MEDICAL ORGONE THERAPY

The Treatment of a
Mediastinal Malignancy with
the Orgone Accumulator

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This is the case of a sixty-nine-year-old woman, married, with six children. I first saw her on July 23, 1948. She was referred to me by the Orgone Institute. Her general appearance was that of a small, tired woman with a sallow, ashen complexion. She was dyspneic, her lips were pale and bluish; she gave the general impression of a person in distress. During a preliminary conversation she kept on remarking that she had lived long enough and, with the exception of her children, she had nothing to live for, and did not wish to be a burden to anyone. Even as recently as a few weeks ago, after she had improved a great deal and was much moved by the fact that her X-ray finding had shown the disappearance of the tumor, her feeling of hopelessness and resignation had not altered any. I remarked that nobody could tell how long anyone could live, she might even have many more years to live. To which she retorted, "What for, who wants to live that long?"

Whatever sex life she had had or had ever looked forward to, disappeared soon after marriage, leaving only the bearing of children who came one after another. The rest of her life was devoted to the raising of her children with all the duties and responsibilities that came with it.

She had been coughing for about two years and had been getting progressively worse. She had lost about ten pounds in the last year and found herself tiring very easily. Her appetite was fair, although somewhat diminished. She was not constipated and slept well. There was no history of numbness in her hands and feet or chest, but further exploration revealed the fact that for the past three or four years before going to sleep she had experienced in her arms and legs peculiar feelings which she could not define. She was always well and seldom saw a doctor. It was only through the insistence of the family that she visited a physician who found a mass in the upper left mediastinum. There was no history of rusty or bloody sputum, and the cough was generally unproductive. The doctor suspected a malignancy and suggested X-ray irradiation. She then consulted a lung specialist who made the diagnosis on the basis of clinical and X-ray findings. The following is the report of the X-ray findings.

A roentgenographic examination (stereo) of the chest of your patient, reveals the following:
The pulmonic fields are of about equal size and of normal aeration.
The diaphragms are clearly outlined and regular. The costophrenic sinuses are clear.
There is a large mass in the upper and posterior portion of the mediastinum projecting into the left pulmonic field. The mass is oval in shape, measures approximately 2 x 3 inches and displaces the trachea anteriorly and slightly to the right. The periphery of the mass, while visualized, is not sharply outlined.
The vascular markings in the lower lobes are slightly accentuated.
There is no pleural effusion.
There is no tuberculosis.
The heart is not enlarged. The aorta is not dilated. There are calcareous plaques in the aortic arch.

Findings: There is a large mediastinal mass projecting into the upper and inner portion of the right pulmonic field. The lesion appears to be that of a neoplasm. There are no evidences of a bronchostenosis and the lesion does not appear to be vascular. An angiocardiographic examination would prove whether the lesion is vascular or nonvascular. My impression is that it is nonvascular. (Cf. X-ray photograph, Plate I.)

On examination I found a generally armored person with a stringy quality to the armor, as usually seen in old people. Her chest was high, rigid and in inspiratory position. However, it could still be made to go up and down. Her skin was pale and pasty, her hands and feet were cool. Blood pressure ranged between 115 and 135/85. The examination of the head and neck and axilla was essentially negative. On auscultation there was a rough inspiratory and expiratory wheeze somewhat accentuated on inspiration which reminded one
of a bronchial stenosis. These sounds were heard through the whole chest. Percussion revealed a dullness in the upper left chest which could not be differentiated from the dullness of the heart. There were no rales. The rest of the findings were essentially negative.

At the time the patient came to me she had been using a two-layer accumulator for about ten days. There was a good deal of skepticism on her part and on the part of the family about the efficacy of the accumulator, and there were urgent queries as to what I thought about X-ray irradiation. It was only after the lung specialist had told the family that X-ray irradiation was of no avail in this case, that this subject was dropped. But it was not until she began to use a three-layer accumulator and had noted the marked difference between the two, that the patient and the family became more convinced that there must be something to it.

On August 4, 1948, the patient reported a pulmonary hemorrhage. It was difficult to ascertain at that time whether it was a hemorrhage from the tumor or the rupture of a small blood vessel in the nasopharynx during an attack of coughing. Two weeks later she reported that she felt much better, was taking less sedatives and showed definite improvement, especially while sitting in the accumulator. The coughing spells would usually stop after a few minutes in the accumulator.

