Orgone Therapy of an Early Breast Cancer

By SIMEON J. TROPP, M.D.*

A twenty-three-year-old nurse, who was working in one of the large cancer hospitals, came to me for consultation. A few months previously, she began to complain of dull pains in the right side of her chest. She went to see one of the doctors of internal medicine on the staff of the hospital, and he discovered a growth in the upper outer quadrant of her right breast. X-rays and all other tests proved negative. The doctor thought that the lump might be a cyst and that it would probably diminish in size during ovulation. When this growth did not get smaller, he referred her to one of the surgeons in the Breast Clinic. Translumination revealed an opaque mass in her right breast and she was advised to have it removed. As she did not want to undergo an operation and had heard of our work in cancer research, she came to me.

I had the impression that she was not much concerned with the seriousness of her condition but had come to me rather upon the insistence of a friend who was like a mother to her and with whom she lived. This patient had always been subject to attacks of depression and, during these periods, she had no desire for social contact and no interest in living. Her sexual life was very poor, and non-existent in periods of depression. There was no history of numbness. She had always suffered a great deal from fatigue. For the past four years, she had had "drawing feelings" and pains in her lower extremities while lying down. She also had sensations of falling. About three and a half years before she came to me, she went into a depression and became very withdrawn. She consulted a psychiatrist who treated her once a week for about six months with Vitamin B-1 injections and "psychotherapy." Her condition became worse and she went to a psychoanalyst. When she did not improve after another six months, she was advised to undergo shock therapy. Because of doubtful results, it was discontinued after six treatments. Then

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she tried therapy with a lay analyst and was under his care for another few months. During the whole period of her therapy, she felt that her condition was all her fault and that she had no right to become angry. She was seldom able to cry. She worked during most of her illness. Shortly before she came to me, she began to feel better. During this time, she was taking care of a psychiatric patient and became resentful and infuriated at the way this and similar patients were being treated and, for the first time in her life, she experienced anger.

This patient was of small stature and slender build. There was an air of bravado about her and she seemed to be holding back tears. Her eyes were dull, her forehead flat and expressionless, and her mouth was tight; she spoke in a deep voice out of the corner of her mouth. Her skin was pale and her hands and feet were cold and clammy. There was a lifeless quality about her whole body. Her pulse was fast. There were signs of acne in various stages on her face, especially her chin and jaw, as well as on her upper chest and most of her back. Her chest was high and immobile and her breathing was hardly discernible. She was generally armored, especially in the upper part of her body.

There was a growth about the size of a walnut on the outer upper quadrant of her right breast; it was nodular and of moderate consistency with no signs of infiltration. Both breasts showed signs of chronic cystic mastitis. Her breasts were small and firm and of the same size; the nipples were prominent and erectile.

The *Reich Blood Test* revealed: Disintegration in physiological saline began after five minutes and was not complete after twenty-five minutes. The orgone frame was pale and narrow and the field was poor. The RBC disintegrated into small and moderate-sized bions. The autoclavation test showed a grayish-brown color of sediment which consisted of small to medium-sized flakes. The fluid was somewhat turbid. Microscopic examination revealed a moderate amount of disintegration and some T-bodies. Seventy per cent B-reaction. The culture was negative.

I advised the patient to use the twenty-fold orgone accumulator daily because I knew from my medical training and experience that every new growth in the breast is considered potentially malignant. I knew, too, from my knowledge of orgonomy, that any new growth which responds to orgone energy *must* be cancerous in its character; and that any benign growth in the breast, like a fibroma, lipoma, or cyst, would not respond to orgone energy.

I also knew that benign growths are caused by an excess of energy, while malignant ones are caused by a suffocation of the tissues due to lack of energy. The patient was only able to use the accumulator one half hour a day, six times, over a period of three weeks and then she left for the country. Very soon after that she noticed that *the lump had disappeared.* When I saw her on her return six weeks later, the tumor had entirely disappeared and the chronic cystic mastitis had almost gone. Both breasts were of normal consistency. In spite of the fact that I have seen many remarkable results from the orgone accumulator, and that I knew small, malignant breast tumors disappear after 2 to 4 weeks of orgone irradiation, what I saw here was still unbelievable.

