



The 3E-Program - probably the world's most successful cancer therapy for end-stage cancer patients.

by Marta Zaraskah



In 2010, a study was published in Germany under the inconspicuous name: *The 3E-program in Combination with Papimi instead of Palliative Intervention*. Perhaps it was the nomenclature or the fact that this study never appeared in any peer-reviewed journal, that it never received the attention it deserved. In any case, I am unaware of any other study with such good results. Hence, I took the time to take a closer look at the 3E-program.



What was the study about?

From June 30, 2008, to March 30, 2009, 73 cancer patients participated in a five-week program at the 3E-Centre in Germany. The 3E-Center is neither a hospital, a clinic, nor a hotel. It is a place where most terminal cancer patients can learn the 3E-program of Lothar Hirneise, the renowned German cancer advocate and sole student of the famous Dr. Johanna Budwig, with whom the "Flaxseed Lady" wrote two books and presented several speeches together.

Six of these 73 patients came to the 3E-Centre post-tumor surgery and had not procured further conventional therapies before. At the time of admission, all of the remaining 67 patients had conventionally-diagnosed tumors. Nineteen of these patients had inoperable tumors while 16 patients had an R0-resection, but with recurrences. Thirty-two, on the other hand, had undergone surgery and had been treated with chemotherapy and/or radiation but experienced recurrences as well.

Two years later, 36 (53%) of the 67 patients, all of whom had an average lifespan of six months, were still living. Seven patients, with partly multiple metastases, as well as one with inoperable glioblastoma were free of tumors. Fifteen patients had a stable disease without further tumor growth while the PETs of two patients with a pancreatic carcinoma revealed normal Standardized Uptake Values (SUVs). Although the SUVs indicated no tumor-mass, the measurements revealed a significant decrease in tumor activity. Only three patients of the 36 reported feeling worse at the end of the study than at their discharge. Lastly, the six patients having arrived free of tumors felt very well with no relapses.



There is always hope

53% SURVIVORS!
How many similar studies do you know with end-stage cancer patients?

To the layman, these figures may sound spectacular, but when you go into detail, they are extraordinary for various reasons.

1. First of all, one out of every two patients was still alive after two years despite being given an average life expectancy of 6 months. The usual excuse of conventional doctors such as "spontaneous remissions" or "rare miracle cures" do not help here either as these are typically found only in one patient of 100,000 and not at an incredible 50%.



LEARNING FROM PEOPLE WHO SURVIVED CANCER

The 3E program is based on the analysis of case histories of thousands of people who have survived late stage cancer.

3E-CENTER GERMANY

2. Eight patients who had multiple metastases or an inoperable brain tumor just two years earlier were completely tumor-free by the end of the study. These results are extremely unusual because the patients were considered traditionally incurable. Even if only these eight patients survived, the study would still have been a great success. It should be noted that if these patients had been treated conventionally with more chemotherapy and irradiation, 100% would have died.
3. Fifteen patients had a stable disease which means these patients have already lived three times longer than their doctors previously predicted. Additionally, these fifteen experienced a cessation in tumor growth.

4. Two patients with pancreatic cancer were free of active tumors indicated by their PETs but were still visible in their CTs. At that time, the radiologist in charge wrote in his report that he had never seen anything like this before and recommended the patient to continue with their therapy, no matter what it was. It should also be noted that the survival rate of patients with pancreatic cancer after two years is usually at 1-2%. Those aware of this survival rate are better at estimating these cases.

If any drug can produce even roughly similar (healing) results, the pharmaceutical company in possession of said drug can potentially earn billions. And yet, the 3E-program is relatively unknown. Unfortunately, we're still a long way from seeing doctors and researchers who move outside the mainstream receive the attention they deserve despite living in the 21st century. Furthermore, the official news on TV and print media still rely heavily on arbitrary sponsors and donors such as politicians, their political parties, and members. Social networks are no help as well; filled to the brim with millions of so-called experts that make it nigh-impossible for the real experts to separate the wheat from the chaff.

