DOR SICKNESS—A Review of Reich's Findings

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This statement on DOR sickness is a brief compilation of material presented by Wilhelm Reich, M.D., during a conference held at Orgonon in Rangeley, Maine, on August 26th and 27, 1953, and includes material to be found in his recent writings on this subject.** Observations on the symptomatology as well as the remote effects of DOR, and research in its prevention and treatment are continuing. Consequently, this summary of the relevant details of this newly discovered disease complex is not, by any means, a complete or final statement on the subject. However, the fact that a great deal is already known regarding its manifestations and treatment necessitates bringing it to public attention.

Introduction

Only by comprehending the simplest expressions of living processes and reducing them to their simple energy functions will we be able to assign the many internal and external influences upon these processes to their proper place in the etiology of biopathic disorders and, thereby, ultimately remove the possibility of error in their prevention and treatment. Without this understanding there is great confusion and, moreover, a gigantic deception inevitably develops regarding the nature of these disorders and their causation.

It is a characteristic of most people to try to explain away their multifarious aches and pains, their emotional distress, their unhappiness and their failures by resorting to a scapegoat, whether it be a parent, friend, wife, business associate or competitor. In this they are often supported by the guessing and surmising of the practitioner of medicine who explains vague and unusual symptoms on the basis of "virus X", or "a rundown condition", or "intestinal flu". It is true that there is often some justification in invoking the scapegoat. It may at least have been a precipitating or exciting factor. However, sooner or later, it will probably be discovered that having placed sole responsibility upon the scapegoat has only obscured and delayed the determination of the disturbance or disorder.

A more sophisticated inquiry into the basis of the complaint by a study, let us say, of the individual's psyche or chemistry may be more rewarding. But, here again, placing the responsibility on factors which have a history of development and are already the result of more inclusive factors, does not significantly reduce the possibility of error; although, with attention now being restricted to the individual himself, the possibility is admittedly reduced to some extent. Unfortunately, a smaller error is still an error, with the result that the problem in the particular case remains essentially unsolved.

As we begin to regard many so-called explanations of illness as only precipitating or contributing or even as complicating factors which are already the result of impaired biophysical functioning, our attention is directed more and more simply to the biophysical functioning itself. Then we are gradually compelled to think in terms of energy functions and are slowly reduced to the consideration of the very essence of life itself—its orgone energy (life energy) functions. The movement and metabolism of the orgone energy then loom as major considerations. We are able, then, to think in terms of energy level of the organism, the possibility of increasing or decreasing it, the stagnation of energy, etc. When we have reached this point, we have achieved a degree of simplicity in our understanding of living processes and disordered functioning and in determining the relative importance of the innumerable influencing factors, including those which had previously enjoyed the exclusive role of scapegoats.

Having reached this point, we are in a more secure position to determine, whether for example, the factor under consideration acts by way of a direct effect on the organism, thus constituting the specific diologic factor, or by producing effects which are essentially secondary to the irritation of the orgone energy (bio-energy) of the organism.

In the experimental studies which led to the discovery of the

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phenomenon called Oranur sickness and then to the elaboration of the widely prevalent Na sickness, it had, at first, been assumed that "radiation sickness", for which an antidote was being sought, was due to the direct effect of nuclear radiation on the tissues of the body. The Oranur Experiment left no doubt, however, that in "radiation sickness" we are dealing with a factor which serves primarily the function of triggering a response of the organismic orgone energy. The symptoms associated with radiation sickness, such as malaise, nausea, fatigue, epilation, hemorrhages, leukemia, etc., can be found in other diseases in which nuclear radiation is not a factor. Consequently, they can not be looked upon as the specific result of nuclear radiation, but as the response of the organism to an irritant, in this case, nuclear radiation. In other words, what we are dealing with reduces itself to "a specific problem of organismic or energy functions."

As a result of this discovery, it was possible to understand the actual dynamics, not only of radiation sickness, but also of many other disorders in which previously what is now understood to be a triggering mechanism was assumed to be the specific cause, and became the scapegoat when explanations were sought.

