

Review Article

# Maximizing the Potential of Ketogenic Dieting as a Potent, Safe, Easy-to-Apply and Cost-Effective Anti-Cancer Therapy

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## Abstract

The global menace of cancer requires supplementary treatments beyond standard medical approaches for effective medical intervention. The Ketogenic Diet (KD) composed of high fats combined with moderate proteins and low carbohydrates has become popular as a metabolic therapy for cancer. The anti-cancer mechanism of KD works through metabolic stress induction in cancer cells, reduced insulin and IGF-1 signaling pathways, improved mitochondrial function, inflammation, and immune regulation. Standard cancer treatments receive enhanced outcomes through KD synergistic action which simultaneously decreases treatment-related side effects. To achieve optimized treatment outcomes in cancer, ketogenic diet practitioners need to use personalized nutritional planning in combination with metabolic tracking and exogenous ketone supplements. It is essential to find solutions for diet adherence issues and nutrient deficiencies because they determine KD's effectiveness as a cancer treatment. The fight against cancer needs sustained and multipronged clinical research and validation to establish the proper implementation of this method.

## Introduction

Cancer of different types continues to be among the principal causes of death globally thus requiring advanced treatment strategies [1,2]. The Warburg effect stands as a fundamental characteristic of cancer cells because these cells use glycolysis for energy production primarily even when oxygen is available [3]. This metabolic uniqueness creates a distinct opportunity to attack cancer cells based on nutritional requirements without jeopardizing standard cell operations. The Ketogenic Diet (KD), a high-fat, moderate-protein, and low-carbohydrate dietary regimen, shifts the body's primary energy source from glucose to ketone bodies [4,5]. The energy requirements of regular cells exceed those of cancer cells due to their ability to use ketones effectively rather than being glucose-dependent [6]. Tumors experience limited access to their primary fuel source when patients follow KD which enables both treatment efficiency enhancement and cancer progression reduction [7]. A significant amount of preclinical and clinical research has demonstrated KD's potential in treating cancer yet several hurdles still need to be solved in its implementation process [8,9]. Various biological

differences between patients alongside dietary compliance issues and specific treatment requirements need to be solved to maximize therapeutic effectiveness. Further research into optimizing KD protocols will determine its acceptance as an effective supportive therapy for treating cancer.

### Metabolic stress on cancer cells

Cancer cells use glycolysis as their main energy source even when oxygen is available which is recognized as the Warburg effect [3,10]. The ketogenic diet creates metabolic stress when it greatly decreases glucose levels thus prompting cells to use ketone-body-fueled metabolism instead [11]. The ketogenic ability remains limited in most cancer cells because they possess restricted metabolic adaptability which renders them more sensitive to energetic insufficiency. Prolonged metabolic stress created by the diet leads to cellular proliferation suppression, energy network disruption, and enhanced programmed cell death that results in slowed cancer development [12-14].

### Reduction in insulin and IGF-1 Signaling

Cell growth along with proliferation exhibits fundamental

### More Information

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regulation from insulin combined with insulin-like growth factor-1 (IGF-1) [15]. Higher hormone concentrations in the body correlate with increased tumor formation as well as aggressive cancer disease advancement. The low carbohydrate content of KD creates reduced insulin circulation which interrupts the signaling cascades responsible for tumor cell growth and cell division [16]. Ketosis-induced reduction of IGF-1 levels helps prevent cancer-promoting signals while accelerating the reductive process for tumors. A reduced insulin level together with decreased IGF-1 creates a metabolic condition that slows down cancer cell growth while making treatments more effective [17,18].

### Enhanced mitochondrial function and ROS production

The fundamental characteristic of cancer metabolism includes dysfunctional mitochondria which drives cells to depend more heavily on glycolysis [4,19]. The metabolic benefits of KD relate to its capability to improve mitochondrial efficiency through efficient oxidative phosphorylation. Increased Reactive Oxygen Species (ROS) production happens as a result of this transformed metabolic state in cancer cells [20]. Unlike strong antioxidant defense mechanisms found in normal cells, cancer cells exist in a state where oxidative damage becomes more dangerous for them. Cellular ROS accumulation in cancer cells triggers multiple damaging effects on mitochondria and causes apoptosis while simultaneously damaging tumors [5].