When I reported this case to Dr. Reich, he pointed out that I, myself, had not wholly accepted the diagnosis of cancer, even though when I originally saw the patient, all the findings pointed to the malignant process.

How is it possible, I asked myself, that with all this knowledge pointing to the malignant character of the growth, I was still unable to accept it as a cancer? Intellectually, I understood the deep-seated resignation in this patient; intellectually, I could integrate it with the somatic findings of the carcinomatous shrinking biopathy; but I could not make contact with this dying process; I could not actually see it. True, I saw the lifeless quality in the body of this patient; I saw the resignation in the expression of her body. I knew that she was withdrawn, I knew that it was almost impossible for her to become angry, and I knew, too, that sexually she was very unresponsive, and yet I did not understand the significance of what was before my eyes. I simply did not see the carcinomatous shrinking biopathy. We are so used to arriving at conclusions by deduction and have become so dependent upon x-rays, laboratory findings, and clinical data to diagnose illness, that we are unable to feel and see what the organism expresses. In short, we do not yet understand the language of the body. In the cancer patient, it's as if the body spoke and said, "I do not want to move; I do not want to breathe; I have already begun to die; I want to die."

For the first time in my life, I began to sense that something must be radically wrong with our powers of observation. For the first time, I began to understand the colossal block in our capacity to see what is before our eyes. I began to see how much we do not see. I realized that we do not see the sickness in the so-called "healthy" child. I remembered all the patients who came to me after going from doctor to doctor and were told that there was

nothing wrong with them, simply because the clinical and laboratory findings did not reveal their sickness. I thought of all the barely hidden hostility that my colleagues, as well as myself, showed towards these "hypochondriacs," and how helpless we were in dealing with them.

I remembered a thirty-eight-year-old man who came to me when I was in training in a world-famous surgical clinic. I operated upon him for hemorrhoids. A few months later, he was sent back to the clinic by another physician with the following note: "Dear Doctor: You have removed this man's hemorrhoids but you forgot the cancer of the lower sigmoid." The whole staff of the clinic was amazed that this man had cancer.

Another time, an eighteen-year-old porter came to me complaining of nausea, anorexia and abdominal discomfort. He was still able to work at the time. Before he came to me, he had been treated for an upset stomach by a number of doctors. I must confess that I did not realize how sick this boy was until I found his blood pressure was high and that his urine revealed signs of chronic nephritis. I sent him to a hospital where he died of uremia two weeks later.

I remembered, too, one of my neighbors, a woman of about fifty. She told me she had been operated upon for a cancer of one breast a few years earlier and the second breast about a year after that. She died a year later, yet when I first saw her I had no inkling that this woman was so sick.

About eight years ago, a twenty-three-year-old woman came to me. She looked healthy and had what seemed an innocuous lump in her breast. A year later she was operated upon for an advanced cancer of the breast and died about a year after that. Obviously this woman was suffering from a carcinomatous shrinking biopathy long before she came to me.

But back to our patient. Six months had passed since I had seen her. During this time, and without consulting me, she had been under treatment with a lay psychoanalyst because of a severe depression. She was in a far worse condition than she had ever been before and she felt she was becoming progressively worse. She was unable to work or attend to any personal affairs. She felt she had no right to be sick and was very guilty about it. She had stopped using the accumulator because she could not tolerate it. She was withdrawn and afraid of people. Her whole body was pale and her hands and feet were cold. Her eyes were veiled and her pupils were wide and reacted sluggishly to light. Her pulse was fast. She was particularly armored in the upper part of her body. There were only faint signs of respiration and one wondered

how she was able to get enough oxygen to sustain life. She did not want to breathe deeply but when made to do so, she reacted with signs of preorgastic excitation and clonisms in the thighs and she felt as if she were going to die.

There was a mass in the outer upper quadrant of the right breast. The outer edge of the tumor was sharp and about two inches in width. Proceeding medially, the tumor could not be differentiated from the rest of the tissue. Both breasts showed signs of chronic cystic mastitis.

