

## Annual Fasting; the Early Calories Restriction for Cancer Prevention

Solat Eslami<sup>1</sup>, Zahra Barzegari<sup>2</sup>, Negar Saliani<sup>3</sup>, Nazli Saeedi<sup>4</sup>, Abolfazl Barzegari<sup>4\*</sup>

<sup>1</sup>*School of Advanced Medical Technologies, Tehran University of Medical Sciences (TUMS), Tehran, Iran*

<sup>2</sup>*Heris Health Center, Heris, Iran*

<sup>3</sup>*Department of Biology, Tehran University, Tehran, Iran*

<sup>4</sup>*Research Center for Pharmaceutical Nanotechnology, Tabriz University of Medical Science, Tabriz, Iran*

### ARTICLE INFO

**Article Type:**  
Hypothesis

**Article History:**  
Received: 06 June 2012  
Revised: 05 Dec. 2012  
Accepted: 06 Dec. 2012  
ePublished: 21 Dec. 2012

**Keywords:**  
Healthy Food Habits  
Intermittent Fasting  
Annual Fasting  
Human Microbiome Project  
Calories Restriction  
Life Style  
Cancer Prevention

### ABSTRACT

Essentially, people's diet and nutritional status has been changed substantially worldwide and several lines of evidence suggest that these changes are to the detriment of their health. Additionally, it has been well documented that unhealthy diet especially the fast foods, untraditional foods or bad-eating-habits influence the human gut microbiome. The gut microbiota shapes immune responses during human life and affects his/her metabolomic profiles. Furthermore, many studies highlight the molecular pathways that mediate host and symbiont interactions that regulate proper immune function and prevention of cancer in the body. Intriguingly, if cancer forms in a human body due to the weakness of immune system in detriment of microbiome, the removal of cancer stem cells can be carried out through early Calories Restriction with Annual Fasting (AF) before tumor development or progress. Besides, fasting can balance the gut microbiome for enhancement of immune system against cancer formation.

### Introduction

World Health Organization (WHO) has recently released a report in which it has been announced that cancer is the second leading cause of mortality in most countries and it will turn in to the first and foremost killer around the world. Accordingly, many researches and experiments have been directed towards the control and prevention of the cancer. An important discovery of recent studies in cancer patients' life style has shown that environmental factors affect cancer initiation, promotion and progression and suggested that many malignancies are preventable (Longo and Fontana 2010). Epidemiological studies been shown that excessive adiposity, decreased physical activity, and unhealthy diets are key players in the prognosis of many cancers (Longo and Fontana 2010).

Nevertheless divergent causes of cancer have been identified such as microbial and viral infections (Carrillo-Infante *et al.* 2007, Karin *et al.* 2006), chemicals (Patel and Butte 2010), alcohol consumption and smoking (Boffetta and Hashibe 2006, Sasco *et al.* 2004), fatty food and red meat consumption (Schulz *et al.* 2008, Zur 2012), stress (Sood *et al.* 2006) and hundreds of other reasons. On the contrary, the consumption of vegetables and fruits is highly

recommended due to their anticancer properties which can be ascribed to their high amount of antioxidants and flavonoids (Lotito and Frei 2006, Steinmetz and Potter 1996). The other effective strategy in cancer prevention is Calorie Restriction (CR). CR has been shown to be the broadly potent dietary regimen for suppressing the carcinogenesis process and cancer prevention.

Here, we discuss on the profound importance of healthy food habits on maintenance of normal microbial flora and boosting of immune system in order to eliminate cancer cells. Moreover, it is postulated that our body applies several approaches particularly anorexia to inhibit cancer cells' growth. Accordingly, this commentary can provide an insight in prevention of cancer through CR and Annual Fasting (AF). It weighs the evidence of caloric restriction in cancer control and focuses on microbiome affecting the enhancement of immune system and emphasizes AF as cancer controller.