It should be apparent that this viewpoint, which brings into the picture the energy functions of the organism, considerably broadens the possibilities of access to many problems, particularly those in which the trigger mechanism is difficult or impossible to remove. With it we can consider the energy charge of the organism in combatting the exciting or noxious agent or we may seek to improve the energy metabolism including its ability to discharge surplus energy and, thereby, prevent, alleviate or eliminate the pressure or stasis of energy induced by the irritating factor. To sum up this viewpoint: "With the knowledge and demonstration of a concrete, measurable, usable life energy in the living organism and in the atmosphere, such superficial and evasive statements as this or that one has died from 'air germs' or 'virus X', never seen, never demonstrated, never practically handled, are no longer acceptable. There is something in the living organism that is acted upon by 'air germs' and by 'virus X': this 'something' reacts to noxious influences." This "something" is the organismic orgone energy or Life Energy, and it is this "something"—this Life Energy—which furnishes us with a rational means of comprehending and attacking disease.

* THE ORANUR EXPERIMENT, 1951, p. 301.

The experiments with the atmospheric orgone energy had long ago established the fact that any kind of mechanical energy, such as heat, sparks from an induction coil, friction, etc., was capable of irritating the orgone energy to greater activity. The intensity of the response depended upon the intensity of the stimulus, its duration, and the orgone energy concentration in the area in which the stimulus was applied. The Oranur effect differed only in the marked severity of the reaction which resulted when a very small amount of nuclear material (Na: nuclear radiation) as the triggering factor was brought into contact with a highly orgone-charged atmosphere. In this experiment a response was initiated which reflected itself in startling and readily demonstrable physical phenomena.

Parenthetically, it is most important, at this point, to stress to the reader familiar with the Oranur Experiment that the evidence was conclusive that the radioactive material itself could not be held responsible for the profound effect produced. In the first place, a minute amount of radium was used. Secondly, it was used in a highly concentrated orgone atmosphere. Thirdly, the Oranur effects continued long after the removal of the Na source. And, finally, while a potentially dangerous reaction occurred, it gave rise to the important possibility that such an effect properly and conscientiously controlled and applied would constitute the means of immunizing the population against otherwise overwhelming atomic bomb effects.

The designation Oranur sickness refers to the organismic response resulting from the experimental use of a small amount of radium in a highly charged atmosphere, and should, therefore, be distinguished from the global Na sickness which the Oranur Experiment can now explain. It is on the basis of the information acquired in this experiment that the widespread effects of the tremendous atomic blasts can be understood and anticipated. Thus, an atomic explosion irritates the atmospheric orgone energy and causes it to react in such a violent manner as to transform it into a dangerous force which has been given the name Na, i.e., deadly orgone. This atmospheric reaction has "the qualities of a slow...but enduring chain reaction travelling through the air as if infesting, chain-like one area after another." This Na infested atmosphere, in turn, causes an organismic response which is referred to as "Na sickness." Thus, to repeat, Na refers to deadly orgone energy resulting from the irritation of the atmospheric orgone energy by nuclear radiation and, still under study, other factors of a more remote, cosmic origin. The term Na sickness, itself, is applied
to all symptoms associated with this state of the orgone energy within the organism.

**DOR Sickness**

Beginning in March, 1952, "nauseating concentrations" of DOR were first observed over Orgonon. They were dirty-appearing cloud formations which came in mostly from the west, appearing even while the sun was shining. They conveyed an emotional reaction of ugliness and drabness, to which the landscape, as well as the animals and birds, reacted. The movements of the latter were slowed, the foliage lost its radiance, and the diamond-like sparkle of the atmosphere and over the lakes disappeared. The overall impression was that of a reduction or cessation of orgonotic pulsation. Geiger counters reflected this strange phenomenon by reactions of "jamming", "racing", "fading" or "failing" separately or in combinations or by totally "erratic reactions".

