

# On Cancer, Orgone Energy, Orgone Therapy and Dr. Wilhelm Reich

## Orgone Accumulator Therapy of The Very Ill

### A Personal Report of Experiences (Part 1)

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### Introduction

The scientific work of Dr. Wilhelm Reich (1897-1957) who put the main emphasis of his research on proving and scientifically describing biophysical processes in the human organism, has not yet reached wide public recognition, even by the late 1980s.

As a medical doctor and psychoanalyst, Reich was one of the closest collaborators of Sigmund Freud in the 1920s; he was the head of the Technical Department and Psychoanalytical Clinic of this social movement.

His further development of the psychoanalytic technique in the field of resistance and character analysis, which he presented in the early 1930s, led to his being suspended from psychoanalysis; yet only 20 years later, his contributions were appreciated and integrated as fundamental to psychoanalytic theory.

In the following period, his experimental psychosomatic research led Reich to the development of a somatically-oriented psychotherapy, which in time made him the target of discriminating attacks by former co-workers. The entire field of physically oriented psychotherapy, which during the last three decades has been spreading throughout Western countries, explicitly refers to Reich's findings; and the founders of the most influential branches of somatically-oriented psychotherapy, almost without exception, were collaborators or former patients of Wilhelm Reich.

Up to this point in his work, the formerly controversial doctor and natural scientist does enjoy general acceptance today.

However, Reich's work was not restricted to the discoveries mentioned above, it also included experimental research providing a natural scientific basis for the psychosomatic phenomena he had been observing.

In the 1930s, at Copenhagen and Oslo University, Reich and numerous collaborators were carrying out extensive biophysical experiments into the link between basic functions of living substance and a specific biological energy, which expressed itself in the emotions and drives.<sup>[1]</sup>

This experimental investigation extended from the recording of changes of the electrical potential of the skin and the mucous membranes of the human organism to the measurement of bioelectrical potentials of monocellular organisms.

In this manner, Reich discovered (or postulated) the existence of an energy he called orgone (derived specifically from the word organism, as he first assumed it to only exist in living systems).

The scientific recording and description of this energy and its interaction with human organisms became the main focus of Reich's work over the following two decades.<sup>[2]</sup>

In the course of his biophysical investigations of organic cultures, at the end of the 1930s, he repeatedly observed radiation phenomena which in some respects only could be explained by the types of energy known to science.

In the 1940s, after moving to the United States and while working as a professor of medical psychology in New York, Reich and his numerous collaborators examined the basic physical laws and biological effects of orgone energy.

Reich succeeded in constructing a special chamber which acted as a screen against external electromagnetic radiation while simultaneously selectively concentrating the orgone radiation: the orgone energy accumulator. Years of self-experiments by Reich and his co-workers proved distinctively positive effects of the orgone radiation and orgone energy accumulator on humans and other animals.

According to Reich's research, the accumulator charges the organisms inside the device with orgone energy. He and his co-workers began an experimental program of treating seriously ill people, mainly free of charge.†

Dramatic changes in general condition and positive developments were objectively documented in many patients, for such different disease processes as anemia, diabetes, various types of cancer and the acceleration of wound healing. Experiments with humans as well as laboratory

mice showed the orgone accumulator's value in supporting regulatory and healing mechanisms in the body.

At the beginning of 1980, a group of interested doctors and medical students in West Berlin set up a private initiative to critically examine and experimentally evaluate Reich's central experiments in the fields of cytoscopy and cancer diagnosis.

After three years of research the results of this work were presented at numerous lectures at German and Scandinavian Universities. It was shown that Reich had discovered and explained a number of phenomena still unknown to this day, and which could be demonstrated and documented by the most modern methods such as post-contrasting video microscopy.

In 1982, the first self-experiments with equipment based upon the principle of orgone accumulation were set up; a mixed group consisting of doctors and university professors (of diverse backgrounds such as mathematics, physics, and social science) began to investigate the effects of orgone radiation upon their own organism.

It became apparent that subjectively and objectively, the impact of the accumulator was most clearly experienced by those who suffered from acute conditions of pain and disease. Many healthy test persons without disease symptoms needed longer and more frequent exposure in order to feel strong reactions in their body.

