than instructions and it remains up to you to modify them according to your needs, social situation (how much support from family/friends), potential side effects from treatments, possible food sensitivities, food preferences etc.

For those of you who are interested, I'd like to give you some background information about myself it might actually really motivate you to try the diet!

I was diagnosed with a malignant melanoma in my eye in 2008 at the young age of 28 and was then treated with plaque radiotherapy (a radioactive disc stitched to the back of my eye) and surgery. After an initial strong regression of the tumour mass, the cancer came back with a vengeance after my little girl was born. In 2010, I had more surgery and radiotherapy and the side effects of this were pretty harsh. I was told that my vision would be gone within 12 to 18 months. In April 2012, this was pretty much what was happening and because some other issues (cataracts, retinopathy) had arisen, my consultant suggested Avastin injections (a drug that inhibits blood vessel growth) into my eye on a 6-

weekly basis. I had had a second child in the meantime and the prospect of having this treatment on a regular basis frightened me. After discussion with my consultant, I was given three months of very regular monitoring and free reign to try “whatever I liked” to get a handle on these issues in my own way. Fortunately, I had started studying nutritional therapy shortly after my initial diagnosis but had been very much discouraged to do any “dietary experiments” and just follow a “healthy, balanced diet”. This clearly wasn’t what my tumour needed and I then started researching more frantically than ever. I started taking supplements that I was initially told not to take as it could interfere with orthodox treatments. This is also when I came across some German research on the ketogenic diet and I started to cut back on carbs, specifically grains, and increase my fats. Although I certainly wasn’t in ketosis at the time, the vision in my right eye came back within a few weeks and all the other issues disappeared but the tumour was still not shrinking properly. Something that my consultant wasn’t concerned about at all, but it bothered me.

In September 2012, Prof Thomas Sayfried’s book “Cancer as a Metabolic Disease” was published and I started to implement the diet more seriously. I tried to find a doctor who would guide and monitor me but with no success. Most healthcare professionals here in Europe were scared to take on a cancer patient or only had experience with ketogenic diets for epilepsy. However, having qualified as a Nutritional Therapist in late 2011, I decided I was competent enough to be my own coach and started the process. It was a “trial and error” approach initially because through a lot of surgery with general anaesthetic, radiotherapy and undoubtedly also stress I had developed a number of food intolerances. I was still basing a lot of my research on German books and meal ideas, which all included a great deal of those ingredients, for instance dairy. I had to learn to improvise and create new recipes.

It so happened that I created my own ketogenic diet based on the research of Prof Sayfried, Dr D’Agostino, Prof Kaemmerer and Dr Coy for specific guidelines but I was also very keen to integrate all the other elements that are key for cancer patients: The diet had to be anti-inflammatory, alkalising, cleansing and very nutrient-dense. This meant that I had to be careful when choosing foods that have a potential anti-nutrient effect like soy, nuts, seeds and others.

But, and maybe most importantly, this diet had to be very practical and doable because I couldn’t afford to spend hours in the kitchen every day due to family and work commitments. I have been following this diet for over a year now with great results not only for my eye and tumour (which is finally shrinking at a slow but steady rate) but also for my general health and wellbeing. My energy is great, my digestion has improved, my skin looks fabulous and I feel I have my ideal weight.

What I learned through my studies and from experience is that cancer patients are a lot more susceptible to food intolerances, especially during/after chemotherapy, but radiotherapy can also affect our ability to digest foods. This is something that needs to be addressed, otherwise it can cause an inflammatory state and compromise our immune system. The other “danger” with using a lot of fat without paying attention to the quality of fat is that we can easily overdo it on Omega 6 (e.g. in nuts, seeds, meat) at the expense of anti-inflammatory Omega 3 fatty acids.

