Limited Surgery in Orgonomic Cancer Therapy

By SIMEON J. TROPP, M.D.

Prefatory note:
Any operative procedure must have an indication. The procedure must be rational; its motives must aim to further the well-being of the patient. These must be factual and not just formal. Under the usually prevailing conditions it has been found that a radical operation for cancer of the breast, whenever possible, is a justifiable procedure, and is accepted as such. There are few deviations from this rule although limited operations are at times performed when indicated. In this particular case, however, entirely different conditions warranted a procedure entirely different from the routine procedure, on the basis of the following facts:

1. The patient in question had been under orgone energy therapy for 3 months. The tumor in the right breast was reduced in size from 4 x 3 inches to about one-third its original size through daily orgone energy irradiations.

2. The general condition of the patient, that is, the organismic background of the local tumor, had been greatly improved. There was no loss of weight, no secondary anemia and no reduction in energy metabolism as is typical in such cases. In other words, the cancerous shrinking process of the total organism, as described by me (1942-1945), had been stopped and thus the probability of metastatic development had been greatly reduced, especially in the region of the axillary glands and the immediate neighborhood of the local tumor.

3. Repeated orgonomic blood tests (cf. THE DISCOVERY OF THE ORGONE, Vol. II, THE CANCER BIOPATHY) have proved conclusively to the satisfaction of our medical conscience that the general condition of the patient was nearly perfect which meant, in practice, according to ample previous experience, that absence of future metastases could be expected.
4. Thus not only was a radical operation contraindicated, but local excision of the remainder of the tumor was the only way to proceed under the given conditions. In case of a recurrence a radical operation would still have been possible. Furthermore, a radical operation at this time would have undoubtedly meant the infliction of a much too severe trauma which would have impeded the further recovery from the carcinomatous shrinking biopathy.

5. In no case had any harm been done. The situation was well under control, and, as we have said, a local excision was medically fully justified. Thus, changed conditions, brought about by the application of orgone energy, necessarily changed the surgical procedure. We may add that even the excision of the remaining tumor was not absolutely necessary since the tumor was constantly diminishing in size. The reason for our decision to perform a limited operation was made on the following consideration: Abundant experience with orgone energy treated cancer cases as well as orgone energy treated human cancer tumors had taught us that a major problem arises when large tumors dissolve due to orgone therapy. The resorption of the tumor debris taxes the excretory organs and we did not wish to tax the organism of the patient too much with the elimination of this detritus.

We hope very much that this brief summary of our reasons for changing the routine procedure will convince the reader that we were justified in our procedure and medical indication. The procedure looks quite different in the light of the above facts.

WILHELM REICH, M.D.

I was consulted by a 56-year-old woman with an advanced cancer of the right breast. She had first noticed a small lump in her breast seven years previously which had disappeared after some treatment by an osteopath. About four years later the lump reappeared. At that time she did not pay much attention to it. About fifteen months later it began to grow and by the time she consulted me, it was the size of a large fist. Her family physician advised her that the growth was most likely cancerous. However, she was determined not to undergo the usual radical treatment for cancer of the breast. About a year before she came to see me, she had read THE CANCER BIPATHY by Wilhelm Reich and she felt that his teachings offered a rational solution to the cancer problem. However, a year had passed before she came to the Orgone Institute Research Laboratories to seek help.

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life, and in her relationship to her immediate family and her friends she always played a "sweet" and passive role. She was even-tempered, smiled all the time, was never able to get angry and prided herself on the fact that she always got along so well with other women.