The *Reich Blood Test* revealed: Disintegration in physiological saline began after three minutes and was complete after twenty-five minutes. The orgone frame was pale and narrow and the field was very poor. The blood disintegrated into small bions and some RBC's showed tendencies to spiking. The autoclavation test showed grayish-brown color of the sediment consisting mostly of small flakes. The fluid was of greenish hue and somewhat turbid. Microscopic examination revealed chain-like formations of diplococci and cocci. Sixty per cent B-reaction. Blood culture in broth showed a disintegrating process into diplococci and cocci that were in the process of breaking down into T-bacilli. There were some free T-bacilli. The vaginal secretion was negative.

When I looked at this patient, I was even more impressed with the deep resignation that was expressed not only in her face but in her body. She looked as though she did not even have the impulse to breathe. Her voice was weak and she was incapable of yelling or making any loud sounds, even as a reaction to painful pressure. It was only after her respiration was actively mobilized and the armor of the upper part of her body disturbed that she had clonisms all over her body, and was able to cry and make contact with the depth of her sorrow. It is very important to point out here the severe biophysical block in the region of her upper chest and neck; this is where she was most strongly armored and it is not an accident that the tumor should make its appearance in this region.

Two weeks later I saw the patient after she had been using the orgone accumulator twice a day. The color of her skin was better and she seemed generally improved. The sharp edge of the tumor was gone and there remained only some enlarged gland tissue which was not differentiated from the rest of the breast tissue. Both breasts were much softer. Three weeks later the tumor had completely disappeared.

As Wilhelm Reich has shown, in the diagnosis of a carcinomatous shrinking biopathy it is not enough that this or that finding is positive, but we must

understand the process behind the disease. We must see it in relation to the total organism; we must see it in relation to the social problem. In this cancer patient, this process was immediately apparent in the resignation of her whole body. She looked shrunken and withdrawn, especially in the face and eyes, and there was a lifeless quality in the way she spoke and the way she moved. She scarcely breathed. There was an ominous calm about her. She looked hopeless. The impulse to rebel, to strive, to change, was snuffed out. She did not care what happened to her. Historically, we know that this patient's sexual life had been extremely poor. We know that she had reacted to her life-long sexual stasis with chronic armoring and severe periods of depression. We know that there is biological degeneration of her blood. We know that she has a tumor in her breast. The fact that the tumor was already there when she came to me meant only that the disease was far advanced. We consider the tumor in this patient malignant, first, because we see the carcinomatous shrinking biopathy; second, because the blood showed biological deterioration; and, third, because the tumor disappeared under orgone irradiation.

In traditional medicine before a diagnosis of cancer is made, there must be evidence of the disease, visual, palpable evidence such as laboratory findings, x-rays, tumors, et cetera. If this evidence is not found, they say there is no cancer.

Let us consider the case of Mr. X. At the age of forty-five, he went for his annual check-up and was told, "There is nothing wrong with you. All the findings are negative." At the age of forty-six, he was told the same thing; at the age of forty-seven, it was repeated; at the age of forty-eight, he was again reassured; and at forty-nine, the findings were still negative. In his fiftieth year, he noticed an irregularity of his bowel movements, he became constipated, his appetite diminished, he felt weak and tired, and he did not look very well. He went for his check-up earlier than usual and an examination revealed a beginning obstructive growth in his lower bowel. The diagnosis was cancer.

It is incredible that this degenerative and killing process suddenly appeared out of thin air. It must have been there for a long time. Must we always wait for a catastrophe to overwhelm us? Such experiences as this patient's can be multiplied by the tens of thousands. How is it possible that the medical profession is not able to see a dying process until it is fully developed? Even after the removal of the tumor by x-ray, radium, surgery, et cetera, the carci-

nomatous shrinking biopathy still remains. It is this degenerative process that is present long before the cancer is in full bloom, and it is this process which we have to understand and to see.

It is imperative that we become aware of how little we see. The advent of the microscope marked the opening up of a hitherto unknown sphere of knowledge which enabled us to see things undreamed of; what Wilhelm Reich has discovered—the cosmic orgone energy and the fact that it is also the specific bio-energy, and its relation to both health and disease—marks the opening up of an immeasurably greater era of discovery. It is the block in this bio-energy, caused by chronic armoring, that is at the root of our emotional myopia and astigmatism.