Although I’m a qualified nutritional therapist, I was very confused initially as to where to start, what to eat and what supplements to take; I was on a steep learning curve for the first few months (and made many mistakes!). As a former semi-professional triathlete, I had always included a massive amount of carbohydrates in my diet and I had, like most people I know, always tried to avoid fats as

much as possible. I was always convinced that I had a very healthy lifestyle and my cancer diagnosis was a huge wake up call. To me it was clear that I couldn't "go back to my old life" after treatment like my oncologist had suggested but that I needed to make a few pretty radical changes to my life. The notion of eating about 80% of my calorie intake as fat required a huge change in mindset and crossing many psychological barriers!

There is an increasing amount of information on the ketogenic diet available online but none of the meal plans really suited me- usually too much dairy that I knew I couldn't tolerate, too much processed meat, too high in protein, not enough nutritionally balanced or just too bland! In my experience, my clients do not have a lot of time for research and trying to figure out grams carb amounts. They end up visiting several websites looking for specific amounts, get very confused and give up before even trying. I kept persisting and after a while I had fine tuned my nutrition plan. Having a software to hand that not only gave me an overview of macronutrients (carbohydrates, proteins, fats) but also micronutrients (e.g. vitamins and minerals) was hugely helpful. I was- and still am- so fascinated by what I am learning every day that I am now dedicating my career to sharing my knowledge with people who are affected by cancer- or indeed other health issues that might benefit from following a ketogenic diet- and who need professional guidance.



INTRODUCTION TO THE KETOGENIC DIET

As mentioned earlier, this eBook is based on the guidelines outlined in the book “Fight Cancer with a Ketogenic Diet” by **Ellen Davis**. She has spent a huge amount of time researching the topic and has the support of a number of experts in the field, like for instance Professor **Thomas Sayfried**, Dr **Dominic D’Agostino** or Dr **Colin Champ**. I strongly recommend organising her eBook for more background information on the ketogenic diet. Information is empowerment! In the meantime, I give you a brief overview of what the ketogenic diet is and what the potential mechanisms are.

Ketogenic diets have been effective for **seizure control in epileptic children** for almost a century and from the 1960s onwards they have been widely recognized as one of the most common methods for **treatment of obesity-related disorders**. Researchers are investigating the ketogenic diet as a **cancer therapy** mainly due to the fact that cancer cells rely primarily on glucose to fuel their metabolism. This characteristic is the basis for tumour imaging (**PET/CT scans**): Before a scan, the patient receives an intravenous injection of radioactive glucose. Because of the fact that most cancer cells are highly metabolic and rapidly synthesise the glucose, oncologists can effectively pinpoint the source of cancer and detect whether the tumour cells are isolated to one specific area or have spread to other organs.

The cornerstone of a ketogenic diet for cancer patients involves **severe restriction of carbohydrates** (2-4% of total calorie intake) to minimise the effect on blood glucose. Carbohydrates are replaced with **high amounts of fats** (75-85% of total calorie intake) in the form of coconut oils, avocados and oily fish for example and **adequate intake of vegetable and animal protein** (12-20% of total calorie intake). Excessive protein consumption can also result in elevated blood glucose levels through a process called gluconeogenesis. A ketogenic diet causes the body to enter a state called **ketosis**, where **ketone bodies** are produced by the liver as a by-product of fat breakdown when blood glucose is low.

It has been theorized that because tumour cells do not seem to have the metabolic flexibility to use ketones for energy, the result of a ketogenic diet would be **destabilisation of tumour tissue DNA**, **reduction of tumour size** over time and therefore **enhanced survival rates** for cancer patients.

THE MEAL PLANS

Meal Plan

Day 2

The daily overview is designed for one individual following the meal plan for a ketogenic diet.

