

Orgone Accumulator Therapy of Severely Diseased People A Personal Report of Experiences

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Introduction

The scientific work of Dr. Wilhelm Reich (1897-1957), who put the main emphasis of his research on the proof and scientific description of biophysical processes in the human organism, has not yet reached a wide public recognition, even by the late 1980s. In the 1920s, as a medical doctor and psychoanalyst, Reich was one of the closest collaborators of Sigmund Freud; he was the head of the Technical Department and Psychoanalytical Clinic of this social movement. His further development of psychoanalytic technique in the field of resistance and character analysis, presented at the beginning of the 1930s, was followed by his later suspension from psychoanalysis; yet only 20 years later his contributions were appreciated and integrated as fundamental to the theory of psychoanalysis. 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 through all 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 disputed doctor and natural scientist is today granted general acceptance. However, Reich's work was not restricted to the discoveries mentioned above, but also includes experimental research which provided a natural scientific foundation for the psychosomatic phenomena he had observed. In the 1930s, at the Universities of Copenhagen and Oslo, together with numerous collaborators, Reich carried out extensive biophysical experiments on the connection between basic functions of living substance and the existence of a specific biological, vegetative energy, as expressed in the emotions and drives.(1)

This experimental investigation extended from the recording of changes of the electrical potential of the skin and mucous membrane of human organisms, to the measurement

of bioelectrical potentials of monocellular organisms. Reich was led to the discovery of a type of energy postulated by him and so far to a large extent not much investigated, which he called orgone (derived specifically from organism, as he first assumed it only existed in living systems). The scientific recording and description of this type of energy and its interaction with human organisms became the main focus of Reich's work over the following two decades.(2)

In the frame of his biophysical investigation, at the end of the 1930s, he repeatedly found phenomena of radiation in biological cultures, which only in single aspects could be explained by the types of energy known up to that time. 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 colleagues and 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, but which at the same time selectively concentrated 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 device charges the organisms situated inside with orgone energy. He and his co-workers began an experimental program of treatment of seriously diseased people, mainly free of charge to the patients.†

Dramatic changes in general condition, and positive influences were objectively documented in many patients, for such different disease processes as anemia, diabetes mellitus, various kinds of carcinoma and the acceleration of wound healing processes. Experiments with humans as well as laboratory mice proved the orgone accumulator's value for support of organic mechanisms of regulation and healing.

At the beginning of 1980, in West Berlin, a group of interested doctors and medical students began a private initiative to critically examine and experimentally evaluate the central

1. Reich, W.: *The Function of the Orgasm*, Farrar, Straus & Giroux, NY, 1973; Reich, W.: *Bioelectrical Investigation of Sexuality and Anxiety*, Farrar, Straus & Giroux, NY, 1982.

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2. Reich, W.: *The Cancer Biopathy*, Farrar, Straus & Giroux, NY, 1973; Raphael, C. & MacDonald, H.: *Organic Diagnosis of Cancer Biopathy*, Wilhelm Reich Foundation, Maine, 1952.

† Editor's Note: From 1940 to 1957, Reich and his associates published dozens of experimental and clinical reports on the bioenergetics of cancer and other diseases, and on the therapeutic use of the orgone accumulator. These papers are cited in the Bibliography on Orgonomy <http://www.orgonelab.org/bibliog.htm>

" I have been able to (achieve) great alleviation or even complete disappearance of pain.. with vegetotherapy supported by use of the orgone accumulator"

experiments of Reich in the fields of cytoscopy and cancer diagnosis. After three years of research the results of this work were presented at numerous lectures in German and Scandinavian Universities. It was revealed that Reich had discovered and explained several phenomena that are still unknown today, and which can be demonstrated and documented by 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 subject areas such as mathematics, physics, and social science) began to investigate the effects of orgone radiation upon their own organism. It was made evident that subjective and objective influences of the accumulator were most clearly experienced in those individuals suffering from acute conditions of pain and disease. Many healthy test persons without disease symptoms needed longer and more frequent times of exposure in order to feel strong vegetative reactions in the body.

In the meantime, by letter and in lectures, hundreds of people have reported on their predominantly positive experiences with the orgone accumulator, which in most cases they constructed by themselves according to various instructions which became available since the mid 1980s.(3)

As an established doctor, who within the framework of my practice is including the application of the techniques developed by Wilhelm Reich for influencing the vegetative nervous system, I was consulted again and again by people suffering from cancer in the last stage of the disease, i.e. with an existing metastatic spread which by medical means could not be influenced any further, and mostly with a terrible condition of pain. My work consulting and caring for 17 so-called "terminal" cancer patients during the last 2-1/2 years has included both orgone energetic treatment and psychosomatically oriented vegetotherapy offered free of charge without exception. This work has demonstrated the wide range of possibilities, but also the clear limits of influencing cancer in such an advanced stage by use of the orgone energy accumulator.

