POISON INC.

Processed Food and Prescription Drugs Will Kill You

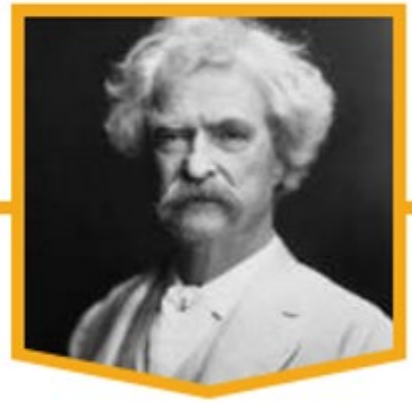
Paul Marik MD, FCCM, FCCP

FLCCC ALLIANCE

FRONT LINE COVID-19 CRITICAL CARE ALLIANCE
PREVENTION & TREATMENT PROTOCOLS FOR COVID-19

CONFLICT OF INTEREST

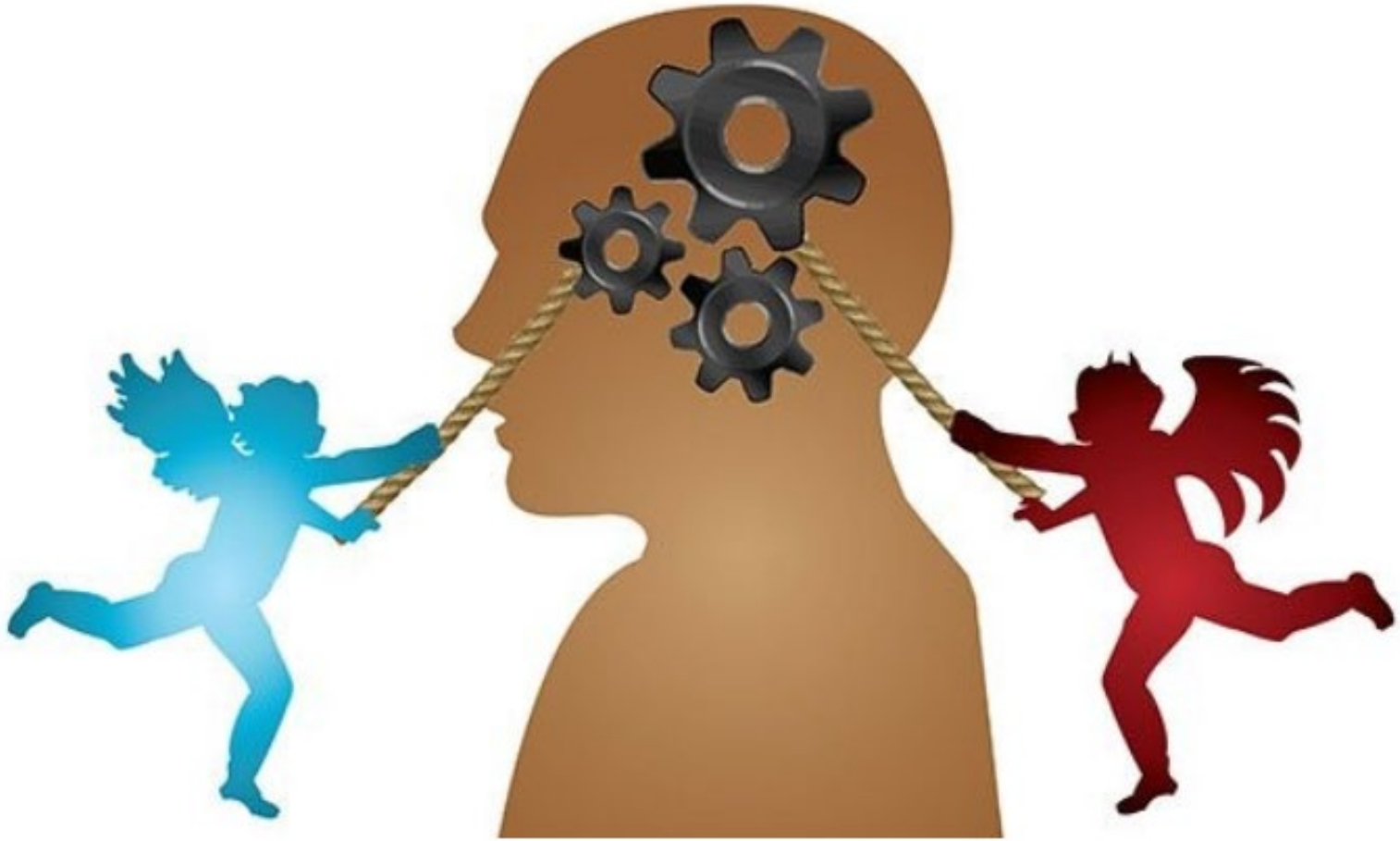
FLCCC
ALLIANCE



“Education is mainly what we have unlearned.”

- Mark Twain

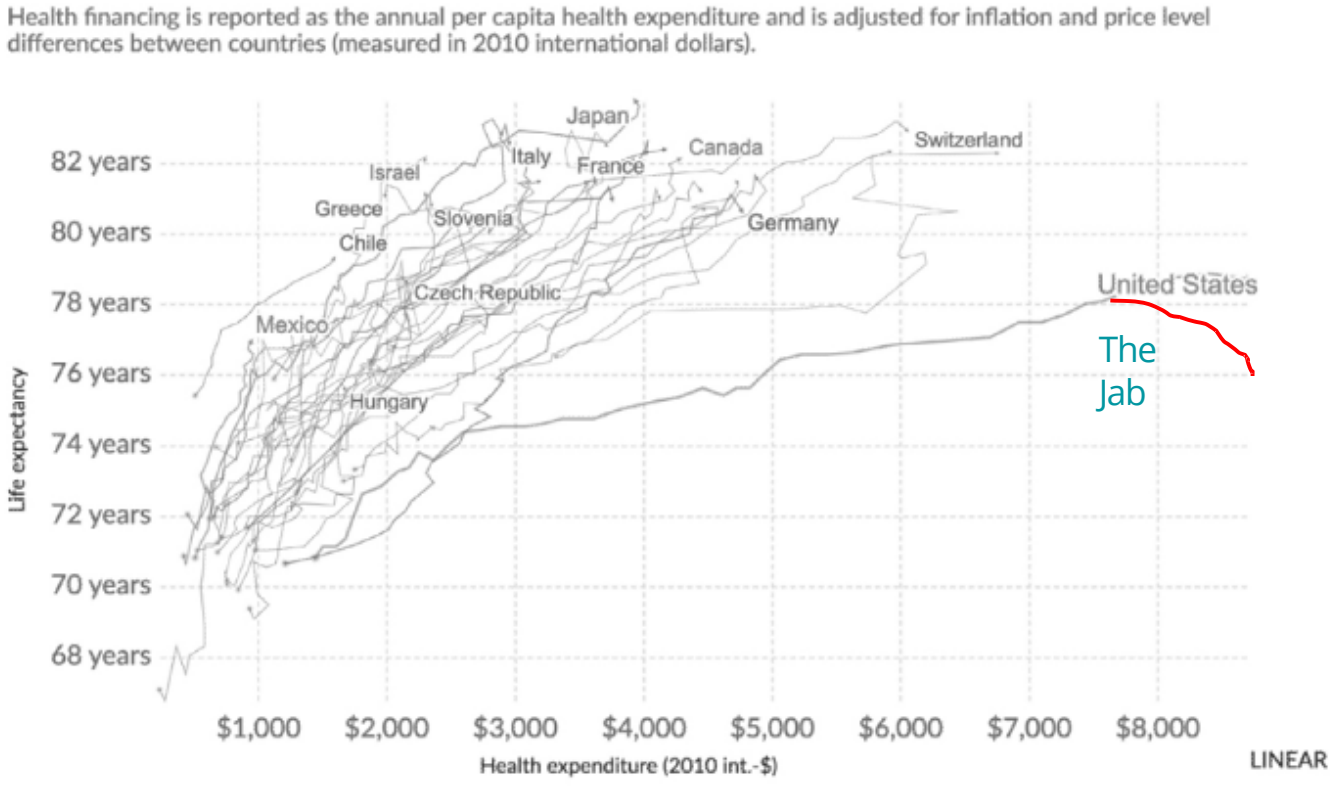
FLCCC
ALLIANCE



"it is difficult to get a man to understand something, when his salary depends on his not understanding it." - Upton Sinclair

ANNUAL PER CAPITA HEALTH CARE EXPENDITURE AND LIFE EXPECTANCY

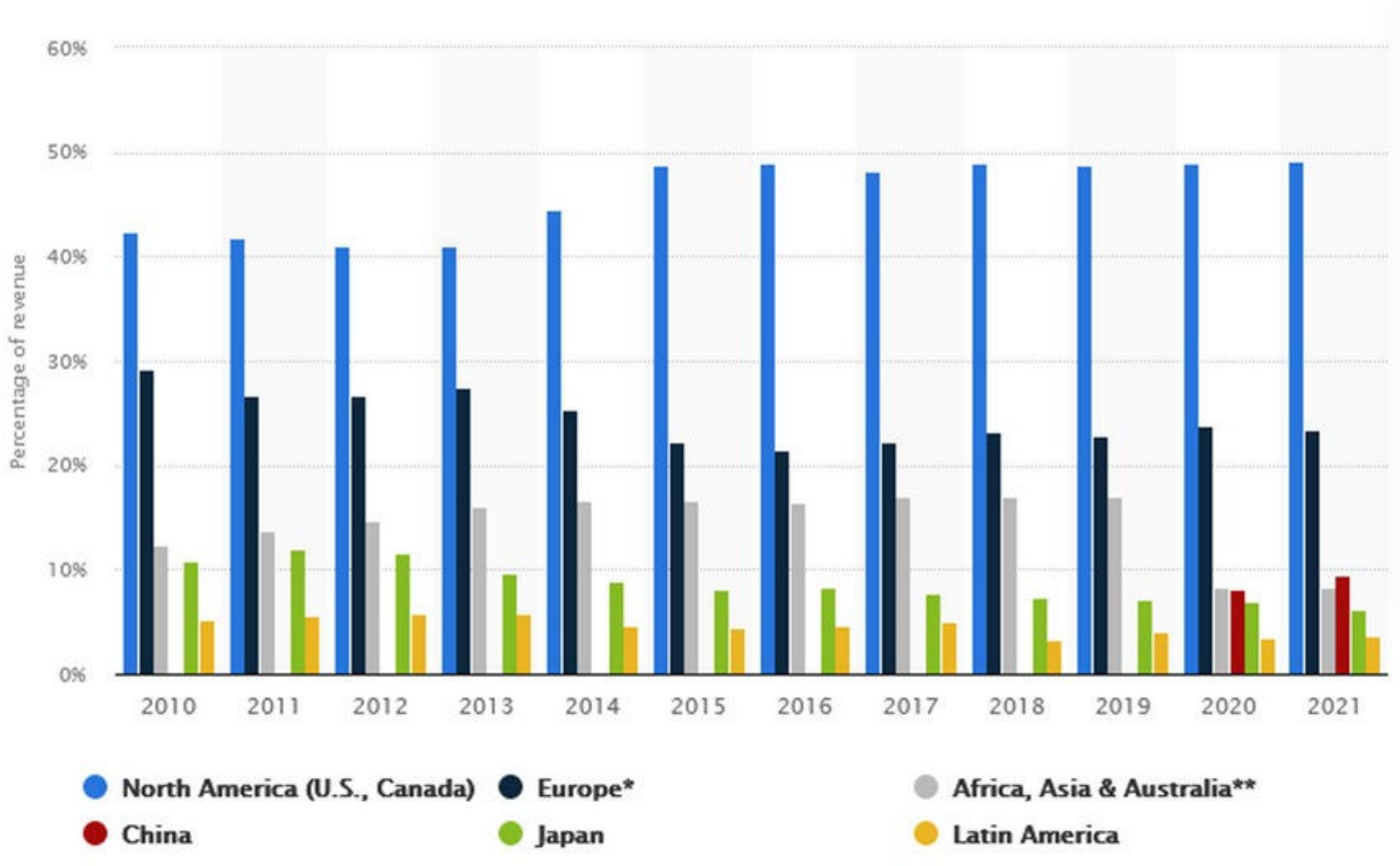
(1970-2015... 2021)



FLCCC ALLIANCE

DISTRIBUTION OF GLOBAL PHARMACEUTICAL MARKET REVENUE

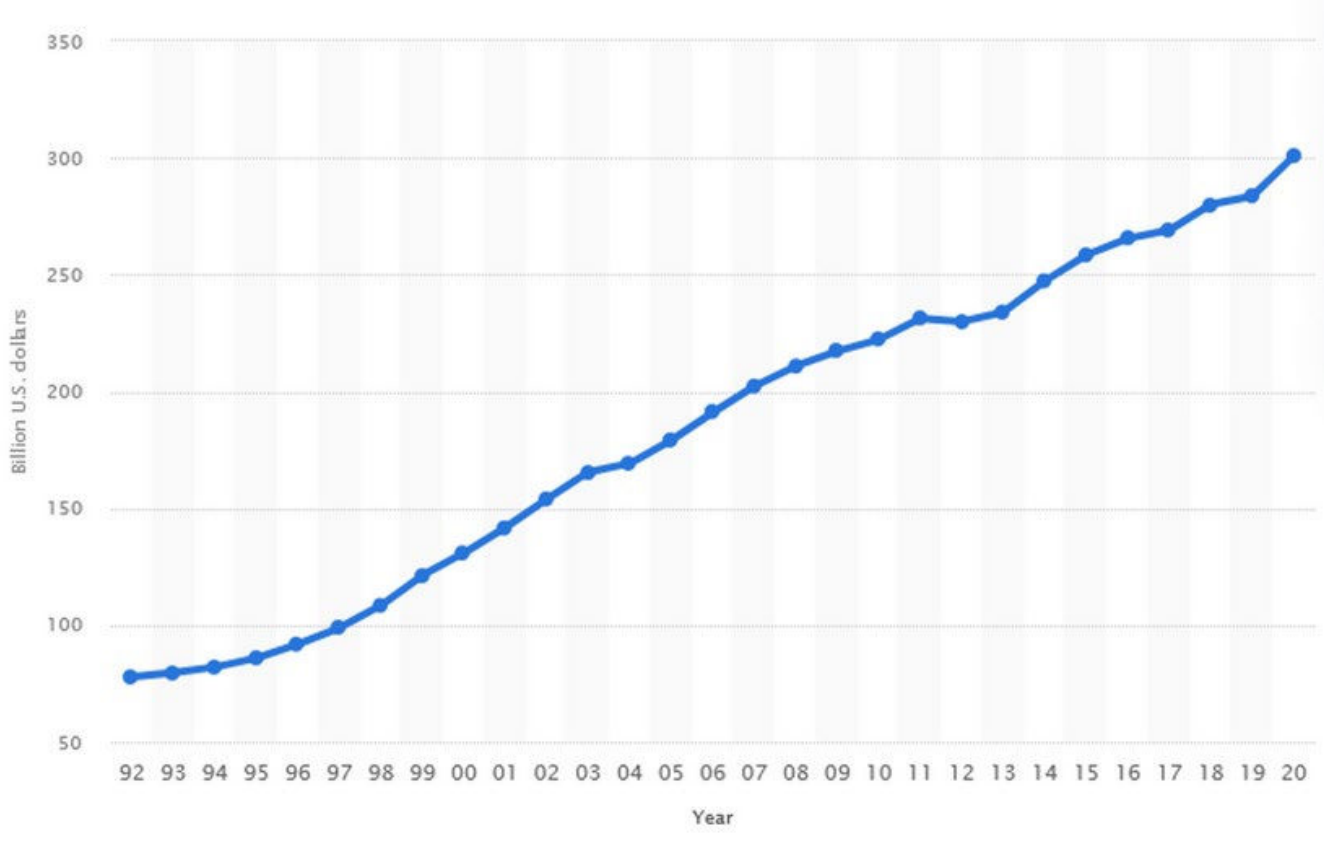
FROM 2010 TO 2021, BY REGION



FLCCC ALLIANCE

PHARMACY AND DRUG STORE SALES IN THE U.S. FROM 1992 TO 2020

IN BILLION U.S. DOLLARS



FLCCC ALLIANCE

MAJOR MEDICAL PRESCRIPTIONS

- Treat symptoms and not the disease
  - SSRIs are ineffective for treatment of depression, anxiety, obsessive-compulsive disorders, premenstrual anxiety, etc.
  - STATINS (in general) do not improve health care outcomes
  - Medications for Type 2 diabetes do not cure diabetes
  - Medications for hypertension do not cure hypertension
  - PPI don't cure reflux esophagitis
- All DRUGS have significant side effects
- Many elderly patients take in excess of 12 prescription medications

FLCCC ALLIANCE

BMJ Open

Adverse drug reactions, multimorbidity and polypharmacy: a prospective analysis of 1 month of medical admissions

Results There were 218 identified patient admissions with an ADR giving a prevalence of 18.4%. The majority of these (90.4%) were ADRs that directly resulted in or contributed to admission.

