Medical Orgone Therapy and the Medical DOR-Buster in the Treatment of Graves' Disease

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Editor's Note: *With the publication of his groundbreaking book,* The Cancer Biopathy, *in 1948, Reich addressed the vast realm of physical medical illness. He coined the term "biopathy" to refer to those diseases resulting from a primary disturbance in orgone energy functioning in the plasmatic system of the organism, distinguishing them from non-biopathic conditions such as certain infections or trauma. Since that time there have been a number of articles in the orgonomic literature, most notably those by Dew (1973), Konia (1994) and Crist (2004), about the biopathic character of various thyroid diseases. These articles have primarily focused on theoretical aspects of these biopathies. This article by Dr. Foglia, originally published in 38(2), 2004, is the first to document the use of these basic principles in a systematic way in the successful treatment of two cases of hyperthyroidism due to Graves' disease. This is also the first report of the use of Reich's invention, the medical Dor-buster, in the treatment of Graves' disease. The results of the treatment strongly suggest the importance of an integrated approach that addresses character while using the orgonotic device.* [Peter A. Crist, M.D.]

The medical orgone therapy of two patients with Graves' disease will be described. One patient was also treated with the medical DOR-buster. Both showed a remission of their medical condition.

Graves' disease is a disorder of the thyroid, an elongated, shield-shaped[1] gland located ventrally in the middle of the neck. This gland regulates the energy metabolism of the organism, enhances the activity of the sympathetic nervous system, and regulates psychic and somatic growth during childhood (Reinwein 1992). Dew summarized its function as one of enhancement of chronic sympathetic contraction (Dew 1973). Graves' disease (after Robert J. Graves, Dublin, Ireland, 1796-1853), also known as Basedow disease (after Karl A. von Basedow, Merseburg, Germany, 1799-1854), is a disorder in which the thyroid becomes overexcited and produces an exaggerated quantity of its normal hormones, triiodothyronine (T_3) and thyroxine or tetraiodothyronine (T_4). In response to this hyperthyroidism, the production of thyroid-stimulating hormone (TSH), the hormone produced by the anterior pituitary of the brain involved in the normal feedback regulation of the thyroid gland, is decreased ("downregulated"). Graves' disease is often associated with autoantibodies to the thyroid gland tissue, which puts it into the group of autoimmune diseases.

Occurring in 0.5% of the population, Graves' disease accounts for 80% of hyperthyroidism. Its occurrence is apparently related more to environmental than genetic factors (Cooper 2003). It develops in women seven times more often than in men (Radko et al. 2003). Clinical signs and symptoms typically include goiter, exophthalmos (bulging of the eyes), muscle weakness and sympatheticotonia (weight loss, tachycardia, tremor, anxiety, insomnia, heat intolerance, amenorrhea, angina pectoris). The treatment usually includes some combination of antithyroid drugs, radioactive iodine and/or surgery (ibid). Spontaneous remission occurs in 10-20% of patients, 50% have a remission following antithyroid drug treatment, 30-40% become chronic and require radioiodine or surgery, with a consequent lifelong need for hormone replacement (Reinwein 1992, Radko et al. 2003, Noth et al. 2001).

Case 1

Patrizia was diagnosed with Graves' disease in 1989 at the age of 22. Despite severe symptoms of the disease (arterial hypertension above 250 mmHg, tachycardia reaching 300 beats/minute), she delayed seeing a doctor, seriously endangering her life. Eventually, she was treated with the antithyroid medication methimazole and a beta-

[1] "*thyreoides*" Greek = oblong shield.

blocker, propranolol, for one year, but after being off medications for six months, her hyperthyroidism relapsed and she was treated again with methimazole for 1½ years. Following an episode of acute methimazole intoxication with violent headache and vomiting, Patrizia decided to stop all medication and followed a homeopathic treatment for two years. Laboratory values of her thyroid function remained consistently elevated for years. Her cardiac condition, however, was not as severe as before, with only mild tachycardia and no arterial hypertension. A moderate exophthalmos was also present.

My first encounter with Patrizia was in 1995 when, at age 28, she requested psychiatric hospitalization because she was unable to stop her bulimia. She had suffered up to eight eating binges with induced vomiting every day since age 18.

Patrizia presented as a young, well-mannered woman. Her eyes bulged and showed an expression of chronic agitation. Her mouth was large and her lips were full. She tended to overtalk and when irritated, talked incessantly, blaming and accusing, using her mouth as an unstoppable hammer. Her voice was hoarse and she was unable to yell freely. On palpation, the muscles of the cervical segment were tight and very tender, the thyroid gland was slightly enlarged. The thorax appeared held in inspiration. The epigastric area was very tender when pressed on. She explained that this sensation of tension in her stomach was the ultimate reason for her inducing vomiting. Her pelvis and legs were held stiffly.