FOOD NAME	QUANTITY	MEASURE	CALORIES	CARBS	PROTEIN	FAT
Breakfast						
Flax and Coconut Bread	160	2 slices	561	4.7g	17.8g	52g
Goat Butter	14.8	1 tbsp	110	0.1g	0.1g	12.2g
Alfalfa sprouts, raw	5	1 handful	1.2	0g	0.2g	0g
Meal Total:			673	4.8g	18.1g	64g
Snack						
Macadamia nuts	20	12 nuts		1g	1.6g	15.5g
Meal Total:				1g	1.6g	15.5g
Lunch						
Leftover Veg and Tempeh Frittata	340	1 portion		8.9g	22g	23g
Mixed Leafy Salad	203	1 portion		4.3g	2.9g	25g
Meal Total:			590	13.3g	25g	48g
Snack						
Black Olives		1 handful	31	0g	0.3g	3.3g
Meal Total:			31	0g	0.3g	3.3g
Dinner						
Spiced Butternut Squash		1 medium	135	16.1g	2.7g	7.3g
Mackerel, grilled		1 medium	191	0g	16.6g	13.8g
Coconut oil	45	2 solid tbsp	405	0g	0g	45g
Meal Total:			731	16.1g	19.3g	66g
Plan Total:			2174	35g	64g	197g

"Rough" quantity

Quantity in grams

"1 portion" always refers to a portion specified in the recipe.

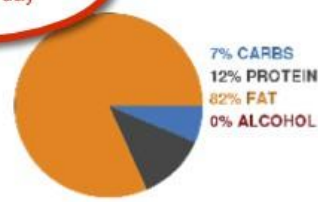
Breakdown of calories and macronutrients for each meal make future planning and fine tuning to your individual needs easier.

Breakdown of total calories and macronutrients for the entire day.

Macronutrient Analysis

	CARBOHYDRATE	PROTEIN	FAT	ALCOHOL
Intake	35.1g	64.4g	197.2g	0g
g/kg body-weight	0.6	1	3.1	0
Kilocal	142	258	1775	0
Kilocal %	7%	12%		

Analysis and pie chart of the full day



Instructions for bulk cooking when a meal/food is needed for future meals/snacks. Please always read carefully when you do your shopping list.

Notes & Instructions:

Dinner: Add mackerel to the oven with coconut oil on top for the last 20 minutes, then serve with butternut squash. Make enough butternut squash for lunch on Day 2.

Chia Pudding Recipe

These are the ingredients you need for the entire recipe and not for an individual portion.

Ingredients	
6 tbsp Chia seeds	60
1/2 cup Coconut milk canned	125
1/2 tsp Cinnamon ground	1.15
1/2 tsp Vanilla essence	2.5

Check out here how many people the entire recipe is for and adjust quantities to your needs.

Cooking I

Serves 4

Place all ingredients in a container, mix well and put in the fridge overnight to set.

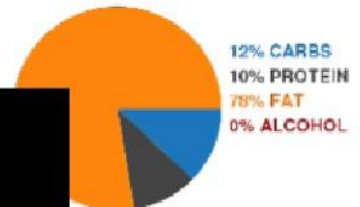
Food Labelling data in this section always applies to one portion as used in the daily overview of the meal plan, not for the entire recipe.

Pie chart provides macronutrient overview at a glance.

Food Label

Label values per 4

Energy	126 kcal
Protein	3.1 g
Carbohydrate	1.7 g
of which sugars	0.5 g
Fat	10.3 g
of which saturates	5.1 g
Fibre	5.1 g
Sodium	2.3 g
or equivalent as salt	3.1 g



Quantities in grams allow for more precision for those who need to keep a very close eye on carbohydrates.

Additional Information on Ketogenic Diet And Food List

Being on a diet isn't the easiest thing in the world, especially when you don't know what you should eat. I've put together this ketogenic diet food list to help people out there make decisions on what they are eating and shopping for.

I tried to be as comprehensive as possible, but if I am missing something please let me know in the comments below! We now have a forum to **help support people**, and **answer any questions** that you may have (new or old):

Fats and Oils

Fats will be the majority of your daily calorie intake when you are on a ketogenic diet, so choices should be made with your own digestion system in mind. Fats are very important to our bodies, but they can also be dangerous if you are consuming the wrong types of fats. You can see a more in depth post on fats here: [The](#)

You want to have a balance between your Omega-3's and Omega-6's, so eating things like wild **salmon, tuna, trout, and shellfish** can help provide a balanced diet of Omega-3's.