BMJ Open 2022;12:e055551

FLCCC ALLIANCE

The NEW ENGLAND JOURNAL of MEDICINE

Selective Publication of Antidepressant Trials and Its Influence on Apparent Efficacy

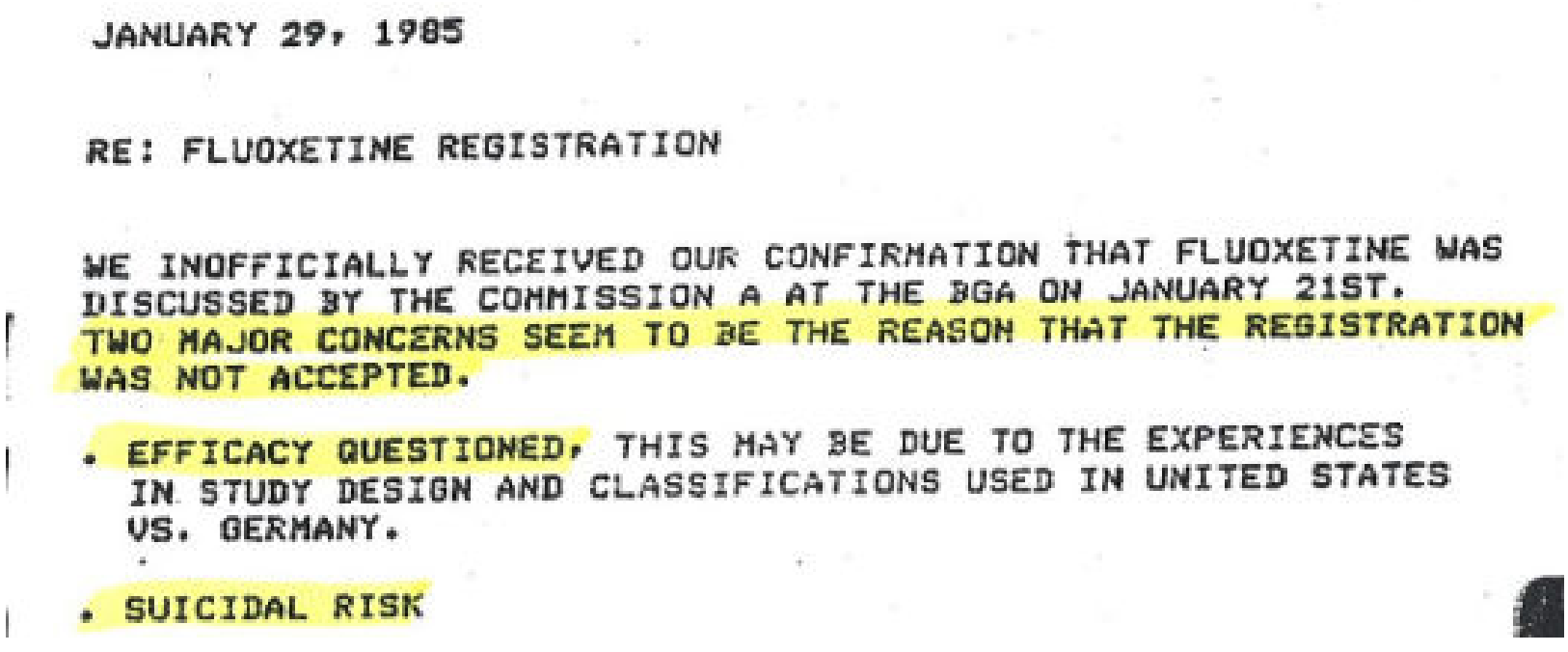
Erick H. Turner, M.D., Annette M. Matthews, M.D., Eftihia Linardatos, B.S., Robert A. Tell, L.C.S.W., and Robert Rosenthal, Ph.D.

Among 74 FDA-registered studies, 31%, accounting for 3449 study participants, were not published. A total of 37 studies viewed by the FDA as having positive results were published; 1 study viewed as positive was not published. Studies viewed by the FDA as having negative results were, with 3 exceptions, either not published (22 studies) or published in a way that, in our opinion, conveyed a positive outcome (11 studies). According to the published literature, it appeared that 94% of the trials conducted were positive. By contrast, the FDA analysis showed that 51% were positive.

NEJM 1008;358:252

FLCCC ALLIANCE

FLUOXETINE NOT APPROVED BY GERMAN MEDICINES COUNCIL



JANUARY 29, 1985

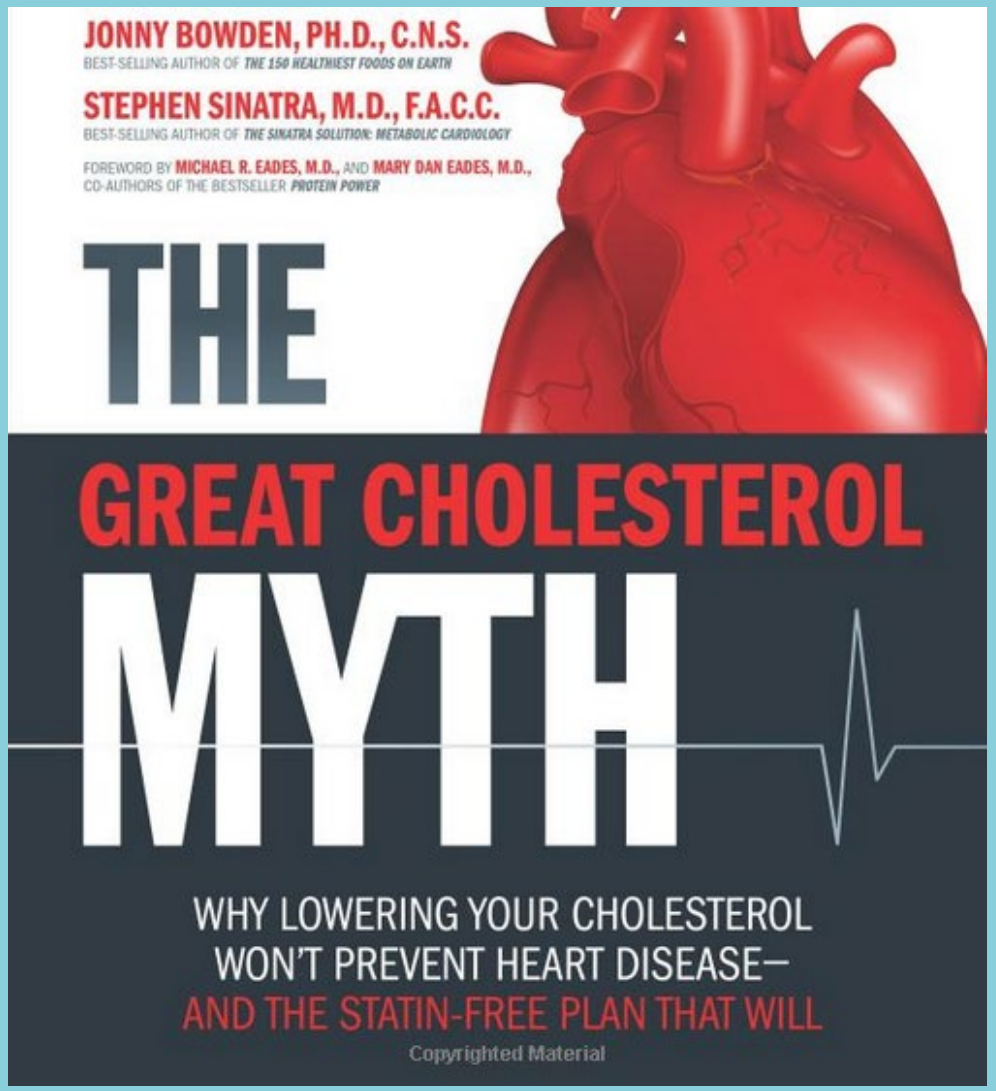
RE: FLUOXETINE REGISTRATION

WE INOFFICIALLY RECEIVED OUR CONFIRMATION THAT FLUOXETINE WAS DISCUSSED BY THE COMMISSION A AT THE BGA ON JANUARY 21ST. TWO MAJOR CONCERNS SEEM TO BE THE REASON THAT THE REGISTRATION WAS NOT ACCEPTED.

- EFFICACY QUESTIONED, THIS MAY BE DUE TO THE EXPERIENCES IN STUDY DESIGN AND CLASSIFICATIONS USED IN UNITED STATES VS. GERMANY.

- SUICIDAL RISK

FLCCC ALLIANCE



FLCCC
ALLIANCE

The Cholesterol SCAM

The cholesterol as an indicator of heart-disease-hypothesis is the "greatest scam ever perpetrated on the American public"

George Mann MD
Vanderbilt University
Author of Framingham Heart study

The Cholesterol "truths"

- Cholesterol DOES NOT cause heart disease
- The real causes of heart disease are inflammation, oxidation, sugar and stress
- Cholesterol in the diet has virtually no effect on cholesterol in the blood
- Replacing saturated fat in the diet with CHO or vegetable oils (omega-6) INCREASE the risk of heart disease

The Cholesterol "truths"

- Cholesterol is made by every cell in the body
- Essential component of cell membrane and subcellar structures
- The brain is particularly rich in cholesterol (about a quarter of total cholesterol) and is essential for brain function
- Cholesterol is converted into vitamin D, steroid hormones and bile salts.

Small Dense (type B) LDL

- At least 13 cholesterol subfractions
  - HDL (good) LDL (bad) approach is outdated/wrong
- Small dense LDL may be a risk factor for CVD
- Large “fluffy” LDL may be protective for CVD
- Low-fat high-CHO diet increase small dense LDL
- Saturated fat decreases small dense LDL
- Statins decrease large fluffy LDL

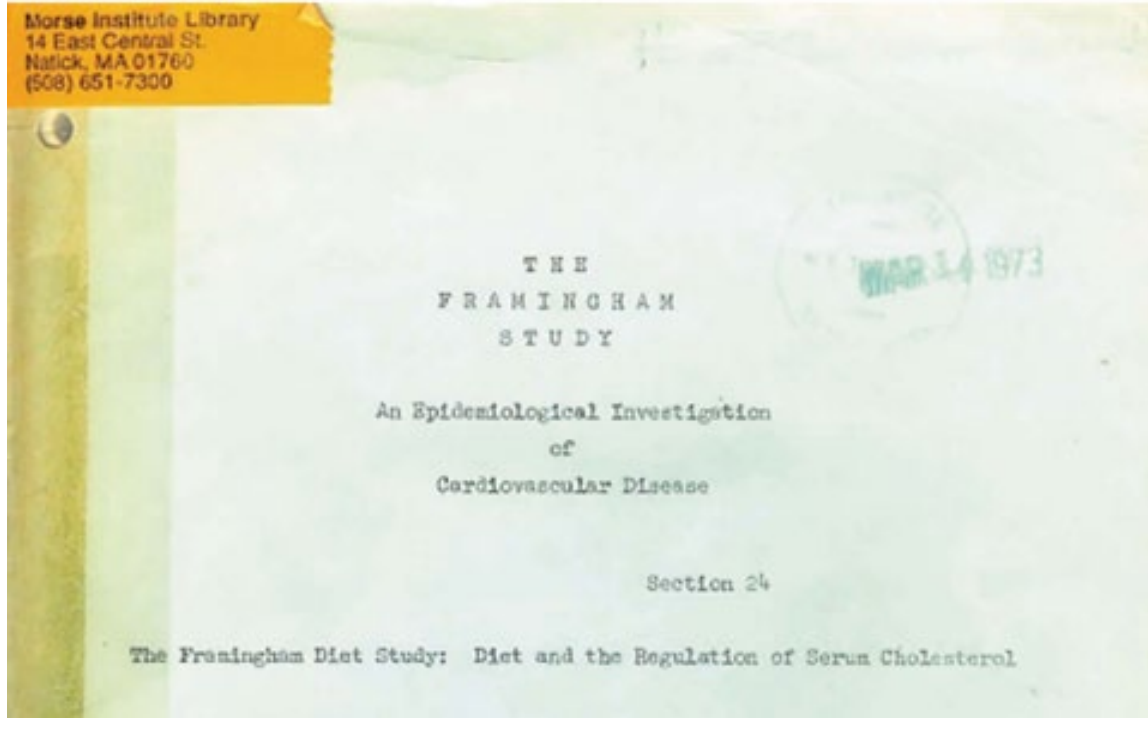
Insulin Resistance

Insulin resistance is likely the most important single cause of Coronary Artery Disease (CAD). A better understanding of its pathogenesis and how it might be prevented or cured could have a profound effect on CAD.

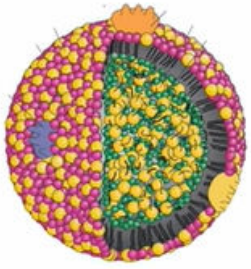
Eddy D, et al. Diabetes Care 2009;32:361

Unpublished *Framingham Diet Study with* over 1000 participants followed between 1957 and 1960.

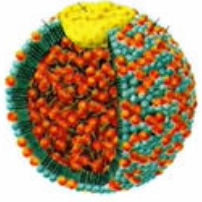
Result: No association between dietary fat intake and blood cholesterol levels



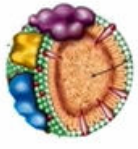
Question one should ask is?



VLDL



LDL



HDL

PCSK9

LDLR

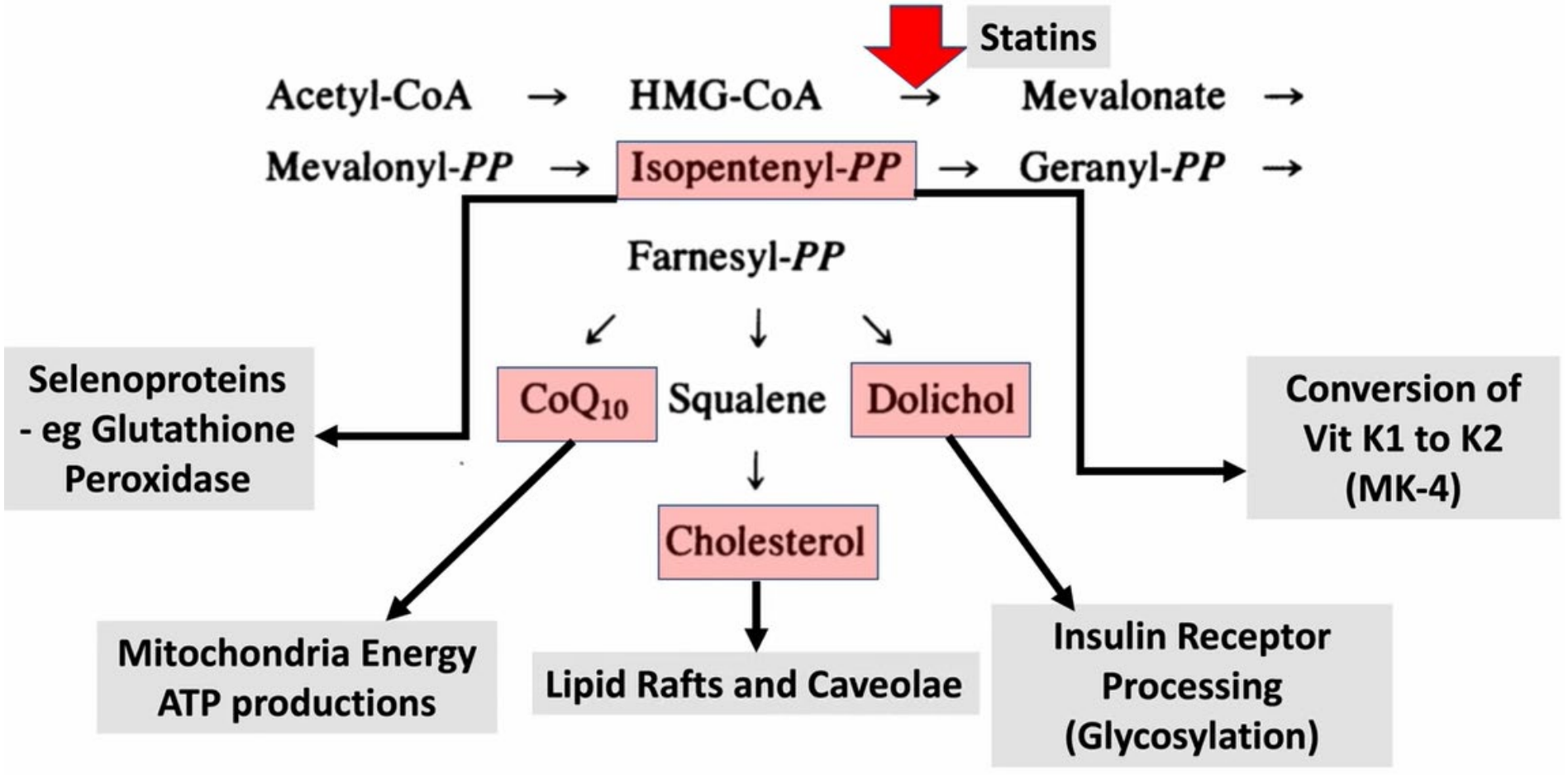
Should I tamper with lipoproteins in general and LDL in particular when millions of years of evolution has endowed it with..