With 2/3 of the patients, after instructions in the use of the accumulator and test sessions, a clear reduction of the consumption of analgesics, and in some cases even freedom from pain, was achieved on average after 20 exposures to orgone radiation. Almost without exception, their vitality was markedly increased, which was to be seen by the resumption of activities completely inconceivable before the beginning of the radiation therapy. Furthermore, the remaining expectation of life prognosticated by specialists was prolonged with most of the patients.

The following article is based on a lecture I gave on this part of my work at the end of 1989, on the occasion of the Wilhelm Reich Conference in Berlin. In its content, it gives a summary on the experience with orgone accumulator therapy on the most severely diseased patients. I have decided to publish this report because, after detailed consultation and personal care during the first two weeks of treatment, the

3. Freihold, J.F.: *Der Orgonakkumulator nach Wilhelm Reich*, Verlag Konstanze Freihold, Mullerstr.145, 1000 Berlin 65; Gebauer, R. & Muschenich, S.: *Der Reichsche Orgonakkumulator*, Nexus Verlag, Frichardstr.38, 6000 Frankfurt 1.

patients afterwards continued to use the orgone accumulator on their own responsibility. Therefore, the often discussed influence of the clinician was playing a very minor role.

Furthermore, since the first public presentation of these results I have received new reports previously unknown to me of similar experiences of cancer patients with orgone energy treatment. As a doctor, to me, it is the most important and most dignified aim of human medicine to decrease and, if possible, to prevent human suffering to the largest extent. If part of this aim can be achieved by the use of equipment that is constructed in such a simple way as the orgone accumulator developed by Wilhelm Reich, this possibility must not any longer be excluded from either broader public or medically specialized discussions.

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

After several terminological changes, from the 1940s onward, Wilhelm Reich called his method of treatment ORGONE THERAPY. This kind of therapy can be divided into two subgroups which, however, in the practical work with the diseased person intersect 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)

The way I applied these types of therapy can be subdivided into three fields which also partly overlap:

I) Long-Term Therapy, i.e. character analytic vegeto therapy on patients suffering from diseases and somatic symptoms diagnosed by means of traditional medicine, and previously treated by conventional means without beneficial result. In this field, I work with the patient once a week, and with persons coming from outside Berlin, on average every three weeks for several hours on successive days. This therapy lasts 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 instruction and supervision. Later, if necessary, personal consultations and guidance is 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 follow-up observation.

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 a short time by use of the orgone accumulator, with very satisfactory results. By this I mean a great alleviation or even complete disappearance of pain, often followed by the complete discontinuation of all pain-reduction medications in

patients with the following problems:

Trigeminal neuralgia
Chronic condition of pain of the locomotor system,
especially of the spine
Chronic glaucoma
Relapsing gallbladder colic, also in cases of emergency
Bronchial asthma
Respiratory dysfunction with presence of a pulmonary
emphysema
Patients with symptoms of relapsing 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, paranoid-hallucinative type
Chronic depression
Anxiety neuroses
Persons suffering from cancer (to the treatment of whom I
give more details 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 present condition of pain could be reduced. From the remaining 16 patients I have not received any feedback for a significant time, or problems with practice of the recommended techniques were reported.

III. Experience with the Biophysical Intensive Therapy

Under this point, in the following, I want to concentrate on the treatment of most seriously ill people in the state of

multiple metastatic spread, in order to demonstrate the wide range of possibilities, but also the clear limits of influencing the process of cancer in the last stage of the disease.

The patients coming to me in this terminal state had for years been trying all conventional methods of treatment, to include chemotherapy, surgical removal of the primary tumor, and radiation therapy. Also, in most of the cases, nature cures such as macrobiotics, homeopathy, fasting cures and treatments in private clinics had been tried without any evidence of even delaying the progress of the disease. From the end of 1987 until spring 1990, I was treating altogether 17 of such severely ill patients. As seen from a medical point of view, these patients had been completely "treated out" at the beginning of their orgone therapy; almost without exception, they had been given survival times of from one to three months by their treating medical specialists. To give an impression of the severity of the cases, I want to give an exemplary description of the condition of two patients before the beginning of 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 been operated on for a malignant renal cell carcinoma (hypernephroma) without any signs of metastases, and he remained free of symptoms for 2-1/2 years. At the beginning of 1987, after six months of radiation treatments, seven pulmonary metastases were detected, biopically identified as belonging to the primary tumor and diagnosed inoperable, since all lobes of the lung were affected. In September of the same year, two more cerebral metastases were discovered, growing from 0 to 4 cm. on the right hand side within two months and from 0 to 3 cm. on the left hand side in the same time. Neither the pulmonary nor the cerebral metastases reacted on large-dose chemotherapy; fur-