In the meantime, by letter and during lectures, hundreds of people have reported on their predominantly positive experiences with the orgone accumulator, which in most cases they built themselves according to various instructions becoming available since the mid-1980s.<sup>[31]</sup>

As a physician who has included the techniques developed by Wilhelm Reich for influencing the autonomic nervous system in my practice, I was repeatedly consulted by individuals suffering from cancer in the last stage of the disease, i.e. with metastatic spread no longer amenable to medical means, and who mostly were in terrible pain.

My work consulting and caring for 17 so-called "terminal" cancer patients during the last 2 1/2 years has included both orgone energy treatment and psychosomatically oriented vegetotherapy, always offered free of charge. This work has demonstrated the wide range of possibilities but also the clear limits of influencing cancer at such an advanced stage via the orgone energy accumulator.

With two thirds of the patients, after instructing them in the use of the accumulator and some test sessions, a clear reduction in the need for analgesics and in some cases even freedom from pain

was achieved after 20 exposures to orgone radiation on average. Almost without exception, their vitality was markedly increased, which could be seen by their resuming activities completely inconceivable before the beginning of the radiation therapy. Furthermore, most of them saw their life expectation as given by specialists extended.

The following article is based on a lecture I gave on this part of my work at the end of 1989 at the Wilhelm Reich Conference in Berlin. It provides a summary of my experience with orgone accumulator therapy on the most seriously ill patients.

I decided to publish this report because after detailed advice and personal care provided during the first two weeks of the treatment, the patients continued to use the orgone accumulator on their own. Therefore, the oft-mentioned influence of the clinician was playing a very minor role.

Furthermore, since first publicly presenting these results I've received additional reports of similar experiences made by other cancer patients with orgone energy treatment. As a physician, it's the most important and most noble aim of medicine to alleviate and, if possible, prevent human suffering to the largest possible extent. If part of this aim can be achieved by using equipment as simple as the orgone accumulator developed by Wilhelm Reich, this possibility must no longer be excluded from broader public or medical discussion.

### **Medical Experience with the Therapy Developed by Wilhelm Reich: Vegeto/Orgone Therapy**

After several terminological changes, from the 1940s onward Wilhelm Reich called his treatment ORGONE THERAPY. This kind of therapy can be subdivided into two groups which in the practical work with the patient actually overlap or complement one another:

- 1) Psychiatric Orgone Therapy (character analytic vegeto therapy)
- 2) Biophysical Orgone Therapy (use of the orgone accumulator and medical DOR-buster<sup>[1]</sup>)

The way I've applied these therapies can be subdivided into three fields which again partly overlap:

I) Long-Term Therapy, i.e. character analytic vegeto therapy on patients suffering from diseases and physical symptoms diagnosed by means of traditional medicine, which had been treated by conventional means without positive results. I will work with the patient once a week, and with patients based outside Berlin, about every three weeks for several hours on successive days. This therapy will run over 1 1/2 years on average.

II) Intervention Therapy, i.e. consultation and demonstration of self-aid techniques harmless to the patient, which they can continue independently after being briefed and initially supervised. Later, if necessary, personal coaching and guidance are given.

III) Biophysical Intensive Therapy, i.e. consultation and guidance of most seriously ill patients mainly in the last stage of the cancer process; use of the orgone accumulator and of the diagnostic instrumentation developed by Wilhelm Reich for the ongoing monitoring of results (Reich blood test).

### **I. Experience with Long-Term Therapy**

Up to now, I have been able to treat the following diseases and symptom complexes with vegetotherapy, supported for short intervals by the orgone accumulator, with very satisfactory results. By this I mean a decisive alleviation or even complete disappearance of pain, often followed by the complete discontinuation of all pain medication in patients with the following problems:

- Trigeminal neuralgia
- Chronic pain in the locomotor system, especially of the spine
- Chronic glaucoma
- Recurrent gallbladder colics incl. emergency cases
- Bronchial asthma
- Respiratory dysfunction with presence of pulmonary emphysema
- Symptoms of recurrent angina pectoris
- Meniere's syndrome (rotary vertigo)
- Chronic lymphatic leukemia and chronic myeloid leukemia  
(The vegetotherapeutic treatment of these diseases will be described in another article.  
Use of the accumulator in this particular case is contraindicated.)
- Schizophrenia of the paranoid-hallucinative type
- Chronic depression
- Anxiety neuroses
- Persons suffering from cancer (more details of their treatment are given below).