In areas in which DOR conditions had persisted for a considerable period, marked pocking of the rocks was observed. This erosion was accompanied by the appearance of a blackish pigmentation (Melanor) in the rocks. Drinking water from wells and other sources showed a yellowish coloration and was temporarily undrinkable.

The human organism, just as all other living as well as non-living nature, was observed to react to this noxious effluvium with considerable distress. It is well known that the human being frequently, with good intuition, implicates the weather in an attempt to explain his symptoms. The fact that he is, after all, a bit of nature and thus affected by the vicissitudes of the weather has always been intuitively felt, but the concrete awareness of how it specifically affects his biosystem has been lacking. This intuition that he is a bit of living substance, which reacts to all stimuli and to a degree depending upon the energy charge of his organism and its freedom to react and to metabolize the available energy, required the discovery of the Life Energy to give it tangible, physical reality.

**Symptoms**

The response of the human organism to this atmospheric phenomenon is characterized by early reactions of a generally non-specific nature, varying in degree with each individual; then, specific reactions due to the selective bio-energetic action of the DOR energy which has the quality of attacking each individual at his weakest point; and, finally, late effects, when, if tolerance to the increased energy charge in the organism is not acquired, destructive or degenerative effects occur in the tissues of the body including the blood. Thus, in describing DOR sickness, it is necessary to separate those symptoms common to everyone and constituting the DOR reaction itself from those symptoms which are specific to the affected organism determined by its particular structure and organ vulnerability.

**Early Effects**

A DOR contaminated atmosphere will very early evoke an indefinite feeling of illness or malaise which is all the more prominent and more rapidly felt the more sensitive (bio-energetically — the more highly charged) the organism is. Later, with increasing sensitization, proximity to high-voltage equipment, generators, transmitters, X-ray equipment and X-rays sources may become intolerable. Also, in this early phase, nausea increasing to the point of vomiting is a frequent symptom. Fatigue is complained of; also, muscular aches and pains, particularly in the occipital, shoulder and intercostal regions, thirst, conjunctivitis irritation, pressure sensations in the head and chest, pallor alternating, at times with hot flashes, vertigo, and mottling of the skin, particularly the palms.

As time goes on, the rising bio-energetic pressure will be reflected in increasing restlessness, irritability, pounding, rapid heartbeat, quivering, and an increasing awareness of the need for relief through such measures as “airing out” and movement.

If the individual remains in such a heavy, oppressive DOR atmosphere, intestinal involvement with the passage of soft, unusually dark-colored stools frequently results. The stools become more and more liquid and blacker and contain more mucus. This black coloring is due to Melanor and, as stated above, has been found in disintegrating rock, in the yellowish coloring of drinking water which at first loses its potability, and in the blackening of the water during the bath. The stools may become blood tinged, and it is conceivable that, with neglect, and as a result of the intestinal putrification, an amebic dysentery may occur. Occasionally the stools may become white resulting from a lack of bile which, in turn, is due to the blood dysfunction which occurs.

The blood will begin to show evidence (Reich Blood Test) of deterioration in the direction of leukemia.* At first, the red cells appear to be overcharged, consisting of reddish instead of bluish craters with strongly luminating margins and wide fields. Then, these cells begin to show changes in shape (triangular, square, crescent forms) distinctly like those seen in leukemia, with eccentric disintegration (large blue

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bions, T-spikes in the same cell) and an increase in the number of white blood cells per field. In dark field examination, a delicate, granulated structure suggestive of T-degeneration can be seen. In the autoclavation test, the lack of cohesion (grossly observed in the muddy appearance of the specimen) is striking. The blood cultures become cloudy—further evidence of decay.

Specific Reactions

In the response of the organism to DOR, specific physical and emotional reactions are observed which correspond to the structure of the particular individual. Thus, a significant feature of DOR sickness is the evidence of emotional distress which is usually misinterpreted as, perhaps, due to a familiar disturbing factor in interpersonal relationships. This interpersonal difficulty may actually co-exist, but it is only incidental to the reaction to the increased bio-energetic pressure due to atmospheric DOR. It may also happen that certain characteristics of the individual's structure, previously concealed by acceptable affections, may break through. For example, a "latent spy" characteristic which had been hidden by an exaggeratedly smooth and considerate behavior may appear in the form of gross evidence of spying. The mechanism of response may take the form of various other characteristic of the emotional plague.