Laboratory facilities of Dr. Heiko Lassek at the Wilhelm Reich Institute in Berlin, Germany.

ther radiotherapy of the rapidly growing cerebral metastases could not be undertaken, given the involvement of neighboring motor centers. An implantation of radioactive cobalt into both temporal lobes was considered, but the patient refrained after consulting several specialists among others in the USA and USSR. He came to me in the middle of November 1987, rather being carried by two men, and showing a paralysis of the entire left half of his body. His paralysis, caused by the pressure exerted by the cerebral metastases on motor areas, had developed in the time of two weeks. Specialists had prognosticated him a maximum survival time of three to six weeks, and all medication had been discontinued at this time because of ineffectiveness, except for morphine sulfate and *Temgesic* (a precursor of opiate) for alleviation of pain.

Patient B: The second patient I want to introduce as an example was a 58 year old administrative employee who had an operation for a cancer of the gallbladder at the end of 1986. During 1987, he developed six constantly growing metastases of the liver. Another two vertebral metastases were detected via CT scan, after the patient had been suffering from increasing pain in that area for months. Altogether, five cycles of chemotherapy were undertaken without influence upon the continuous growth of the metastases. According to the patient's own report, he had been declining for several months, and his treating 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 me with physical support by his wife. I was shocked by his overall appearance, which made the opinion of his treating doctor appear to be a realistic prognosis.

The above two patients are held up as examples for all the other people I have treated: after all the conflicts they had gone through and the desperation on the first establishing of the diagnosis, the hope after the operation and their first freedom from metastases, then the terribly quick recrudescence of the spread of the cancer process. These individuals had put up with their fate and were thankful to their doctors for frankly telling them about the short duration of life remaining to them. To us apparently healthy people, this attitude is probably hard to comprehend.

For their pain, both the above two patients received *Temgesic* and morphine sulfate, the last and strongest stage 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 tell them, 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 a slight reduction of their pain.

The Reich Blood Test of the two showed disastrous results: Immediately after the blood was applied 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; the preparations were full of t-bacilli. This kind of result was to be found repeatedly with almost every patient in the final stages of cancer.

Eleven of the patients and also their family members were present at the first blood test, which were observed simultaneously by physician, patients, and family members through a video system attached to the microscope. They had explained to them the easily understandable main criteria of the

Reich Blood Test, and they were able to follow their own native blood picture on the video display during the entire period of examination. Thus, during the following weeks and months, most of the persons affected, apart from the subjective changes in their condition, could see the correlation with the objective picture of the blood diagnosis, and they could even partly evaluate it on their own. Without exception, they all appreciated this possibility very much.

The Course of Orgone Therapy

During the first two or three sessions in the orgone accumulator, most of the cancer patients have uncomfortable somatic sensations. In spite of taking morphine they often feel dragging or pulling pains at the locations of the metastases. 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.

In several cases, one or two more areas of pain were felt and described, each time sharply localized by the patient, which later on were proved to be additional metastases not yet diagnosed at the time of the first sessions in the accumulator. Several patients also reported having a very detailed visual perception of their tumors or metastases while being in the accumulator.

Another less frequent observation was the reduction of pain during the first two accumulator sessions. Thirteen patients described a different sensation of pain, described by the patients as being "somehow beneficial" or "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 disappears 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 treatment 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 sensation especially in the limbs but also in the scapular and cervical region. Without exception, after a short initial astonishment, these perceptions were described by the patients as being very agreeable.

From this point on, the intensity of the continuous pain experienced by the patients decreased. This is the time when the patients began to use the orgone accumulator twice per day, for one hour duration at both noon and early evening. After three weeks of such large-dose accumulator therapy, the extreme pains of 9 of the 17 patients were reduced to such an extent that, to the astonishment of their treating medical advisors, they no longer desired the daily medication of analgesics. With 5 other patients, before the therapy the pain had been latently present even under strong long-term medication. However, under the influence of the orgone accumulator, the attacks of pain developed a certain rhythm: periods of complete freedom from pain alternated with periods of the old condition of pain. At their own request, these patients also carefully reduced the long-term medication.