### Modulation of inflammation and immune response

The course of cancer development advances when chronic inflammation stimulates tumor expansion and creates new blood vessels that enable tumors to escape immune system detection [21]. Scientific research demonstrates that KD generates anti-inflammatory effects in body systems by regulating pro-inflammatory cytokines and strengthening immune system responses [22]. Beta-hydroxybutyrate (a ketone body) works as an anti-inflammatory agent which suppresses tumor-promoting pathways [23]. Through its effects, KD boosts immune surveillance capabilities because it improves T-cell function, activates natural killer cells, and weakens immunosuppressive factors present in tumor regions to help prevent cancer cells from hiding from detection [24,25].

### Synergy with standard therapies

Research demonstrates that Ketogenic Diet (KD) boosts traditional cancer treatment results achieved through chemotherapy and radiotherapy as well as immunotherapy [7]. The reduction of available glucose together with metabolic changes in cancer cells serves to enhance tumor cell vulnerabilities to standard cancer treatments [26]. The implementation of KD has shown potential to minimize frequent cancer treatment side effects which results in elevated patient life quality. Targeted metabolic therapies including hyperbaric oxygen therapy with metabolic drugs enhance the anti-cancer effects of KD thus creating a comprehensive cancer management strategy [27].

## Strategies to optimize ketogenic diet implementation in cancer therapy

**Personalized dietary planning and monitoring:** The deployment of the Ketogenic Diet (KD) as cancer therapy mandates customized intervention methods because different individuals show different metabolic reactions [7]. Multiple elements including genetic background and disease characteristics together with individual biomarkers and lifestyle practices affect how the diet performs in cancer treatment [28,29]. Ketone level monitoring through blood beta-hydroxybutyrate testing helps healthcare professionals verify that therapeutic ketosis exists for patients. Digital tracking tools along with biosensor wearables enable patients to check real-time ketone and glucose measurements which help modify their dietary regimen [30]. Prediction models and metabolic sample evaluation can optimize KD treatments through personalized macroscale nutrient choices which will enhance patient following and medical outcomes [31].

### Macronutrient composition and nutrient timing

Traditional classical KD implements a 4:1 or 3:1 dietary fat vs. protein-carbohydrate ratio but an alternative Mediterranean ketogenic diet rich in unsaturated fats may confer better cardiovascular protection together with anti-inflammatory effects [32]. Strategies that involve time-restricted feeding together with intermittent fasting strengthen ketosis by developing cell autophagy and metabolic adaptability in cancer tissues [33]. The specific changes in diet work to enhance insulin responses while lowering blood glucose levels which subsequently puts pressure on glycolysis-dependent tumors making them more vulnerable to metabolic treatments [34]. Each person's meal planning needs attention for choosing suitable fats in combination with fiber-packed low-carb veggies which create healthy gut conditions.

### Adjunctive use of exogenous ketones and MCTs

Consuming exogenous ketones such as ketone esters together with salts enables users to preserve ketosis with an instant energy boost even when their dietary compliance becomes inconsistent. Medium-chain triglycerides (MCT) work as a fatty substance that produces ketones quickly because of their ability to enhance metabolic flexibility [35]. MCT supplements enable patients to consume moderate amounts of carbohydrates without interrupting ketosis status making the dietary regulations more flexible. Laboratory evidence demonstrates that MCTs boost mitochondrial function and increase energy generation while delivering protective effects to the nervous system thus benefiting cancer patients dealing with chemo-induced cognitive impairment [36]. The implementation of ketone supplements as part of KD administration brings better treatment compliance and maximizes its therapeutic effectiveness against cancer.