When first seen she gave the impression of an eager, active, and very pleasant person. However, when examined about an hour later, this picture had changed completely. She looked haggard, anxious and pale in spite of her ruddy complexion. The spirited expression on her face had collapsed. There was now an air of resignation behind a fixed smile. Her jaw was tight, her eyes were dull and anxious, her face was flushed. The upper part of her body was cool, the torso was yellowish. She breathed with her teeth clenched. Her chest was in inspiratory position and did not partake in respiration spontaneously. Her abdomen was soft, the pelvis was rigid and retracted. The lower extremities were somewhat overextended and stiff. Her whole being expressed resignation. When asked to accentuate her smile, her face became red and her eyes showed anxiety. When asked to show anger, she responded only with a helpless smile. Her muscular armor ranged from tenseness in the upper part of her body to flabbiness in the lower part. The muscles were very tender to touch. Particularly striking was the armor in the jaw and shoulder girdle. The trapezi and the pectorales were very spastic and tender to touch. The adductors were flabby and the lower extremities showed spiderweb varicosities. Her pulse was 96, her blood pressure 195/135. The reflexes were slow and uneven. There was now an air of resignation in the right breast. The culture was negative after forty-eight hours. Examination of the vaginal secretion showed numerous rot bacteria, a moderate leukocytosis and a few cocci. The epithelial cells were multiformed and showed strong stratification and granulation. There were occasional plasma cells, cancer III formations, occasional cancer V formations, and some epithelial cells in the process of organization.

Hemoglobin was 13% grams (92%), RBC 4½ million, WBC 6,100, polys 65, lymphs 35, mono. 9, EOS. 1, sedimentation rate (Wintrobe) 15 mm/1 hour.

Blood alkaline phosphatase was 1.3 Bodansky Units (normal 1.4). X-rays revealed no signs of metastatic disease.

Weight was about 180 lbs.

The patient used the orgone energy accumulator twice daily for half-hour periods. She reacted to the accumulator from the very first day. She would get warm and perspire. After about a week's time she noticed that she could breathe more easily, take deeper breaths and experienced a marked feeling of relaxation while in the accumulator. Oftentimes she felt pinching and twitching in the right breast and at other times she felt a dull pain as though something were "going on in there." She became more aware of a feeling of deadness on the whole right side and on occasion she experienced a feeling of freedom and aliveness which had been foreign to her. She was able to rest more comfortably at night and on the whole was not as restless as she had been. She began to experience a feeling of well-being the like of which she had never known before. Although her blood pressure fluctuated from day to day, the average level went down to between 130 to 170 systolic and from 90 to 100 diastolic.

Two weeks after she had begun to use the accumulator she awoke one night with a sharp pain in the right breast which continued for about twenty-four hours. An examination at that time revealed an acute inflam-
matory area of the skin of about two inches in diameter just below the tumor. The whole breast was painful to touch and the tumor had increased in size. This condition subsided after a few days, after which the tumor showed a marked decrease in its original size.

During the first three months of treatment several similar episodes occurred but were of lesser intensity. In addition to that, there was an almost constant state of fluctuation in the size of the tumor with noticeable changes in size occurring sometimes within the same day. At the end of two months there was a noticeable shift in the location of the tumor. The whole mass had sagged about two inches. The central part of the mass remained hard but the periphery would soften, so that in time it could not be distinguished from the healthy breast tissue. The Reich Blood Test taken at intervals reflected the signs of improvement which were outwardly visible.

At the end of three months of treatment the tumor had diminished to about one-third its original size. Her general condition showed remarkable improvement. Throughout the treatment there was a great deal of activity in the right breast which manifested itself in pulling and drawing sensations. She experienced a constant feeling of glowing and warmth in the right breast and a feeling of freedom and aliveness alternating with a feeling of deadness in the whole right side of the body. Although she had hardly ever perspired before using the accumulator, she began to perspire more and more profusely. It is interesting to note that while in the accumulator she perspired much more on the left side than on the right. She often experienced hot and cold chills and feelings of relaxation, aliveness and glowing in the skin which lasted for hours after the use of the accumulator. Throughout the whole course of treatment she developed a strong need to take deep breaths, the breathing felt good and free instead of an effort. As she began to improve, she began to yawn a great deal, which was not common with her. There were frequent attacks of pain in the breast and in the right arm which would last from a few seconds to a whole day.

