

Summary of common anti-cancer diets (including benefits and potential detriments)

Diet	Theory	Dietary regimen or recommendations	Potential benefits	Potential risks
Gerson regimen <i>Note: Ian Gawler is based on the Gerson regimen</i>	Cancer arises from a misbalance between sodium and potassium.	<ul style="list-style-type: none"> • Increase potassium • Consume at least 10kg fruit/vegetables per day • Avoid fat • Consume protein from animals in small quantities only • Three to four coffee enemas per day as a cleansing procedure 	<ul style="list-style-type: none"> • Nil 	<ul style="list-style-type: none"> • Death, sepsis, coma from hyponatraemia or hyperkalaemia in case reports
Alkaline diet	Acidosis is the reason for diseases such as cancer.	<ul style="list-style-type: none"> • Include vegetables • Include low-sugar fruit • Avoid sugar, grains, dairy and meat 	<ul style="list-style-type: none"> • No clinical data published 	<ul style="list-style-type: none"> • No clinical data published
Budwig diet	Cancer arises from an abundance of trans fatty acids and a deficit in omega-3 and -6 fatty acids.	<ul style="list-style-type: none"> • Consume curd cheese and linseed oil 	<ul style="list-style-type: none"> • No published clinical data • Additional protein and energy may assist patients who are losing weight 	<ul style="list-style-type: none"> • No published clinical data • Potential deficiency in vitamins and other micronutrients
Ketogenic/ Low carbohydrate diet	Based on the 'Warburg effect' which describes cancer cells gain energy preferably by anaerobic glycolysis and therefore reducing carbohydrate intake will stop cancer growth.	<ul style="list-style-type: none"> • Different forms exist, with varying degrees of carbohydrate restriction • Usually no intake of refined carbohydrate and reduced total carbohydrate intake • Caloric intake mainly from fat (omega-3 and -6) and protein. • Aim for increased ketone level 	<ul style="list-style-type: none"> • Nil 	<ul style="list-style-type: none"> • Micronutrient deficiency • Loss of appetite • Nausea • Constipation • Weight loss • Hypoglycaemia • Hyperlipidaemia

				<ul style="list-style-type: none"> • Dehydration • Metabolic acidosis • Fatigue • Sedation
Raw food diet	Cooked food causes diseases such as cancer.	<ul style="list-style-type: none"> • Consumption of uncooked (also mostly unprocessed) food 	<ul style="list-style-type: none"> • Avoidance of preservatives such as salt or toxins created by cooking (eg. hetero-cyclo amines) 	<ul style="list-style-type: none"> • Likely not as well tolerated in patients with mucositis or patients with a stoma • Potential increased risk of GI infection in immunocompromised patients
Macrobiotic diet	Cancer arises from a misbalance between yin and yang. Created by two Japanese scientists who endeavored to create a whole system of living which promoted health, peace and happiness. The original diet was combined with other lifestyle changes and intended as a cancer cure which may not be achieved conventionally.	<ul style="list-style-type: none"> • Cereals are the most important part of nutrition • Include 50-60% cereals • Include 20-30% vegetables • Small amount of fish and eggs allowed • Meat, milk products, sugar, potatoes and tomatoes discouraged 	<ul style="list-style-type: none"> • Nil 	<ul style="list-style-type: none"> • Under strict diet, several deaths have been reported • Weight loss • Anaemia • Scurvy • Deficiency in protein, vitamins B12, C and D, zinc, calcium and iron
Vegan diet	Strict vegetarian diet, often ethical considerations.	<ul style="list-style-type: none"> • Complete avoidance of animal products 	<ul style="list-style-type: none"> • High consumption of dietary fibre, vitamin C, vitamin E, magnesium and folic acid • Low in saturated fat 	<ul style="list-style-type: none"> • Weight loss • Deficiency in vitamins B12 & D, zinc and calcium

(Adapted from: Huebner J, Marienfeld, S., Abbenhardt, C., Ulrich, C., Muenstedt, K., Micke, O., Muecke, R., Loeser, C. Counseling Patients on Cancer Diets: A Review of the Literature and Recommendations for Clinical Practice. Anticancer Research. 2014;34:39-48.)