### Caloric restriction in cancer prevention

Calorie restriction (CR) is the most effective strategy for increasing lifespan in a variety of animals even microorganisms (Stephen *et al.* 2003). The effect of CR on human in cancer prevention is critical, as in modern lifestyle, the obesity which is an important risk factor for

\*Corresponding authors: Abolfazl Barzegari, Email: barzegari.abolfazl {at} gmail.com

cancers, is alarmingly increasing in the world (Basen *et al.* 2011). There are many studies demonstrating that CR has anti-cancer properties. In 1909, Moreschi reported that CR inhibits the growth of tumors transplanted into mice (Calorie *et al.* 2010). A meta-analysis summarized the evidence of effect of calorie restriction on spontaneous mammary tumors in mice. The energy-restricted animals developed 55% fewer mammary tumors than did those in the control groups (Dirx *et al.* 2003). The study with inconsistent findings regarding the effect of CR on breast cancer (BC) risk in humans enduring war-related extreme situations indicated that CR reduced the risk of BC (Vin-Raviv *et al.* 2012). The other study, reported the effect of Intermittent Fasting (IF) on inhibition of prostate cancer tumor growth in a mouse model (Thomas *et al.* 2010). Molecular pathways that mediate the anti-cancer effects of CR were weighed in monkeys and rodents with more detail in the literature (Walter *et al.* 2010). A clinical trial of 10 cases of patients with various types of cancer, who have voluntarily fasted prior to and following chemotherapy demonstrated that fasting is a safe status and can reduce chemotherapy-associated side effects (Safdie *et al.* 2009). Though, there has never been a sufficiently clinical trial of CR in humans, we can study the religious fasting in cancer prevention.

#### **Relationship of diet and the gut microbiome to cancer risk**

From human genome project onwards, scientists found out the vital role of microbiome in human health that was then called human metagenome (Turnbaugh *et al.* 2007). Human genome is stable during his/her life, but microbiome changes and can influence the human metabolome. Diet shifts the gut microbial community and affects human metabolome (Turnbaugh *et al.* 2009). In modern life style, the increase of consumption of pasteurized foods, fast foods and not the use of homemade and traditional rich foods have affected human gut microbiome. Evidence that the intestinal microbiota is fundamentally linked with human health, especially cancer risk, is emerging. The consumption of probiotics bacteria, prebiotics and synbiotics substances are recognized modifiers of types of microbes and have been reported to reduce colon cancer risk (Davis and Milner 2009).

Many studies have summarized how gut microbiota is able to train the host's immune system (Kau *et al.* 2011). The gut microbiota and the host immune system join forces in order to protect the body against disease. If the causes of cancer initiation, progression and development be studied precisely, it can be recognized that they significantly afflict the microbial flora (Brinkman *et al.* 2011, McGarr *et al.* 2005). Many studies have demonstrated the anticancer effects of probiotic microbes and also their impacts on the enhancement of

immune system (Ma *et al.* 2010, Rafter 2004) and the effect of fruit and vegetable consumption on reinforcing microbial flora (Li *et al.* 2009). On the other hand, increasing intake of antibiotics removes useful intestinal bacteria and debilitates immune system. It is, therefore, plausible that there is an inextricable connection between microbial flora and function of body's immune system and it can be firmly claimed that any changes in human normal flora can lead to the immune system debilitation and cancer development.

#### **Hypothesis; early calorie restriction with annual fasting**

Anorexia syndrome is highly prevalent among cancer patients and as body defense mechanism against cancer tumor cells, it is so more in the need of calorie than the other healthy cells. The host body shows some defensive activities such as anorexia, muscular weakness, problems in protein synthesis, not control of glucose levels and some other abnormalities in body metabolism in order to inhibit the growth of tumor and cancer cells through reducing the calorie distribution and CR required for excessive growth of cancer cells (Longo and Fontana 2010). Therefore, it could be concluded that anorexia is the defensive state of body to control cancer cells' growth. It is apparently to be largely mediated by depletion in plasma concentrations of growth factors (Sonntag *et al.* 1999), inflammatory cytokines (Matsuzaki *et al.* 2001) and free radical-induce damage to DNA (Sohal *et al.* 1994). Simultaneous with cancer cell growth, angiogenesis occurs in the cancer tissue; therefore body would not be able to reduce the distribution of calorie to the tumor cells.