Biopsychiatric exploration revealed that the main armor of the patient presented itself in the eyes, face, jaw, neck and shoulder girdle including the whole chest. The eyes were shifty, suspicious, scared and pleading. The face showed a built-in smile. The jaw was set and no matter what the patient said or experienced, the smile was always there. The awareness of her condition and her relationship to her environment were almost entirely devoid of affect. One was constantly impressed by the deep-seated resignation which presented itself in all situations where the patient was called upon, or forced, to face the facts of existence. The impression she made upon her environment was always of a sweet, helpful, cooperative, and understanding person. Beneath this mask of goodness was a hatefulness which went very deep. She always tried very hard to be good, even in her relationship to the demands of the therapy. However, her resignation manifested itself all the more when seen in contrast to her intellectual insight. The resignation was subtle and well rationalized. The emotions of real joy or sorrow or anger were foreign to her. Her whole being was geared to a low energy level, and as a consequence one soon became aware that the language she used to express her emotions had to be re-evaluated to a much lower level of perception.

As one continued to attack her armor—and it had to be attacked vigorously—she would react at first with a good deal of anxiety, later followed by a sense of well-being which she had never before experienced. However, she was able to maintain this state only for short periods and would soon sink back into a state of depression and frustration. I concentrated most of my efforts on bringing her hatefulness to expression but was not very successful. It never led beyond tears on a more or less superficial level and although it brought her some feeling of relief and seemed to help her general condition the efforts were only transitory.

At the end of three months of therapy with the orgone energy accumulator, the patient showed continuous and marked improvement. The tumor had diminished to one-third its original size, there was no loss of weight and no secondary anemia. The Reich Blood Test showed the elimination of the T-reaction. In general the patient presented a picture which was quite in contrast to her condition when she first came to us. The whole course of therapy was remarkable in that no medications, such as sedatives, etc., were used and the patient was not exposed to the devastating effects of X-ray irradiation, etc. Let us keep in mind that in the case of such a large and rapidly growing tumor the prognosis without orgone energy treatment is very poor.

In view of the above findings and because we did not want to continue to tax the bodily resources of the patient, we felt it advisable at this time to have the remaining mass excised without the removal of the breast. A simple excision of the tumor was then made. We insisted that the operative site be irradiated for about five minutes with the orgone energy funnel accumulator. The operating staff of the hospital at first objected to this unheard-of-pro-
procedure but finally allowed it when we convinced them that it would not interfere with sound operative procedure.

Macroscopically the tumor was scirrhous in type and showed poor vascu-
larization. The microscopic examination of the tumor which had not been treated or altered in any way was made in physiologic saline immediately after the operation. It showed an upgrade cancer III type with some occasional cancer V cells. A complete Xray examination soon after the operation failed to reveal any signs of metastases.

The patient was re-examined about four months later. Her general condition was very good. She had gained ten pounds. She had been quite active; the arthritic condition of the knees from which she had been suffering for the past few years had greatly improved. She had continued to use the accumulator regularily. She had gained some insight into her biopathy and did not feel as lost and helpless as she did when she first came to us. The occasional attacks of pain in the neck, right arm, axilla and chest responded well to local orgone energy application. On one occasion when she had been feeling pain in her right arm, the pain disappeared after she had been able to release her anger, for the first time in her life, in an argument with a member of the immediate family. Following this release she experienced a great sense of bodily freedom and relaxation.

The patient appeared more serious although somewhat sad. She did not smile so much. The skin of the neck, chest and breasts was cool. The palms of the hands, which were always pale, had become pink. The skin below the diaphragm was warm. The deep and superficial muscles of the neck, the trapezii and the pectorales were less tense and much less tender to touch. Her respiration was greatly improved. The gag reflex was easily elicited but incomplete. Both breasts were soft. The right breast was barely deformed with the exception of a linear scar. There was no pain on palpation. There were no axillary glands palpable. The liver was not enlarged. The abdomen was soft with some pressure pain in the epigastric region.

The Reich Blood Test taken at this time showed considerable improve-
ment.