Host defense
Modulation of inflammation
Prevention of vascular calcification
Receptor function and processing
Cellular signal transmission
Neurotransmitter signaling
Cell repair
Muscle function
Cell membrane integrity
Energy Delivery

By God this list is not complete!

FLCCC ALLIANCE

The Cholesterol Synthesis Pathway in Humans

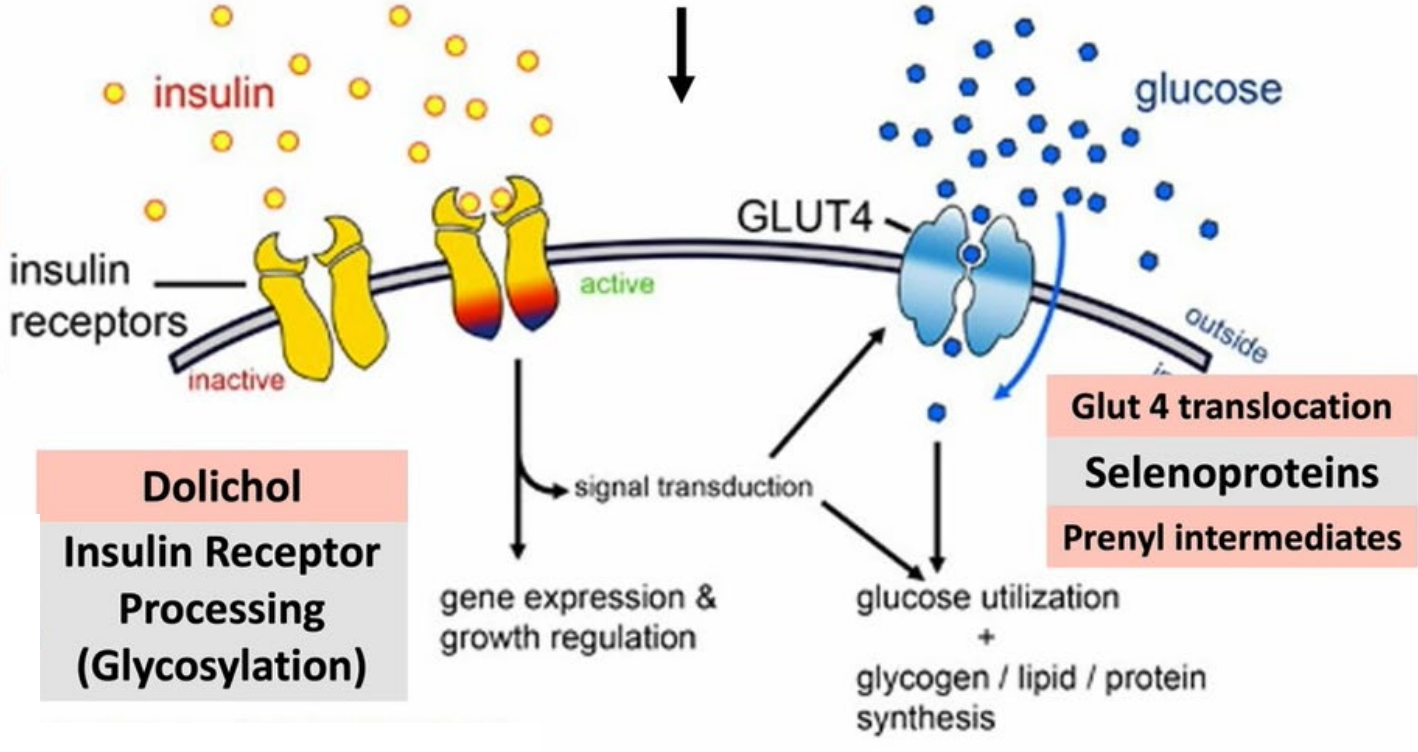


FLCCC ALLIANCE

Statins alter Insulin Receptor and Glut4

Cholesterol

Lipid Rafts and Caveolae



Dolichol

Insulin Receptor Processing (Glycosylation)

Glut 4 translocation

Selenoproteins

Prenyl intermediates

FLCCC ALLIANCE

REVIEW ARTICLE

Statins and All-Cause Mortality in High-Risk Primary Prevention

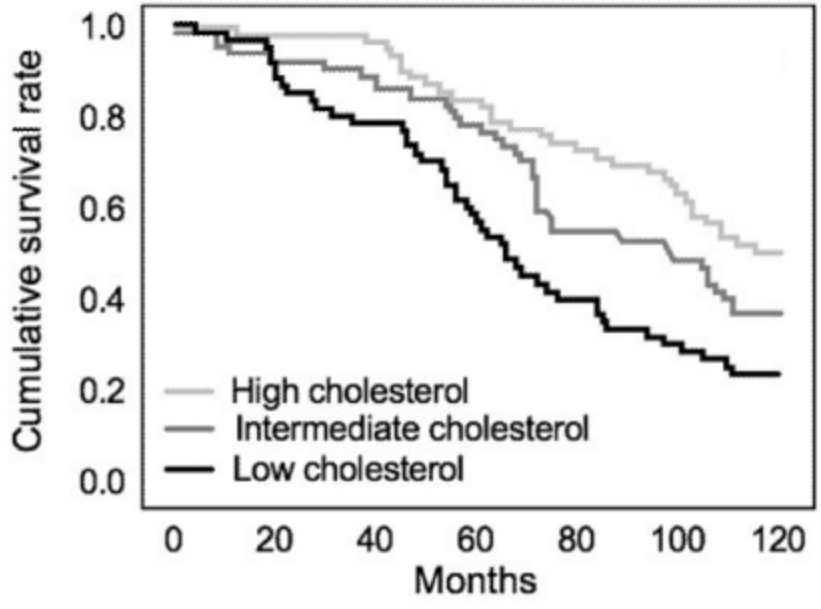
A Meta-analysis of 11 Randomized Controlled Trials Involving 65 229 Participants

Conclusion: This literature-based meta-analysis did not find evidence for the benefit of statin therapy on all-cause mortality in a high-risk primary prevention set-up.

Arch Intern Med 2010;17:1024

FLCCC ALLIANCE

SURVIVAL OF ELDERLY PATIENTS STRATIFIED BY CHOLESTEROL LEVELS



Takata Y, et al. Clinical Investigation in Aging 2014; 9:293

FLCCC ALLIANCE

Cholesterol paradox: a correlate does not a surrogate make

Robert DuBroff

Table 1 Examples of cholesterol lowering randomised controlled trials that reported no mortality be

Study	Patient population size and characteristics	Intervention	Mean duration	Cholesterol reduction	CVD event reduction
A to Z	4497 ACS	Simvastatin 0–20 mg/day or simvastatin 40–80 mg/day	6–24 months	19% LDL	No (HR 0.89, 95% CI 0.76 to 1.04)
ACCELERATE	12 092 high risk	Evacetrapib 130 mg/day	30 months	37% LDL	No (HR 1.01, 95% CI 0.91-1.12)
AIM-HIGH	3414 CVD, low HDL, on simvastatin ±ezetimibe	Niacin ER 1.5–2.0 g/day	3 years	16% LDL	No (HR 1.02, 95% CI 0.87 to 1.21)
ALERT	2102 s/p renal transplantation	Fluvastatin 40 mg/day	5.1 years	32% LDL	No (RR 0.83, 95% CI 0.64 to 1.06)
ALLHAT-LLT	10 355 >55 years, HBP, moderate hypercholesterolaemia	Pravastatin 40 mg/day	4.8 years	28% LDL	No (RR 0.91, 95% CI 0.79 to 1.04)
ASCOT-LLA	10 305 HBP, low-average cholesterol	Atorvastatin 10 mg/day	3.3 years	29% LDL	Yes (HR 0.64, 95% CI 0.50 to 0.83)
ASPEN	2410 T2DM	Atorvastatin 10 mg/day	4 years	29% LDL	No (HR 0.9, 95% CI 0.73 to 1.12)
AURORA	2776 haemodialysis	Rosuvastatin 10 mg/day	3.8 years	43% LDL	No (HR 0.96, 95% CI 0.84 to 1.11)
CARDS	2838 T2DM	Atorvastatin 10 mg/day	3.9 years	40% LDL	Yes (RinR 37%, 95% CI 17% to 52%)
CARE	4149 s/p MI, average cholesterol	Pravastatin 40 mg/day	5 years	28% LDL	Yes (RinR 24%, 95% CI 9% to 36%)
CDP	8341 men s/p MI	Dextrothyroxine 6 mg/day	3 years	11% TC	No (excess mortality, premature trial termination)
CDP	8341 men s/p MI	Clofibrate 1.8 gm/day	5 years	6% TC	No (Z=1.99)
CDP	8341 men s/p MI	Niacin 3 gm/day	5 years	11% TC	No (Z=–1.49)
CDP	8341 men s/p MI	Oestrogen 2.5 mg/day	56 months	NR	No (excess DVT, PE and cancer, premature trial termination)
CDP	8341 men s/p MI	Oestrogen 5.0 mg/day	18 months	NR	No (excess non-fatal MI, premature trial termination)
CORONA	5011 > 60 years, ischaemic systolic HF	Rosuvastatin 10 mg/day	33 months	45% LDL	No (HR 0.92, 95% CI 0.83 to 1.02)
ENHANCE	720 FH on simvastatin	Ezetimibe 10 mg/day	2 years	16% LDL	No (trend towards excess CVD events)
FIELD	9795 T2DM	Fenofibrate 200 mg/day	6 years	12% LDL	No (HR 0.89, 95% CI 0.75 to 1.05)
GISSI-HF	4574 Chronic HF (40% ischaemic)	Rosuvastatin 10 mg/day	3.9 years	27–32% LDL	No (HR 1.02, 99% CI 0.92 to 1.13)
GISSI-P	4271 Recent MI	Pravastatin 10–40 mg/day	2 years	15% LDL	No (HR 0.90, 95% CI 0.71 to 1.15)
HERS	2763 women with CVD, intact uterus	CEE 0.625 mg+MPA 2.5 mg/day	4.1 years	11% LDL	No (HR 0.99, 95% CI 0.80–1.11, excess morbidity, premature trial termination)
HOPE-3	12 705 HBP, intermediate risk	Rosuvastatin 10 mg/day	5.6 years	26% LDL	Yes (HR 0.76, 95% CI 0.64 to 0.91)
Howard 2006	48 835 postmenopausal women	Low-fat diet	8.1 years	7% LDL	No (HR 0.97, 95% CI 0.90 to 1.06)
HPS2-THRIVE	25 673 vascular disease on statins	Niacin ER 2 gm/d+laropiprant 40 mg/day	3.9 years	16% LDL	No (RR 0.96, 95% CI 0.90 to 1.03)
IDEAL	8888 s/p MI	Atorvastatin 80 mg/day or simvastatin 20 mg/day	4.8 years	20% LDL	No (HR 0.89, 95% CI 0.78 to 1.01)
IMPROVE-IT	18 144 s/p ACS on simvastatin 40 mg/d	Ezetimibe 10 mg/day	6 years	24% LDL	Yes (HR 0.94, 95% CI 0.89 to 0.99)
JUPITER	17 800 LDL <130 mg/dL, hsCRP >2 mg/L	Rosuvastatin 20 mg/day	1.9 years	49% LDL	Yes (HR 0.56, 95% CI 0.46 to 0.69)
MEGA	7932 hypercholesterolaemia	Pravastatin 10–20 mg/day	5.3 years	15% LDL	Yes (HR 0.67, 95% CI 0.49 to 0.91)
Minnesota Coronary Experiment	9423 nursing home and mental hospital residents	PUFA or SFA diet	41–56 months	12.8% TC	No (excess mortality HR 1.22, 95% CI 1.14 to 1.32; excess CVD RR 1.9, 95% CI 1.01 to 3.72)
LIPS	1677 s/p first PCI	Fluvastatin 80 mg/day	3.9 years	27% LDL	Yes (HR 0.78, 95% CI 0.64 to 0.95)
LRC-CPPT	3806 men, hypercholesterolaemia	Cholestyramine	7.4 years	13% LDL	Yes (RinR 19% p<0.05)
Post-CABG	1351 s/p CABG	Lovastatin 2.5–40 mg ± cholestyramine/day	4.3 years	24–25% LDL	No
PREVEND-IT	864 microalbuminuria	Pravastatin 40 mg/day	3.8 years	21% LDL	No (HR 0.87, 95% CI 0.49 to 1.57)
PROSPER	5804 elderly at risk of vascular disease	Pravastatin 40 mg/day	3.2 years	34% LDL	Yes (HR 0.85, 95% CI 0.74 to 0.97)
PROVE-IT	4162 ACS, TC <240 mg/dL	Pravastatin 40 mg/day or atorvastatin 80 mg/day	24 months	35% LDL	Yes (RinR 16%, 95% CI 5% to 26%)
SEAS	1873 mild-moderate aortic stenosis	Simvastatin 40 mg+ezetimibe 10 mg/day	4.4 years	50% LDL	No (HR 0.96, 95% CI 0.83 to 1.12)
SHARP	9270 CKD	Simvastatin 20 mg/day+ezetimibe 10 mg/day	4.9 years	31% LDL	Yes (RR 0.83, 95% CI 0.74 to 0.94)

Continued

FLCCC ALLIANCE

All Cause Mortality (ACM) time line in LDL clinical trials with statins and PCSK9 inhibitors

Outcome	4S	IDEAL	CARDS - ATOR	ASPEN - ATOR	JUPITER	IMPROVE-IT	FOURIER
No. of patients randomized	4444	8888	2838	2410	17 802	18144	27 564
LDL % reduction	**25.0%**	**23.0%**	**33.0%**	**30.0%**	**50.0%**	**24.3%**	**59.0%**
Mortality - Treated	8.2%	8.2%	4.3%	5.7%	2.8%	5.8%	3.2%
Mortality - Placebo	11.5%	8.4%	5.8%	5.7%	2.2%	5.7%	3.1%
Mortality Benefit	**3.3%**	**0.2%**	**1.5%**	**0%**	**0.55%**	**0.10%**	**0.1% (+)**
Year of Publication	1994	2005	2004	2006	2008	2015	2017

2004 Vioxx Scandal – Merck agreed to pay $5 billion in damages to victims of this fraud

Lancet reports ≅88 000 pt has heart attacks and 38 000 died from Vioxx

New Clinical Trial Guidelines – US Congress -2004-5

Where did the miraculous **3.3% ARR in ACM from 4S trials disappear** in subsequent trials despite similar or greater reduction in LDL!!!?

FLCCC ALLIANCE

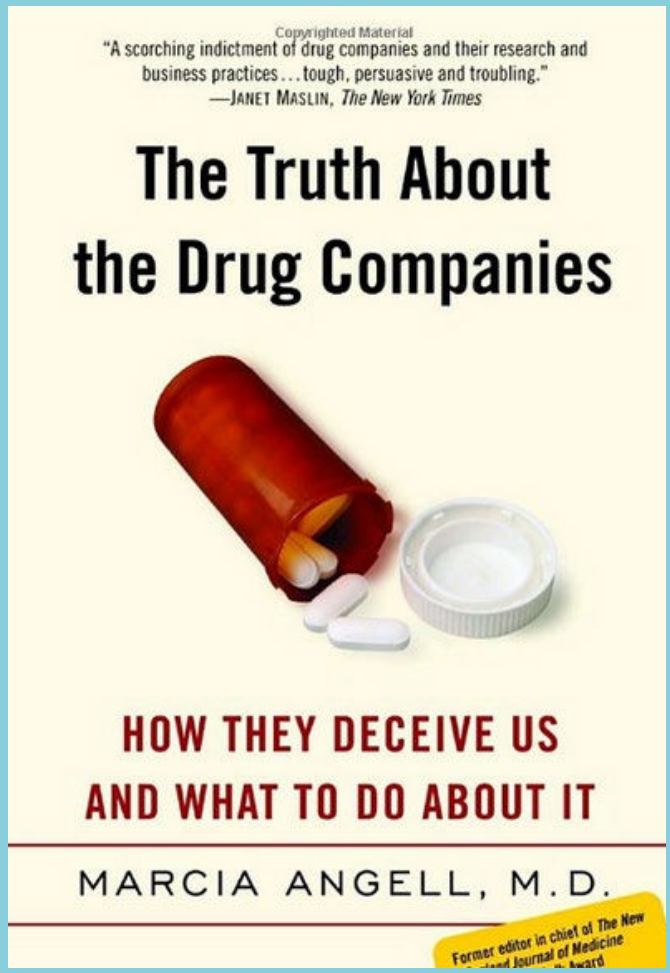
Should I view statins and PCSK9 as...