How is cancer diagnosed in the light of orgonomic findings? First, we must understand what we mean by a carcinomatous shrinking biopathy. Wilhelm Reich[1] has defined it as a chronic disturbance in the sexual function in the living organism, that is, a disturbance of the biological function of plasmatic pulsation in the total organism. Cancer is an accelerated process of dying. We must see in what way the carcinomatous shrinking biopathy manifests itself in the total organism. It is marked by a diminishing energy production, or loss of orgone potential (due to chronic orgastic impotence) which manifests itself characterologically in an emotional calm and resignation, and, later, somatically, in a general sympatheticotonia. This withdrawal of energy shows itself in the blood and secretions and is one of the first indications of cancer. In sum and substance, traditional medicine, although it has made great progress in the diagnosis of already established pathological processes, is far behind in the comprehension of the causative factors that lead to those processes.

In the case of our cancer patient, the fact that the tumor disappeared after irradiation with the orgone accumulator is beyond dispute. The fact that the tumor made its reappearance during the patient's last depression, when she did not use the accumulator, then disappeared again under the influence of orgone irradiation, is also beyond dispute. Traditional Medicine does not hesitate to use deforming surgery, it does not hesitate to use deadly x-ray treatment, it does not hesitate to use any number of powerful drugs of doubtful value, but it fights such a simple and life-giving device as the orgone accumulator which, among other things, can cause the disappearance of a

[1] *Cf.* Wilhelm Reich, THE CANCER BIOPATHY, Orgone Institute Press, 1948.

malignant growth. Perhaps it is just this simplicity that the mechanistic mind is unable to face.

There must be something in the character structure of us all that makes us shut our eyes and withdraw when we are faced with unequivocal orgonomic findings. It is as though we turn our backs and refuse to take responsibility for our individual character structure, together with all the social implications, and seek rather to put the blame upon a germ, an invisible virus, or an act of God. Perhaps it is for this reason that traditional cancer research is going full speed ahead in the wrong direction. We are looking for a miracle drug to redeem us from our ills instead of attacking the root of the evil. To put it bluntly, we do not want to know the truth.

It requires a very unusual mind to undertake the analysis of the obvious.
—A. N. WHITEHEAD

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Orgonomic and Chemical Cancer Research
A Brief Comparison

ORGONOMIC CANCER RESEARCH	BIO-CHEMICAL AND GENETIC CANCER RESEARCH
1. The Cancer Cell.	**1. The Cancer Cell.**
Problem solved 1936-1940: Cancer cells arise from decomposed, decayed living tissues; they organize from orgone energy vesicles (bions). Cancer cells and amebæ are functionally identical in that both arise from bionously disintegrated tissue. The cancer cell is the ameba of animal tissue; protozoa are the cancer cells of plant tissue.	Origin of cancer cell unknown: Research blocked by refusal to recognize the natural organization of protozoa and bacteria, due to the prejudice that the cell can only come from a cell.
Unit of the LIVING is the bion (orgone energy vesicle).	Unit of the living is the nucleus-containing cell.
2. The Cancer Tumor.	**2. The Cancer Tumor.**
The cancer tumor is only one of many late symptoms of the systemic disease "CANCER BIOPATHY."	The cancer tumor is the cancer disease proper.
3. Background of Cancer as of 1943.	**3. Background of Cancer as of 1950.**
General and gradual loss of *bio-energy* in the diseased organism: *Carcinomatous shrinking biopathy*. Early symptoms: emotional resignation and deadness, pallor, secondary anemia, weak orgone energy field, symptoms of decay in excretions.	Background unknown and, therefore, not investigated.