I saw her again on September 10, 1948. There was no more bleeding. She felt much better and looked more alive. The chest findings were about the same. Throughout the whole time the cough was relatively unproductive, the sputum was gray in appearance. Her weight showed a loss of four pounds since her first visit. She had been using the accumulator two or three times daily for half hour periods. She always experienced a feeling of warmth and well-being and oftentimes mild sweats.

A few weeks later she reported that she was running a temperature; her family physician could not find the cause of it. This continued for about two weeks. On October 7, 1948, I took an X-ray film of the chest. I found some diminution of the size of the tumor but was not sure what had happened or what was going on. I kept in touch with the patient by telephone most of the time and did not see her again until January 4, 1949. She seemed to be holding her own although she had lost about four pounds since the last examination. She reported that she had been bringing up some bloody sputum every now and then. An examination of the chest revealed the absence of the stertorous breathing as noted in the first exami-
iation. The breathing sounds were somewhat rough. There were no
rales. The percussion was inconclusive. A chest Xray taken at that time
showed the remarkable disappearance of the tumor and an increased
density of the left lung. Ten days later the patient was re-Xrayed by a well
known roentgenologist. I would like to emphasize here that the changes
which have taken place in this case were a direct result of treatment with
the orgone accumulator. Similar findings have been previously reported
by Dr. Wilhelm Reich in his experimental work on cancer. The tumor
had disappeared but the biopsy and the problems it presents were still
there. The following is the report of the Xray findings:

Region examined: Chest.
Mode of examination: Fluoroscopy and radiography-PA and left lateral views
of the chest.

There is an area of increased density occupying the medial and posterior 2/3
of the left upper lobe. There is an area of increased density in the left hilar region.
The left half of the diaphragm is displaced upward, and its respiratory motion is
limited. The mediastinal shadow is displaced to the left side and moves during
deep inspiration to the left side.
The right lung field shows no abnormalities except for emphysema.
Remarks: The findings in the left side of the chest are consistent with partial
atelectasis of the left upper lobe; partial obstruction of the left upper lobe
bronchus; enlargement of the left hilar glands.
Films taken July 16, 1948 show a large ovoid-shaped soft tissue mass measur-
ing about 9x5cm. in diameter in the medial and posterior left upper lobe region
lying close to the mediastinum.
Films taken October 7, 1948 show the mass mentioned above considerably
diminished in size measuring about 6x4cm. in diameter.
Films taken January 4, 1949 show an extensive atelectasis of the left upper lobe.
The mass described cannot definitely be visualized.
Films taken January 14, 1949 in my office show the atelectasis to be less exten-
sive; the mass in the medial left lung cannot definitely be visualized.
(Cf. Xray photograph, Plate II.)

Blood test taken January 24, 1949, revealed red blood cells of good blue
color with a good field and frame. Disintegration began after five minutes
and continued very slowly so that after fifteen minutes only about 10% of
the blood was disintegrated.¹

¹ Cf. Wilhelm Reich’s THE CANCER BIOPATHY, pp. 144-145, for a presentation of
orgone-biophysical blood tests.
Autoclavation test: The sample showed slight turbidity, relatively large flakes, good sedimentation and was of a reddish-brown color. Microscopically 60-70 % B-reaction.

Culture positive for T-bacilli.

Vaginal secretion: few leukocytes, atrophic mucous cells, no bacteria and otherwise negative.

Sputum: occasional bionous heaps, few leukocytes, cell detritus, some large round cells, otherwise negative. These specimens were always at least a day old.

Urine: negative.

An Xray film of the chest taken on February 8, 1949, showed an improvement of the general picture. The atelectasis was decreased and the emphysema of the right side was also decreased.

Here are findings which speak for themselves. They clearly show the disappearance of a tumor in the upper left chest through the use of an orgone accumulator. These findings are not accidental and are not a result of a bright, clever idea or inspiration. They are a result of very careful and extensive research covering many decades on the broadest biophysical basis possible. They have been observed repeatedly. Each step in this far-reaching research project had been logically worked out and proven. No findings were incorporated until the subsequent findings had also been proven.

It is interesting to note the silence and impatience with which the roentgenologist reacted to these observations, and to my explanation of the concept of the biopathies in general and the cancer biopathy in particular, and also to orgone therapy and the accumulator. It was as if a wall of ice had come between us. Another colleague who saw the Xray findings just nodded and said nothing. Another questioned the findings and thought that the Xray machine was not functioning correctly and anyhow questioned the results and thought that the films showed that the condition was worse rather than improved. He could hardly repress his excitement and hidden rage. These reactions and many more, which I and others have experienced in the course of work in orgonomy, bring into focus a still unsolved problem for the future of our work.