The RBCs showed a moderately wide frame of bright blue color with reddish centers. The frame showed an evenness not found in previous tests. The field was strong. Most of the RBCs were larger than usual. The rest were smaller with a very wide frame and small red centers, indicative of over-irradiation. Disintegration began after seven minutes and was not complete after thirty-five minutes. The RBCs disintegrated mostly into small bions. The disintegration continued slowly with marked regularity and with no tendency to T-spikes. The white blood cell count was within normal limits.

The autoclavage test showed macroscopically a clear fluid with a red-
dish-brown sediment. After shaking, the sediment disintegrated into small-
to medium-sized flakes which settled quickly.

Macroscopically the specimen showed moderately good cohesiveness, some single RBCs, some chain formations, some free T. The bions were mostly small and pale, 65% B-reaction.

The culture was negative for T after forty-eight hours.

The vaginal secretion showed numerous rot bacteria, some debris and some free T. The epithelial cells showed a T-structure, moderate striation and rounded edges. There were occasional spindle forms. There were no plasmatic cells.

Xray examination at this time of the skull, pelvis, lumbar vertebrae and chest showed no evidence of metastases.

This case marks a milestone in the treatment of an advanced cancer of the breast with orgone energy irradiation. In this particular case the carci-
nomatous shrinking process was arrested. The tumor was reduced to one-
third its original size. The remaining mass was removed by a simple excision without deforming radical surgery. The patient was spared the discomfort and damage of Xray irradiation, sterilization and the biologically distorting effects caused by the use of male sex hormones. At the same time the physical and emotional well-being of the patient has increased considerably.

December 11, 1950

First of all a man must see, before he can say . . . See not with the eye of science, which is barren, nor of youthful poetry, which is impostor. But taste the world and digest it . . . At first blush, a man is not capable of reporting truth; he must be drenched and saturated with it first.

—Thoreau
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.
Texts from the area of Biphysical Orgonomy

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International Journal of Sex Economy and Orgone Research

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Orgone Biologics

01 Walter Frank. Vegetotherapy 1942
International Journal of Sex Economy and Orgone Research Volume 1 Number 1 1942
Interval 70-92 Pag. 65-87

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International Journal of Sex Economy and Orgone Research Volume 1 Number 2 1942
Interval 12-36 Pag. 108-130

03 Wilhelm Reich. The Carcinomatous Shrinking Biopathy 1942
International Journal of Sex Economy and Orgone Research Volume 1 Number 2 1942
Interval 37-61 Pag. 131-155

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International Journal of Sex Economy and Orgone Research Volume 1 Number 2 1942
Interval 62-68 Pag. 156-162

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Interval 1-33 Pag. 193-255

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Interval 65-66 Pag. 257-258

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Interval 67-73 Pag. 259-265

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Interval 6-96 Pag. 1-92

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Interval 49-55 Pag. 141-147

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Interval 22-42 Pag. 17-37

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Interval 79-84 Pag. 74-79

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Interval 69-91 Pag. 175-187

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Interval 3-35 Pag. 1-33

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Interval 102-102 Pag. 100-100

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International Journal of Sex Economy and Orgone Research Volume 4 Number 1 1945  
Interval 106-106 Pag. 104-104

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International Journal of Sex Economy and Orgone Research Volume 4 Numbers 2 3 1945  
Interval 81-82 Pag. 203-204

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McF 207 Annals of the Orgone Institute, Number 1. 1947  
Interval 58-67 Pag. 108-126

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Orgone Biologics
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Interval 9-13 Pag. 61-69

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Interval 21-23 Pag. 85-88
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Interval 11-14 Pag. 110-116

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Interval 26-27 Pag. 141-142

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Interval 11-13 Pag. 16-21

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Interval 18-21 Pag. 124-130

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Interval 25-27 Pag. 139-142

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Interval 35-37 Pag. 220-221

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Interval 36-37 Pag. 222-224

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Interval 3-13 Pag. 121-138

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Interval 17-25 Pag. 146-162

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Interval 11-17 Pag. 19-31

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Interval 2-34 Pag. 65-128

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Interval 21-25 Pag. 207-214

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Interval 26-28 Pag. 217-221

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Interval 37-44 Pag. 71-84

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