## **II. Experience with Intervention Therapy**

With this method I have been treating 41 patients during the last 2 1/2 years. With 17 patients, a complete disappearance of the main symptoms was achieved. With 8 patients, the pain condition could be reduced. From the remaining 16 patients I have not received any feedback for a significant time, or problems were reported regarding practising the recommended techniques.

## **III. Experience with the Biophysical Intensive Therapy**

Here I want to concentrate on the treatment of most seriously ill people with multiple metastases in order to demonstrate the wide range of possibilities but also the clear limits to influencing the cancer process in the last stage of the disease.

The patients coming to see me in this terminal state had been trying for years all the conventional treatments including chemotherapy, surgical removal of the primary tumor, and radiation therapy. Additionally, nature cures such as macrobiotics, homeopathy, fasting cures and treatments in private clinics had been tried by most of them without any evidence of even delaying the progress of the disease.

From the end of 1987 until the spring of 1990, I was treating a total of 17 such seriously ill patients. Viewed from a medical standpoint, these patients had exhausted all the possibilities when they started the orgone treatment; almost without exception, they had been given from one to three months to live by their oncologists. To give an idea of the severity of the cases, here is a description of the condition two of the patients were in before they began the orgone accumulator therapy:

Patient A: My first patient at this time was a professor of economics and businessman, age 53. In 1984, he had had surgery for malignant renal cell carcinoma (hypernephroma) without any signs of metastases, and had remained symptom-free for 2 1/2 years. At the beginning of 1987, after six months of radiotherapy, seven pulmonary metastases were detected, bioptically identified as belonging to the primary tumor and diagnosed as inoperable since all lobes of the lung were affected.

In September of the same year, two more cerebral metastases were discovered, which grew from 0 to 4 cm on the right and from 0 to 3 cm on the left side within the space of two months. Neither the pulmonary nor the cerebral metastases responded to large-dose chemotherapy; given the involvement of neighboring motor centers, further radiotherapy of these rapidly growing metastases could not be undertaken.

An implant of radioactive cobalt into both temporal lobes was considered but the patient refrained after consulting with several specialists including some in the US and the USSR.

In mid-November 1987, he came to see me, or rather he was being carried in by two men, the entire left half of his body being paralysed. His paralysis, caused by the pressure exerted by the cerebral metastases on motor areas, had developed in the space of two weeks.

Specialists had given him a maximum of three to six weeks, and all medication had been discontinued at this time because of ineffectiveness, except for morphine sulfate and Temgesic (an opiate precursor) to reduce his pain.

Patient B: The second patient I'd like to present was a 58 year old administrative employee who had had surgery for gallbladder cancer at the end of 1986. In 1987, he developed six continuously growing metastases to his liver. Two additional mets were detected via CT scan in his vertebrae after the patient had been suffering from increasing pain in that area for months.

Altogether, five cycles of chemotherapy were undertaken without affecting the continuous growth of the mets. According to the patient's own report, he had been going downhill for several months, and his doctor had told him that very probably he would not live to see Christmas 1987.

Our first meeting took place at the beginning of December 1987, and he was only able to come to see me with the physical support of his wife. I was shocked by his overall appearance - it made his doctor's verdict appear realistic.

The above two patients will serve as examples for all the other people I have treated: after all the conflicts they had gone through, the despair felt at their first diagnosis, the renewed hope after their surgery and their initial freedom from metastases, then the terribly quick flare-up and spread of the cancer process, these individuals had resigned themselves to their fate and were thankful to their doctors for frankly telling them what little time they had left. To us apparently healthy people, this attitude is probably hard to comprehend.

For their pain, both of these patients received Temgesic and morphine sulfate, the last and strongest type of analgesics that can be regularly prescribed to cancer patients in the so-called terminal stage. To them, as well as to all other patients in a similarly advanced stage of the disease, I had to say in all clarity that the process was far too advanced to be stopped. Nevertheless, the two patients wanted to try the orgone energy therapy, at least hoping for some reduction in their pain.

The Reich Blood Test of both patients showed disastrous results: Immediately after applying the sample to the slide, more than 90% of the erythrocytic membranes were in the process of disintegration; almost all red blood cells had become clumped aggregations; and the preparations were swarming with t-bacilli<sup>[2]</sup>.

This kind of result was found in almost every patient in the final stages of cancer.

Eleven of the patients as well as their family members were present at the first blood test which was simultaneously followed by physician, patients, and family members thanks to a video system attached to the microscope. While I explained the (easily understandable) main criteria of the Reich Blood Test, they were able to follow their own native blood picture on the video display.