### Combination with standard and emerging cancer therapies

The metabolic properties of KD work well alongside typical cancer treatments that include chemotherapy and



radiotherapy as well as immunotherapy [37]. Ketogenic diets boost standard cancer treatments because they lower inflammation throughout the body and stop tumors from obtaining glucose thus improving therapy results while reducing negative side effects [4,5]. Hyperbaric oxygen therapy and metabolic drugs including metformin and dichloroacetate as well as immune checkpoint inhibitors demonstrate promising cancer treatment effects when used with KD [27]. The strategies focus on attacking cancer metabolic processes together with immune avoidance pathways to deliver better therapeutic results [7,38]. The connection between Ketogenic Diet (KD) and metabolic drugs alongside immune therapies remains a current research topic that seeks to build new effective cancer treatment methods.

### Strategies that need development to manage potential challenges alongside side effects that accompany the use of the ketogenic diet

A properly designed ketogenic diet requires sufficient micronutrient intake as a protection against magnesium and potassium deficiency as well as B vitamins and other basic nutrients [39]. Both nutrition supplementation and food variety help preserve good physical health. Changes in diet to KD often lead to gastrointestinal complications such as bloating alongside constipation and various other gastrointestinal problems in some cases [40]. The elimination of these concerns becomes possible by following a gradual adaptation process and including both low-carb vegetables and probiotics in the diet. The challenge of following prescribed diet plans becomes harder because of psychological factors that affect dietary behavior. Dietitians combine structured dietary plans and behavioral intervention methods together assist patients in their adherence to the ketogenic diet protocol. Digital tracking tools together with mobile apps that offer meal recommendations as well as feedback and ketone level tracking enhance patient motivation and long-term compliance [41]. The achievement of optimal ketogenic diet therapy for cancer requires multiple elements including individualized dietary plans, metabolic tracking, supplemental treatments, and patient adherence enhancement methods. Ongoing clinical research about KD's oncological applications must advance both standardization practices for its adoption and optimal therapeutic methods.

### Clinical evidence and future directions

Preliminary laboratory tests linked to initial clinical trials indicate that ketogenic diets (KD) could potentially decelerate tumor development although scientists need to carry out extensive randomized controlled trials (RCT) to validate its operational efficiency and create official implementation standards [42]. The discovery of biomarkers that indicate patient reaction to ketogenic diet will improve its practical use for treating diverse cancer types [32]. The results of precision oncology approaches will improve by using dietary interventions that focus on the vulnerable metabolic

characteristics of individual tumors. Real-time assessments of KD's effectiveness can be made possible by using PET scans which evaluate metabolic activity [12]. The sustained effects of ketosis on cancer recurrence and total survival need to be evaluated through extensive epidemiological research. Future clinical research needs to investigate how to produce perfect KD formulations and should find ways to incorporate KD with innovative treatment strategies and develop approaches to boost patient KD treatment compliance. The implementation of evidence-based guidelines will serve as a critical step towards making failed oncology practices adopt the ketogenic diet as a reliable supplementary therapy.

### Conclusion

The ketogenic diet shows great potential as a cancer treatment because it consists of several mechanisms that suppress tumor development while boosting therapeutic outcomes. Maximal benefits require optimization strategies to achieve them. The success of the ketogenic diet as an anti-cancer therapy depends on individual diet planning, metabolic tracking, and supplemental treatment strategies along with enhancing patient compliance. Oncology practice needs their integration to proceed because ongoing research along with clinical assessments must take place. The implementation of person-specific metabolic platforms alongside updated monitoring systems will establish the widespread medical use of KD as an anti-cancer therapy.