- Mitochondrial toxins
- Alter memory and cognitions
- Promoting vascular calcification and perhaps atherosclerosis
- Cause Insulin Resistance
- Promote oxidative injury (decrease glutathione peroxidase)
- Damage muscles (cardiac and skeletal)
- Damage mitochondrial DNA
- COI in industry sponsored trials
- Lack of checks and balances in statin trials

FLCCC ALLIANCE

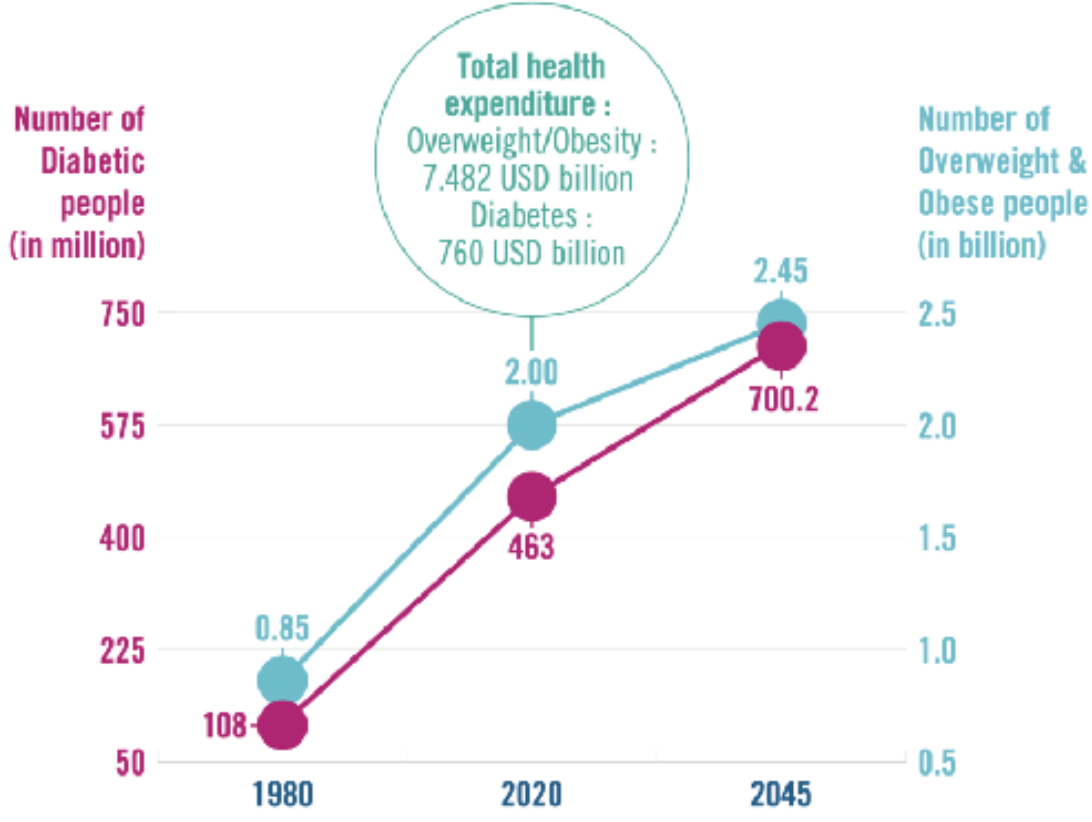
“It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of The New England Journal of Medicine.”

- Dr. Marcia Angell



FLCCC ALLIANCE

WORLDWIDE PREVALENCE OF DMT2 AND OBESITY



FLCCC ALLIANCE

TWO BIG LIES! ABOUT TYPE 2 DIABETES

- Jason Fung, MD

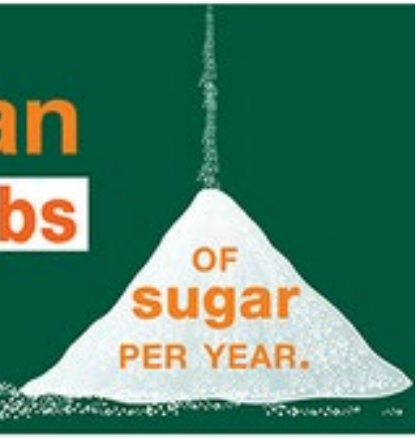
- Type two diabetes is a chronic progressive disease that can't be cured
- Lowering glucose (with medications) is the primary goal

FLCCC ALLIANCE

Americans spend 10% OF THEIR DISPOSABLE INCOME ON fast food.

Processed foods MAKE UP CLOSE TO 70% OF THE U.S. diet.

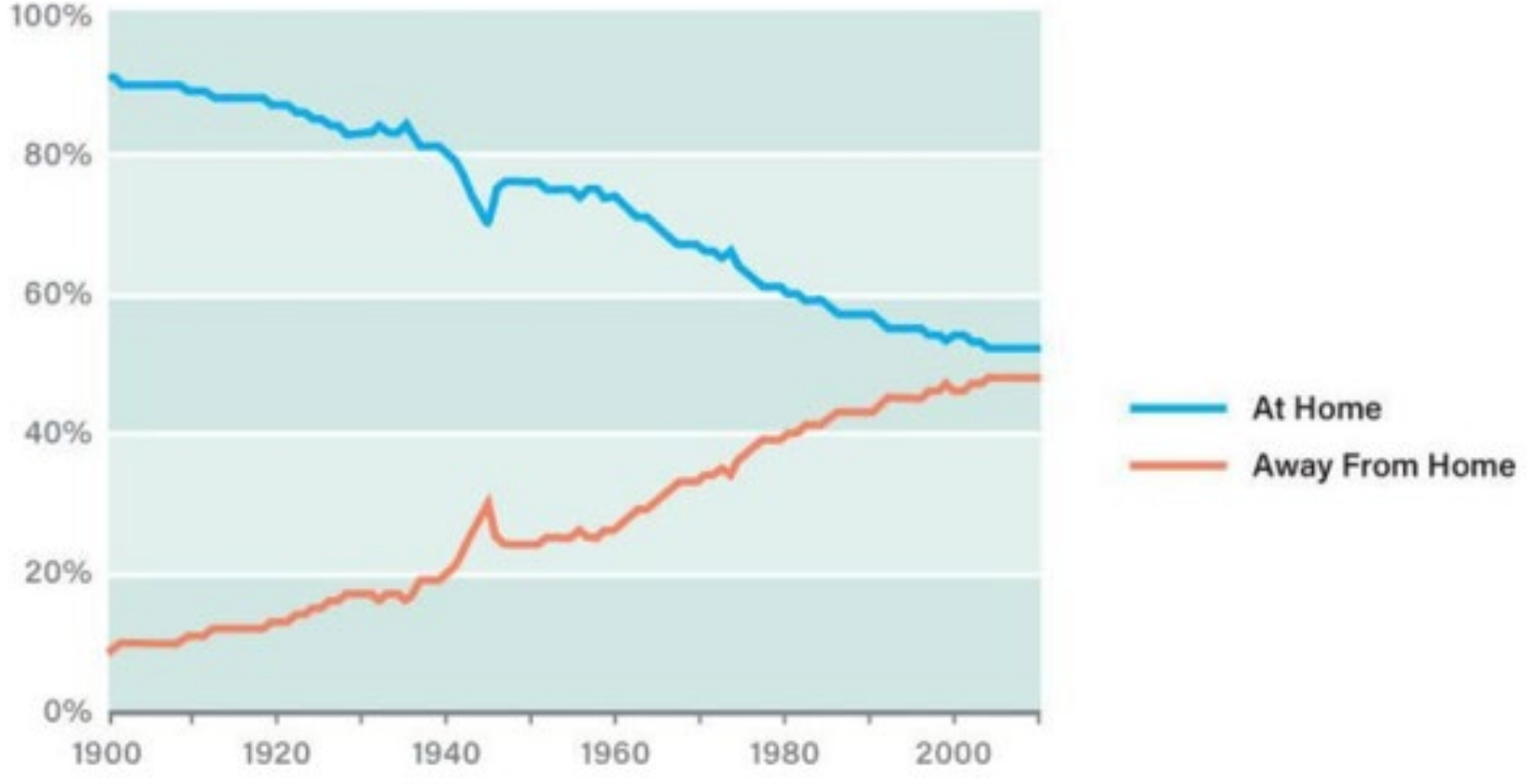
THE AVERAGE American CONSUMES 130 lbs OF sugar PER YEAR.



MORE THAN 1/3 OF U.S. ADULTS ARE obese.

In the early 2000s, 60% OF ALL MIDDLE SCHOOLS AND HIGH SCHOOLS sold soft drinks in vending machines.

Meals Eaten at Home vs Away from Home



OPEN ACCESS Freely available online

PLoS one

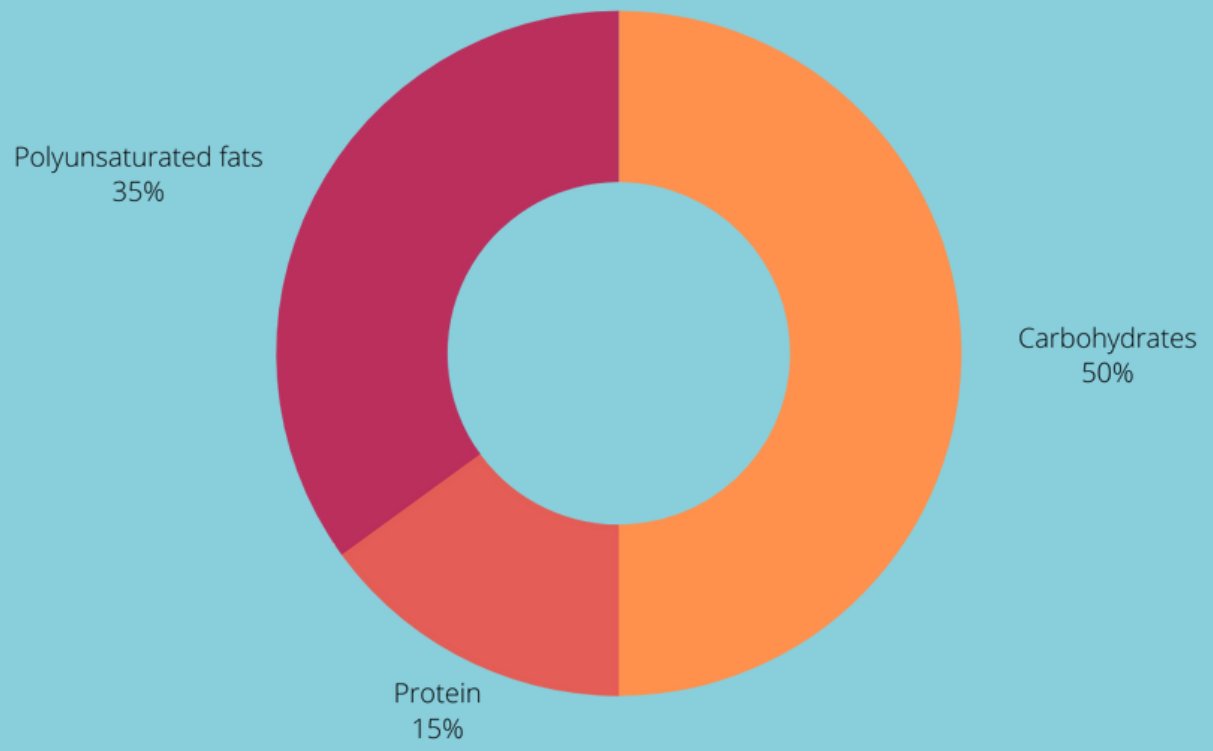
Intense Sweetness Surpasses Cocaine Reward

Magalie Lenoir, Fuschia Serre, Lauriane Cantin, Serge H. Ahmed*

FLCCC
ALLIANCE

TOP 10 AMERICAN FOODS

- Hamburger
- Hot dog
- French Fries
- Oreo cookies
- Pizza
- Soft drinks/soda
- Chicken tenders
- Ice Cream
- Doughnuts
- Potato chips



FLCCC
ALLIANCE

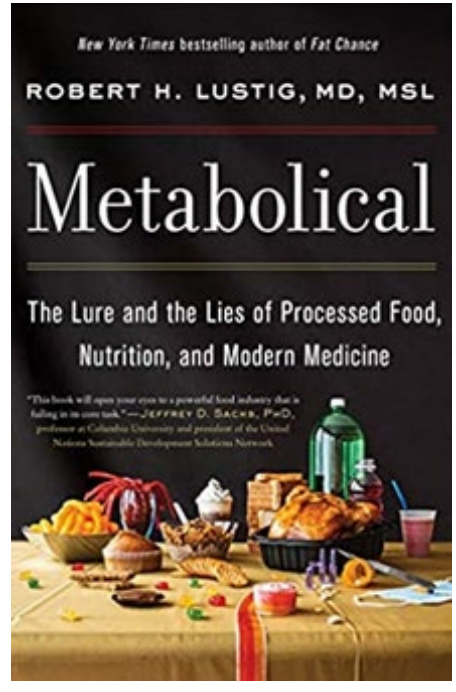
MAJOR TOXINS WE'RE EXPOSED TO

Morbidity and deaths from sugar far exceed those from cigarettes

Processed Food

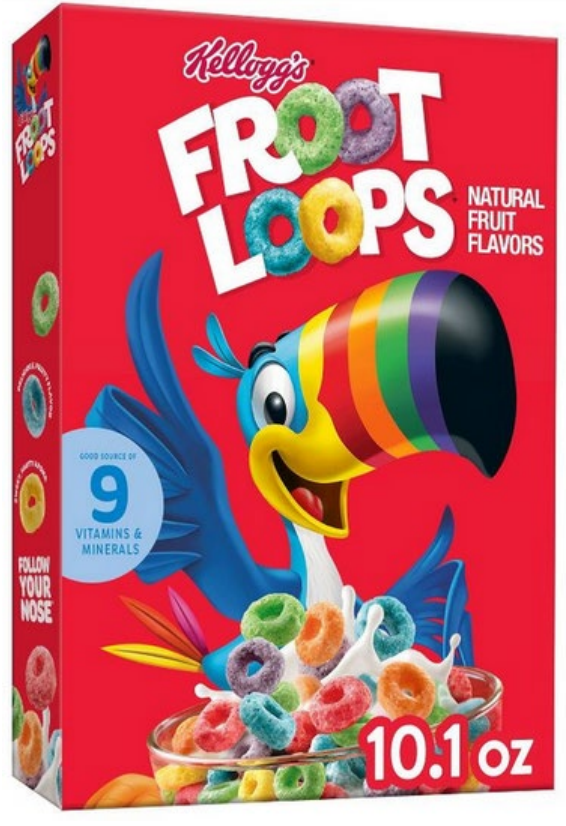
Sugar

High Fructose Corn Syrup



FLCCC ALLIANCE

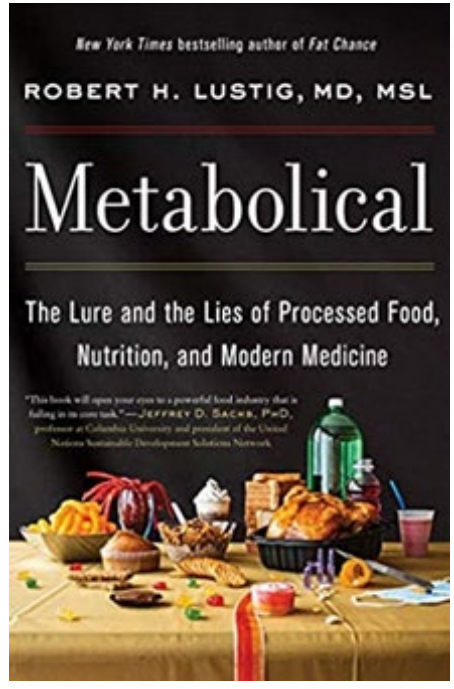
REAL FOOD VS “PROCESSED FOOD”



FLCCC
ALLIANCE

TOXICITY OF PROCESSED FOODS

- Sugar as fructose
  - Fatty liver and insulin resistance
  - Damages mitochondria
  - Proinflammatory
- Excess omega-6 fatty acids (seed oils)
  - Proinflammatory, oxidant injury
- Lack of omega-3 fatty acids
  - Anti-inflammatory
- Lack of fiber