In addition to the specific emotional reaction of the organism, previous somatic reactions, specific for the individual, may occur or a disease which had existed latent for years may suddenly appear. Thus, a person with a previous history of liver disease may suffer a recurrence, or a person with a tendency toward vascular hypertension may begin to show concrete evidence of hypertensive cardiovascular disease.

The point should be made that if these reactions are due to increased pressure within the biological core and its consequent break through the protective armor of the organism, that it would take much longer for an initially undercharged organism to suffer the same effects. In fact, undercharged organisms will, at first, improve as result of the increased pressure, will actually like what is so sickening to the more highly-charged organism. In other words, the more highly charged the organism is the greater the sensitivity and reactivity.

Advanced Effects

Most important of the advanced effects of DOR sickness are those resulting from a standstill of biophysical pulsation. The life energy functions actually become stuck. Characteristic of this condition, there

is a paralysis of movement, functional blocking of the flow of tissue fluids with resultant edema—particularly a glottis edema, glandular enlargements—particularly of the salivary glands, amnesia, increasing disequilibrium, distinct increase of oxygen-lack—with cyanosis to the point of blackness, pleuritic pain suggestive of a fibrinous pleuritis (seen in mice) and a black or greenish discoloration of the subcutaneous tissues (seen in mice) is undoubtedly present.

Death may finally occur due to coronary disease, hypertensive disease, sudden shock, or possibly chronic processes which build up gradually and finally result in a stoppage of pulsation.

The symptomatology just described, classified in terms of emotional functions "which are, in a deep biophysical sense, truly physical functions"* indicates that DOR initially produces a state of helplessness and prostration. In the second place, the organism reacts with irritation and anger as it struggles to overcome this noxious effect; and, finally, in the third phase if the organism survives and, if conditions are otherwise favorable, it slowly fights its way back and emerges victorious: i.e., it becomes immune.

Treatment

The fact that DOR consumes oxygen and takes up moisture suggests a simple and important approach to some of its noxious effects. Thus, if complete removal from a DOR-contaminated atmosphere is precluded, as much fresh air as possible is essential. Poorly ventilated rooms markedly intensifies the DOR effects. The use of fans, therefore, is beneficial. Removal from the atmosphere in which X-ray or other electromagnetic equipment is being used may be mandatory. Radium painted objects, i.e. watches, will trigger a more pronounced DOR effect, and in the presence of orgone energy accumulator devices, which create a more highly-charged atmosphere, may reach serious proportions. Thus, their removal is strongly advised.

The copious intake of fluids, particularly such beverages as warm tea, is beneficial. Alcoholic drinks by reason of their vasodialating effect will improve the circulation and reduce the internal pressure. Frequent baths—actual soaking baths and not mere showers or quick washings—are most helpful.

The judicious use of uncontaminated or accumulators to provide additional fresh on to the organism in its fight against DOR would be most valuable.

* The ORANGE EXPERIMENT, 1951, p. 271.
Any means which would improve the orgogetic pulsation and metabolism would obviously be helpful. Thus, activities of a pleasant variety, preferably to the point of perspiration, are indicated, and, most important, the regular ergastic discharge of the surplus bio-energy.

The removal of DOR clouds and the production of rain through the use of "Cloudbusters" utilizing the principle of the orgonomic potential have provided a means of attacking the DOR in the atmosphere directly and thereby decontaminating it. For details concerning this chapter in orgonomic research, the reader is referred to the articles by Wilhelm Reich on the subject in the Orgone Energy Bulletin.

Finally, under study at present, are simple and effective means of DOR decontamination inside buildings. (See sections on DRENE production, this volume.)