At each consultation, the blood test was repeated so that during the weeks and months that followed, most of the persons involved could correlate the subjective changes in the patient's condition with the objective picture of his or her respective bloodwork and could even partly evaluate it on their own. Without exception, they all appreciated this opportunity very much.

### **The Course of Orgone Therapy**

During the first two or three sessions in the orgone accumulator, most of the cancer patients will have uncomfortable sensations. In spite of taking morphine they often feel **dragging or pulling pains where the metastases are located**.

However, this pain is described in their own words as “strange”, “new”, “being of a different, but somehow not alarming quality”, compared to the well-known intense pains.

Several patients felt and described one or two further areas of pain which they could exactly localize and which later were shown to be additional metastases yet undiagnosed at the time of the first accumulator sessions.

Some patients even reported having a very detailed visual perception of their tumors or metastases while being in the accumulator.

A less frequent observation was the reduction of pain during the first two accumulator sessions. Thirteen patients described a different sensation of pain, which was “somehow beneficial” or was “something moving in the body in the area concerned”, which intensified while being treated in the orgone accumulator.



This first reaction of the organism to the accumulator will disappear after 3 to 6 one-hour sessions, and will not reappear unless the daily orgone accumulator therapy is interrupted for several days. After one week of treatment, sometimes even during the second or third session, more and more reactions of the entire body are experienced: sensations of warmth or even heat, dilation of the cutaneous vessels, increase of the peristaltic sounds clearly audible without stethoscope, and delicate tingling sensations especially in the limbs but also in the scapular and cervical region.

Without exception, after a short period of wondering what was happening, these perceptions were described by the patients as very agreeable.

From this point onwards, the intensity of the constant pain experienced by the patients started decreasing. At this point the patients began to use the orgone accumulator twice daily for an hour both at noon and in the early evening. After three weeks of such large-dose accumulator therapy, **the extreme pain of 9 of the 17 patients was reduced to such an extent that to the astonishment of their medical advisors they no longer desired the daily administration of analgesics.**

With 5 other patients, the pain had been latently present before the therapy even under strong long-term medication. Under the influence of the orgone accumulator, however, the pain attacks developed a certain rhythm: periods of complete freedom from pain alternating with periods of the previous condition. At their own request, these patients carefully reduced their long-term medication as well.

In only 3 of the 17 cases did the accumulator therapy fail to achieve a reduction of the pain: A 72 year old patient with a primary hepatocellular carcinoma with pulmonary metastases could only use the accumulator for 30 minutes a day since he developed distinct hot flushes; a 47 year old woman with severely dedifferentiated mammary carcinoma only felt a slight reduction in her pain during her stay in the accumulator, but discontinued orgone accumulator therapy anyhow.

A 61 years old patient with bladder cancer discontinued accumulator treatment after 6 sessions, even though it had given him a slight reduction of his pain; he experienced anxiety attacks and complained of a strong feeling of restriction, as if being “locked up” while in the accumulator. I did not receive any further feedback from him.

6 patients reported that they could manage with just aspirin in case of pain attacks. The patients felt that the accumulator and the aspirin were mutually enhancing regarding their pain-relieving effect, and this was later confirmed by many other patients.

It was especially impressive how the changes concerning the quality of life were described by the persons surrounding the patients - the wives, children, and friends who were able to observe them. After some three or four weeks, normal appetite had returned, joint walks, the resumption of old hobbies and independent car driving had become possible again. The general appearance of the patients had changed. Many of them reported **feeling a vitality they had not felt for years**, as before the time when their disease symptoms first appeared.

### Changes in the blood

In sharp contrast to the subjective changes experienced by the patients as early as the first three weeks of orgone treatment, the speed of disintegration of the red blood cells under the microscope scarcely showed a difference; the only improvement was seen in their clearly decreased tendency to clump (aggregation).