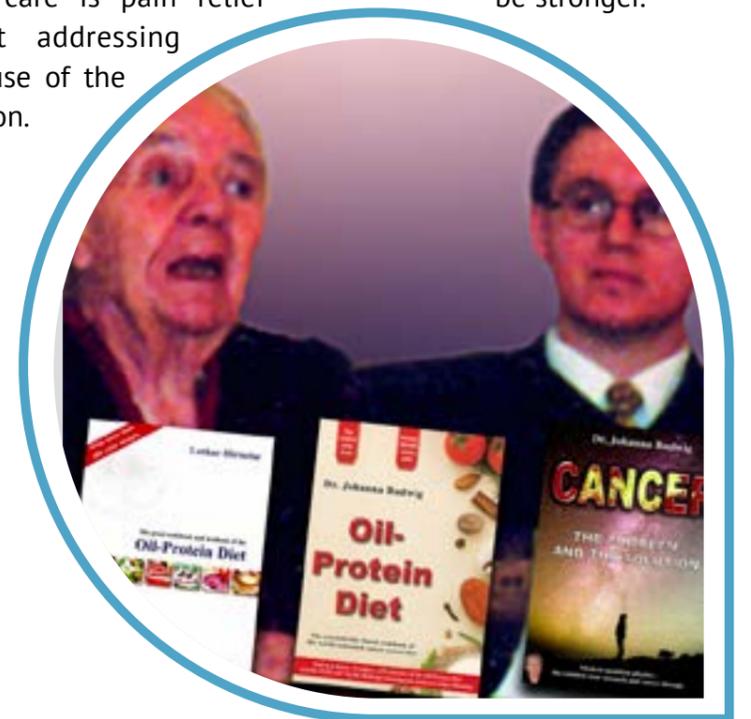
It is not really surprising then that the 3E-program remains obscure, if not ridiculed or discredited as pseudoscience despite its proven successes. Instead, millions of cancer patients are persuaded to take palliative therapies, such as chemotherapy, every year.

Interestingly, doctors often seemingly forget to inform cancer patients, especially later stages, that palliative therapies are meant to bring relief until the end of life but not cure. This apparent omission would then lead patients to misunderstand the treatment to be curative and believe that at some point they will become healthy again. In reality, the actual intent of palliative care is pain relief without addressing the cause of the condition.

Consequently, the therapy or treatment is procured because no other option is available or presented to the patient. Worse yet, the patient is kept in the dark if it means the physician will earn money from the treatment.

Faith, knowledge, or logic?

Many patients believe they have no choice but to trust their doctor, at times blindly, because of the extensive experience and knowledge physicians have acquired through much study and training. In addition, doctors own a veritable 007 license to kill or in other words, "if a cancer patient dies, the doctor or the therapy is never guilty or at fault" and that "the cancer just proved to be stronger."



Dr. Johanna Budwig and Lothar Hirseise

..... The highly effective ORIGINAL Oil-Protein Diet, created by the distinguished scientist Dr. Johanna Budwig, stands alongside other effective therapies, to form the heart of the 3E-Program.

This shared madness, affectionately called folie à deux by the French, has meanwhile reached such proportions that the chemotherapeutic agent gemcitabine, for instance, is still used on pancreatic cancer – a therapy that fails in about 96% of patients. However, since other chemotherapies are even worse, many acquiesce to the use of gemcitabine.

Instead of considering different therapy options, however, the dogma maintains that chemotherapy is the best cancer therapy despite now being almost completely unsuccessful at certain stages or against certain types of cancer, including pancreatic cancer. Still, many believe that it is better to publish the success of chemotherapy in medical journals and yellow press magazines even with the many studies available that point to the ineffectiveness of these therapies in the treatment of tumors such as epithelial tumors –which make up 90% of all tumors.

This insidious method and effective tactic is a key reason why most patients, and even some doctors, are unable to analyze and understand all the facts correctly. What's more, people who hear completely different opinions are inclined to follow the mainstream which in our case is university medicine.

But what does this mean for a cancer patient?