### References

1. Debela DT, Muzazu SG, Heraro KD, Ndalama MT, Mesele BW, Haile DC, et al. New approaches and procedures for cancer treatment: Current perspectives. *SAGE Open Med.* 2021;9:20503121211034366. Available from: <https://doi.org/10.1177/20503121211034366>
2. Liu B, Zhou H, Tan L, Siu KTH, Guan XY. Exploring treatment options in cancer: tumor treatment strategies. *Sig Transduct Target Ther.* 2024;9:175. Available from: <https://doi.org/10.1038/s41392-024-01856-7>
3. Mathew M, Nguyen NT, Bhutia YD, Sivaprakasam S, Ganapathy V. Metabolic signature of Warburg effect in cancer: An effective and obligatory interplay between nutrient transporters and catabolic/anabolic pathways to promote tumor growth. *Cancers.* 2024;16(3):504. Available from: <https://doi.org/10.3390/cancers16030504>
4. Zhu H, Bi D, Zhang Y, Kong C, Du J, Wu X, et al. Ketogenic diet for human diseases: the underlying mechanisms and potential for clinical implementations. *Sig Transduct Target Ther.* 2022;7:11. Available from: <https://doi.org/10.1038/s41392-021-00831-w>
5. Ahmad Y, Seo DS, Jang Y. Metabolic effects of ketogenic diets: Exploring whole-body metabolism in connection with adipose tissue and other metabolic organs. *Int J Mol Sci.* 2024;25(13):7076. Available from: <https://doi.org/10.3390/ijms25137076>
6. Weber DD, Aminzadeh-Gohari S, Tulipan J, Catalano L, Feichtinger RG, Kofler B. Ketogenic diet in the treatment of cancer - Where do we stand? *Mol Metab.* 2020;33:102-121. Available from: <https://doi.org/10.1016/j.molmet.2019.06.026>
7. Weber DD, Aminzadeh-Gohari S, Tulipan J, Catalano L, Feichtinger RG, Kofler B. Ketogenic diet in the treatment of cancer - Where do we stand? *Mol Metab.* 2020;33:102-121. Available from: <https://doi.org/10.1016/j.molmet.2019.06.026>