Despite such still devastating results, this could be interpreted as a fundamental change in the electrostatic fields of the patients' blood.<sup>[4]</sup>

During the second month of treatment, the bloodwork began to steadily improve: The membrane cohesion, the internal pressure of the cell membrane and thus its resistance against the process of disintegration into bions and t-bacilli, dramatically increased. While at the start of the orgone accumulator therapy, only about 10% of the red blood cells had their normal shape, now it was over 50%. The manner and speed of disintegration also changed, showing a tendency towards greater resistance. Reich would have called it an enhancement in the body's overall bioenergetic condition.<sup>[5]</sup>

In several cases including the above-cited patients A and B, central necroses with lowered tumor density were observed, even though the metastases didn't change in size; in three cases, tumor shrinkage was radiologically confirmed. As described in Reich's "The Cancer Biopathy", edemas formed around the tumors which Reich explained as inflammatory transformation of the tumorous tissue. He had confirmed this hypothesis by numerous experiments with lab animals, the metastases of which were examined via biopsy.

However, with patient A above who had brain metastases, the development of edema with central necrosis caused the very paralysis to recur which had originally disappeared after a single week of orgone accumulator therapy!

This patient, who at this point apparently had regained his vitality (after having been painfully dying in December), went from February to May on business trips to the US and South Africa, with his only medical equipment consisting in an orgone energy blanket. This was against my

advice since the efficiency of orgone blankets compared to the larger accumulator is negligible. He finally returned to me with completely different problems.

In spite of all his business activities and without taking any further medication, all lung metastases which had been rapidly growing before starting on the orgone therapy, had remained constant in size. His brain metastasis on the left had shrunk by 2 cm while the right one was unchanged, with central necrosis but only insignificant edema in the surrounding area.

At first presentation, the pressure exerted by the tumor caused paralysis in the left half of his body. This recurrence of paralysis following his business trips most probably was due to the orgone therapy, seeing the increased development of edema. But in view of the cancer process, his orgone treatment could not be interrupted. So we both decided to try and locally withdraw energy from the affected area of his brain.

As with our first meeting, he had to be brought to the clinic by two assistants. Based upon the Reich experiments with the medical DOR-buster<sup>[6]</sup>, we aimed a water-grounded hollow metal draw pipe 2 cm above the area where the deep metastasis causing the paralysis was located.

Before starting the DOR buster, I placed the electrode of the Orgonometer by Marah SA in the patient's paralyzed left hand and asked him to cover it with his right hand and press it during the entire procedure. The Orgonometer showed an initial value of +114; after putting the DOR-buster into operation, the value immediately fell and kept oscillating between +65 and +72.

At that moment, the patient reported a strong spinning sensation, which is reported by most patients when the medical DOR-buster is used in the head region. During the next forty minutes, the drawing process continued at a minimum level, and the Orgonometer values rose to +190, with oscillations of +/- 10.

After one hour of this mild treatment, a reading of +210 was achieved, and I asked the patient to move his left hand. With an expression of utter disbelief on his face (which I will never forget), he actually raised his entire left arm and sat up from the treatment table all by himself. For the second time, orgone therapy had managed to reverse the paralysis of the entire left half of his body.

Like at the first occasion more than four months beforehand, his very personal test consisted in trying to steer the remote control of my microscope video monitor by well-coordinated finger movements, and he managed to do this - and easily - as well.

He had come to the treatment being carried rather than just supported by two helpers, but now he insisted on climbing the curved staircase leading up to the laboratory all by himself. The influence of the medical DOR-buster only lasted eleven hours, and we had to repeat the treatment four times in total to finally see his condition stabilize without further paralysis occurring.

### **Further Developments**

In the following months, the patients' freedom from pain and symptoms was accompanied by dramatic changes in their bloodwork. The change was especially notable among those who in spite of the strongest medication initially had had terrible pain and had been given just four to eight weeks to live. In contradiction to Reich's publications, in two of them the bloodwork even approached that of a person in full health.

On the human plane, this was the most difficult time for both patients, their family, and for me. All of them had come to me without a glimmer of hope of reversing or even just controlling their disease, and now they were feeling as vital as if a deadly cancer process had never started.

Some of them had taken up sports again, were going for long walks and on short trips, and I had to shoulder the responsibility of making them aware of the finality of the process of metastatic spread which was physically too far advanced.

In some of them I noticed - for the first time in our long cooperation, a tendency to close their eyes to the fact that their cancer had already too far advanced to be reversible or able to be halted for long, and this long before they had started on the orgone accumulator therapy.

At these times, I was tormented by questions and doubts, which, had I been settled in the role of a white-coated hospital doctor, I would not have felt with such intensity: Was it right that despite the dramatic improvement in their condition regarding both subjective and objective diagnostic criteria I had to keep pointing out that at some point they were going to die from their disease? I kept being asked the same question: "Don't you think that with the state I'm now in, a cure would at least be a possibility?" Again and again I had to say no.