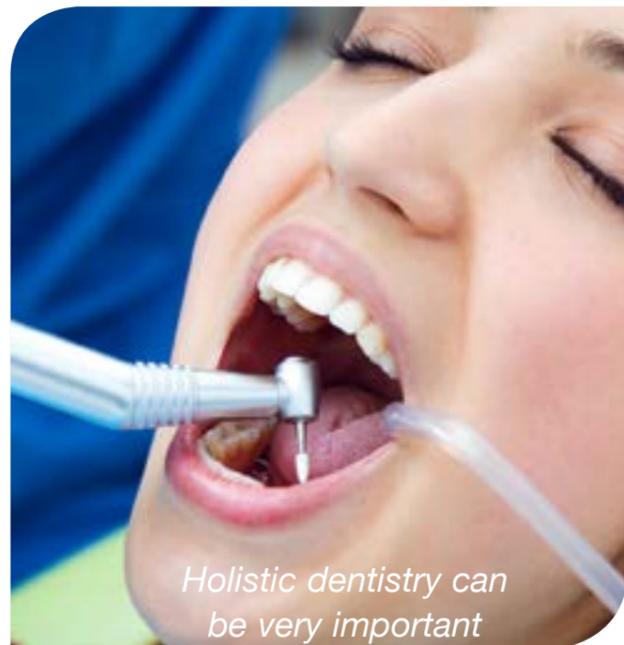
Where, if not from the doctor or from the common media, should patients receive the necessary information? Who else can they trust? Unfortunately, this is not a simple question to answer. We should, perhaps, flip the question and instead ask: "Who can't you trust?"

Bear in mind that some procedures may sound appealing at first, but upon closer inspection, isn't always the case. Many NGO organizations

proclaim effective alternative cancer therapies and that they are independent. Unfortunately, however, these organizations are no better than conventional studies at providing sound proof on the efficacy of chemotherapy. Ultimately, cancer patients are, logically, only interested in one question:

Will this treatment help me improve as opposed to doing nothing?

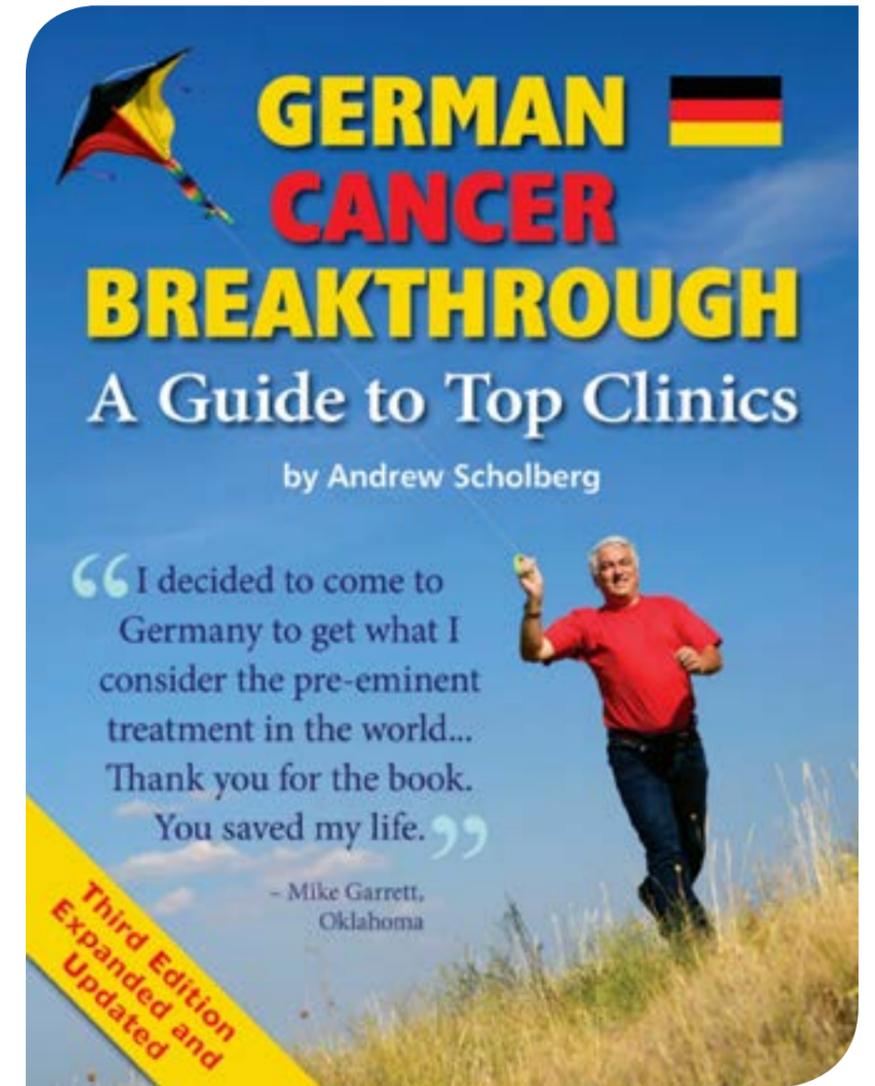
It may be hard to believe, but it's this very question that's never addressed nor answered in all the thousands of studies available. Why not? Let me explain. Studies typically involve two groups. The first group will receive a specific therapy while the second group will not. For you to know if a particular treatment will help you, there must be a clear difference between the two groups at the aftermath of the study: the group that received treatment must indi-