ORGONOMIC CANCER RESEARCH	BIO-CHEMICAL AND GENETIC CANCER RESEARCH
4. Blood System as of 1937-1942. Gradual loss of bio-energy in the blood system. Blood tests developed in *orgone biophysics* 1938-1944 (disintegration test of red blood cells; autoclavation test; culture test; T-bacilli test). Excretions studied since 1937.	**4. Blood System as of 1937-1942.** Up to 1943, the blood system was not recognized or thought of as pertinent for the diagnosis of cancer. Interest in blood tests developed sometime after 1943; i.e., *after* the publication of "The Carcinomatous Shrinking Biopathy" by Wilhelm Reich. Blood serum investigations. No examination of body excretions.
5. Experimental Reproduction of Cancer in Mice, 1936-1940. Injection of T-bacilli obtained by different decay processes; period of development in mice 12-18 months by way of chronic inflammation. Injection of tumor pulp. Tar application results revealed to be T-bacilli effects. T-bacilli developed from coal bions.	**5. Experimental Reproduction of Cancer in Mice before 1936.** Tar application; mechanism unknown. Cancer pulp injection; a virus, as in Rous' sarcoma, assumed.
6. Heredity. Family heredity doubted. Pseudohereditary factor was recognized as given in *anorgonotic uterus* and *spastic pelvis* with the result of a bio-energetically weakened embryo. Early emotional resignation in infancy. Disposition is thus *prenatal.*	**6. Heredity.** Factors of heredity assumed as certainty but entirely unknown.
7. Infectious Character. Denied; T-bacilli are not infectious; they cause a slow chronic reactive in-	**7. Infectious Character.** Generally denied; distinction between inflammatory and cancerous processes

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flammation followed by malignant cancerous developments.

8. Sexuality

In center of research as anorgonia and sexual resignation within total emotional resignation. Orgastic impotence universal. Functional bio-energetic approach.

9. Treatment and Prognosis.

Supplementation of bio-energy (= orgone energy) from the atmosphere through the orgone accumulator; charging of the blood system. Orgonotically highly charged blood is the main therapeutic factor. It reaches all inner parts of the organism, acts beneficially against the putrefaction, charges the tissues bio-energetically, enhances turgor and metabolism, and directly attacks existent cancer cells. It is most effective in breast cancer even where initial glandular and bone metastases developed. Pain is reduced or eliminated. Life is at least prolonged in many cases if the decay process is not too advanced. Treatment of cancer tumors in soft tissue (liver, kidney, intestines) has a less good prognosis.

Prevention of cancer before tumor appears through elimination of early putrefaction processes is preferable and very hopeful.

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generally sharply drawn, with a few exceptions.

8. Sexuality

Eschewed and unknown as a pathogenic factor generally in human pathology. In later years attempts at a sex hormone approach. Lack of a functional bio-energetic theory of sex and complete neglect of the genital bio-energy function.

9. Treatment and Prognosis.

Surgery: Limited by presence of inaccessible metastases and location of the tumor.

X-Ray Treatment: Destroys some tumors if accessible but counteracts recovery by severe, often irreparable, damage to the bio-energy system.

Radium Treatment: Is only locally effective where tumor is accessible.

The cancerous shrinking biopathy of the total organism *remains untouched* in all three types of treatments. Most patients die sooner or later. Morphine administration against pain is successful up to a certain point of development by dulling of the nervous system. It counteracts recovery by its disastrous effects on the nervous life system.

Prognosis generally hopeless.

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Prognostically, any trend of the bio-system towards cancerous shrinking is early discernible by way of medical orgonomic diagnosis of the bio-energetic functions.

Psychiatrically, the emotional deadness and resignation can be attacked in some cases. On the whole, prognosis and treatment require ample further research.

10. Facilities.

Very poor. Budget at present $1500 to $2000 per month. Approximately $200,000 was spent in the course of 14 years; there is no hospital available to test the scope and efficacy of orgone therapy. Orgone therapy is *sabotaged systematically* by powerful cancer organizations and science editors. It is slandered and gossiped about by snipers of all kinds. (One cancer society official, for example, referred an editor who inquired about orgonomic cancer research to the smear article of the infamous sniper Brady.) Most researchers at the Orgone Institute do their work without pay and have to provide money from their own pockets.

11. Outlook.

Good, hopeful if the continual slandering of Wilhelm Reich's work can be stopped.

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10. Facilities.

During the past few years, bio-chemical and genetic cancer research was subsidized with about $10,000,000. All hospitals are open for research. The slightest hope is broadcast widely over the radio and is announced in the newspapers.

The researchers are paid.

11. Outlook.

Poor, unless concepts of bio-energy, orgone energy, biogenesis and biopathic shrinking are fully adopted with acknowledgment of the solution of the cancer riddle by Wilhelm Reich.