Orgone Therapy in Rheumatic Fever

By William A. Anderson, M.D., Bloomfield, N. J.*

Rheumatic fever continues to offer a challenge of importance to the physician despite the “pain-relief” effectiveness of salicylate therapy and the development of new and startling antibiotics. In children especially is the problem important for, while the prognosis for recovery from isolated attacks is good and the course of the arthritis shorter, the possibility of recurrence is increased as the problem of relapse remains unsolved, the majority of deaths occurring before the age of twenty years with the peak being from the sixth to twelfth years.

It would appear probable that rheumatic fever is connected with some bacterial or virus invasion of the system, and it is generally considered that the streptococcus is in some way responsible. However, there must be a constitutional inadequacy, a susceptibility or a tissue proclivity in the background in which the factors of exposure and infection act merely as the “trigger mechanisms.” To date, no method has been found to combat this deficiency although the daily use of small amounts of one or the other of sulfa-preparations or of penicillin seems to curtail to some extent the trigger action of infectious relapse.

A Case History

On March 14, 1949, an eleven-year-old girl was brought in with the chief complaint of “being tired.” This lassitude was associated with aching of the calves of the legs, knees, ankles and soles of the feet, all of which followed a sore throat one week previously.

A routine physical examination revealed the following positive findings: Temperature 101°, Pulse 120, Blood Pressure 116/60. The tonsils were moderate in size but were not injected. On auscultation, the heart revealed a

*Surgon.
forceful ringing first sound over the mitral area with a slight accentuation of P-2. In the recumbent position, a pulmonary systolic murmur was heard with expiration (normal). The hemoglobin was 13.6 grams or eighty-eight percent and the sedimentation rate was 35 millimeters per hour.

A presumptive diagnosis of acute rheumatic fever was made, and the patient was put on strict bed rest. An explanation of the importance of rest was stressed to the parents and, in the months that followed, the child received excellent care. Salicylate therapy was started with the prompt amelioration of all subjective symptoms. However, the tachycardia, elevated sedimentation rate and evening fever continued to persist.

On April 27, 1949, a cardiac consultation with electrocardiogram and fluoroscopic examination was requested.

The fluoroscopic examination revealed, in the PA view, a straightening of the left border and a normal cardiothoracic ratio, while the R.O.A. position with barium visualization showed slight left auricular enlargement.

The electrocardiographic study demonstrated an auricular-ventricular rate of 110 beats per minute with a regular rhythm, a P.R. interval of .14 sec. and Q.R.S. of .08 sec. The R.S.T. waves were isoelectric with flattened T waves in lead 2, negative in lead 3 and diphasic in CF-4.

The consultant's summarization confirmed the diagnosis of rheumatic fever and he advised close observation and the continuation of bed rest.

Weekly sedimentation rates were taken and, by the first of August, the sedimentation rate was down to 12 millimeters per hour. The patient was then allowed out of bed at increasing intervals to sit in a chair. A recheck by the same cardiologist two weeks later revealed a temperature of 100.1, a pulse rate of 120 and electrocardiographic evidence of myocardial strain due to myocardiitis, with an associated elevated sedimentation rate of 20 millimeters. No murmurs were audible. The consultant advised deferring any activity until the heart rate slowed down and the temperature and sedimentation rate returned to normal and remained there.

Accordingly, the patient was once more returned to bed and a short time later 1000 cc. of whole blood was given to improve a gradually developing anemia.

By the first of December, 1949, despite the most excellent nursing care, the patient still retained the elevated sedimentation rate and the tachycardia. The parents became considerably discouraged and began to express their doubts that the child would ever recover. The patient herself, although uncomplaining and accepting her confinement with courage and stoicism, became even more listless.

In the course of the nine long months of treatment, the patient had been on salicylates (with and without para-aminobenzoic acid) and, from time to time, penicillin and sulfas. In addition, iron, liver, vitamins, folic acid and vitamin B-12 were used in an effort to maintain a respectable blood count. Yet her only improvement was the lack of fever and joint pain, though it must be remembered that she had developed no heart murmur.

In desperation, the patient was placed in an orgone accumulator on December 7, 1949, and daily radiation for thirty minutes was given. All medications were discontinued. One week later, she was re-examined, and the pulse rate was found to be 85 with the hemoglobin elevated from 70 to 81% and the sedimentation rate down to 2 millimeters per hour!

Moderate activity was then permitted such as bathing, dressing, walking about the house as well as up and down stairs, albeit slowly, and taking short automobile rides.

On December 21, 1949, the mother voluntarily stated that for the first time since March her child was acting as she had before her illness, i.e., light-hearted, happy and interested. In short, the patient was once more "alive." A hemoglobin recheck at this time revealed no change while the sedimentation rate had increased to 8 millimeters per hour.

In the few weeks that the patient has used the accumulator, she has become quite attached to it and looks forward to her daily treatment with the enthusiasm reminiscent of a Dodger fan!

It will be interesting to see if the accumulator can change the patient's constitutional background in such a manner that future relapses will not occur. In any event, it appears that the patient's future is much brighter because of the orgone therapy.
Projeto Arte Org
Redescobrindo e reinterpretando 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 Bifísica. 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 Numbers 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
Interval 21-25 Pag. 131-138

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
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11 Philip Gold. Orgonotic Functions in a Manic-Depressive Case 1951
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Interval 24-27 Pag. 44-50

CORE.
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Interval 25-28 Pag. 47-53