

The effectiveness of Orgon therapy in the treatment of patients suffering from ulcus cruris

Dr Diana Kalas-PHC Dermatological Department

Introduction

One of the most problematical illness of dermatological practice is the ulcus cruris. The illness is poli and multifactorial, therefore the treatment is complex. The development of venous circulatory failure shows relations with genetic factors, ages, sex, hormonal status, weight of the body, climate conditions and other environmental factors. The ecosociological factors include the habits of life style, nutrition, dressing, physical training, working and hygienic conditions. The CVI includes the abnormal macro circulation beside the serious damage of microcirculation too. After all, the consecutive hypoxia, the insufficient being of the function of excrement ness leads to the necrosis, the development of ulcus cruris. (3) The developing bacterial contamination, the lack of oxygen hinders the function of granulocytes and macrophages which are responsible for the non specific local immunological reactions. These last ones play important role in healing because they regulate the collagen synthesis, the reformation of granulations tissue and stimulate the re-formation of veins too. (4)

The disorder of venous circulating is epidemic disease. According to the epidemiological data the 57% of the inhabitants of Hungary suffer from varicose and therefore,

This fact has an enormous social and economical aftermath. The expenditure of ulcus cruris is very high. English data in 1992, £1.800/patient, 600 million/year. In the USA: 18.000USD/patient, 2 trillion USD/year. This number does not contain indirect price of the forming service charges as the consequence of the absence from the working hours, sick leave and the early retirement. Every method of treatment which can reach the slightest improvement or reduce the frequency of relapse can affect the formation of expense in a significant way. (2)

The principle of Orgon

Wilhelm Reich, the outstanding natural scientist of the 20th century discovered the Orgon energy in the 1930s. His scientific achievements were first published in 1923. In one of his experiment he observed the decaying animal and plant cells under microscope. He thought that the decompose grass and seaweed disintegrated in the water as small 'energy' package (it was only visible when the enlargement was more than 2.000 fold). He called the developed material bion. According to Reich, this material was intensive, radiated blue light and thickened in a lump. Later, it became a living protozoon (amoeba or paramecium). Reich thought that he could produce much more bion particle if first he heats organic (blood) or inorganic (sea-sand) material on very high temperature and let it swollen in special liquid. With this method he could get a huge amount of bion from his material which now already (occur in a not-combined state) could grouping as a new and living material. After the numberless experiments, Reich found out

that it was special energy which made the radiation of blue light and the production of bions. He named this energy Orgon. He considered that the Orgon energy permeated not only the living substance but it was the characteristic of dead materials (sand, coal, soil). Reich published his discovery about the Orgon energy in two books. First in Germany and later they were translated into English. The title of these books is: 'The Function of the Organism' and 'The Cancer Biopathy'. (5)

Our organism sends out, so called, extremely low intensity (ELI) electromagnetic and mechanical (e.g. acoustic) signs. We can measure these indications impartially by instrumental informatics examinations from the mid 1970s. The physiological significance of ELF (extremely low frequency) magnetic fields has been known since Wever (1967) and Ludwig's (1988) works. The coordination and the 'rhythms' of the 7.000 averagely (per second) proceeding chemical reactions that go on cell by cell in our organism. It partly happens in the living world with the help of the universally quantified conditions. (6) The basic frequency of so-called Schumann's waves is 7.8 Hz which arises between the surface of the earth and the ionosphere. This basic frequency with all mammals is the same as the Hippocampus' resonance frequency. The researches in the important part of the vital function, as also in the human physiological functioning different frequency patterns and resonance were found which are their characteristic. Since the discovery of the so-called biological window or Adey window (1986), which is named after its describer, we have known that not the strength of the signs determines the result. Many times, exactly the external, tiny signs (which are in the domain of ELI, ELF) determine the rhythmic or the disarrangement of the normal rhythm of the organism. With the correction of distortion of these signs numerous illnesses or their preventive process can be reversible. (7)

The apparent crystal construct of the water that can be found in the living organism in 60% operates as an information carrier and sender. It has an important function in determining the completeness of organism and in the self-adjusting process. The 'disturbance' of this structure is possible with the signals which belong to the domain of ELI. The pathogen effect of electro smog and the geotropical phenomenon manifest through this system. In the same way, these signals can have positive, rhythmical and arranging effect. This recognition was the basis of the creation of the apparatus which used the principle of bioresonance. (8)

At the end of 70s, morel was the first who constructed an apparatus that utilized the waving character of the material.

The development of the Orgon-radiant is related to the name of the German Arno Herbert. The Orgon energy comes into being when the clean silicon dioxide crystals are carefully coordinated, the modulation of frequency and the transformation of electromagnetic signals (which belong to the domain of ELI). The back part of the Orgon-radiant has an open vibrating sphere that is surrounded by tiny, programmed quartz crystals. Because of the vibrating sphere the crystals reach high, own vibration. Hereby, on the tip of the Orgon-radiant, the whole spectrum of bioenergetics energy develops which belong to the domain of ELI of which effect is perceptible and measurable. Since, in the past 10 years of introducing it in Germany its efficiency and exemption of side-effects has been proved.