Remarkably, cancer stem cells are constantly produced in the body; however the enhancement of immune system and also fasting can eradicate them in the body and inhibit their growth. In order to confront with cancer, its sprouts can be ruined with a strict reduction in eating and drinking and through the fasting before the body system confront with it by anorexia, because when calorie production reduces, body tries to rescue the necessary cells, so unnecessary cells die. The present hypothesis intensifies the effect of healthy nutrition on the balance of microbial flora, bolstering immune system and eradication of cancer stem cells. Significantly, even in the presence of immune system, cancer stem cells are produced in the body every year. So it is noteworthy that regular Early Calorie Restriction (ECR), fasting can extirpate cancer cells before angiogenesis occurrence because after metastasis and angiogenesis cancer cells conquer the body and apply all energies and mechanisms to prolife rate extensively. Although some defensive activities such as anorexia and its harmful concomitants can combat growth of cancer cells, it seems that fasting is the more effective way to prevent cancer occurrence.

## Competing interests

Authors declared no competing interests.

## References

- Basen-Engquist K and Chang M. **2011**. Obesity and Cancer Risk: Recent Review and Evidence. *Curr Oncol Rep*, 13, 71-76.
- Boffetta P and Hashibe M. **2006**. Alcohol and cancer. *Lancet Oncol*, 7(2), 149-156.
- Brinkman BM, Hildebrand F, Kubica M, Goosens D, Del FJ, Declercq W, et al. **2011**. Caspase deficiency alters the murine gut microbiome. *Cell Death Dis*, 2(10), e220.
- Carrillo-Infante C, Abbadessa G, Bagella L and Giordano A. **2007**. Viral infections as a cause of cancer. *Int J Oncol*, 30(6), 1521-1528.
- Davis CD and Milner JA. **2009**. Gastrointestinal microflora, food components and colon cancer prevention. *J Nutr Biochem*, 20(10), 743-52.
- Dirx MJM, Zeegers MPA, Dagnelie PC, van den Bogaard T and van den Brandt PA. **2003**. Energy restriction and the risk of spontaneous mammary tumors in mice: a meta-analysis. *Int J Cancer*, 106, 766-770.
- Hursting SD, Lavigne JA, Berrigan D, Perkins SN and Barrett JC. **2003**. Calorie Restriction, Aging, and Cancer Prevention: Mechanisms of Action and Applicability to Humans. *Annu Rev Med*, 54, 131-152.
- Karin M, Lawrence T and Nizet V. **2006**. Innate immunity gone awry: linking microbial infections to chronic inflammation and cancer. *Cell*, 124(4), 823-835.
- Kau AL, Ahern PP, Griffin NW, Goodman AL and Gordon JI. **2011**. Human nutrition, the gut microbiome and the immune system. *Nature*, 474(7351), 327-336.
- Li F, Hullar MA, Schwarz Y and Lampe JW. **2009**. Human gut bacterial communities are altered by addition of cruciferous vegetables to a controlled fruit- and vegetable-free diet. *J Nutr*, 139(9), 1685-1691.
- Longo VD and Fontana, L. **2010**. Calorie restriction and cancer prevention: metabolic and molecular mechanisms. *Trends Pharmacol Sci*, 31(2), 89-98.
- Lotito SB and Frei B. **2006**. Consumption of flavonoid-rich foods and increased plasma antioxidant capacity in humans: cause, consequence, or epiphenomenon? *Free Radic Biol Med*, 41(12), 1727-1746.