If you don't like fish, or just prefer not to eat it, I suggest taking a small fish oil supplement. You can also take krill oil for Omega-3's if you are allergic. If you want to know more about essential fatty acids and omegas on a ketogenic diet, you can visit: **Essential Fatty Acids: Omega 3 and Omega 6**

Saturated and monounsaturated fats such as butter, macadamia nuts, avocado, egg yolks, and coconut oil are more chemically stable and less inflammatory to most people, so they are preferred.

Fats and oils can be combined in a number of different ways to add to your meals – sauces, dressings, or just simple topping off a piece of meat with butter.

Try to avoid any **hydrogenated fats**, such as margarine, to minimize your trans fat intake. There have been studies linking it to higher chances of coronary heart

disease. If you're using vegetable oils (olive, soybean, flax, or safflower) choose the **"cold pressed"** options if they are available.



If you tend to fry things up, try to go after non-hydrogenated lards, beef tallow, ghee, or coconut oil, since they have higher smoke points than other oils. This allows less **oxidization** of the oils, which means you get more Essential Fatty Acids. Keep an eye on your intake for nut or seed based foods, as they can be quite high in inflammatory Omega-6's – these include

things like almonds, walnuts, pine nuts, sunflower oil and corn oil.

Some ketogenic diet foods that are great for fats and oils (**organic and grass-fed sources are preferred**):

- Avocado
- **Beef tallow**
- **Butter**
- Chicken Fat
- **Ghee**
- Non-hydrogenated Lard
- Macadamia Nuts
- Mayonnaise (watch out for added carbs)
- **Olive Oil**
- **Coconut Oil**
- Coconut Butter
- Red Palm Oil
- Peanut Butter

Protein



Your best bet when it comes to protein is choosing anything organic or grass fed, and using free-range eggs. This will minimize your bacteria and steroid hormone intake.

- **Fish.** Preferably eating anything that is caught wild like catfish, cod, flounder, halibut, mackerel, mahi-mahi, salmon, snapper, trout, and tuna.
- **Shellfish.** Clams, oysters, lobster, crab, scallops, mussels, and squid.
- **Whole Eggs.** Try to get them free-range from the local market if possible. You can prepare them in a number of different ways like fried, deviled, boiled, poached, and scrambled.
- **Meat.** Beef, Veal, Goat, Lamb, and other wild game. Grass fed is preferred as it has a better fatty acid count.
- **Pork.** Pork loin, pork chops, and ham. Watch out for added sugars in ham.
- **Poultry.** Chicken, Duck, Quail, Pheasant. Free range or organic is the best choice here if possible.
- **Bacon and Sausage.** Check labels for anything cured in sugar, or if it contains extra fillers.
- **Peanut Butter.** Go for natural peanut butter, but be careful as they have high counts of Omega-6's and carbohydrates. Try to opt for macadamia nut butter if you can.

Ketogenic Diet Protein Source	Calories	Fats (g)	Net Carbs (g)	Protein (g)
Bacon, 1 slice (~ 8g), baked	44	3.5	0	2.9
Beef, Sirloin Steak, 1 ounce, broiled	69	4	0	7.7
Beef, Ground, 5% fat, 1 ounce, broiled	44	1.7	0	6.7
Beef, Ground, 15% fat, 1 ounce, broiled	70	4.3	0	7.2
Beef, Ground, 30% fat, 1 ounce, broiled	77	5.1	0	7.1
Beef, Bottom Round, 1 ounce, roasted	56	2.7	0	7.6
Chicken, white meat, 1 ounce	49	1.3	0	8.8
Chicken, dark meat, 1 ounce	58	2.8	0	7.8
Egg, 1 large, 50 g	72	4.8	0.4	6.3
Fish, Raw, Cod, 1 ounce	20	0.1	0	4.3
Fish, Raw, Flounder, 1 ounce	20	0.6	0	3.5
Fish, Raw, Sole, 1 ounce	20	0.6	0	3.5
Fish, Raw, Salmon, 1 ounce	40	1.8	0	5.6
Ham, smoked, 1 ounce	50	2.6	0	6.4
Hot dog, beef, 1 ounce	92	8.5	0.5	3.1
Lamb, ground, 1 ounce, broiled	80	5.6	0	7