Most of my doubts came from a riddle that seemed insoluble: What was to happen with the tumor masses that could possibly disintegrate, i.e. how could the tumors and their toxic breakdown products be removed from the body?

In the 1940s and 1950s, when Reich was investigating the possibility of influencing cancer in laboratory mice by orgone radiation, almost all laboratory animals experienced an inflammatory softening of tumors, followed by death from blockage of the renal transport system. It was the

masses of cells of the disintegrating tumors and not the spread of the disease that had caused death by kidney failure. Later, some of Reich's most successful treatments of people also failed due to the same issue. I discussed this possibility that might put an end to the positive developments obtained by the orgone treatment in full detail with the patients.<sup>[7]</sup>

### **The Final Phase of the Therapy**

After more than six months of experiencing physical well-being and freedom from pain, in all but 2 of the 17 patients the following developments began to appear. First, the bloodwork started to dramatically deteriorate within a few days. In addition to the erythrocytes showing well-shaped membrane coats and a normal disintegration process, individual erythrocytes reappeared which completely disintegrated into the corpuscles that Reich called t-bacilli within 20 minutes. The absolute percentage of these erythrocytes was small, about 15%.

However, the correlated findings were alarming. Immediately after collecting the blood at the beginning of the observation period, more and more irregular cell fragments could be seen amidst the red and white blood cells, which most probably were stemming from break-down processes surrounding the tumors and metastases. As I had feared, the process of disintegration led to autointoxication of the body by tumor tissue.

I called several specialists for internal medicine to discuss the option of dialysis, which would allow filtering the blood plasma of this debris. After numerous discussions and demonstrations of videotapes re the constitution of the cell fragments observed, this option was ruled out because the fragments having a size of 1-12 micrometers were equally distributed.

Even individuals who claimed to already have treated cancer patients with orgone energy were unable to offer a solution; I was especially struck by the fact that those who had not even come across the problem often reacted in an annoyed manner to my inquiry for help in the matter.

After the bloodwork had begun to deteriorate, the patients were still feeling very well - the subjective condition and the objective findings were going in opposite directions.

The second alarming symptom was that at the very same time, some of the patients' family reported that after the patient had done his orgone accumulator session, his facial region turned grey, which sharply contrasted with their usually revitalized look after using the accumulator. This discoloration lasted for varying lengths of time but disappeared in the course of the day. It was also noticed by the patients themselves, but was not accompanied by any physical symptoms such as circulatory distress or feelings of weakness.

My advice to most of the patients was to reduce their stay in the accumulator to only one 1-hour session per day since the disintegration of the tumors continued and their bloodwork looked increasingly alarming.

Based on the patients' bloodwork and because of their ability to assess the bloodwork on the video monitors for themselves, the patients completely understood the meaning of what was happening. None showed despair or emotional rebellion against the approaching end of their lives, but some of their family did.

I was deeply impressed by the gratitude they showed for the quality of the last period of their lives. Some of them still set themselves small goals: to paint the room in the basement, or to finish a certain business or personal goal which was of special importance to them. Neither did I observe any deep resignation in them, with perhaps two exceptions where I am not sure if I observed, instead, something I call "sliding".

Two of my patients died of cardiac insufficiency during their holiday, suddenly and without pain, as reported by their wives. One patient still went on a business trip to Saudi Arabia where he carried out various transactions. Upon his return he collapsed on the way from the airport and died painlessly of cardiac and circulatory failure in the hospital. During his last days he still managed his business from his bed; we bid each other goodbye a few hours before he died.

Only two of my patients went back to using morphine and Temgesic, a few days after they died in the hospital. Others, after open discussion with their old physician, were offered the option of taking strong drugs which would, in the case of an overdose, cause a painless death. To some of the patients who feared their terrible cancer pain would return this was extremely important.

Four of the patients did make use of this option when even morphine would no longer relieve their pain. All other patients eventually died at home, having either no or only slight pain. With one exception, they all kept in contact with me until a few days before their death.

In summary, all 17 of these severely ill patients lived more than 5 months, with 50% living for over a year, a significant positive extension of lifespan over the original "terminal" prognosis of 1-3 months. Regarding the two specific case histories given above who had a very poor prognosis at the start of orgone treatment, patient A survived for seven months while patient B survived for six.