cate a clear improvement in health and overall quality of life. However, the placebo studies, normally present in other faculties of medicine, do not exist in oncology. Universities and pharma companies try to ascribe the lack of such studies to ethical reasons, that it is impossible to give one group chemotherapy while another group receives a placebo or an alternative therapy.

Think about it: these organizations have established a system where they deem ethical the use of the terrible poison derived from mustard gas (cyclophosphamide) for treatment but not, for instance, High-Dose Intravenous Vitamin C (IVC) therapy with similar cytostatic functions while being nearly free of side effects. Thus, is the crazy medical world that is oncology. Consequently, the main question cancer patients have has never been answered until today, that is, by the titular study in oncology.

Coincidentally, alternative therapies also suffer from a lack of double-blind studies due to lack of funding or support from universities. In the current state, the only question that conventional doctors can answer is whether one type of chemotherapy is better than another. Meanwhile, alternative doctors can only explain why a patient should pursue a particular therapy and how said thera-



THE 3E-CENTRE IS ONE OF THE TOP 13 ALTERNATIVE CANCER CLINICS IN GERMANY!

py works. I was quite frustrated when this problem dawned on me. Nevertheless, this realization helped me understand the sad reality present in oncology more clearly and also enabled me to judge better the appropriate therapy one should procure. The following tips I'll be sharing will help you find the best therapy for your condition.

First of all, you'll need to decide whether to follow a conventional route or an alternative one.

I know that being told "one can have the best of both worlds" sounds very appealing to cancer patients. However, this is a common misconception. Pursuing both therapy groups is similar

to driving a car by simultaneously accelerating and braking: you'll get nowhere, and you might even damage the engine. Also, try to avoid the popular thinking that "If trying conventional medicine doesn't work, I can just pursue alternative medicine." Take note that if you try one therapy group first – say conventional treatment with their chemotherapy, radiation, and possibly surgery – you will not be the same person post-treatment and the alternative therapy that may have helped you initially no longer has the same appeal.



Secondly, you have a powerful weapon at your disposal: logic. Use it!

If you firmly believe a tumor to be bad and you need to kill or sever the evil then, by all means, have an operation. Eventually, you'll also have to undergo chemotherapy and radiation. Before chemo, you'll have to submit to a chemosensitivity test. Such a test will partly determine the chemotherapy program that suits your

condition best and those that are unsuitable. This information, by itself, will be invaluable. However, remember that radiation therapy will not leave you unscathed as some may think. To be sure, damage to the body should be expected. Hence, take particular care if you plan to follow a radiation therapy with doses above 50 gray (Gy) as it takes just 0.5 Gy to induce the production of new cancer cells. If a tumor has been completely removed from healthy tissue (RO operation), then the ques-

tion on what is to be irradiated should be asked. In most cases, the argument is raised on the issue of micrometastases – the possibility that the cancer has spread in minuscule amounts to other tissue. Unfortunately, the observation of micrometastases under a microscope has not been accomplished until today. The notion is quite questionable since it only prevails today due to an unproven theory on creating irradiation therapy which ultimately has been proven to be carcinogenic.

Incidentally, if you believe that tumor cells are not inherently evil but rather a part of you – the outcome of the life you have led – then you should opt for one or more alternative therapies that may or may not require surgery.