Lamb chop, boneless, 1 ounce, broiled	67	3.9	0	7.3
Pork chop, bone-in, 1 ounce, broiled	65	4.1	0	6.7
Pork ribs, ribs, 1 ounce, roasted	102	8.3	0	6.2
Scallops, 1 ounce, steamed	31	0.2	1.5	5.8
Shrimp, 1 ounce, cooked	28	0.1	0	6.8
Tuna, 1 ounce, cooked	52	1.8	0	8.5
Turkey Breast, 1 ounce, roasted	39	0.6	0	8.4
Veal, roasted, 1 ounce	42	1	0	8

Vegetables

On a ketogenic diet, try to go after vegetables that are grown above ground and are **leafy greens**. If you can, opt for organic as there's less pesticide residues, but if you can't then don't worry. Studies show that organic and non-organic vegetables still have the same nutritional qualities.

Vegetables are an extremely important part of a healthy diet, but sometimes we're stuck with decisions we might regret later. Some vegetables are high in sugar and don't cut it nutritionally – so we need to ween them out. The best type of vegetables for a ketogenic diet are high in nutrients and low in carbohydrates. These, as most of you can guess, are **dark and leafy**. Anything that resembles spinach or kale will fall into this category, and will be the best thing to include into anything you can.

To see a full list of low carb vegetables you can view my post here:

Ketogenic Diet Vegetable Source	Calories	Fats (g)	Net Carbs (g)	Protein (g)
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Asparagus, cooked, 1 ounce	6	0.1	0.6	0.7
Avocado, 1 ounce	47	4.4	0.6	0.6
Broccoli, chopped, cooked, 1 ounce	10	0.1	1.1	0.7
Carrots, baby, 1 ounce, raw	10	0	1.5	0.01
Cauliflower, chopped, cooked, 1 ounce	7	0.1	0.5	0.5
Celery, 1 ounce, raw	5	0	0.3	0.7
Cucumber, 1 ounce, raw	4	0	1	0.2
Garlic, 1 clove (3 grams)	4	0	1	0.2
Green beans, cooked, 1 ounce	10	0.1	1.3	0.5
Mushrooms, button, 1 ounce, raw	6	0.2	0.6	0.9
Onion, green, 1 ounce, chopped, raw	9	0	1.3	0.5
Onion, white, 1 ounce, chopped, raw	11	0	2.1	0.3
Bell Pepper, Green, 1 ounce, raw	6	0	0.8	0.2
Pickles, dill, 1 ounce	3	0	0.4	0.2
Romaine lettuce, 1 ounce	5	0.1	0.3	0.4
Butterhead lettuce, 1 ounce	4	0.06	0.3	0.4
Shallots, raw, 1 ounce	20	0	3.9	0.7
Snow peas, 1 ounce, cooked	24	0	2.8	1.5

Spinach, 1 ounce, raw	7	0.1	0.4	0.8
Squash, Acorn, baked, 1 ounce	16	0	2.9	0.3
Squash, Butternut, baked, 1 ounce	11	0	2.1	0.3
Squash, Spaghetti, 1 ounce, cooked	8	0.1	1.4	0.2
Tomato, raw, 1 ounce	5	0	0.8	0.3

Dairy Products



Raw and organic milk products are preferred here. Choose **full fat** everything over low fat or fat free.