The evaluation of Orgon therapy

In our department in 2007-2008 the improved version of Orgon-radiant, the appliance that marked as VSZT-1 was tested during the treatment of 67 patients who had ulcus cruris. Following the phase of clearing up, the Orgon equipment was used when ulcers were in inflammation free surrounding. After the hydrogen peroxide washing the patients got the ointment of 1% Salicylic, adVulnera or Fibrolan. The ulcers were covered with sterile muslin surface and compressive bandage was placed on it. After this treatment we directed the operating head of the Orgon equipment toward the patient's leg from about 15-20 cm to the area which had to be treated. The taking place of the procedure lasted for 15 minutes in sedentary position in a quiet but not isolated conditions. During our examinations, in advance, we said our patients only that the bioenergetic settlement could be accelerated in its present condition if we use the equipment. During the 2/3 of the patients, in the course of using the equipment, they felt warmth, tingle, relaxation as the sign of having effect on them. After the treatment the patients gave feedback about lessening of pain. We used this treatment once a day for 20 days. Evaluating the efficiency of the treatment we used the changing of sensation of pain according to VAS (visual analogue scale). Patients indicated the intensity of their pain on a scale which was divided into 10 scales.

Picture 1 : after 3 weeks of treatment according to the VAS, the changing of the strength of pain as the result of Orgon therapy
n=67

According to the VAS, the sensation of pain which was counted for 67 patients as an average value decreased from 5.7 to 3.6 after the 20-day of treatment.

We continued ambulanter the treatment of 15 patients from the 67 treated ones 3 times a week for six months. We took the prognostic index into consideration for the evaluation of the 15 patients' treatment. According to the prognostic index, the average of estimated time of recovery is determined by approximate accuracy and the effectiveness of the treatment of ulcus cruris can be analyzable.

We can name the method of treatment efficient if it reduces the probable time of recovering which is calculated by the prognostic index or its expenses are not higher than of a protocol that has similar efficient treatment.

Picture 2 : the changing of 15 patients' prognostic index after 6-month of Orgon treatment

The average of prognostic index, which was calculated for 15 patients decreased from 5.70 to 5.06 after the 6-month of treatment

Chart 1: Calculation of the prognostic index

Chart 4: Prognostic index in ulcer cruris of venous origin

Data	Listing values	Prognostic index
Extent of ulcer (cm ²)	< 1.7	0
	1.7-4.8	1
	4.9-14.2	2
	14.3-40.8	3
	40.9-118.2	4
	> 118.3	5
Length of existence of ulcer (month)	< 2	0
	2-31	1
	> 31	2
Age (year)	< 52	1
	52-86	2
	> 86	3
Insufficiency of valve of deep venous (photoplethysmograph)	no	0
	yes	0
Time of recovery according to the prognostic index:	Prognostic index	Time of recovery (average)
	1-4	40 days
	4.5-5.5	80 days
	>6	120 days

Summary:

The ulcer cruris is not only the lack of tissue but the last state of an upset haemodynamic process. In all cases the recovery can be attainable by complex therapy that extends to the whole process. In addition to the local treatment the recovering of the haemodynamical balance is primary in the therapy. The efficiency of the expenditure depends on the local treatment. With an appropriately chosen therapy the patients' sensation of comfort can be improvable in the period of recovery. Moreover, the duration of recovery can be reducible.

Following the applied Orgon therapy the results significantly decreased considering the measuring numbers. After the treatment the patients' subjective general statement of health got better and the estimated time of recovery decreased. The cause of these can be explained by the effect of biostimulating treatment. As it was told, we can make it clear that the Orgon treatment-that can be used locally- is new and insert able in the therapy of ulcer cruris without any side-effects.

Bibliography:

- 1, J. Struckmann: The pathophysiology of venous ulceration. Scope. 1995. 2. 3:12
- 2, N. Bosanquet: Cost of venous ulcers: from maintenance therapy to investment programs. Phlebology. 1992.7, 1:44-6
- 3, H. Partsch: Zur Pathogenese des venosen Ulcus cruris. Hautarzt. 1985. 36: 196-202
- 4, A.R. Hatz: Wundheilung und Wundmanagement. Ein Leitfaden für die Praxis. Springer-Verlag, 1993. 1-20, 49-52, 149-154
- 5, Ken Adachi: The Joe Energy Cell, 1998-2005
- 6, Lieblich Lena: Orgonstahler Lichtquell-Verlag. Regensburg, 1994
- 7, G. Lednyiczy, Cs. Miklos: Biorezonancia-terapia, Bioenergia 1997, 1998
- 8, I. Bokkony: Az elektromagneseség hatása az éle és élettelen világra, 1997