In only 3 of the 17 cases did the accumulator therapy fail to achieve a reduction of pain: A 72 year old patient with a primary hepatocellular carcinoma with formation of pulmonary metastases could only use the accumulator for 30 minutes per day, due to the development of distinct hot flushes; A 47 year old woman with severely dedifferentiated mammary carcinoma was

only feeling a slight reduction of pain during her stay in the accumulator, but she discontinued orgone accumulator therapy anyhow; A 61 years old patient with bladder carcinoma discontinued accumulator treatment after 6 sessions, even though it had given him a slight reduction of pain; he experienced anxiety attacks and complained of a strong feeling of restriction, as if being "locked up" while in the accumulator. From him, I did not get any further information.

From 6 patients it was reported that they could manage with only aspirin in case of attacks of pain. The supposition expressed by the patients was that the accumulator and aspirin were mutually intensifying with regard to their pain-relieving affect, 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 associated persons, the wives, children, and friends who could observe the patients: After a time of three to four weeks, normal appetite, 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 a feeling of vitality which they had not felt for many years, as before the time when their disease symptoms first appeared.

Changes in Blood Diagnosis

The microscopical analysis of the disintegration of the erythrocytes, in sharp contrast to the changes felt by the patients during the first three weeks of treatment, scarcely showed any difference; only the aggregation, the tendency of red blood cell clumping, showed a clear decrease. Despite the still devastating cytolytic pictures, this could be interpreted as a reference to the fundamental change of the electrostatic fields of the human blood.(4)

During the second month of treatment, the blood picture began to improve constantly: The membrane cohesion, the internal pressure of the cell membrane and thus the resistance against the process of disintegration into bions and t-bacilli, drastically increased. Whereas at the beginning of the orgone accumulator therapy, only about 10% of the erythrocytes had their original shape immediately after withdrawal, now it was more than 50%. The way and speed of disintegration also

4. Lassek, H.: "Medizinische Aspekte der Orgonenergie", *Emotion*, 3, Nexus Verlag, Frankfurt, 1982.

changed towards an increased power of resistance. In Reich's terminology, an increase of the bioenergetic total condition of the organism.(5)

In several cases, to include the two patients A and B described above, central necroses with a decrease in tumor density were observed, even though metastases remained at constant size; in three cases, a shrinking of tumors was radiologically diagnosed. As described in Reich's work *The Cancer Biopathy*, edemas were formed around the tumors; Reich had explained this as inflammatory transformation of the tumorous tissue. He had confirmed this hypothesis by numerous experiments with laboratory animals, the metastases of which were bioptically examined.

However, with patient A above, who had cerebral metastases at the right and left paries, the process of the formation of edemas with central necroses around the secondary metastases caused a recurrence of just the paralysis that at first disappeared after only one week of orgone accumulator therapy! The patient, at this time apparently physically vital (instead of painfully dying in December), went, from February to May, on business trips to the USA and South Africa equipped with only an orgone energy blanket (contrary to my advice, since the efficiency of orgone blankets compared to the larger accumulator is diminutively small). After May, he came back to me with completely different problems.

In spite of all his business activities, and without taking

5. Reich, *The Cancer Biopathy*, ibid., and Lassek & Gierlinger: "Blutdiagnostik und Bionforschung", *Emotion*, 6, Nexus Verlag, Frankfurt, 1987.

any further medication, all pulmonary metastases, which had been rapidly growing before the start of orgone therapy, instead remained constant in size. The left cerebral metastasis had shrunk by 2 cm., and the right one had remained constant, with a central necrosis but only insignificant edemas in the surrounding area. At first presentation, the pressure exerted by the tumor caused a paralysis on the left half of his body. The recurrence of paralysis after his business trips most probably had been produced by the orgone therapy, given the increased formation of edemas. On the other hand, in view of the cancer process, the orgone therapy could not be interrupted. So we decided together to venture an attempt to locally withdraw energy from the affected cerebral area.

As on our first meeting, he had to be brought to the clinic by two helpers. Based upon the Reich experiments with the medical DOR-buster, we aimed a water-grounded hollow metal draw pipe 2 cm. above the area where the deep metastasis causing the paralysis was located. Before setting the DOR-buster into operation, I placed the electrode of the Orgonometer by Marah SA in the patient's paralyzed left hand, and asked him to cover and press on his left hand with his right hand during the entire procedure. The Orgonometer showed an initial value of +114; immediately after putting the DOR-buster into operation, the value fell and oscillated between +65 and +72. The patient at that moment reported strong sensations of rotary vertigo, a phenomenon that is reported by most of the patients during use of the medical DOR-buster on the head region. During the following 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 unbelieving astonishment, which I will never forget, he raised his entire left arm, and all by himself, he sat up from the treatment table. For the second time, by means of orgone therapy it had been possible to effect a regression of the paralysis of the entire left half of his body. Like the first time more than four months previous, his very personal test was to try to use the remote control of my microscope video monitor by well coordinated movements of his fingers, and he managed to do this easily as well. He had come to the treatment being carried rather than being supported by two persons, and 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 for eleven hours, and we had to repeat the treatment for four times altogether, until his condition stabilized without paralysis.