- **Heavy Whipping Cream**
- **Hard and soft cheeses** – (Cheddar, Mozzarella, Cream Cheese, Marscapone Cheese, etc.)
- Sour Cream
- Cottage Cheese

Ketogenic Diet Dairy Source	Calories	Fats (g)	Net Carbs (g)	Protein (g)
Buttermilk, whole, 1 ounce	18	0.9	1.4	0.9
Cheese, Blue, 1 ounce	100	8.2	0.7	6.1
Cheese, Brie, 1 ounce	95	7.9	0.1	5.9
Cheese, Cheddar, 1 ounce	114	9.4	0.4	7.1
Cheese, Colby, 1 ounce	110	9	0.7	6.7
Cheese, Cottage, 2%, 1 ounce	24	0.7	1	3.3
Cheese, Cream, block, 1 ounce	97	9.7	1.1	1.7
Cheese, Feta, 1 ounce	75	6	1.2	4
Cheese, Monterey Jack, 1 ounce	106	8.6	0.2	7
Cheese, whole milk, 1 oz	85	6.3	0.6	6.3
Cheese, Parmesan, hard, 1 ounce	111	7.3	0.9	10.1
Cheese, Swiss, 1 ounce	108	7.9	1.5	7.6
Cheese, Marscapone, 1 ounce	130	13	1	1
Cream, half-n-half, 1 ounce	39	3.5	1.3	0.9
Cream, heavy, 1 ounce	103	11	0.8	0.6
Cream, Sour, full fat, 1 ounce	55	5.6	0.8	0.6
Milk, whole, 1 ounce	19	1	1.5	1

Milk, 2%, 1 ounce	15	0.6	1.5	1
Milk, skim, 1 ounce	10	0	1.5	1

Nuts and Seeds

Nuts and seeds are best when they are roasted to remove any anti-nutrients. Try to **avoid peanuts** if possible, as they are actually legumes which are not highly permitted in the ketogenic diet food list.

- **Macadamias, walnuts and almonds** are the best in terms of your carb count and can be eaten in small amounts.
- **Cashews and pistachios** are higher in carbs, so make sure you track these carefully.
- Nuts are high in Omega-6 Fatty Acids, so try to be careful with over consumption.
- Nut and seed flours, such as almond flour and milled flax seed are great to substitute for regular flour. This means baking can be done in moderation.



Ketogenic Diet Nuts/Seed Source	Calories	Fats (g)	Net Carbs (g)	Protein (g)
Almonds, raw, 1 ounce	170	15	3	6
Brazil Nuts, raw, 1 ounce	186	19	1	4
Cashews, raw, 1 ounce	160	13	7	5

Chestnuts, raw, 1 ounce	55	0	13	0
Chia Seeds, raw, 1 ounce	131	10	0	7
Coconut, dried, unsweetened, 1 oz	65	6	2	1
Flax Seeds, raw, 1 ounce	131	10	0	7
Hazelnuts, raw, 1 ounce	176	17	2	4
Madadamia Nuts, raw, 1 ounce	203	21	2	2
Peanuts, raw, 1 ounce	157	13	3	7
Pecans, raw, 1 ounce	190	20	1	3
Pine Nuts, raw, 1 ounce	189	20	3	4
Pistachios, raw, 1 ounce	158	13	5	6
Pumpkin Seeds, raw, 1 ounce	159	14	1	8
Sesame Seeds, raw, 1 ounce	160	14	4	5
Sunflower Seeds, raw, 1 ounce	150	11	4	3
Walnuts, raw, 1 ounce	185	18	2	4

Beverages

The ketogenic diet has a natural diuretic effect, so **dehydration** is common for most people starting out. If you're prone to urinary tract infections or bladder pain, you have to be doubly prepared.

Those 8 glasses of water we are supposed to drink a day? We suggest drinking those, and then some. Water plays a substantial role in our body (considering it's made up of **2/3 water**), and it's extremely important to keep hydrated.

Drink liquids day and night, drink it like it's going out of fashion.

