On the Medical Use of Orgone Energy

From time to time I have observed the effects of orgone energy, applied by means of the orgone energy accumulator, in specific local conditions such as burns, cuts and bruises, and others. Because of my background of many years of medical practice, civilian and military, I can adequately evaluate these effects by comparison with similar cases in my previous experience where I applied classical forms of treatment. Prompt relief of pain, rapid healing without complications, and simplicity of application mark the use of the orgone energy accumulator, discovered and developed by Wilhelm Reich (cf. *The Discovery of the Orgone*, Vol. 2: *The Cancer Bypathy*, 1948).

*Case 1.* A 27-year-old actress developed severe pain in her left maxilla. Dental study revealed an unerupted canine tooth (left upper 3) starting to erupt in a narrow jaw, and it was removed surgically. The orgone accumulator was used before and after the operation, 3-4 times daily, and the shooter was applied locally by means of a test tube containing some loosely packed steel wool. The test tube was held in the mouth, and the outer open end was held next to the free end of the hollow, adhesive-wrapped metal cable leading from the shooter box, a small accumulator within the larger accumulator, and also serving as a seat. The dentist expected a delayed recovery over several weeks because of the presence of considerable infection, and expressed amazement at the rapid recovery of the patient. *Within two days she was free from pain and remained so.* She sat in the accumulator for 15-30 minutes at a time, and held the test tube applicator in the mouth for two minutes at a time. Reich has shown that metal first strongly attracts and then strongly repels orgone energy. The steel wool in the test tube draws upon the orgone energy in the shooter and repels it into the surrounding tissues.

This patient also has occasional asthmatic attacks which become worse in the accumulator. This is understandable when we consider the vagotonic effects of orgone energy in conjunction with the vagal over-stimulation that occurs in the bronchial spasm of asthma.
Case 2. A 24-year-old housewife received a blow on her mouth which resulted in a vertical laceration 3/4 inch long on the inner mucous membrane surface of the lower lip. When seen three days after the injury, the wound was swollen and gaping, and exuded a foul smelling thick green pus. She sat in the accumulator for 15 minutes, during 10 minutes of which she also applied the shooter locally through a metal funnel held over the mouth. She had a very skeptical attitude towards the accumulator, and while in the accumulator said in surprise: “I feel a very pleasant inner warmth [indicating with her hand over her upper abdomen] which I haven’t felt since I was a small child.” This was her only treatment with the accumulator. She failed to keep an appointment to use it again the following day. A few days later she telephoned to say that the wound had healed “miraculously” overnight following the treatment, and that she was so overwhelmed by her brief experience with orgone energy that she could not return. This patient illustrates the fear of expansion in the armored organism. She later returned for biopsychiatric orgone therapy, and told how, in spite of the striking benefit she had experienced, she had expressed contempt for orgone energy in her conversations with others, following that one treatment. She said: “I don’t know why I did it; that good feeling was more than I could stand.”

Case 3. A 23-year-old laboratory technician dropped a pan of boiling water with spinach, severely burning her left foot. She had been using an accumulator regularly, and immediately began an intensive use of it, with local application of the shooter through a funnel held over the burn area. A roommate applied some sodium bicarbonate solution on one occasion. When I saw the patient several hours later, the large blisters which had formed on several toes were already subsiding, pain was minimal, and there was almost no inflammatory reaction, that is, the areas around the blisters did not show the intense redness that generally accompanies second degree burns. I may add that this patient had shown a chronic circulatory disturbance in her feet manifested by coldness, mild purpish discoloration, and occasional edema. The morning after injury, the blisters were somewhat larger again, but faded during the next six days, and eighteen days after injury the burns were practically completely healed. Pain was completely absent after the day of injury. She lost only three days from work and continued the use of the accumulator as often as feasible. No infection developed and inflammatory reaction was negligible. From my experience in cases of severe burns in the presence of chronic circulatory disturbance, I would have expected, with other methods of treatment, at least one or two weeks’ confinement to bed, considerable inflammation and probable infection, considerable edema, and severe pain requiring sedation; ulceration might have occurred. Orgone energy relieved her pain, probably prevented complications and enabled her to return to her work as laboratory technician with little interruption.

Case 4. A 36-year-old woman executive received a black searing burn of her right palm when she grasped a metal pot-handle exposed in a free flame. The pot-handle later changed color permanently, indicating its high temperature. With classical treatment, I could have anticipated dire consequences: a slow convalescence over several weeks, pain, blistering, possible infection and scarring. I knew what the accumulator had accomplished, and yet was surprised and deeply affected by this case, one of my early ones. She sat in the accumulator immediately and held the free end of the shooter cable close to the burn, which extended about 1½ inches along the thenar (thumb) crease. At first she felt an increase in the pain and described it as a penetrating, smarting feeling. Then the pain subsided. A very narrow margin of redness was all that could be seen along the black seared line of the burn. No blisters formed. She used the accumulator frequently, at 20 minute intervals at first, then gradually lengthening the intervals between treatments. Except for mild pain the following day when she put her hand in water, she remained free from pain, no further inflammation developed, no blisters developed, no infection developed, the black discoloration disappeared in a few days, and there was no scarring. Use of the hand was scarcely interrupted. When I contemplate this case, I am amazed at the crass obsolescence with which some physicians, administrative officials, and other “authorities” refuse to observe, study and apply orgone energy. By such avoidance they fail in their responsibility to their patients and to the public, and are guilty of a heinous social crime of great magnitude. I repeat: this case affected me deeply—it was a clear-cut, emphatic and unequivocal demonstration of the beneficial role of orgone energy in severe burns.

Case 5. A 42-year-old physician returned from the beach with severe sunburn of the lower extremities. There were no blisters as yet but the redness and pain were intense. He felt feverish and his mouth was dry. He sat in the accumulator and at first felt strong pricking in the legs. Shortly afterward he began to sweat, with waves of pleasant warmth passing through him.
Pain was markedly diminished. From previous personal experience, he had anticipated a one or two week period of slow recovery with much pain, two or three days of fever and dehydration, and a bad time sleeping. With the use of the accumulator, none of these occurred. There was mild discomfort for a day or two, and no interference with his work. He also suffered no nausea or loss of appetite, as he had on other occasions of sunburn.

These observations on the clinical use of orgone energy have certain things in common: (1) Relief of pain is marked and occurs promptly. Pain, with accompanying shock, is severe and greatly feared in burns especially. Any measure that relieves pain, especially to the dramatic degree that the orgone energy accumulator does, must be made available to all. Certainly, it must not be concealed or suppressed by any personal prejudice. (2) Healing is rapid and is remarkably free from complications, such as inflammation, infection, interference with function, and scarring. (3) The treatment is extremely simple to apply. The patient sits in an orgone energy accumulator and applies the shooter locally at intervals, as indicated. Special accumulators for bed patients are obtainable. No injections or chemicals alien to the organism are used in this form of treatment. Personal interests should not be allowed to interfere with the wide spread of the knowledge and use of orgone energy.

Michael Silvert, M.D.
Projeto Arte Org
Redescobrindo e reinterpreting 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.
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