Judging by these and other experiences with both conventional and non-conventional cancer treatments, the benefits of orgone accumulator therapy for seriously ill patients, including so-called "terminal" ones, are significant.

## **On the Problem of Auto-Intoxication (Self-Poisoning)**

Months after the last so-called “terminal” patient had died, I was visited by Ms. Ursula Phillips, a former co-worker of Professor V. Brehmer (former head of the Berliner Biologische Reichsbundesanstalt, who fled Germany during the Third Reich) and close associate of the famous internist and cancer researcher Dr. Joseph Issels.

From her former work, Ms. Phillips was very knowledgeable about blood tests including the essential features of the Reich Blood Test. When speaking to her about the possibilities and limits of the accumulator therapy on seriously ill patients, she noted parallels to her experiences in Dr. Issels' Ringberg Clinic: when patients came to Issels for radiation therapy, she found cytolytic products in their blood work similar to those I had described. These were observed in tandem with patients' own complaints about radiation hangover, and a grayish coloration of the skin.

Issels noted that radiation hangover often limited the course of the X-ray therapy he employed, which he interpreted as an expression of the autointoxication of the body by decomposition products of tumor cells. Based upon this working hypothesis, he instructed his medical and scientific associates as follows: For each patient undergoing a course of X-ray therapy, blood tests were done several times a day. If many cell fragments were found in the patient's blood, the radiation was immediately reduced. If the number of irregular breakdown products in the bloodwork decreased, the radiation therapy was continued.

According to reports by Dr. Issels' associates, this was one of the keys to the success of his form of radiotherapy which in some cases healed very seriously ill people.

According to Ms. Phillips, to whom I owe a great debt of gratitude, there wasn't a single case of radiation hangover after this method of blood analysis was introduced.

If we could ever set up a clinic with some beds for in-patients for the medical care of most seriously ill patients and if we had experts for the ongoing observation and analysis of the cancer patients' bloodwork, a constantly supervised large dose of orgone accumulator therapy could translate into taking a great step beyond the limitations discussed above.

I wish to point out again that all the changes occurring in the extended lifespan of the most seriously ill people I treated were exclusively achieved by the technical use of the orgone energy accumulator. A report on the positive experiences made so far in the field of vegetotherapy in combination with the use of the orgone accumulator will be published shortly.



[Note: This likely refers to Dr Lassek's later article Orgone therapy (vegetotherapy): Experiences with the therapy according to Wilhelm Reich in the treatment of diseased people.]

### **Epilogue, and a Note of Caution**

The results documented in the article you've just read were achieved in people of between 51 and 78 years of age. I am placing special emphasis on this fact since I know several case histories of young people with different types of cancer who only experienced a short period of improvement in the way they felt after using the orgone accumulator while the disease process itself was in no way affected.

Having seen several young acute myeloid leukemia patients (under 35 years) rapidly develop metastases (with some of the patients the localization of the primary tumor was unknown), I can hardly help thinking the most terrible thought - that the accumulator treatment actually accelerated the spread of their cancer.<sup>[1]</sup>

Without exception, all of these patients right after diagnosis and for reasons of their own had refused all conventional treatment, basing all their hope on alternative treatments but without first consulting a physician with actual experience in orgone accumulator therapy.

I am currently seeing 14 cases of people who out of the blue called me after buying or building an orgone accumulator on their own with the intent to “cure” their cancer. These cases show a complete misunderstanding of the facts revealed by Reich. In most of these telephone conversations, I would hear about the (temporary) remarkable improvement in the way they felt after beginning to expose themselves to the orgone accumulator radiation.

With the optimism sparked by these results, they then decided to have themselves checked by lab and other tests - which tended to show that in reality, their condition had dramatically deteriorated; and this was the reason for getting in touch with me.

For many of these patients, it was too late at that point to achieve a substantial or even complete remission of their disease, which otherwise at the time of diagnosis might have been likely because of the type and localization of their tumor and the manner in which it spread.

For this reason, I wish to issue an urgent warning NOT to use orgone energy accumulator treatment for lymphatic or myeloid leukemia<sup>[1]</sup> nor for severely undifferentiated cancer in younger patients.