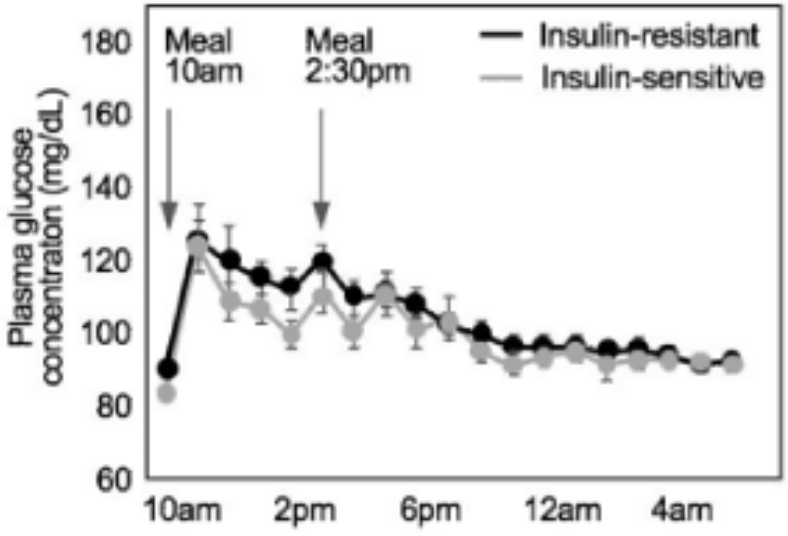


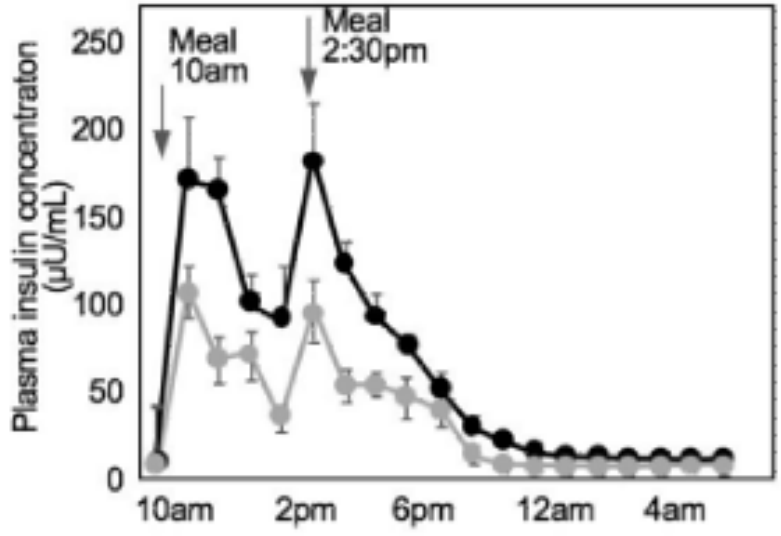
FLCCC ALLIANCE

INSULIN RESISTANCE-
Non-alcoholic fatty liver disease (NAFLD)

The cause of:

- Prediabetes/Type II diabetes
- Accelerated atherosclerosis (Coronary artery disease)
  - NOT Cholesterol
- Cancer
- Dementia

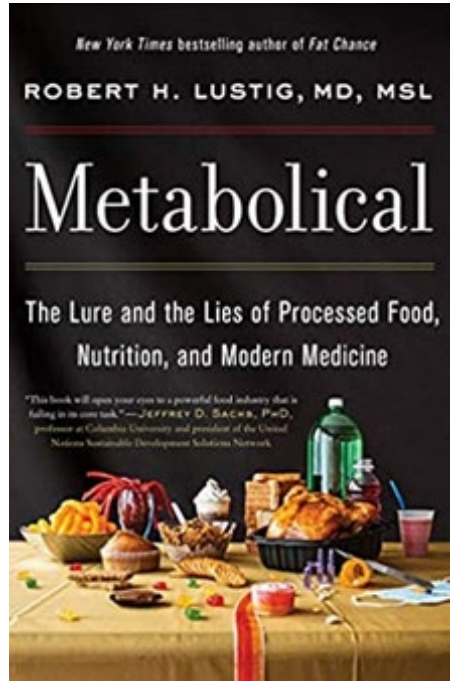




FLCCC ALLIANCE

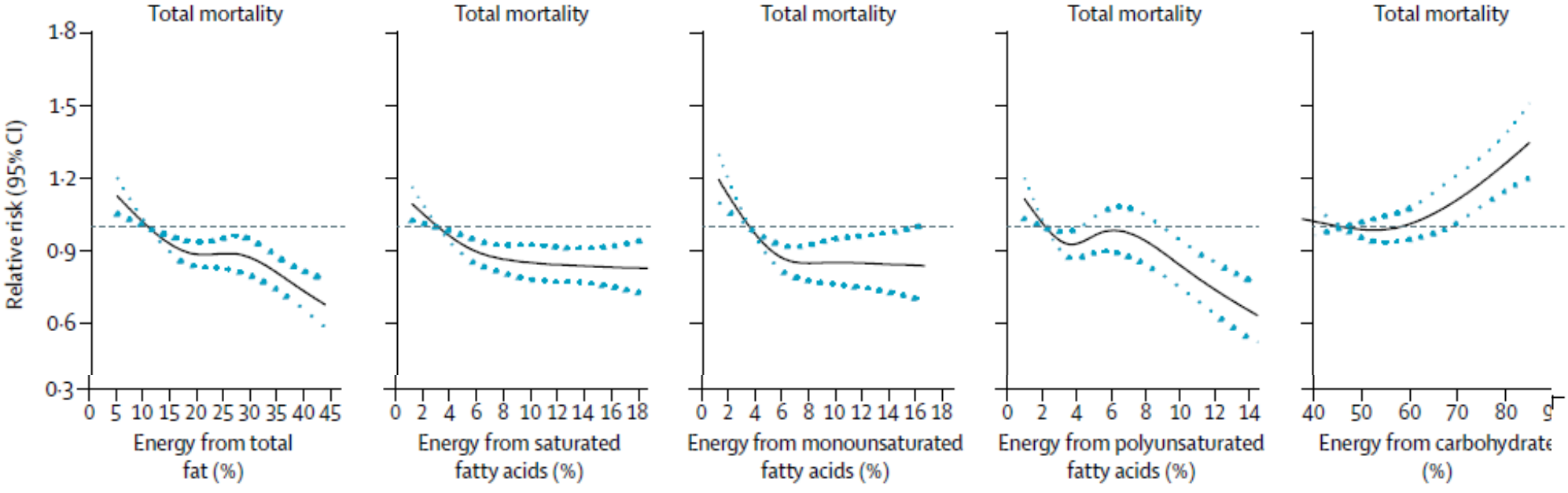
TWO SIMPLE CONCEPTS (SIX WORDS)

- Protect the liver
- Feed the gut



FLCCC ALLIANCE

Associations of fats and carbohydrate intake with cardiovascular disease and mortality in 18 countries from five continents (PURE): a prospective cohort study



Lancet 2017;290:2050

FLCCC ALLIANCE

THE “LOW-FAT” FRAUD

Lowfat Vanilla Yogurt

Nutrition Facts

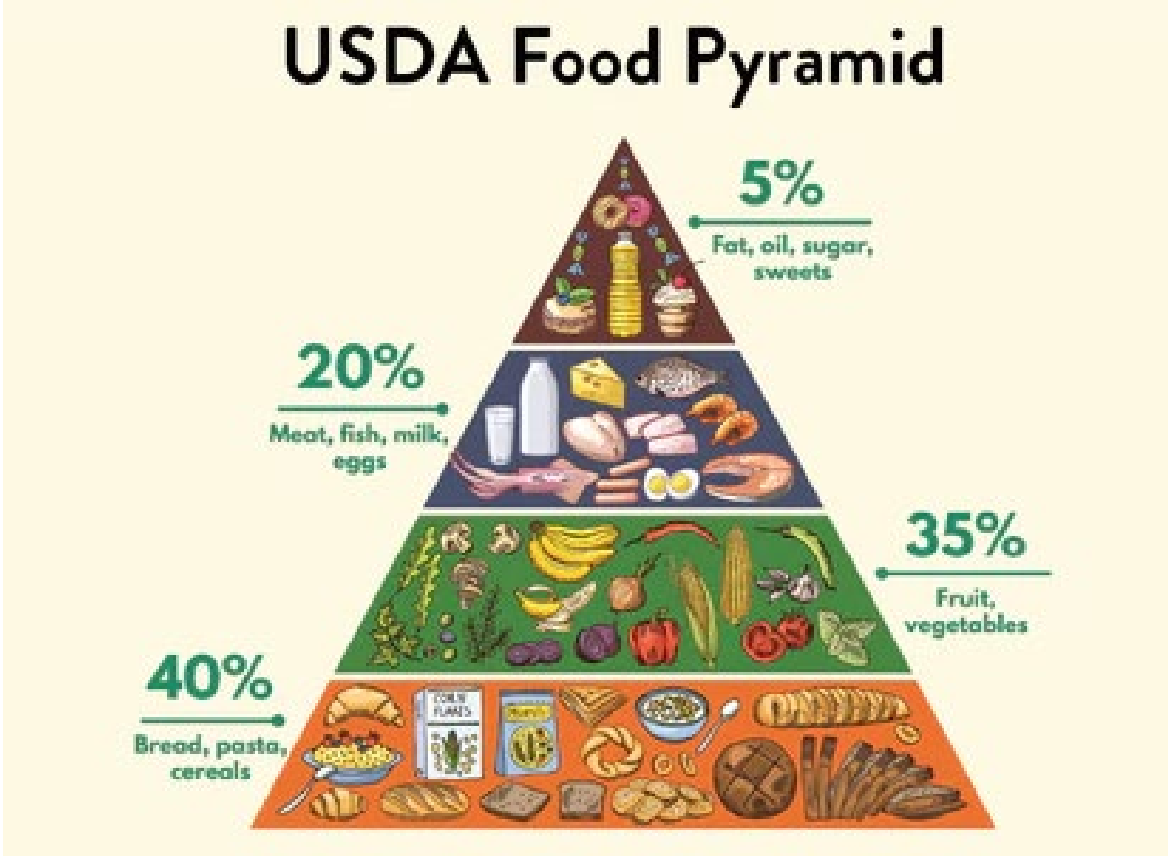
Serving Size (150g)
Servings Per Container 1

Amount Per Serving	
Calories 130	Calories from Fat 20
	% Daily Value*
Total Fat 2g	**3%**
Saturated Fat 1.5g	**8%**
Trans Fat 0g	
Cholesterol 10mg	**3%**
Sodium 90mg	**4%**
Total Carbohydrate 22g	**7%**
Dietary Fiber 0g	**0%**
Sugars 22g	
Protein 7g	**14%**

*Percent Daily Values are based on a 2,000 calorie diet.

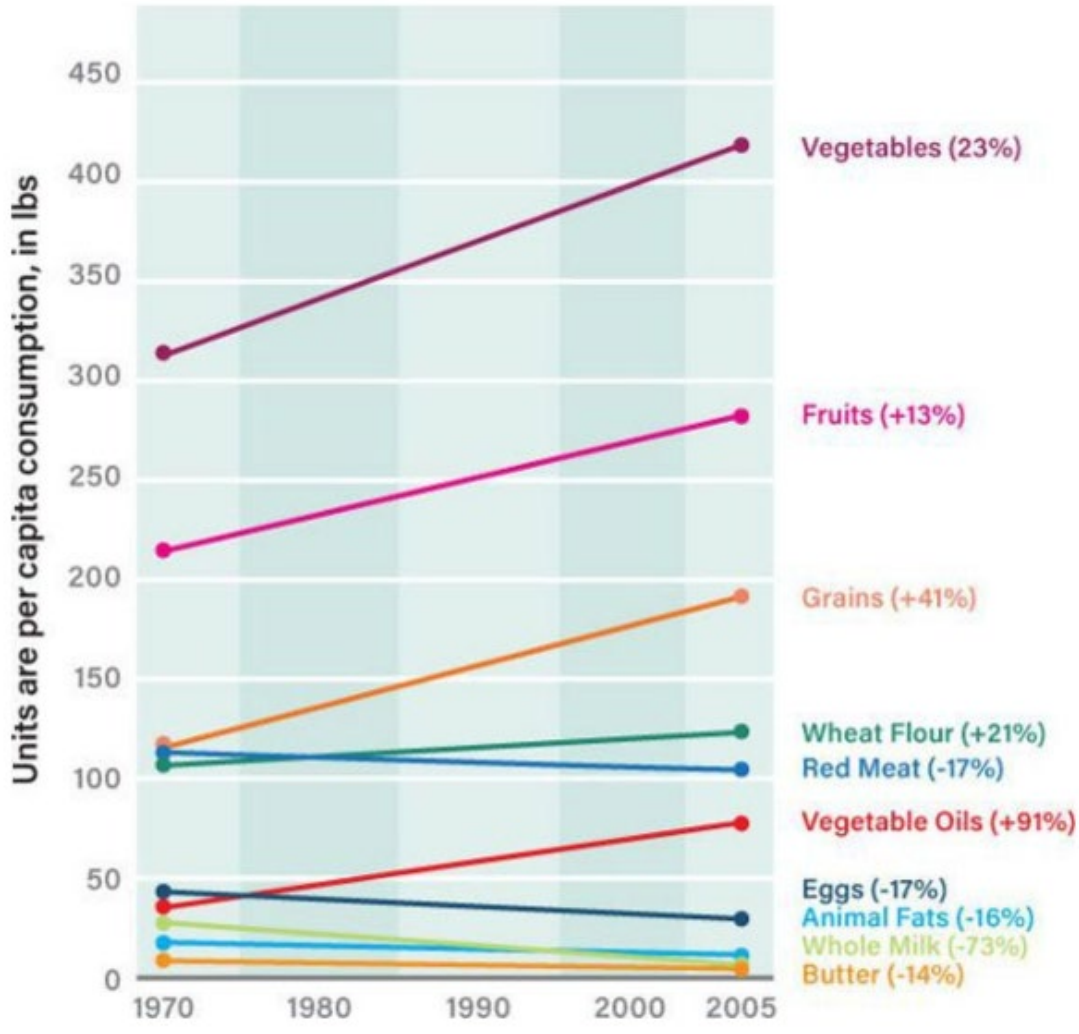
FLCCC ALLIANCE

HIGH-CARB, LOW-FAT DIET



FLCCC ALLIANCE

HIGH-CARB, LOW-FAT DIET



Use of dietary linoleic acid for secondary prevention of coronary heart disease and death: evaluation of recovered data from the Sydney Diet Heart Study and updated meta-analysis

OPEN ACCESS

Objective To evaluate the effectiveness of replacing dietary saturated fat with omega 6 linoleic acid, for the secondary prevention of coronary heart disease and death.

Design Evaluation of recovered data from the Sydney Diet Heart Study, a single blinded, parallel group, randomized controlled trial conducted in 1966-73.