This was the first cancer patient who came to me for treatment who was not too far gone and who remained under my care. My experiences with the other cases was that they either came in at terminal stage and in a hopeless condition and were willing to try anything, or they came soon after they found out that they had cancer but were afraid to trust themselves to this new method of treatment in the face of all the traditional authority which knows almost nothing of this work.

In all the other cases that came under my observation and used the orgone accumulator the beneficial effect of the orgone irradiation were without doubt. A terminal case of Hodgkin's disease who came to me with a huge infiltration in the left groin and suffering from constant excruciating pain, I took on for therapy not because I expected to cure him but for pity's sake. But it was amazing to see the relief that this tortured man experienced while sitting in the accumulator. It was the only time of the day that he was able to sleep without medication.

I would like to recapitulate briefly some of Wilhelm Reich's findings on the problems of the cancer biopathy. It was Reich who was the first to show that cancer is a disease of the total organism and that the local tumor is only one of the symptoms of this disease. That after the removal of the local tumor by means of surgery, Xray or radium, the underlying basic disease which he termed the Carcinomatous Shrinking Biopathy still remained. That cancer is an expression of premature dying of the organism caused by a deep-seated disturbance in the biological function of pulsation in the total organism. It is a disease caused by our brutal suppression of life and living at its very roots, namely, the pleasure function. It is only by an understanding and knowledge of the orgone and its functioning in the living and non-living that the way has been opened to the study of how this scourge may be mastered.

Reich was the first to show that cancer can be diagnosed in the blood and the secretions of the body long before the tumor appears.

With the discovery of the orgone and its establishment as the specific bio-energy, the way has been opened to a better understanding of cancer and the other biopathies.

There is no easy cure for cancer. Our problem here as with all the other diseases lies rather in the field of prevention. Our present aim is the alleviation of this disease on a more rational basis. According to our experiences so far, we feel justified in considering orgone therapy superior to the traditional therapy of cancer. We advise the use of the orgone accumulator in all cases of cancer. Notwithstanding, whenever indicated we advise in addition to orgone therapy the use of surgery or radium. We consider
X-ray irradiation in spite of some of its good results as too harmful to the organism, especially in its devastating effects on the blood system and the neighboring healthy tissue. X-ray is a body-alien energy. If, for example, one subjects a hundred patients to a given dose of X-ray the results would be more or less similar, whereas if one subjects the same number of people to orgone irradiation the results will vary with different people, because orgone being the body's own energy, the reaction of different people to the orgone irradiation will depend on the state of each individual. For example, some people will react immediately to the orgone while others may take a much longer time. X-ray therapy is based on a killing principle. It only destroys the tumor. It kills just as the cancer does. In contrast to X-ray irradiation, orgone energy, being the specific bio-energy, influences the organism in a positive way. It does more without injury to the organism. It alleviates pain. It promotes healing, it builds up the blood system, it prevents organic deterioration, and re-vitalizes the whole organism and it thus makes it possible for the organism to fight the disease.

I would like to raise my voice against the useless and cruel application of X-ray with all its devastating effects as a last resort of therapy in terminal cases of cancer. For instance, I was recently consulted by the family of a patient, who was about to be discharged from the hospital, after a diagnosis of an advanced malignancy with multiple metastases had been established. I told the family that it was useless to undertake the treatment of this patient because he was beyond help, but that the use of the orgone accumulator might help make his remaining days somewhat easier. This suggestion was promptly and impatiently turned down by the attending physician and instead, the patient was given a series of X-ray irradiations.

I would like to raise my voice against the attitude prevalent among many physicians who would rather see a patient die miserably than try something new. As in the case of a doctor's wife who had developed multiple skeletal metastases after a radical breast operation, who following X-ray treatment developed an aplastic anemia, to which she succumbed. This could not have happened with orgone therapy.

And, finally, I would like to raise my voice against the criminal negligence of allowing countless people to die rather than to give new basic concepts an opportunity for practical application.

In this connection I would like to say a few words about my personal experience with orgonomy. When I first sat in an accumulator I felt the energy, and then did not feel anything at all for weeks on end. And the thought would come to me: what if all this were a fantastic hoax of a madman? Then I saw the bions for the first time. That impressed me, but scared me at the same time. And when I felt a strong stream of heat from the funnel of the accumulator at the Orgone Institute Laboratories, I was again surprised. Later, I had a terminal case of cancer come to me with intractable pains and, not knowing what else to do, I had her sit in the accumulator; when I found that after half an hour her pains were gone and she "felt new life coming into her body," I was elated. "So, it's not a hoax after all!" And when after a week of progress the patient commenced to have even more severe pain—this time different pain—again I thought I must have been mistaken.