- **Water**, water, water. Drink plenty.
- **Coffee**
- **Tea** (Herbal and non)
- If needed, you can get flavor packets such as crystal lite, but be careful with these as they do use sweeteners and can contain carbs.



Sweeteners

Staying away from anything sweet is generally the best bet – it will help curb your cravings to a minimal level, which essentially promotes success on the ketogenic diet. If you have to have something sweet, though, choose an artificial sweetener.

Try to go after **liquid sweeteners** as they don't have added binders such as maltodextrin and dextrose which have carbs.

- **Stevia**, liquid form is preferred
- **Sucralose**, liquid form is preferred
- **Erythritol**
- Xylitol
- Monk Fruit
- Agave Nectar (this can get high in carbs, so use with caution)

Sweetener	Net Carbs (Per 100g)	Calories (Per 100g)
Sucralose	0	0
Stevia	5	20
Erythritol	5	20
Xylitol	60	240
Aspartame	85	352

Spices

Spices are a tricky part of ketogenic diet foods. **Spices have carbs** in them, so make sure you are adding them into your counts.

Most pre-made spice mixes will have sugars added to them, so make sure you read the nutrition label beforehand to make sure you know what's inside. **Sea salt** is preferred over table salt, as it is usually mixed with powdered dextrose.



- **Sea salt**
- **Black Pepper**
- Basil
- Cayenne Pepper
- Chili Powder
- Cilantro
- Cinnamon
- Cumin
- Oregano
- Parsley
- Rosemary
- Sage
- Thyme
- Turmeric

Things to Watch Out For

There's always going to be foods that are sneaky when it comes to ketogenic dieting, so I've put together a list of things that you should be careful about.

- **Spices.** As mentioned above, spices do have carbs – but there's certain ones that have more carbs than others. These include **onion powder**, cinnamon, **garlic powder**, allspice, bay leaves, ginger and cardamom.
- **Fruit.** Most fruit is off the list because of the high sugar contents. Many people still eat **berries**, but you have to control your portioning with these. Be careful about **raspberries**, **blueberries**, and cranberries.
- **Tomato Based Products.** I wanted to talk about these separately. Plenty of people use tomato sauces and canned diced tomatoes. They still have **plenty of sugar** in them! Watch your portion sizes on the nutrition labels – food companies are notoriously infamous for messing with serving sizes to make their foods seem “healthier”.
- **Peppers.** These little buggers are loaded with sugars too – so be careful when you're using them in stir fry's and chili. Opt for **green peppers**, as red and yellow peppers have higher carb counts.

- **Diet Soda.** Yes, you can drink diet soda, just watch out with the amount you drink. Some people report being knocked out of ketosis after large consumption of artificial sweeteners. Studies also show a **link between sugar cravings and artificial sweeteners** – so these will make it harder for you to curb those cravings.
- **Medicine.** Cold medications, cough syrups, flu remedies – these usually contain carbs, and a lot of them at that. Some of the generic over the counter cough medicines contain **20g of carbs PER serving!** Be weary of these, as you can get low-sugar/sugar-free alternatives.

Control Your Cravings

So we all know those cravings will hit us out of nowhere from time to time, but does that really mean we have to break our diets just for that one treat? **Not at all.**

What our bodies are really telling us, is that it's craving a nutrient – and it can be fulfilled in many different ways than carb-rich treats. Here's a list of things you should keep in mind:

Controlling Your Cravings	What You Need	What to Eat
Chocolate	Magnesium	Nuts, seeds
Sugary Foods	Chromium	Broccoli, Cheese
	Carbon	Spinach
	Phosphorus	Chicken, beef, eggs
	Sulphur	Cauliflower, broccoli
	Tryophan	Cheese, lamb, liver
Bread, Pasta, Carbs	Nitrogen	High protein meat

Oil/Fatty Foods

Calcium

Cheese, Broccoli, Spinach

Salty Foods

Chloride

Fish

Silicon

Nuts, seeds