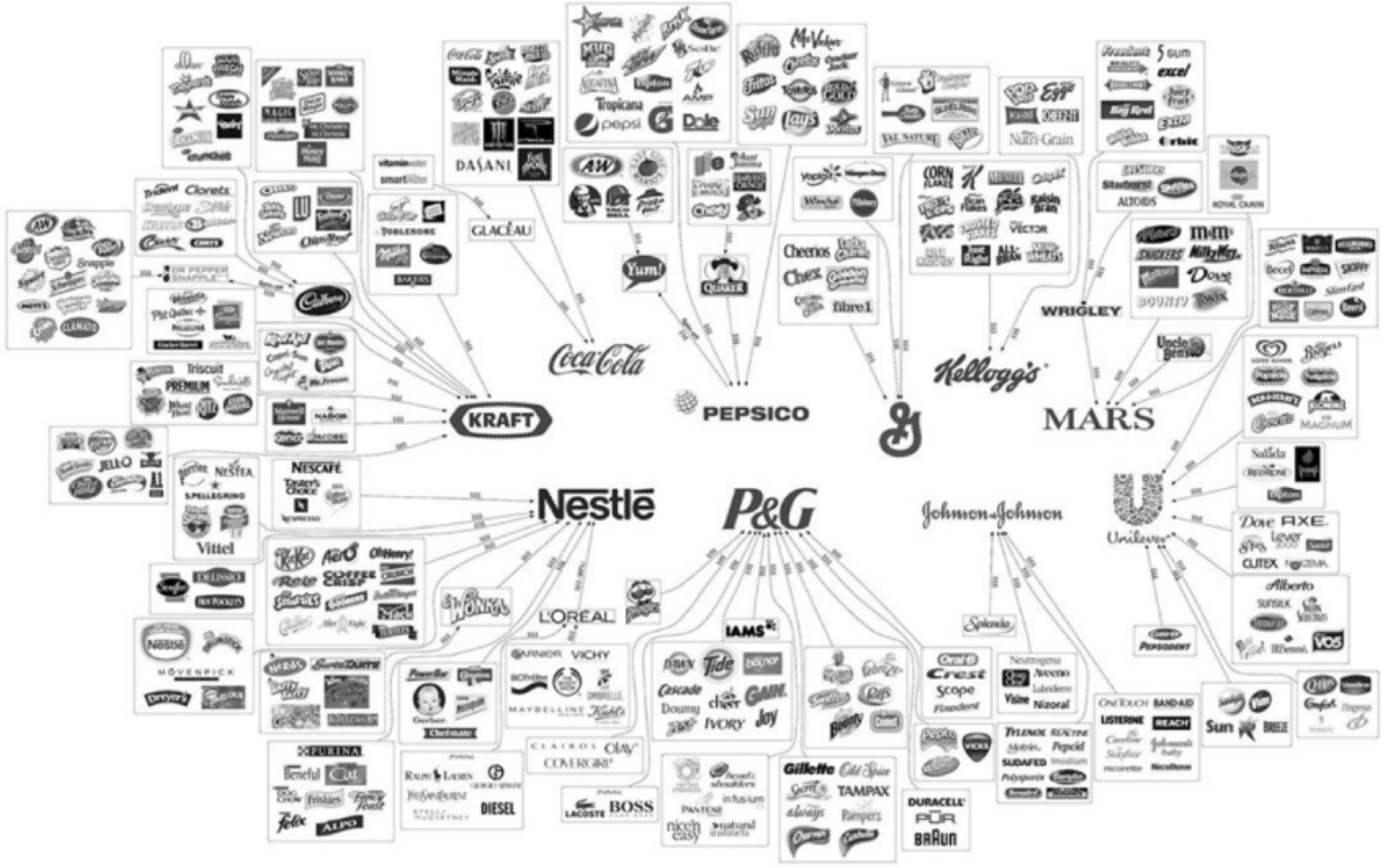
Results The intervention group (n=221) had higher rates of death than controls (n=237) (all cause 17.6% v 11.8%, P=0.05 and cardiovascular disease 17.2% v 11.0%, 1.70 (1.03 to 2.80

BMJ 2013;346:e8707

Women's Health Initiative Study and Minnesota Coronary Artery Study replicated these findings

FLCCC ALLIANCE

FRAUD/CORRUPTION BY "BIG FOOD"



FLCCC ALLIANCE

Nutrition Revolution—The End of the High Carbohydrates Era for Diabetes Prevention and Management

Osama Hamdy, MD, PhD

Medical Director, Obesity Clinical Program, Joslin Diabetes Center; Assistant Professor of Medicine, Harvard Medical School, Boston, US

"It is clear we made a major mistake in recommending the increase of carbohydrate load of > 40% to total caloric intake. This era should come to an end if we seriously want to reduce obesity and the diabetes epidemic. Unfortunately, many physicians and dieticians around the nation are still recommending high carbohydrate intake for patients with diabetes, a recommendation that will harm patients."

US Endocrinology 2014;10:103

FLCCC ALLIANCE

“THE LOWER LIMIT OF DIETARY CARBOHYDRATE COMPATIBLE WITH LIFE IS APPARENTLY ZERO, PROVIDED THAT ADEQUATE AMOUNTS OF PROTEIN AND FAT ARE CONSUMED”

- U.S. National Academy of Medicine

FLCCC
ALLIANCE

Effects of Low-Carbohydrate and Low-Fat Diets:

A Randomized Trial

Conclusion

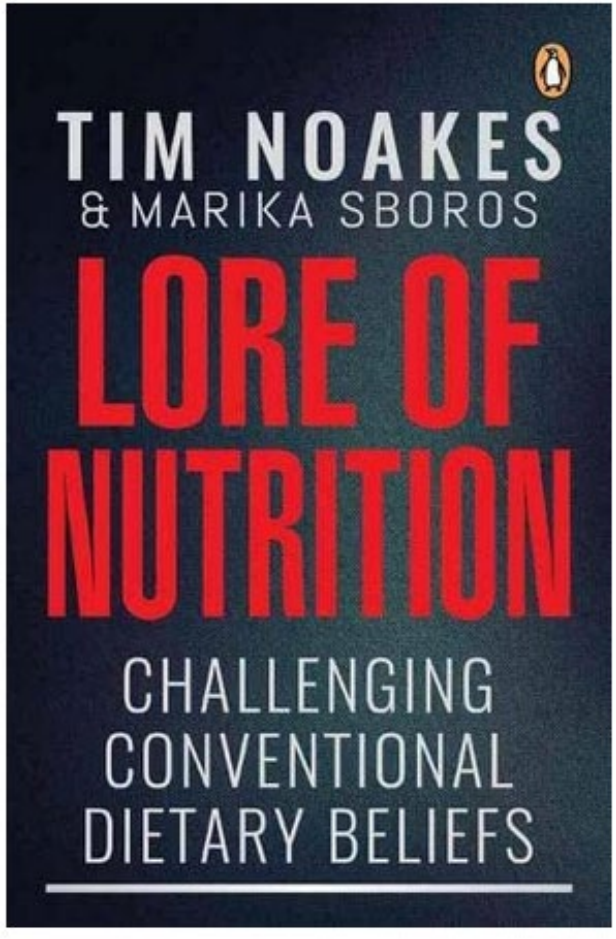
The low-carbohydrate diet was more effective for weight loss and cardiovascular risk factor reduction than the low-fat diet. Restricting carbohydrate may be an option for persons seeking to lose weight and reduce cardiovascular risk factors.

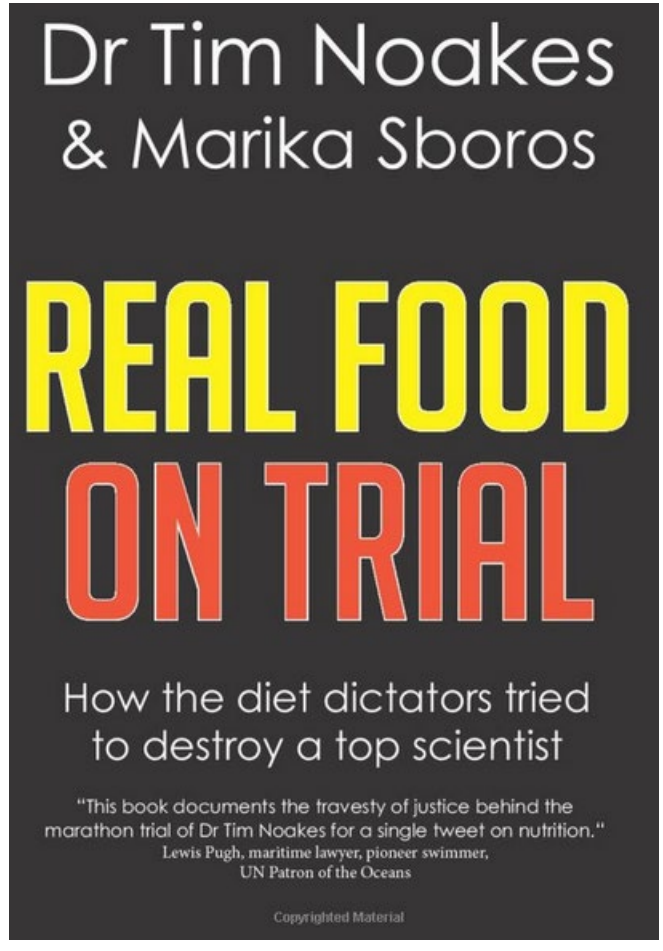
Ann Intern Med 2014;161:309

FLCCC ALLIANCE

Low-Carb-High Fat Diet (LCHF)

HEALTH BENEFITS OF A LCHF DIET

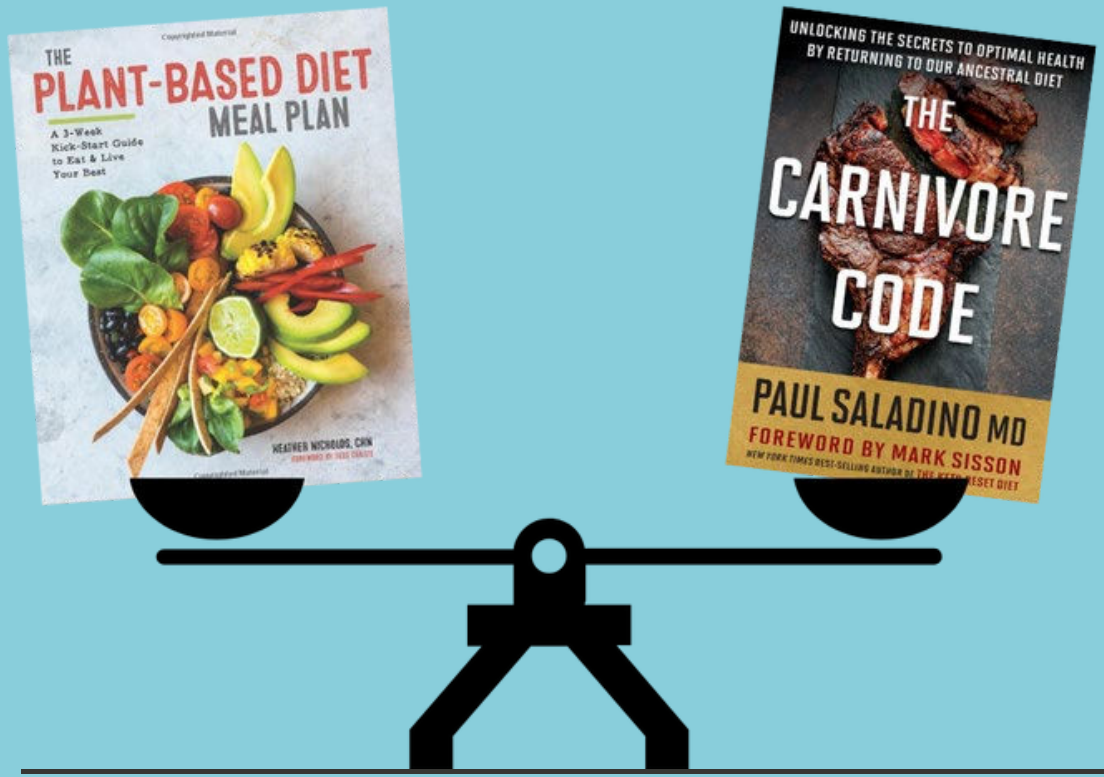




FLCCC ALLIANCE

PLANT-BASED VS. CARNIVORE DIET??

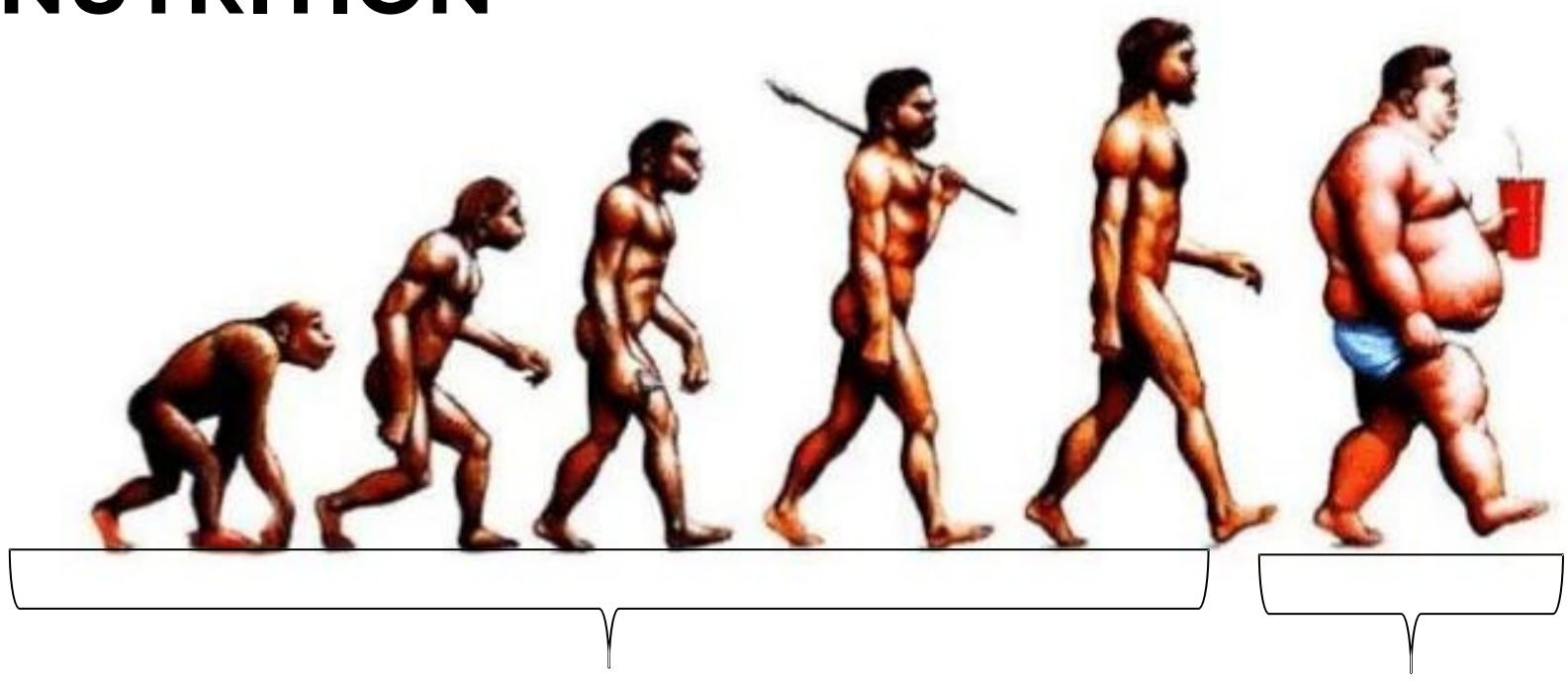
The truth is somewhere in the middle!



"Everything in moder ation, inc luding moder ation."
- Osc ar Wilde

FLCCC
ALLIANCE

HUMAN EVOLUTION PROVIDES THE BEST EPIDEMIOLOGICAL STUDIES ON NUTRITION



Hunters and gatherers

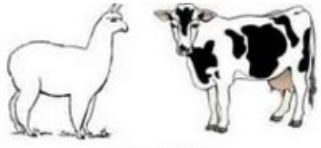
Processed food consumers

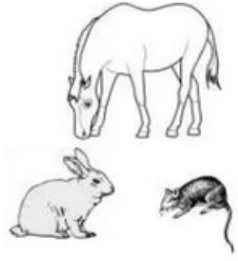
FLCCC ALLIANCE

FORE-GUT & HIND-GUT FERMENTERS (PLANT-BASED) VS MONOGASTRIC (MEAT BASED) MAMMALS

RUMINANT

- Multi-compartment stomach.



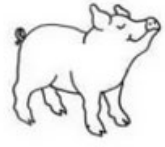


HIND GUT FERMENTOR

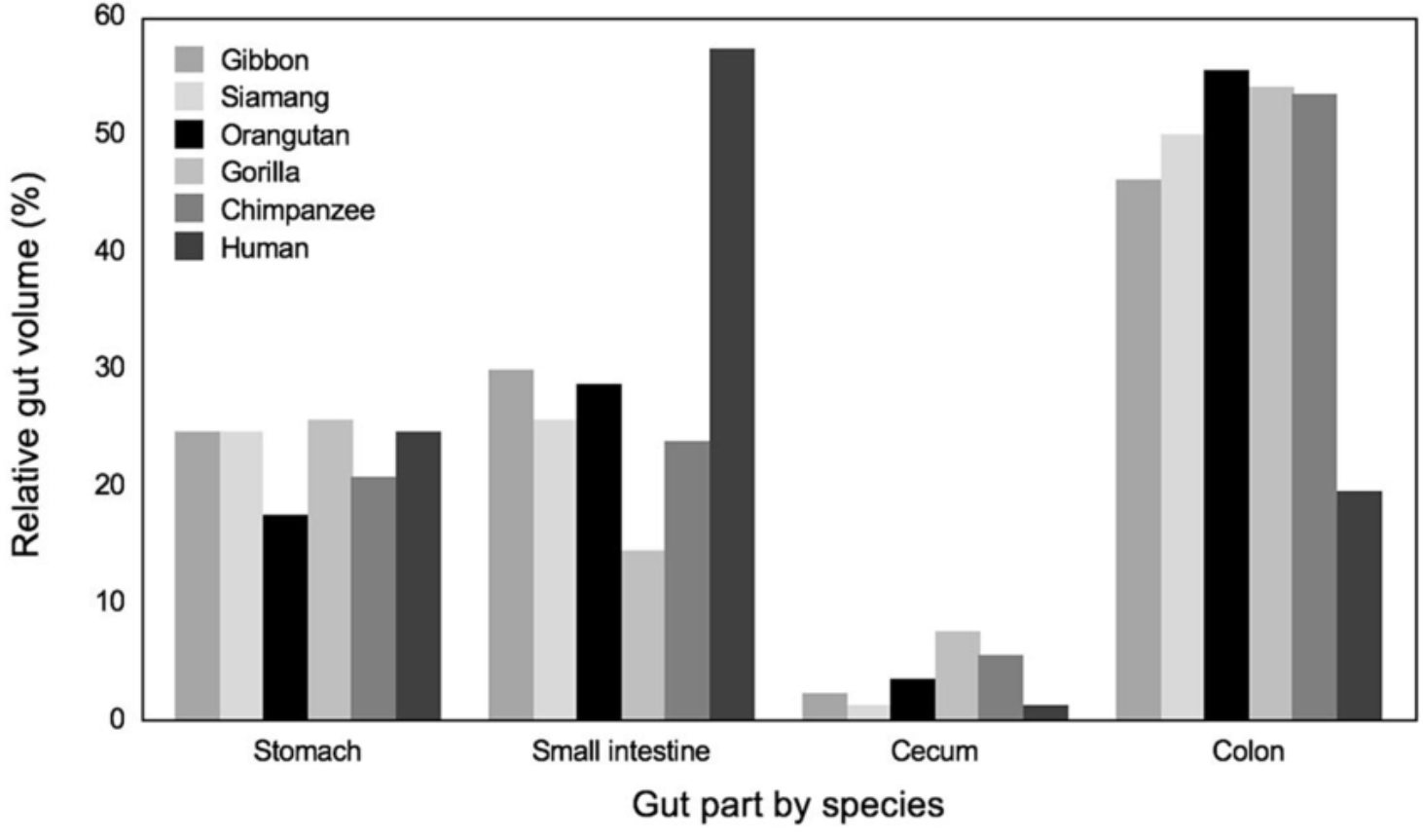
- Simple stomach, but very large and complex large intestine.