I wish to particularly stress that I've treated cancer patients not mentioned in this article whom I've urged, often against their expressed wishes, to have the primary tumor surgically removed,



or to whom I recommended radiotherapy or chemotherapy, in combination with daily large-dose orgone accumulator sessions. In all these cases, there was not a single instance where cancer symptoms recurred in an observation period spanning 3-1/2 years, nor was there worsening in their follow-up monitoring test results.

In these latter cases, the orgone accumulator therapy was started immediately after surgery. In cases of chemotherapy many unpleasant side effects such as nausea, lack of drive and depressive moods can be remarkably mitigated by vegetotherapy and orgone accumulator therapy. On the other hand, the use of the orgone accumulator is strictly inadvisable during cycles of radiation treatment but can begin three days after the last exposure.

Unfortunately, in recent years I've seen dozens of young and older people die after having, for ideological reasons, stubbornly refused the temporary use of conventional treatments most of which are very stressful for the organism. They had called my attitude - I had urgently recommended a course of chemotherapy - "against the spirit of Reich". For this reason, I advise every person suffering from cancer to heed the following steps:

- 1) Don't lose hope if you are diagnosed with "cancer"<sup>[2]</sup> but do try everything possible to obtain a complete diagnostic record of your disease (localization, spread, histology).
- 2) Find a doctor who can responsibly inform you on the chances of any conventional treatment approach for your disease<sup>[3]</sup>, or ask your doctor to get in contact with one of the major cancer treatment centers to learn about the state-of-the-art treatment available and the therapeutic results achieved.
- 3) Depending on what information you receive, proceed to contact the nearest support center for holistic or alternative cancer therapy and make an appointment.

Give the information you consider necessary to your doctor, and discuss with him any decision you've made to possibly choose alternative cancer treatment. Contrary to widespread belief, many doctors are open to some, though certainly not all, unconventional treatment approaches; if your doctor is not open or sympathetic to your concerns, ask your friends and associates to recommend another one.

- 4) Don't combine several natural or alternative treatment modalities but settle on at most two approaches that do not interfere with each other but have a common starting point, such as the support of your immune system.

Ask for detailed information on how these treatments are supposed to influence biological processes in your body.

5) Be cautious when interpreting initial improvements in how you feel which can occur with many alternative approaches. If after two months at the latest your condition has not objectively improved as well, change those aspects of the treatment which you feel are least helpful.

6) There are many ways to stimulate and support the immune defenses which I don't mention here for the simple reason that I don't have practical experience with them. Based upon my personal experience I can recommend both pre- and post-operative orgone accumulator treatment when there is no contraindication; combining accumulator and large-dose intravenous mistletoe therapy has proved to be very efficient; however, I do not practice any additional naturopathic treatment modalities.

At the start and during the first months of therapy, repeated personal consultations on the processes occurring in your body due to the treatment should be held with a doctor familiar with orgone accumulator therapy. Later, this can be done via telephone.

Ongoing live blood tests of the type described above are indispensable in cases of multiple metastatic spread for the reasons explained in the article. In all other cases medical observation and regular follow-up monitoring via X-ray exams and laboratory diagnostics is sufficient.

If the reader decides to use an orgone energy accumulator, they can find information how to build and use the device in one of several books which are now available on the subject. They may also contact me at the Wilhelm Reich Institute in Berlin, Germany.

Dr. Wilhelm Reich ran the Orgone Institute in the United States on a nonprofit basis. Over more than four decades, he never aimed to financially profit from his investigations. The Wilhelm Reich Institute, directed by myself and authorized by Reich's daughter and associate Dr. Eva Reich and the Wilhelm Reich Society, both in West Berlin, are working in the same tradition. The awareness of the possibilities as well as the limits of influencing the body with the aid of Dr. Reich's discoveries must no longer be suppressed but further investigated and made freely accessible to every interested person.

Other English-language papers by Dr. H. Lassek:

"Vegeto-Orgone Therapy", in Natural Medical Healing Methods for the European Community, Documentary Register Volume 5, Ministry of Technology of Niedersachsen, University of

Lüneburg, Lüneburg, Federal Republic of Germany, 1991. (Prepared on request from the European Economic Community, for existing and future administrative purposes.)

More by Dr Lassek on cancer orgone therapy: Experiences with the therapy according to Wilhelm Reich in the treatment of diseased people.

[CLICK HERE](#) to see some of the products that have evolved from Orgone Technology.



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Source: <http://www.healingcancernaturally.com/wilhelmreich-orgoneaccumulator.html>