8. Sun D, Gao W, Hu H, Zhou S. Why 90% of clinical drug development fails and how to improve it? *Acta Pharm Sin B*. 2022 Jul;12(7):3049-3062. Available from: <https://doi.org/10.1016/j.apsb.2022.02.002>
9. Kong X, Gao P, Wang J, Fang Y, Hwang KC. Advances of medical nanorobots for future cancer treatments. *J Hematol Oncol*. 2023;16:74. Available from: <https://doi.org/10.1186/s13045-023-01463-z>
10. Bose S, Zhang C, Le A. Glucose metabolism in cancer: The Warburg effect and beyond. In: Le A, editor. *The Heterogeneity of Cancer Metabolism*. *Adv Exp Med Biol*. 2021;1311:1-22. Available from: [https://doi.org/10.1007/978-3-030-65768-0\\_1](https://doi.org/10.1007/978-3-030-65768-0_1)
11. Jaworska M, Szczudło J, Pietrzyk A, Shah J, Trojan SE, Ostrowska B, et al. The Warburg effect: a score for many instruments in the concert of cancer and cancer niche cells. *Pharmacol Rep*. 2023;75:876-890. Available from: <https://doi.org/10.1007/s43440-023-00504-1>
12. Menyhárt O, Györfly B. Dietary approaches for exploiting metabolic vulnerabilities in cancer. *Biochim Biophys Acta Rev Cancer*. 2024;1879(2):189062. Available from: <https://doi.org/10.1016/j.bbcan.2023.189062>
13. Xiao YL, Gong Y, Qi YJ, Shao ZM, Jiang YZ. Effects of dietary intervention on human diseases: molecular mechanisms and therapeutic potential. *Sig Transduct Target Ther*. 2024;9:59. Available from: <https://doi.org/10.1038/s41392-024-01771-x>
14. Gonzalez-Flores D, Gripo A-A, Rodríguez A-B, Franco L. Consequences of glucose enriched diet on oncologic patients. *Appl Sci*. 2023;13(5):2757. Available from: <https://doi.org/10.3390/app13052757>
15. Kasprzak A. Insulin-like growth factor 1 (IGF-1) signaling in glucose metabolism in colorectal cancer. *Int J Mol Sci*. 2021;22(12):6434. Available from: <https://doi.org/10.3390/ijms22126434>
16. Khan MZ, Zugaza JL, Torres Aleman I. The signaling landscape of insulin-like growth factor 1. *J Biol Chem*. 2025;301(1):108047. Available from: <https://doi.org/10.1016/j.jbc.2024.108047>
17. Solarek W, Koper M, Lewicki S, Szczylik C, Czarnecka AM. Insulin and insulin-like growth factors act as renal cell cancer intratumoral regulators. *J Cell Commun Signal*. 2019;13:381-394. Available from: <https://doi.org/10.1007/s12079-019-00512-y>
18. Kotsifaki A, Maroulaki S, Karalexis E, Stathaki M, Armakolas A. Decoding the role of insulin-like growth factor 1 and its isoforms in breast cancer. *Int J Mol Sci*. 2024;25(17):9302. Available from: <https://doi.org/10.3390/ijms25179302>
19. Läsché M, Emons G, Gründker C. Shedding new light on cancer metabolism: A metabolic tightrope between life and death. *Front Oncol*. 2020;10:409. Available from: <https://doi.org/10.3389/fonc.2020.00409>
20. Wang SF, Tseng LM, Lee HC. Role of mitochondrial alterations in human cancer progression and cancer immunity. *J Biomed Sci*. 2023;30:61. Available from: <https://doi.org/10.1186/s12929-023-00956-w>
21. Zhao H, Wu L, Yan G, Chen Y, Zhou M, Wu Y, et al. Inflammation and tumor progression: signaling pathways and targeted intervention. *Signal Transduct Target Ther*. 2021;6(1):263. Available from: <https://doi.org/10.1038/s41392-021-00658-5>
22. Cicchese JM, Evans S, Hult C, Joslyn LR, Wessler T, Millar JA, et al. Dynamic balance of pro- and anti-inflammatory signals controls disease and limits pathology. *Immunol Rev*. 2018;285(1):147-167. Available from: <https://doi.org/10.1111/imr.12671>
23. Moya-Garzon MD, Wang M, Li VL, Lyu X, Wei W, Tung AS, et al. A  $\beta$ -hydroxybutyrate shunt pathway generates anti-obesity ketone metabolites. *Cell*. 2025;188(1):175-186.e20. Available from: <http://dx.doi.org/10.1016/j.cell.2024.10.032>
24. Chu J, Gao F, Yan M, Zhao S, Yan Z, Shi B, et al. Natural killer cells: a promising immunotherapy for cancer. *J Transl Med*. 2022;20:240. Available from: <https://doi.org/10.1186/s12967-022-03437-0>
25. Wang MM, Coupland SE, Aittokallio T, Figueiredo CR. Resistance to immune checkpoint therapies by tumour-induced T-cell desertification and exclusion: key mechanisms, prognostication and new therapeutic opportunities. *Br J Cancer*. 2023;129:1212-1224. Available from: <https://doi.org/10.1038/s41416-023-02361-4>