In the meanwhile I spent months at the microscope studying grass infusions and everything else that I could lay my hands on, such as infusions of crushed coffee beans, flower pollen, egg white, various seed pods, sea weeds, etc. During all this time I had a feeling of constantly reaching out and being blocked. No sooner did I become comfortable in following the progress of the grass infusion when something happened to throw me off again. Then I tried an infusion of young grass, which I had washed very carefully, and found protozoa on the second day. According to what I had read they shouldn't have been there. That was very confusing. I could hardly wait through the night in order to call the Institute and ask about it. Then again, lying in the dark and seeing the orgone, the thought came to me that I would see it better inside the strong accumulator. So I got into the accumulator, covered the opening, then for a while I thought I saw something. Then I saw nothing. It was all so strange. I was even ashamed to mention it to anyone. But it was not until sometime later when I was eliciting light effects in a neon tube, under the same conditions, that all the light phenomena suddenly stopped. But when I took the tube out of the accumulator, the light effects reappeared. I now realized that the orgone phenomena did not manifest themselves when the humidity was high. And it was because of bodily evaporation that I could not see anything in the covered accumulator.

It was during this period that I tried to reproduce Experiment xx. I followed the directions as closely as I could with the limited means at my disposal and everything went according to the description of the experiment. Until I began to study the changes which took place in the thawed-out bion water. This seemed to be a little bit too much for me and I soon lost interest.
in the experiment. But what a surprise to me, when I examined it again after a few weeks and found live protozoa. These were definitely formed without my help or supervision.

Whenever I would report some orgonomic phenomenon which I had observed, Reich would look at me and say, "You still don't believe it, do you?" And I must say that he was right. When I reported to him the X-ray findings of the case which I have just presented, he again said to me, "You still don't believe it, do you?" I answered, "Of course, I believe it." But I couldn't help but feel that somewhere it was still unbelievable to me.

When this case was referred to me by the Institute, Reich told me not to expect too much. She was a very old woman with a mediastinal malignancy and he didn't think that she would respond too well to orgone therapy. My own immediate feeling about the case was that there wasn't much to be done for her and that she might just as well sit in the accumulator. It could do her no harm. This was a grave error on my part and it forced me to the conclusion that the work was pushing me more than I was pushing the work.

It took me a long time to realize the truth of what Reich has been saying about there being no authority in orgonomy except a person who had worked with it and feels and understands it. The road to this feeling and understanding is not an easy one. I remember when I studied the sciences, there was no doubt in my mind when confronted with the fact that sodium and chlorine make sodium chloride. When I learned about the laws of Boyle and Avogadro I accepted them. There seemed to be no doubt about it. When I did any experimental work in physiology, bacteriology or chemistry, there was such a sense of security. It was as if one lived in an encapsulated environment. One did not know what was outside this capsule. One did not even dare to think what was outside it. It was Wilhelm Reich who first turned this capsule into a dynamic and functional sieve, if I may continue with my analogy, and I can only speak for myself, that it is not easy to follow him. Even with a certain amount of restructuralization. And impossible to follow him without a minimum of restructuralization.

I will never forget when Reich, in one of his sessions, expounded to me the identity of the cosmos and the microcosmos, the bion and the planet, the amoeba and the universe; how they all function and are governed by virtue of the same energy. It lifted me far beyond my depth and I found myself trying to suppress an involuntary sly, silly smile. It was all very confusing and disturbing. I had had a glimpse beyond my capsule and was overwhelmed by it and could not take it.

And although many human beings in the course of thousands of years have pierced the capsule of the generally accepted knowledge of their time, have gotten a glimpse of what was beyond it and have made some connection with this beyond, their efforts were always "rewarded" with the stigma of the gravest heresy and ended in exile, or the burning stake, or flight into insanity or mysticism.

Follow the order of nature, for God's sake! It will lead who follows; and those who will not, it will drag along anyway, and their tempers and their medicines with them.—Montaigne.
Projeto Arte Org
Redescobrindo e reinterpetando W. Reich

Caro Leitor
Infelizmente, no que se refere a orgonomia, seguir os passos de Wilhelm Reich e de sua equipe de investigadores é uma questão bastante difícil, polêmica e contraditória, cheia de diferentes interpretações que mais confundem do que ajudam.