Treatment

Following admission to the hospital's psychiatric locked unit, Patrizia showed a hidden side of herself characterized by suspiciousness, chronic anger, and incapacity to take responsibility for her life.

She and her past existence had been strongly influenced by the violent behavior of her father, who, protected by the mother, often beat Patriziabecause of her rebellious character. Her sister was spared because of her milder behavior, which is still a cause of resentment and jealousy for Patrizia.

After treatment with antidepressant and antipsychotic medications, her behavior softened. She was transferred to the open psychiatric unit and began family therapy sessions. During these sessions, mother and sister accused Patrizia of being aggressive, of exaggerating the father's violence, and of a lack of loyalty to the family. This criticism infuriated Patrizia, who became verbally aggressive, regularly ending up in a spastic crying reaction during which she looked like she was choking, her eyes protruded from their orbits, her face red and violet, and she incapable of calming down.

However, after six months of hospitalization, including both pharmacotherapy and numerous family therapy sessions, Patrizia's behavior changed. Previously agitated, aggressive, and suspicious, she was now calmer and softer.

From this period on and for the first time, her thyroid function laboratory values showed progressive although partial improvement, and her exophthalmos decreased from 24 mm to 22 mm in both eyes.

The general improvement in Patrizia's behavior was insufficient to allow her to leave the security of the hospital. She was still vague, circumstantial in not only her thought processes but also in dealing with practical problems, such as looking for a job, finding a small apartment, cooking for herself, and adjusting visits to her mother in a way to avoid useless conflict. Because of these ongoing problems as well as her desire to overcome her distorted perceptions, after one year of hospitalization I began to treat Patrizia on the couch. First I had to overcome her suspiciousness toward me. She felt that I was not competent enough, that I didn't care enough, that I was covertly supporting her mother. She couldn't open up with me for fear I might betray her. By expressing her suspiciousness, however, her mistrust diminished, and Patrizia was able to perceive her accumulated fear and anger as the cause of the chronic sensation of pressure in her stomach.

Pointing out her suspicious attitude and letting her discharge her resentment toward me allowed Patrizia to gain perspective about her behavior, her tendency to make things worse—to inflame her already

difficult relationship with mother and sister because of her exaggerated sense of justice and her rigid righteousness. Every session ended with Patrizia gaining insight, and with her typical "spastic" crying.

The improved insight brought a noticeable amelioration in her behavior, and Patrizia found a job, moved from her parents' house to a small apartment, and left the hospital in July 1997, two years after her admission and one year after beginning medical orgone therapy. Her bulimic attacks were reduced from eight to one attack every evening, which we called "The evening whisky."

Patrizia decided to continue orgone therapy privately in my office. Things were slowly changing in therapy: although aware of her resentment, mistrust, and rage, she was not yet able to stop her "spastic" crying. I began to point it out more and more, and Patrizia realized that she was feeling disgust toward herself and her parents. The only way she had to express it was by gagging, the very gagging that she had been inducing since she was 18. The progressive emotional expression brought an intense discharge of repressed emotions with a consequent sense of relief that allowed Patrizia to greatly reduce her medication to a single minimal dosage of tricyclic antidepressant. Simultaneously, her awareness of her throat block became acute and Patrizia felt compelled to yell. She yelled intensely in fear with a consequent sensation of relief in her throat. Subsequent therapy sessions showed how much Patrizia was involving more segments of her body to express feelings. Arms, hands, and chest began to merge with her voice and throat, with new, deeper, and very moving expressions of sadness and despair. She could see herself, seven to eight years old, harassed by her father, alone, scared, and lost. Her crying was no longer "spastic" and "choked," but convulsive and involving almost her entire body. This led to a new, never-before-felt sense of relief in her throat, but also throughout her body.

Around this period her TSH value, always suppressed since her initial diagnosis of hyperthyroidism and methimazole treatment in 1991-1993, became completely normal. In addition, since Fall 1999 all thyroid function values have been normal (TSH, T_4 and T_3), and exophthalmos has further reduced to 21 mm.

I have no doubt that all of these changes were a consequence of overcoming her throat block, just as I believed that the initial improvement during hospitalization was due to the lowering of her energetic charge through medication. (The medical literature describes such results with psychoactive drugs, in particular with lithium.)

Patrizia, now after her 158th session, has a better life than before, with a job and a boyfriend. Her medical condition is no longer a cause of worry.

Case 2

Maria sought medical orgone therapy in 1993 because of depression, feelings of guilt and inability to get past a failed love affair. She was diagnosed as having Graves' disease in 1994, at the age of 41. Since that time she has been treated several times with methimazole at various dosages. All attempts to stop the medication were frustrated by progressive hyperfunction of the thyroid with weight loss, tachycardia, hypertension, and tremor. Maria never developed exophthalmos. After ten years of continuous hyperthyroidism and methimazole pharmacotherapy, her condition could be defined as chronic (40% of all cases).