26. Duraj T, Kalamian M, Zuccoli G, Maroon JC, D'Agostino DP, Scheck AC, et al. Clinical research framework proposal for ketogenic metabolic therapy in glioblastoma. *BMC Med*. 2024;22:578. Available from: <https://doi.org/10.1186/s12916-024-03775-4>
27. Alpuim Costa D, Gonçalves-Nobre JG, Sampaio-Alves M, Guerra N, Arana Ribeiro J, et al. Hyperbaric oxygen therapy as a complementary treatment in neuroblastoma - a narrative review. *Front Oncol*. 2023;13:1254322. Available from: <https://doi.org/10.3389/fonc.2023.1254322>
28. Picó C, Serra F, Rodríguez AM, Keijer J, Palou A. Biomarkers of nutrition and health: new tools for new approaches. *Nutrients*. 2019;11(5):1092. Available from: <https://doi.org/10.3390/nu11051092>
29. Marino P, Mininni M, Deiana G, Marino G, Divella R, Bochicchio I, et al. Healthy lifestyle and cancer risk: Modifiable risk factors to prevent cancer. *Nutrients*. 2024;16(6):800. Available from: <https://doi.org/10.3390/nu16060800>
30. Ghazizadeh E, Naseri Z, Deigner HP, Rahimi H, Altintas Z. Approaches of wearable and implantable biosensors towards developing in precision medicine. *Front Med (Lausanne)*. 2024;11:1390634. Available from: <https://doi.org/10.3389/fmed.2024.1390634>
31. Vo D-K, Trinh KTL. Advances in wearable biosensors for healthcare: Current trends, applications, and future perspectives. *Biosensors*. 2024;14(11):560. Available from: <https://doi.org/10.3390/bios14110560>
32. Malinowska D, Żendzian-Piotrowska M. Ketogenic diet: A review of composition diversity, mechanism of action and clinical application. *J Nutr Metab*. 2024;2024:6666171. Available from: <https://doi.org/10.1155/2024/6666171>
33. Kalam F, James DL, Li YR, Coleman MF, Kiesel VA, Cespedes Feliciano EM, et al. Intermittent fasting interventions to leverage metabolic and circadian mechanisms for cancer treatment and supportive care outcomes. *J Natl Cancer Inst Monogr*. 2023;2023(61):84-103. Available from: <https://doi.org/10.1093/jncimonographs/lgad008>
34. Tiwari S, Sapkota N, Han Z. Effect of fasting on cancer: A narrative review of scientific evidence. *Cancer Sci*. 2022;113(10):3291-3302. Available from: <https://doi.org/10.1111/cas.15492>
35. Fukazawa A, Koike A, Karasawa T, Tsutsui M, Kondo S, Terada S. Effects of a ketogenic diet containing medium-chain triglycerides and endurance training on metabolic enzyme adaptations in rat skeletal muscle. *Nutrients*. 2020;12(5):1269. Available from: <https://doi.org/10.3390/nu12051269>
36. Fernández-Verdejo R, Mey JT, Ravussin E. Effects of ketone bodies on energy expenditure, substrate utilization, and energy intake in humans. *J Lipid Res*. 2023;64(10):100442. Available from: <https://doi.org/10.1016/j.jlcr.2023.100442>
37. Talib WH, Mahmud AI, Kamal A, Rashid HM, Alashqar AMD, Khater S, et al. Ketogenic diet in cancer prevention and therapy: Molecular targets and therapeutic opportunities. *Curr Issues Mol Biol*. 2021;43(2):558-589. Available from: <https://doi.org/10.3390/cimb43020042>
38. Prudencio MB, de Lima PA, Murakami DK, Sampaio LPB, Damasceno NRT. Micronutrient supplementation needs more attention in patients with refractory epilepsy under ketogenic diet treatment. *Nutrition*. 2021;86:111158. Available from: <https://doi.org/10.1016/j.nut.2021.111158>
39. Rollet M, Bohn T, Vahid F, On Behalf of The Oriscav Working Group. Association between dietary factors and constipation in adults living in Luxembourg and taking part in the ORISCAV-LUX 2 survey. *Nutrients*. 2021;14(1):122. Available from: <https://doi.org/10.3390/nu14010122>
40. Crosby L, Davis B, Joshi S, Jardine M, Paul J, Neola M, et al. Ketogenic diets



- and chronic disease: Weighing the benefits against the risks. *Front Nutr*. 2021;8:702802. Available from: <https://doi.org/10.3389/fnut.2021.702802>
41. Lane J, Brown NI, Williams S, Plaisance EP, Fontaine KR. Ketogenic diet for cancer: Critical assessment and research recommendations. *Nutrients*. 2021;13(10):3562. Available from: <https://doi.org/10.3390/nu13103562>
42. Martínez-Garay C, Djouder N. Dietary interventions and precision nutrition in cancer therapy. *Trends Mol Med*. 2023;29(7):489-511. Available from: <https://doi.org/10.1016/j.molmed.2023.04.004>