Further Developments

In the following months, the subjective freedom from pain and symptoms went along with dramatically changed pictures in the native blood diagnosis. The change was especially notable among those who at first had terrible pain despite the strongest medication, and had been prognosticated to have survival times of only 4 to 8 weeks. Contrary to Reich's publications, with two persons the blood picture even approached that of a completely healthy person.

With regard to the human encounter, this was the most difficult time for the patients, for their family members, and also for me. They had all come to me without any hope for a reversibility or even control of their disease, and now they were feeling as vital as if a mortal cancer process had never developed.

Some of them had taken up sports again, went for long

walks and on short trips, and I had to assume the role of making them aware of the finality of the process of metastatic spread which was somatically too far advanced. With some of them, for the first time in the whole period of our cooperation, I noticed tendencies of evading the knowledge that their cancer long before the beginning of the orgone accumulator therapy had already been too far advanced as to be reversed or to be stopped for a long time. At such times, I was tormented by questions and doubts, which, being settled in the role of a white-coated doctor in a hospital, I would not have felt with such intensity: Was it right that despite the dramatic improvement of their condition concerning subjective as well as objective diagnostic criteria I constantly had to point out that some time they were going to die from their disease? The question was asked again and again "Don't you think that with the state I'm in now, a healing after all would at least be possible?" I had to deny again and again.

Most of my doubts were concerned with a question that seemed insoluble: What was to happen with the tumor masses that could possibly disintegrate, i.e. how could the tumors and their toxic disintegrating break-down 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 immense mass of cells of the disintegrating tumors and not the spreading of the disease process that had caused death by renal insufficiency. Later, some of Reich's most successful therapies on people also failed because of this problem. This possibility, that might put an end to the positive developments of the orgone treatment, I also discussed in full detail with the patients.

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 process began to appear. First, the picture of the native blood diagnosis began to deteriorate impressively within a few days. Apart from the erythrocytes showing well-shaped membrane coats and a normal disintegration process, single erythrocytes recurred which completely disintegrated into the corpuscles that Reich called t-bacilli within 20 minutes. The absolute number of these erythrocytes was small, about 15%. However, the correlated findings were alarming.

Immediately after the withdrawal of blood, and the beginning of the observation period, among the erythrocytes and leukocytes, more and more irregular cell fragments were to be seen, which most probably were to be ascribed to disintegration processes around the tumors and metastases. As I had feared, with the process of disintegration also developed an auto intoxication of the body by tumor tissue.

I called several internists in order to discuss the possibility of an extracorporeal dialysis, to filter the blood plasma of this debris. After numerous discussions and demonstrations of videotapes on the constitution of the cell fragments, this possibility was excluded, because the fragments having a size of 1-12 micrometers were equally distributed. Even persons who claimed to have already treated cancer patients with orgone energy could not give any solution; I was especially struck by the fact that those people who did not even know the problem often reacted in an annoyed manner to my inquiry for help on the matter.

After the living blood picture had begun to deteriorate, the patients were still feeling subjectively very well, and the subjective condition and the objective findings were constantly diverging. The second alarming symptom was that at the same time, some of the patients' family members reported that each time after the patient had been in the orgone accumulator, the facial region of the patient turned grey, what sharply contrasted with their usually vital impression after use of the accumulator. This discoloration lasted for varying lengths of times, but disappeared in the course of the day. It was also observed by the patients themselves, but was not accompanied by any somatic symptoms such as circulatory distress or feelings of weakness. My advice to most of the patients was then to reduce their stay in the accumulator to only one 1-hour session per day, since the disintegration of the tumors continued and the blood pictures became more and more alarming.

Based on the patients blood pictures, and because of their acquired ability to assess for themselves the microscopical blood pictures on the video monitors, the patients completely understood the meaning of what was happening. None displayed desperation or emotional rebellion against the approaching end of their lives, but some of their family members did. I was deeply impressed by the thankfulness they showed with regard to 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 about which I am not sure if I observed, instead, something I call "gliding".

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 transactions, and after his return on the way from the airport he collapsed and also died without pain, of cardiac and circulatory failure in the hospital. During the last days he still managed his business from his bedside; we said goodbye to each other a few hours before his death.