I met Maria in 1998; she presented as a slightly overweight, younger-looking, single woman. Her eyes appeared guarded, her face expressionless. The mouth was somewhat contracted; masseters, temporal, and occipital muscles were extremely tender to the touch. The frontal area of her neck looked slightly swollen, the thyroid gland was moderately enlarged. Respiration seemed fairly free, pelvis and legs were slightly obese and well armored.

Treatment

Efforts early in therapy to help her to discharge her intensely felt misery were unsuccessful. Maria could not tolerate the intensity of her

feelings and her tendency to choke them back intensified after beginning therapy. This likely contributed to the development of her Graves' disease. In the next five years she gradually was able to confront and express some of her misery, and her intense unhappiness with her work situation. She changed jobs and the city where she lived, with positive effect. She slowly began to take more risks in expressing her emotions, especially rage, and became much more spontaneous in expressing emotion in general.

In June 2001, treatment was begun with a ten-fold medical DOR-buster with one funnel placed over her thyroid area.

The DOR-buster is based on the principle that stagnant energy is drawn from an area through hollow tubes directly connected to moving water. To enhance the attracting force of the water, the tubes extend into an accumulator through which water is flowing (Reich 1956).

Somatic as well as psychic diseases presumably result from stagnant energy in a specific, emotionally significant area. Moving this energy can cause relief but also anxiety or other disorders. Thus there is a potential danger to using the DOR-buster, necessitating cautious handling by an experienced physician.

As already seen with other patients simultaneously treated with medical orgone therapy and the medical DOR-buster, the reaction was dramatic: Maria showed first an exaggeration of her superficial "deadness," which transformed within a few minutes into severe anxiety. Suddenly she looked terrified, her eyes staring. She felt she was choking. Through sympathetic support from me and a gentle massage of her temporal muscles, she was able to relieve her "*sense of choking*," and a tremendous sobbing misery was discharged through her throat. This pattern, however milder, was seen in ten subsequent sessions after medical DOR-buster treatments, and Maria made substantial progress in her therapy. She began to express her feelings more freely and was able to rage and yell, as well as to speak up in her work life, thus abandoning her chronic masochistic attitude.

In the meantime, she reduced the antithyroid medication by one-third, and after a couple of months, in November 2001, she stopped the methimazole completely. Her thyroid values remained normal for more than six months, which had never happened before. In July 2002 she complained of nervousness, weight loss, and mild euphoria. In fact she acted overexcited, was anxious and talked too much. Her thyroid values were consistent with early hyperactivity, showing a low TSH and normal value for the peripheral circulating thyroid hormones.

On the couch, Maria showed her contactless overexcitement in the form of laughing and talking. Once I was able to show her that she was actually anxious, she exploded with deep, sobbing crying and memories of childhood misery. Afterwards, she felt much better, and was relaxed and calm. The thyroid values became normal again in the course of the subsequent sessions, and have since remained normal. Currently, Maria has lost some weight, her eyes look less guarded, her face is more expressive, and her general behavior is more spontaneous and relaxed.

Future tests will show if this positive response will be sustained, but there is no doubt that a resolution of the medical condition appeared as soon as her throat block began to loosen. The use of the DOR-buster also evidently accelerated this process.

Discussion

Two cases of Graves' disease are presented. One patient was treated with medical orgone therapy, the other with medical orgone therapy and the medical DOR-buster positioned over her thyroid area.

Both patients showed improvement in their somatic condition, which occurred when they each were able to overcome a tendency to "*choke off their feelings.*" The objective freeing of the throat block was evident to the therapist.

We should consider the following:

- Spontaneous remissions of Graves' disease are known (10%), as well as relapses alternated with remissions (30%).
- Remission of Graves' disease after antithyroid therapy during

the first year of treatment is not uncommon (50%).

- The two cases of Graves' disease treated with medical orgone therapy presented here both manifested a significant throat block, irrespective of their character diagnosis.
- Overcoming the throat block during medical orgone therapy occured concomitant with remission in the first case.
- The overcoming of the throat block through intensification of emotional expression using the medical DOR-buster was concomitant with the improvement of the disease condition in the second patient.

These two cases point out the importance of the throat block in Graves' disease and raise the suspicion that the well-known remissions with or without drug therapy and the high rate of remission after a short period of drug treatment are connected with an unstable or sporadic throat block.

These two cases also demonstrate that medical orgone therapy can be an effective way to treat patients suffering from Graves' disease, and that the concomitant use of the medical DOR-buster can enhance treatment outcome.

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