Due to the scarce number of helpful studies available, one is left with their critically and logically thinking mind. For instance, I, personally, never doubted conventional medicine, that is until I heard a lecture that raised the issue in making a person extremely ill with toxins so that they can become healthy. This thought was incredibly logical to me that it changed my medical thinking completely. Looking now at the 3E-program by Lothar Hirneise, logically, the results of their study are no longer surprising. I'll describe the principles mentioned in the 3E study below.

1. Always a curative approach

The 3E-program is, first and foremost, a fundamentally curative approach. Both the therapist and the patient should believe that the applied is not palliative. Additionally, life-prolonging treatments should not be used. I can agree with this approach especially so since modern placebo research proves its validity today and so I'm entirely compliant. Furthermore, this

particular view effectively raises the question: "Why are end-stage therapies that eventually lead to loss of life still created/favored?" It's about time we rethink the entire palliative approach in oncology.

2. Detoxification over poisoning

I can personally confirm that the 3E-program follows this particular approach absolutely. It's quite incredible that cancer patients today are poisoned with all kinds of drugs but detoxification therapies are utterly absent or never prescribed. Incidentally, this unfortunate situation is not limited to chemotherapy but nearly all other prescription drugs.

3. Nutritional therapy is the basis of the treatment

The 3E-program includes the Original Oil-Protein Diet of Dr. Johanna Budwig as its basic nutritional therapy. In his writings and lectures, however, Lothar Hirneise repeatedly emphasizes that a raw food or the Gerson Diet will also be suitable. The disbelief exhibited by oncologists in the significance of nutritional therapies has always shocked me. Nonetheless, I do agree with the approach that all cancer therapies should include some form of nutritional therapy.





4. Energetic programs and life changes

If you believe random DNA alternations are responsible for cancer, then by all means, continue following the lifestyle you've led up to your diagnosis. On the other hand, if you believe as I do, that influencing genes is possible and that there are physical and psychological reasons for cancer, then you'll understand the significance of life changes post-diagnosis. In this method lies the strength of the 3E-program bolstered by the consistent implementation of the Oil-Protein Diet.

Lothar Hirneise and Klaus Pertl, the founders of the 3E-Centre, repeatedly stress in their writings and lectures the utmost importance of finding the Whys behind cancer. According to Hirneise and Pertl, this search must come first while the eradication of a tumor, only second.

5. Discipline is necessary

With all the strict routines and schedules, major dietary adjustments, daily detoxification therapies; as well as an honest self-examination of one's life to necessitate changes, one thing is certain: self-discipline is an absolute necessity. Undoubtedly, the discipline we speak of will take years of practice and, interestingly, may prove even more difficult for the patient than chemotherapy. In my personal experience with cancer patients, one also needs strict discipline. Sadly, not many cancer patients have the luxury of time to undergo therapy for months or years.

Why is the 3E-program so successful with end-stage patients?

I believe that the key to the 3E-Program if there is one at all, is this: the combination of the search for the Whys – the reasons and causes - behind the disease takes the highest priority while tumor eradication is kept in second place **and** that it is the only place in the world where the Original Budwig Protocol is consistently performed. While many claim to teach the Budwig Protocol, it is celebrated in detail at the 3E Center.

Conversely, all conventional treatments and most alternative therapies focus entirely on the tumor and its eradication. However, nearly all of these therapies are at a disadvantage since their main goal is the treatment of a symptom – the tumor – but not the underlying disease.

Metastases and second or even third tumors have developed resistance to conventional and alternative cell-destroying therapies. When addressing end-stage cancer, only a deep understanding of the Whys, coupled with a focus on a healthy body (detoxification, Oil-Protein Diet ...) and a sound mind, (meditation, anti-stress training, visualization, 3E - goal setting program, synergetik, psychobionik, ...) can lead to healthier future.

I hope that other clinics and doctors will be able to understand and appreciate the findings of the 3E-Program and in the future achieve similar successes with end-stage cancer patients similar to the findings at the 3E-Centre in Germany.

More informations: www.3e-centre.com * www.hirneise.com

www.3e-program.com * www.oilproteindiet.com * www.iopdf.com