Only two of my patients reverted back to use of morphine sulfate and Temgesic, and they died a few days afterward in the hospital. Others, after open discussion with their previous consulting physician, were given the opportunity to choose to take strong drugs which would, in the case of an overdose, bring about a painless death. This was extremely important to some of the patients who anticipated a return of the terrible cancer pains. Four of the patients made use of this possibility, after the time when even morphine sulfate would not relieve their pains. 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 more than one year, a significant positive extension of lifespan from the original "terminal" prognosis of only 1-3 months survival time. Regarding the two specific case histories given above, who had a very poor prognosis at the start of orgone treatment, patient A survived 7 months, while patient B survived 6 months.

From these and other experiences with both conventional and non-conventional methods of cancer treatment, the benefits of orgone accumulator therapy to severely ill patients,

Medical DOR-buster at the Wilhelm Reich Institute in Berlin, Germany.

"...all changes in the prolonged life span of these most seriously diseased people were achieved only by the technical use of the orgone energy accumulator."

including so-called "terminal" cancer patients, 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 with the famous internist and cancer researcher Dr. Joseph Issels. From her former collaborations, Ms. Phillips was very knowledgeable about living blood pictures, including the essential features of the Reich Blood Test. When speaking with her about the possibilities and limits of the accumulator therapy on such seriously diseased people, she noted parallels to her experiences in the Ringberg Clinic of Dr. Issels: Each time when patients came to Issels for the vital radiation therapy, she found cytolytic products similar to those I had described in their living blood pictures. These were observed in connection with patients subjective complaints about radiation hangover, and also 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: From each patient who was given a course of X-ray therapy, living blood pictures were examined several times per day. If many cell fragments were found in the blood of the patient, the radiation was immediately reduced. If the number of irregular decomposition products in the native blood preparation 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 radiological therapy, which in some cases healed very seriously diseased people. According to Ms. Phillips, to whom I owe a great debt of gratitude, after this method of blood analysis was introduced, there was not a single case of radiation hangover.

If we could ever develop a clinic with some stationary beds for the medical care of most seriously diseased people, and if we had experts for the permanent observation and analysis of the cancer patients' blood picture at our disposal, a constantly controlled large dosage of the orgone accumulator therapy could mean a great step beyond the limitations discussed above. Here, I want to point out again that all changes in the prolonged life span of these most seriously diseased people were achieved only by the technical use of the orgone energy accumulator. A report on the positive experience available up to now in the field of vegetotherapy in combination with the use of the orgone energy accumulator will be published shortly.

Epilogue, and a Note of Caution

The results documented in the prior article were gained by working with people belonging to an age group of 51 to 78. I place special emphasis on this fact because I know of several case histories where with young people different kinds of cancer showed only a short subjective improvement after use of the orgone accumulator, and the process of the disease was not

affected at all. With several young patients (under 35 years) having acute myeloid leukemia with rapidly metastasizing processes partly combined with an unknown localization of the primary tumor I cannot close my mind to the terrible impression that the rate of spreading of the cancer was increased by the accumulator treatment.

Without exception, after diagnosis these patients had for personal reasons renounced all conventional medical treatments and based all their hope on alternative methods of treatment without prior consultation of any doctor experienced in the orgone accumulator therapy. Today, I am seeing 14 cases where people called me up on the telephone after, without any prior consultation, they had bought or built an orgone accumulator on their own, in order to "cure" their cancer disease. These cases reveal a complete misunderstanding of the facts revealed by Reich. In most of the talks, they describe a temporary remarkable improvement of the subjective condition after they had begun to expose themselves to the orgone accumulator radiation.

Animated by optimism resulting from this, they decided to have radiological and laboratory tests made which often showed a dramatic deterioration of the objective findings; and this was the reason why they got in touch with me. For many of these people, at this time, it was already too late as to achieve a far-reaching or even a complete remission of their disease, which might otherwise have been likely at the time of the diagnosis because of the kind of the tumor and the localization and manner of spreading. For this reason, here I wish to urgently warn not to employ orgone energy accumulator treatment for lymphatic or myeloid leukemia, or severely undifferentiated cancer in younger patients.

I wish to stress particularly that I have treated cancer patients not mentioned in this article, with a strong recommendation, often against the patients expressed opposition, to have the primary tumor surgically removed, or recommended treatment with radiation therapy or chemotherapy, in combination with daily large-dose orgone accumulator therapy. In such cases, there was not a single case where cancer symptoms recurred in an observation period of 3-1/2 years, nor was deterioration of laboratory values to be found. In these latter cases, the orgone accumulator therapy was started immediately after their operation. In cases of chemotherapy many straining side effects such as sickness, lack of drive and depressive mood can be remarkably mitigated by vegetotherapy and orgone accumulator therapy. On the other hand, the use of the orgone accumulator is strictly inadvisable during any cycles of radiation treatment, but can begin three days after the last exposure.