- Ma EL, Choi YJ, Choi J, Pothoulakis C, Rhee SH and Im E. **2010**. The anticancer effect of probiotic *Bacillus polyfermenticus* on human colon cancer cells is mediated through ErbB2 and ErbB3 inhibition. *Int J Cancer*, 127(4), 780-790.
- Matsuzaki J, Kuwamura M, Yamaji R, Inui H and Nakano Y. **2001**. Inflammatory responses to lipopolysaccharide are suppressed in 40% energy-restricted mice. *J Nutr*, 131(8), 2139-2144.
- McGarr SE, Ridlon JM and Hylemon PB. **2005**. Diet, anaerobic bacterial metabolism, and colon cancer: a review of the literature. *J Clin Gastroenterol*, 39(2), 98-109.
- Patel CJ and Butte AJ. **2010**. Predicting environmental chemical factors associated with disease-related gene expression data. *BMC Med Genomics*, 3, 17.
- Rafter J. **2004**. The effects of probiotics on colon cancer development. *Nutr Res Rev*, 17(2), 277-284.
- Safdie FM, Dorff T, Quinn D, Fontana L, Wei M, Lee C, et al. **2009**. Fasting and cancer treatment in humans: A case series report. *Aging*, 1(12), 988-1007.
- Sasco AJ, Secretan MB and Straif K. **2004**. Tobacco smoking and cancer: a brief review of recent epidemiological evidence. *Lung Cancer*, 45(Suppl. 2), S3-S9.
- Schulz M, Hoffmann K, Weikert C, Nothlings U, Schulze MB and Boeing H. **2008**. Identification of a dietary pattern characterized by high-fat food choices associated with increased risk of breast cancer: the European Prospective Investigation into Cancer and Nutrition (EPIC)-Potsdam Study. *Br J Nutr*, 100(5), 942-946.
- Sohal RS, Agarwal S, Candas M, Forster MJ and Lal H. **1994**. Effect of age and caloric restriction on DNA oxidative damage in different tissues of C57BL/6 mice. *Mech Ageing Dev*, 76(2-3), 215-224.
- Sonntag WE, Lynch CD, Cefalu WT, Ingram RL, Bennett SA, Thornton PL, et al. **1999**. Pleiotropic effects of growth hormone and insulin-like growth factor (IGF)-1 on biological aging: inferences from moderate caloric-restricted animals. *J Gerontol A Biol Sci Med Sci*, 54(12), B521-B538.
- Sood AK, Bhattar R, Kamat AA, Landen CN, Han L, Thaker PH, et al. **2006**. Stress hormone-mediated invasion of ovarian cancer cells. *Clin Cancer Res*, 12(2), 369-375.
- Steinmetz KA and Potter JD. **1996**. Vegetables, fruit, and cancer prevention: a review. *J Am Diet Assoc*, 96(10), 1027-1039.
- Thomas JA 2nd, Antonelli JA, Lloyd JC, Masko EM, Poulton SH, Phillips TE, et al. **2010**. Effect of intermittent fasting on prostate cancer tumor growth in a mouse model. *Prostate Cancer Prostatic Dis*, 13(4):350-5.
- Turnbaugh PJ, Ley RE, Hamady M, Fraser-Liggett CM, Knight R and Gordon JI. **2007**. The human microbiome project. *Nature*, 449(7164), 804-810.
- Turnbaugh PJ, Ridaura VK, Faith JJ, Rey FE, Knight R and Gordon JI. **2009**. The Effect of Diet on the Human Gut Microbiome: A Metagenomic Analysis in Humanized Gnotobiotic Mice. *Sci Transl Med*, 1(6), 6ra14.
- Vin-Raviv N, Barchana M, Linn S and Keinan-Boker L. **2012**. Severe caloric restriction in young women during World War II and subsequent breast cancer risk. *International Journal of Clinical Practice*, 66 (10), 948-958.
- Zur HH. **2012**. Red meat consumption and cancer: reasons to suspect involvement of bovine infectious factors in colorectal cancer. *Int J Cancer*, 130(11), 2475-2483.