MONOGASTRIC

- Simple stomach



RELATIVE VOLUMES OF STOMACH, SMALL INTESTINE, CAECUM AND COLON IN 5 SPECIES OF PRIMATES COMPARED TO HUMANS



FLCCC ALLIANCE

TOP 10 WORST THINGS TO EAT

- Donuts
- Bagels, bread, pretzels, tortillas
- Cookies, muffins, baked products
- Chips and french fries
- Cereal
- Rice and pasta
- Potatoes
- Canned fruits/fruit juices
- Low-fat yogurt (sweetened)
- Bananas




FLCCC
ALLIANCE

AVOID SEED OILS HIGH IN LINOLEIC ACID (OMEGA-6 PUFA)

Seed oils

- Soybean oil
- Corn oil
- Cottonseed oil
- Sunflower oil
- Sesame oil
- Grapeseed oil
- Safflower oil
- Rice bran oil
- Margarine

Non-seed oils/ALA seed oil

- Olive oil: oleic acid - MUFA omega-9
- Avocado oil: oleic acid MUFA – omega-9
- Coconut oil: Medium chain fatty acid (MCFA)
- Flaxseed oil: alpha-linolenic acid/ALA omega-3
- Rapeseed/Canola oil (MUFA and ALA)
- Butter - saturated fat

FLCCC ALLIANCE

TOP 10 BEST THINGS TO EAT

- Fish – esp. Alaskan salmon
- All vegetables (including avocado, beans, broccoli, spinach, etc.)
- Chicken breast (free range, no hormones, no antibiotics)
- Nuts – (almonds, brazil nuts, cashew, pistachio)
- Peanut butter, chia seeds
- Greek yogurt + pre-probiotics (not sweetened)
- Meat (grass fed, no hormones) – avoid processed meats
- Blueberries (limit volume)
- Grapefruit (limit volume)
- Coffee (with heavy cream or coconut oil; Stevia - no sugar or artificial sweeteners)

FLCCC
ALLIANCE

CHIA SEEDS*

* The nutrients in 3.5 ounces (100 grams) of chia seeds

- Protein: 16.5 grams
- Carbs: 42.1 grams (83% Fiber)
- Sugar: 0 grams
- Fiber: 34.4 grams (soluble and insoluble)
- Fat: 30.7 grams
  - Saturated: 3.33 grams
  - Monounsaturated: 2.31 grams
  - Polyunsaturated: 23.67 grams
  - Omega-3: 17.83 grams (alpha-linolenic acid - ALA)
  - Omega-6: 5.84 grams
  - Trans: 0.14 grams

FLCCC ALLIANCE

Nutrition Facts

20.0 servings per container

Serving size

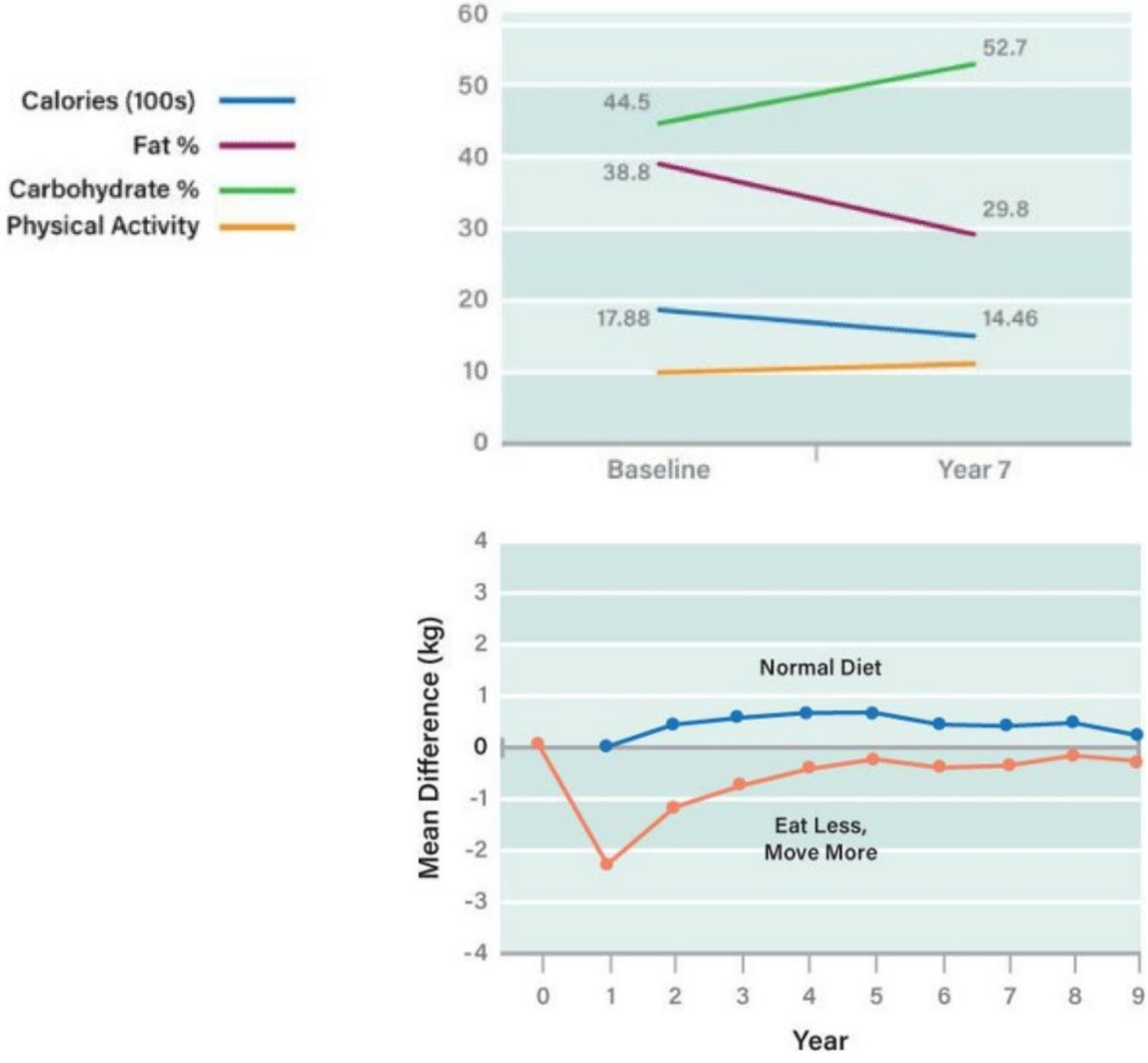
Amount per serving	
Calories	**60**
	% Daily value*
Total Fat 2g	**3%**
Saturated Fat 0g	**0%**
Trans Fat 0g	
Polyunsaturated Fat 1g	
Monounsaturated Fat 0.5g	
Cholesterol 0mg	**0%**
Sodium 150mg	**7%**
Total Carbohydrate 11g	**4%**
Dietary Fiber 8g	**29%**
Sugar 0g	
Protein 4g	
Calcium 25mg	2%
Iron 0.4mg	2%
Potassium 35mg	
Vitamin D 0International Unit	0%

*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

FLCCC ALLIANCE


FOOD
AS
MEDICINE
EVERYDAY
Reclaim Your Health
With Whole Foods

Woman's Health Initiative: Eat Less Move more

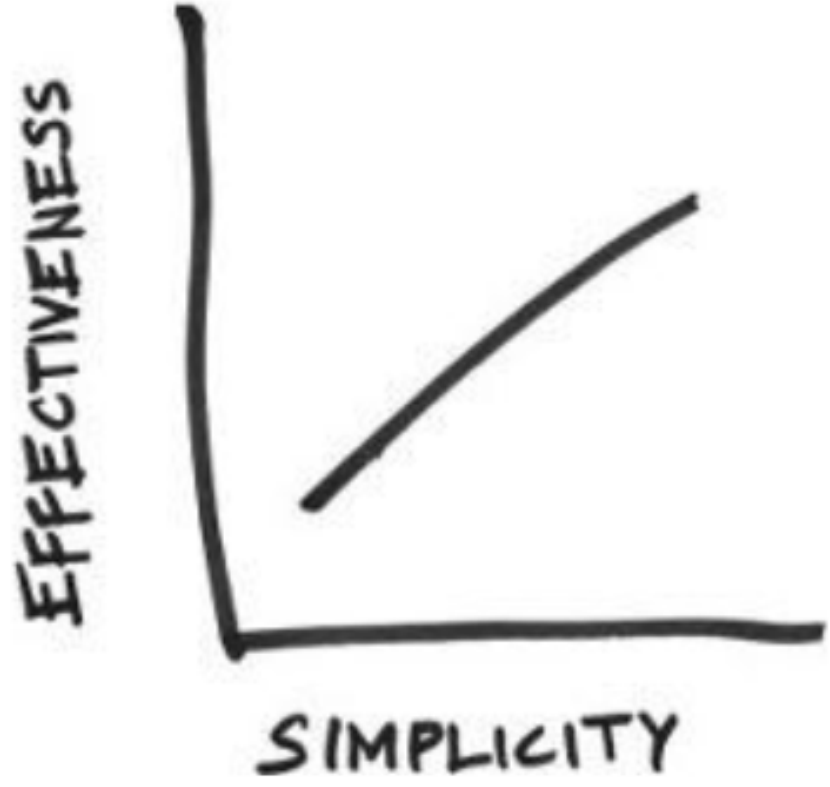


“Eat Less, Move More” Does Not Work

- Most Diets 99% Failure Rate
- Regression towards the mean in 6- 12 months


Copyrighted Material
the COMPLETE
GUIDE to
FASTING
Heal Your Body Through
Intermittent, Alternate-Day, and Extended Fasting
Jason Fung, MD
with Jimmy Moore
Copyrighted Material

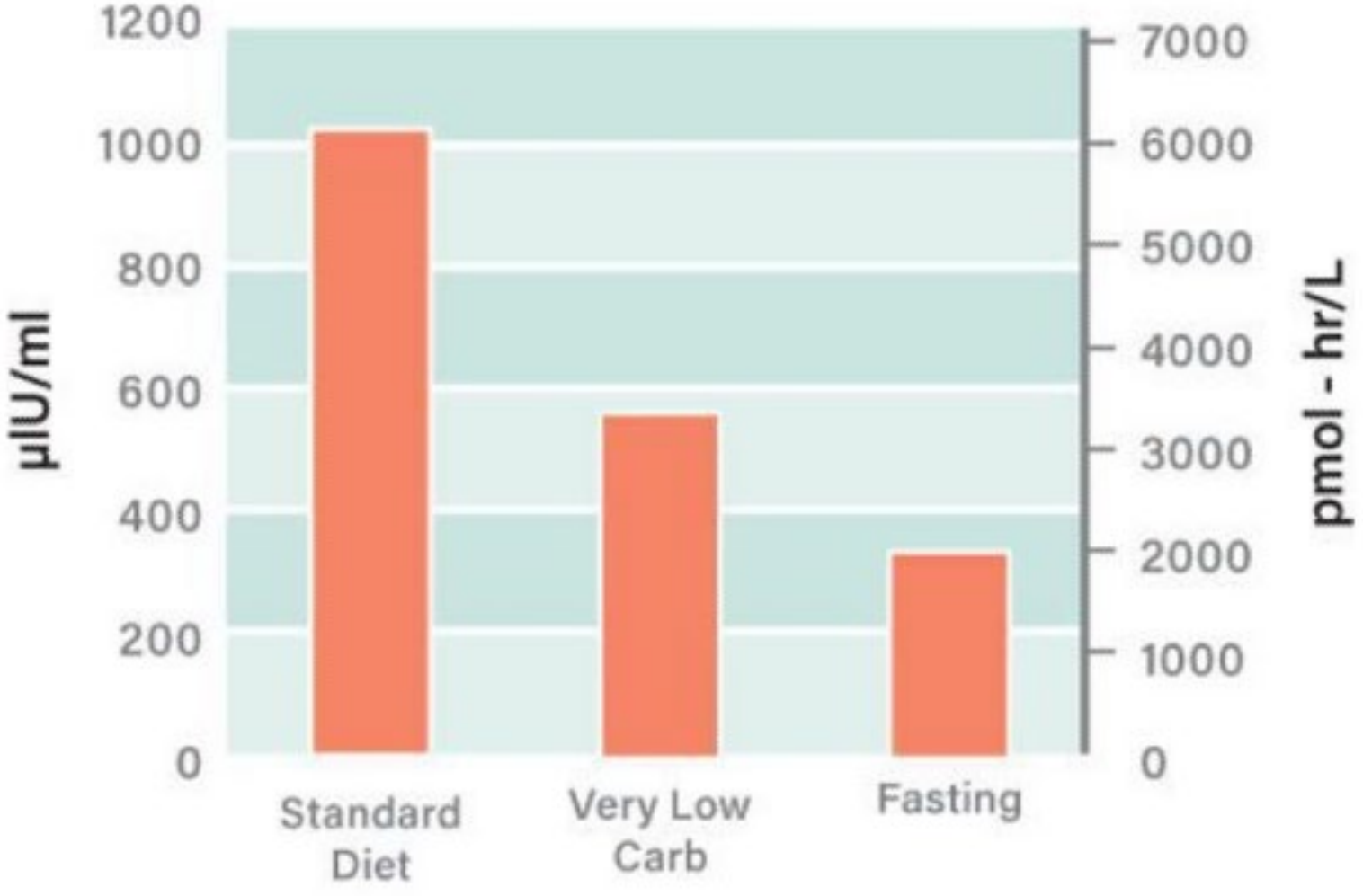
Intermittent Fasting



Fasting – Time Restricted Eating is simply the most efficient and

effective way to lower insulin levels

Insulin Levels



Its Simple

During fasting no eating: Only water, tea, coffee and bone broth.

No sugar, honey, fructose or artificial sweeteners.

BENEFITS OF INTERMITTENT FASTING

Autophagy

Burn Fat & Lose Weight

Research shows that weekly fasting can trigger weight loss up to 8 percent and waist shrinkage of up to 7%,meaning that fasting is especially useful for losing belly fat.

Reduces Inflammation

Chronic inflammation is a trigger for dozens of lifestyle diseases like strokes and heart problems, but intermittent fasting seems to keep inflammation in check by triggering your cells to break it down before it begins to build up.

Balances Insulin Levels

Balances Blood Sugar

Improves Sleep

Enhances The Immune System

Reduces Risk of Chronic Disease

Increases HGH

(HGH) is a hormone made in the pituitary gland that leads to low levels of body fat and lean muscle mass. Initial research shows that fasting on a regular basis can boost the amounts your body makes, leading to improvements in your physique.

Scientific evidence shows that cutting your daily caloric intake by a third can extend your lifespan by over a decade, and intermittent fasting is an easy way to start cutting calories.