Unfortunately, in recent years I have seen dozens of young and older people dying, after having completely refused, for ideological reasons, the temporary use of traditional modes of treatment, which are mostly very straining for the organism. They had called my position "not being in the sense of Reich" since I had urgently recommended them to a course of chemotherapy. For this reason, I recommend the following steps to every person suffering from cancer:[†]

- 1) Don't let yourself be deprived of hope if the diagnosis is "cancer", but do try everything diagnostically possible to get a

complete record of your disease (localization, spread, histology).

2) Find a doctor who responsibly can give you information on the chances of a conventional treatment for your disease, or ask your treating doctor to get in contact with one of the main cancer therapy centers in order to be informed on the last state of the mode of treatment and the therapeutic results achieved by it.

3) According to the above information you receive, contact the nearest center for consultation on holistic or alternative cancer therapy and make an appointment for consultation. Give the information you consider necessary in this context to your treating doctor, and discuss with him the decision you have made to possibly have another form of therapy. Contrary to the widespread opinion, many doctors are open to some, though certainly not all, unconventional methods of treatment; if your treating doctor is not open or sympathetic to your concerns, ask your friends and associates to recommend another doctor.

4) Don't combine several natural or alternative methods of treatment with each other, but decide for at most two methods that do not interfere with each other but have a common starting point, such as the support of immunological defensive systems. Ask for detailed information on how these methods of treatment are meant to influence biological processes in the organism.

5) Be cautious about interpreting initial improvements in your subjective condition, which can occur with many alternative methods. If after two months at the latest your condition does not improve objectively, change those aspects of the treatment which you feel are least helpful.

6) There are many possibilities of animating and supporting the immunological resistance which I only do not quote here because I have no practical experience with them.

Based upon my personal experience I can recommend a pre- and post-operative orgone accumulator therapy when there is no contraindication; the combination of the use of the accumulator and large-dose intravenous mistletoe therapy has proved to be very efficient; however, I do not practice any additional naturopathic methods of treatment. At the beginning and during the first months of treatment, repeated personal consultations on the processes occurring in the organism, caused by the therapy, should be discussed with a doctor who is familiar with the orgone accumulator therapy. Later, this can be done by telephone.

A constant native blood diagnosis, with observations of the living blood picture, is indispensable in the case of multiple metastatic spread for reasons explained in the article. In all other cases medical observation and regular follow-up control by X-ray examination and laboratory diagnosis is sufficient.

If the reader decides upon the possibility of employing an orgone energy accumulator, they can find information on the construction and use of the apparatus in one of several books which are now available on the subject, and also may contact myself at the Wilhelm Reich Institute in Berlin, Germany.

Dr. Wilhelm Reich ran the Orgone Institute in the United States as a nonprofit organization. For more than four decades, he never aimed at making financial 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 this same tradition. The awareness of the possibili-

ties and the limits of influencing the organism with the help of the discoveries of Dr. Reich must not be suppressed any longer, but must be further investigated and made freely accessible to every interested person.

Medical Alternatives in the USA

Editor's Note:

Given the current war against unconventional, alternative health approaches by conventional allopathic medical practitioners and organizations, the likelihood of an open or public use of the orgone accumulator by trained medical doctors in the USA, as a therapy or adjunct for cancer treatment is, at present, very unlikely. Furthermore, epidemiological evidence demonstrates a generalized failure of conventional treatments (surgery, radiation therapy, chemotherapy), as practised in the USA, to signifi-

Other papers by Dr. H. Lassek (not cited in text):

"Blutdiagnostik und Bionforschung nach Wilhelm Reich",
Emotion, 6:101-141, 1984.

"Zur Bionforschung Wilhelm Reich", *Emotion*, 9:128-153, 1989.
"Einführung in die Krebstheorie Dr. Wilhelm Reichs",
Krebsforum, 17:5-10, Oktober 1990.

"Medizinische Erfahrungen mit der Therapie nach Wilhelm Reich", *Krebsforum*, 19:27-35, März 1991.

"Vegeto-Orgone Therapy", in *Natural Medical Healing Methods for the European Community*, Documentary Register Volume 5, Ministry of Technology of Miedersachen, University of Lueneburg, Lueneburg, Federal Republic of Germany, 1991. (Prepared on request from the European Economic Community, for existing and future administrative purposes.)