Por isto, nós decidimos trabalhar com o material bibliográfico presente nos microfilmes (Wilhelm Reich Collected Works Microfilms) em forma de PDF, disponibilizados por Eva Reich que já se encontra circulado pela internet, e que abarca o desenvolvimento da orgonomia de 1941 a 1957.

Dividimos este “material” de acordo com as revistas publicadas pelo instituto de orgonomia do qual o Reich era o diretor.
01- International Journal of Sex Economy and Orgone Research (1942-1945).
02- Orgone Energy Bulletin (1949-1953)
03- CORE Cosmic Orgone Engineering (1954-1956)

E logo dividimos estas revistas de acordo com seus artigos, apresentando-os de forma separada (em PDF), o que facilita a organizá-los por assunto ou temas.
Assim, cada qual pode seguir o rumo de suas leituras de acordo com os temas de seu interesse.
Todo o material estará disponível em inglês na nuvem e poderá ser acessado a partir de nossas páginas Web.

Sendo que nosso intuito aqui é simplesmente divulgar a orgonomia, e as questões que a ela se refere, de acordo com o próprio Reich e seus colaboradores diretos relativos e restritos ao tempo e momento do próprio Reich.
Quanto ao caminho e as postulações de cada um destes colaboradores depois da morte de Reich, já é uma questão que extrapola nossas possibilidades e nossos interesses. Sendo que aqui somente podemos ser responsáveis por nós mesmos e com muitas restrições.

Alguns destes artigos, de acordo com nossas possibilidades e interesse, já estamos traduzindo.
Não somos tradutores especializados e, portanto, pedimos a sua compreensão para possíveis erros que venham a encontrar.

Em nome da comunidade Arte Org.
Textos da área da Orgonomia Bífisica. Casos clínicos.
Texts from the area of Biphysical Orgonomy. Clinical cases.

International Journal of Sex Economy and Orgone Research

Orgone Biologics 2. A case History

01 Wilhelm Reich. The Orgasm Reflex. A case History 1942.
International Journal of Sex Economy and Orgone Research Volume 1 Number 1 1942
Interval 60-69 Pag. 55-64

02 Carl Arnold. The Treatment of a Depression. 1942
International Journal of Sex Economy and Orgone Research Volume 1 Number 2 1942
Interval 69-76 Pag.163-170

03 Wilhelm Reich. The Mosochistic Character (1933)
International Journal of Sex Economy and Orgone Research Volume 3 Number 1 1944
Interval 43-66 Pag.38-61

04 Walter Hoppe. My First Experiences the Orgone Accumulator 1945
International Journal of Sex Economy and Orgone Research Volume 4 Number 2 3 1945
Interval 78-79 Pag. 200-201

Orgone Energy Bulletin

01 Simeon J. Tropp. The Treatment of a Mediastinal Malignaney with the Orgone Accumulator 1949
Interval 5-10 Pag. 100-109

02 Ola Raknes. A short Treatment with Orgone Therapy 1950
Interval 14-18 Pag. 22-31

03 Victor M. Sobey. Six Clinical Cases 1950
Interval 19-24 Pag. 32-43

04 William A. Anderson. Orgone Therapy in Reumatic Fever 1950
Interval 14-15 Pag. 71-73

05 Simeon J. Tropp. Therapy of an Early Breast Cancer 1950
06 Charles I. Oller. Orgone Therapy of Frigidity A Case History 1950
Interval 28-33 Pag. 207-216

07 Emanuel Levine & Elizabeth N. J. Treatment of a Hypertensive Biopathy with the Orgone Energy Accumulator 1951
Interval 14-20 Pag. 23-34

08 Chester M. Raphael. Orgone Treatment During Labor 1951
Interval 17-21 Pag. 90-98

09 N. Wevrick. Physical Orgone Therapy of Diabetes 1951
Interval 27-28 Pag. 110-112

10 A. Allan Cott. Orgonomic Treatment of Ichthyosis 1951
Interval 25-27 Pag. 163-166

11 Philip Gold. Orgonotic Functions in a Manic-Depressive Case 1951
Interval 27-34 Pag. 167-180

12 Emanuel Levine. Observations on a Case of Coronary Oclusion 1952
Interval 24-27 Pag. 44-50
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CORE.
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01 Eva Reich. Early Diagnosis of cancer of the uterus 1943
Interval 25-28 Pag. 47-53