Anti-Aging

Advantages of Intermittent Fasting

- Its SIMPLE
- Its free
- Its convenient
- You can still enjoy life's little pleasures
- Its Powerful
- Its flexible
- It works with any diet: LCHF, Mediterranean

Benefits of Intermittent Fasting

- Improved mental clarity
- Induces weight and body fat loss
- Lowers blood sugar levels
- Improves insulin sensitivity
- Increases GH- maintains lean body mass
- BMR stable or increases
- Increases energy
- Improves fat burning
- Lowers blood cholesterol
- Prevents Alzheimer's disease
- Extends life
- Reverses the aging process
- Decreases inflammation

Healthy Eating Habits

- Eat only at the table
- No eating at the computer
- No eating in the car
- No eating on the couch
- No eating in bed
- No eating in the lecture hall
- No eating at the ballgame
- Avoid mindless eating
- No artificial sweeteners & no sodas

Dealing with hunger!

Fasting becomes easier the more you do it.

Gets easier with time as insulin resistance improves - insulin causes leptin resistance

Ketosis reduces hunger; disappears with prolonged fasting

Remove yourself from all food stimuli

Break the habit of eating at certain times

If hungry drink tea, coffee or bone broth

INTERMITTENT FASTING FACTS

BENEFITS OF FASTING:

- Triggers removal of damaged cells
- Triggers removal of damaged mitochondria
- Anti-oxidant
- Anti-inflammation
- Improves brain health

TALK TO A SPECIALIST IF:

- You are pregnant
- You are under 18
- You are diabetic
- You take medications
- You have an eating disorder
- You are underweight

TWO WAYS TO FAST:

- 5:2 (caloric fasting)
- 16:8 (timed fasting)

5:2 FASTING

- Calorie based
- Eat normally 5 days
- Fast 2 days
- On fasting days
  - 500 kcal for women
  - 600 kcal for men

16:8 FASTING

- Time based
- 8 hour eating period
- 16 hour fasting period

FASTING TIPS:

- Adopt fasting as a healthy lifestyle choice
- Stay hydrated
- Limit refined sugars
- Eat protein rich foods
- Eat quality foods
- Start small and build into it to maintain success
- Maintain balance in daily activities

FLCCC ALLIANCE

ADOPTING 16:8 INTERMITTENT FASTING

Begin slowly: start with an 11-hour eating window 5 days a week and reduce monthly to an 8-hour eating window 7 days a week

Make changes one month at a time to increase success and allow your body to adapt to the fasting schedule

A later eating window allows for less disruption in family dinner time

Make quality food choices when planning meals

Always consult a trusted healthcare provider or nutrition specialist before adopting diet changes

FLCCC ALLIANCE

ADOPTING 5:2 INTERMITTENT FASTING

Begin slowly: Restrict caloric intake by reducing 1 day a week with maximum intake of 1000 kcal on that day

Make changes one month at a time, adding one additional fasting day with the same calorie restriction, then reducing caloric intake on fasting days

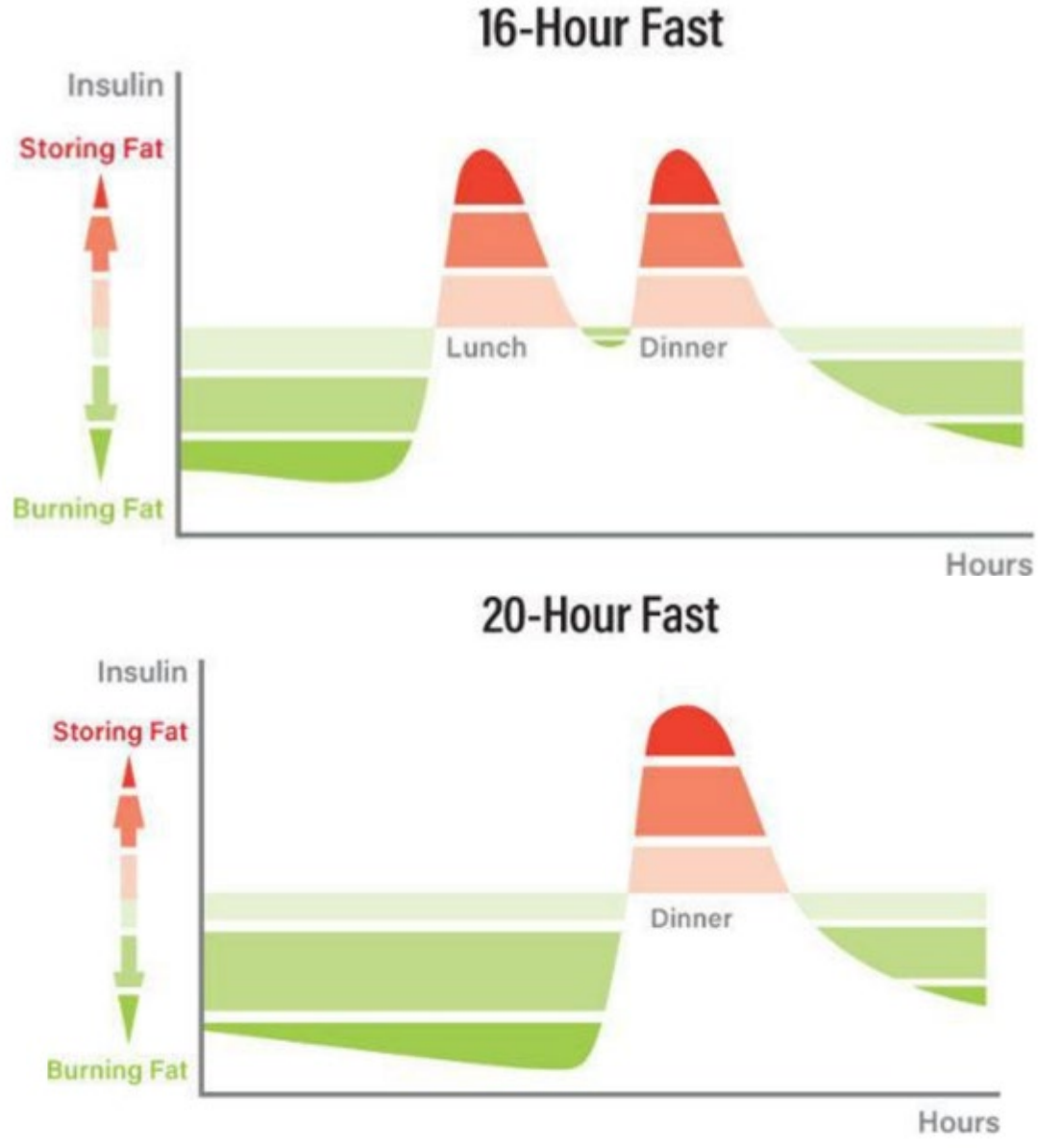
By the fourth month you will have reached the maximum fasting caloric intake on the fasting days

Make quality food choices when planning meals

Always consult a trusted healthcare provider or nutrition specialist before adopting diet changes

FLCCC ALLIANCE

Insulin Levels and Time Restricted Eating



The insulin response is 25-50% greater when the meal is given in the evening.
The optimal strategy is therefore to eat the largest meal of the day between noon and 3 pm.

Who should not Fast?

- Contraindicated
  - Those who are malnourished or underweight (BMI < 20 kg/M^2)
  - Those with anorexia nervosa
  - Children < 18 years of age
  - Pregnant women
  - Breastfeeding women
- Caution – under the supervision of a health care provider
  - Gout
  - Those with chronic disease taking multiple medications
  - Type 1 or 2 diabetes

MY STORY: TYPE II DIABETES & HTN FOR OVER 25 YEARS

Drugs prescribed by my internist

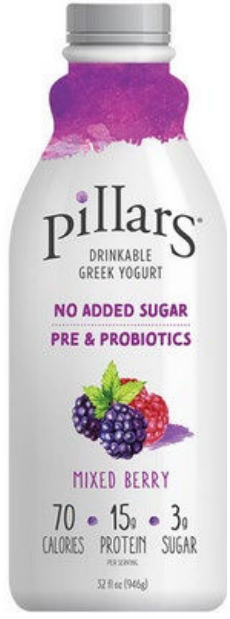
- Metformin 1000 mg BID
- Jardiance 20 mg daily
- Altace 10 mg daily
- Amlodipine 10 mg daily
- Lipitor 40 mg daily
- Zoloft 50 mg daily

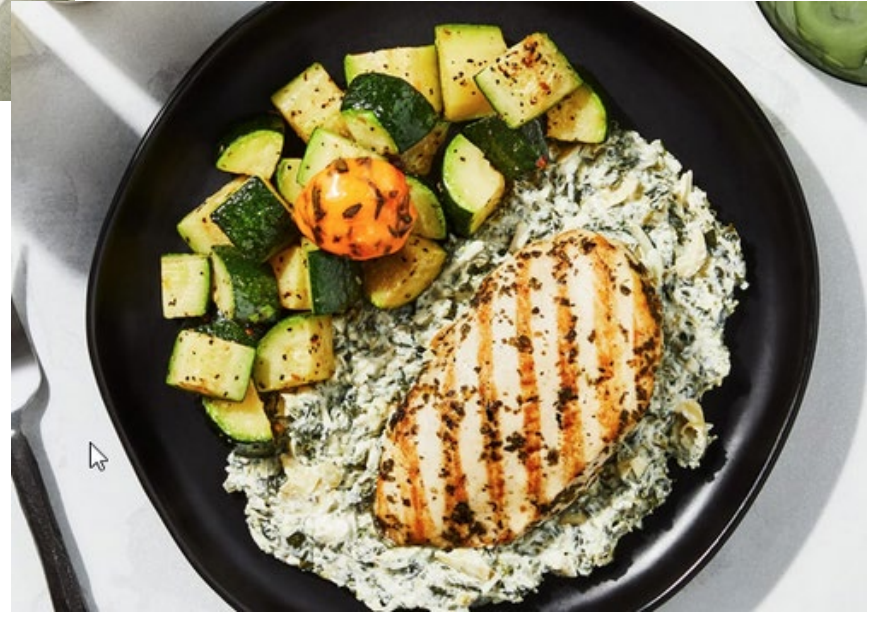
4 weeks after intermittent fasting and real food

- Metformin 500 mg OD
- Omega-3 fatty acids
- Resveratrol
- Spermidine
- Melatonin SR (night)
- Vitamin D3 5000 IU

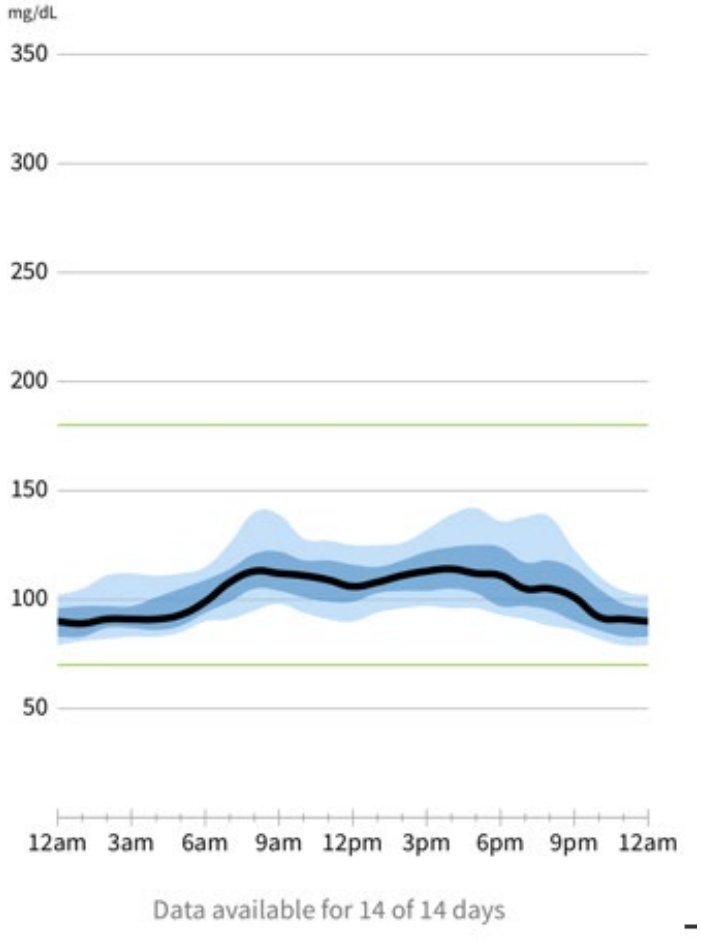
FLCCC ALLIANCE

MY MEALS


pillars
DRINKABLE
GREEK YOGURT
NO ADDED SUGAR
PRE & PROBIOTICS
MIXED BERRY
70 CALORIES
15g PROTEIN
3g SUGAR

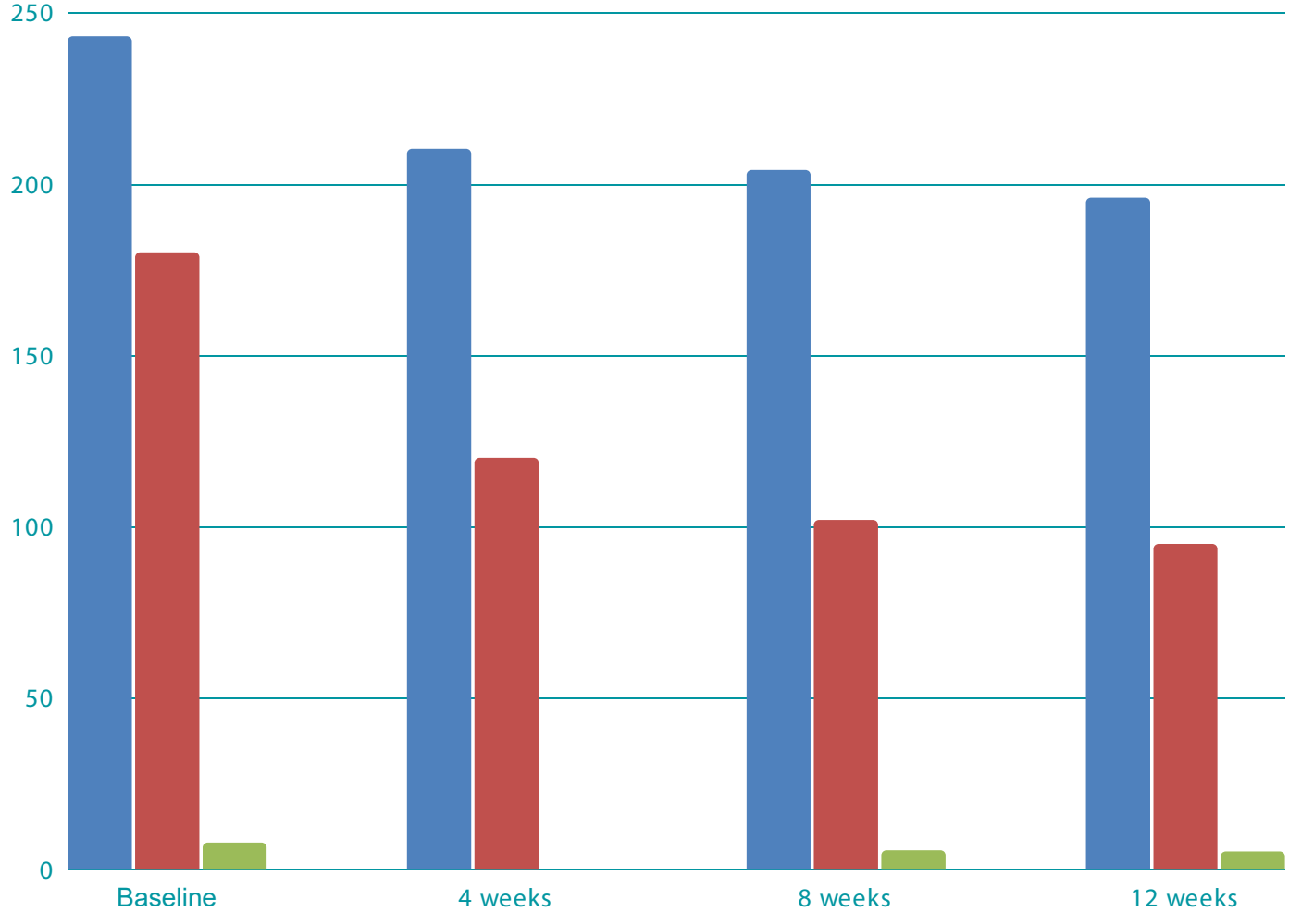


CONTINUOUS GLUCOSE MONITORING



FLCCC ALLIANCE

MY LABS AND WEIGHT



FLCCC
ALLIANCE


KNOWLEDGE
IS POWER
FLCCC
ALLIANCE

We have abdicated our Clinical Responsibility to the KOL, Big Pharma, Food Industry, and Various Medical Societies like AHA and ACC and relinquished our critical thinking abilities

FLCCC ALLIANCE


Thank you
FLCCC
ALLIANCE