† *Editor's Note: Please see comments concerning the health care situation in the USA, and a list of clinics, on page 48.*

cantly increase the survival times for most cancers. In fact, very few truly controlled studies exist to contrast outcomes of either conventional or unconventional treatments of cancer, and cancer incidence is today higher than ever before, with little or no progress having been made since the 1950s in the survival times of patients. It is even arguable that the retreat of the average individual from conventional treatments is the result of a quite valid and accurate perception that, as generally applied in the USA, conventional treatments for cancer do not help to bring the patient any closer to health than either no treatment, or unorthodox treatments alone. The recommendations given by Dr. Lassek must therefore be viewed in the context of the very different German health care system, which (unlike the USA) is rich with various non-conventional, holistic practitioners and health clinics, allows the experimental use of unconventional methods by health professionals, and does not use policemen, prosecutors and jails to harass and suppress health care practitioners who try unconventional approaches.

In the USA, most health practitioners who have quietly experimented with accumulator treatment of degenerative disease have found that therapeutic regimes which stress immune system enhancement and detoxification or cleansing of the colon and blood are excellent adjuncts to orgone accumulator therapy. The detoxification therapy developed by Dr. Max Gerson and offered by the Gerson Clinic is one such example.

North American Health Freedom Organizations, and Holistic Cancer Treatment Clinics and Institutes

Cancer Control Society and Cancer Control Journal

2043 N. Berendo St., Los Angeles, CA 90027;
(213) 663-7801

- Maintains a complete listing of clinics and medical practitioners in the USA and abroad who employ non-toxic, holistic treatments for degenerative disease
- Sells books on alternative health topics
- Annual conventions on holistic health topics

Gerson Institute and Healing Newsletter

Citizen's Alert!

The following quote from *The Cancer Chronicles* (Autumn 1990, p.1-2, 161 W. 61st St., New York, NY 10023) gives an idea of the continuing trend towards prosecution and jailing of biomedical pioneers, and erosion of Constitutional rights.

"California Victory -- For Now. Fast action in August blocked a California bill which would have allowed the state to seize the property of practitioners of alternative medicine. 'SB 2872' was proposed by Sen. Marian Bergeson of Newport Beach. Beefing up the Sherman Act, which already provides penalties of up to three years in jail for alleged health fraud, the new bill would have created a 'forfeiture scheme' to seize the property of anyone convicted under this law. It would have provided prosecutors with a financial motive for cracking down, since their offices could recover the victim's property.

According to the authors of the bill, 'this legislation is necessary so that California consumers can be protected from illness, injury and death resulting from reliance on the products of health fraud promoters and so that violators pay for the costs of the Department of Health Services and prosecuting agencies'. In other words, a witch hunt, in which the witch has to pay for the fuel.

Who would be subject to the bill? People who prescribe or knowingly administer an experimental drug; who sell, deliver, or even give away any new drug not fully approved by the FDA; who advertise any substance represented to have

PO Box 430, Bonita, CA 92002; (619) 472-7450

Bio-Medical Center, and Hoxsey Herbal Therapy

PO Box 727, 615 General Ferreira (Colonia Juarez)
Tijuana, B.C. Mexico; (706) 684-9011, 684-9132

Linus Pauling Institute

440 Page Mill Rd., Palo Alto, CA 94306;
(406) 327-4064

Livingstone Immunology Clinic

3232 Duke St., San Diego, CA 92110; (619) 224-3515

National Health Federation and Health Freedom News

PO Box 688, Monrovia, CA 91016; (818) 357-2181

- Annual conferences on alternative health topics
- Book sales on alternative health topics
- Works to change repressive medical laws

People Against Cancer and The Cancer Chronicles

PO Box 10, Otho, IA 50569; (800) 662-2623

- Works to change repressive medical laws
- Information on new methods of treatment

Project Cure: Center for Alternative Cancer Research

1101 Connecticut Ave. NW, #403, Washington, DC 20036; (800) 552-2873

- Works to change repressive medical laws
- Publishes a newsletter
- Information on new methods of treatment

an effect on AIDS, ARC or cancer; who use new or untested drugs, compounds, or devices invented by persons against whom injunctions or cease and desist orders have been issued. And so on.

Flying in the face of the 14th amendment to the Constitution, the bill specifically calls for 'seizure without [due] process'. According to 'SB 2872', seizure can occur if it is incident to an arrest due to a search warrant, if there is probable cause to believe that the property is directly or even indirectly dangerous to the public health or safety, or was used or intended to be used in violation of the law..."

Under the above law, a search warrant from a judge will allow policemen to force their way into a clinic or lab engaged in holistic medical approaches, or even the home of a holistic health practitioner or advocate, and seize almost any kind of property which they interpret as being "dangerous to public health" as defined by medical bureaucrats, including lab equipment, records, bank accounts, and personal effects. There would be no warning of such "midnight raids", as court action prior to seizure would become unnecessary, the burden of "proof of innocence" falling entirely upon the accused.