

A PRELIMINARY STUDY OF THE REICH ORGONE ACCUMULATOR EFFECTS ON HUMAN PHYSIOLOGY

Alberto Mazzocchi, MD, Bergamo, Italy

Roberto Maglione, MSc, Moncrivello, Vercelli, Italy

Abstract

The orgone accumulator (ORAC) is a device, conceived by the Austrian scientist Wilhelm Reich in the '40s of the last century, which he claimed would concentrate a vital energy from the atmosphere. Reich ascertained the ORAC to be useful in medical therapies of several diseases, even though the energy concentrated inside the accumulator could not be classified under any of the traditional known energies of the time. In order to better understand ORAC's effects on healthy people, 20 persons were considered for this study. They were treated inside the device for 45 minutes. Body temperature and skin resistance on Electro Permeable Points (EPP) were measured, before and after ORAC exposure, by a mercury thermometer, and by a Bio-Feedback (BFB) instrument (according to the Ryodoraku technique), respectively. Our results showed a significant statistical difference of the pre- and post-ORAC exposure body temperature of 0.242 °C ($p=0,006$), evaluated by the Student T-test at a significance level of 0.05. Ryodoraku measurement variations were more complex to evaluate. Nevertheless these latter results suggest the ORAC might have some effects on human health due to a parasympathetic nervous system activation which cannot be considered only a result of a placebo effect.

Key Words: Orgone energy, ORAC, Body temperature, Ryodoraku test

Introduction: The Reich Orgone Accumulator

Orgonomy is the science developed by the Austrian scientist Wilhelm Reich at the beginning of the last century. The medical applications of Orgonomy originate from natural healing processes related to a cosmic vital energy, that Reich called orgone energy, which could be concentrated within a special device he invented called the

orgone energy accumulator (1). The existence of such a cosmic vital energy was known since ancient times (2). In India, this energy was called Prana, in the Jewish Kabbalah it was called Yesod or Astral Light, concept that the Cristian culture later elaborated representing Jesus and the Saints surrounded by a halo of yellow light, while the Chinese called it Chi. Pythagoras around the 500 BC spoke about this energy as a luminous substance that could produce different effects on the human organism. Paracelsus many centuries later called it Arqueo o Munia, defining it as a vital force and matter, and comparing it to an irradiating essence with beneficial effect on the human health. Around 1730 AD quite popular was Mesmer, a German physician who, studying the therapeutic effects of magnets, came to theorise the existence of a subtle fluid called Animal Magnetism. Mesmer, according to the hypothesis of Newton on the existence of an universal substance (later called Ether) that acts as a medium through which gravity and light could travel through, conceived the presence of a invisible and imponderable fluid, whose deficiency in the organism was responsible for diseases. Later on Hanhemann included Mesmerism amongst the methodologies useful "to dynamically infuse vital energy to the ill" (3). However, most of all these vital energy effects have been prejudicially dismissed by the medical community under the category of the placebo effect.

Reich's pioneering studies in orgone energy physics started in the '40s of the last century, and were characterised by use of devices to accumulate orgone energy of which the orgone accumulator (ORAC) is the best known and used.

The ORAC is made of alternating layers of organic insulators of a high dielectric constant, and ferromagnetic materials such as steel wool, and the inner wall lined with a thin sheet of galvanised steel (4). This configuration stimulates an orgone energy flow from the outside to the inside of the device, thus creating an inner orgone concentration higher than what exists on the outside. The mechanism to concentrate this energy is based on the following two fundamental assumptions:

Organic materials attract and hold orgone energy,

Metallic materials, in particular iron, attract and then rapidly repel orgone energy.

Figure 1 shows a typical human-sized orgone accumulator for research purpose. Based on the above principles and due to the antithetical properties of the two groups of material, a unidirectional orgone energy flow is created in such a way to be concentrated inside the accumulator.

Reich and his associates observed strong biological effects from the ORAC, publishing several dozen clinical reports and controlled experiments suggesting a strong stimulus of the parasympathetic nervous system of humans (5), delayed tumour development in cancer mice and humans (6), and stimulation of plant growth (7).

In the period following Reich's death, a younger generation of physicians and scientists replicated many of these effects. Notable among these are the double-blind controlled trials on human physiology as undertaken by Muschenich and Gebauer at the University of Marburg (8), and by Hebenstreit at the University of Vienna (9).

These experiments showed a clear stimulus of the parasympathetic nervous system in human subjects sitting calmly inside an ORAC as compared to those sitting inside a sham enclosure (dummy accumulator), with a statistically significant increase of skin and body core temperatures, and heart rate. Other studies on cancer mice performed by Grad (10), and Blasband (11) showed a delayed development of tumour mass of the ORAC-exposed cancer mice groups. Senf published results of researches aimed at evaluating

the effects of orgone devices on acupuncture points (12, 13). Southgate at the University of Wales (14, 15), found statistically significant effects ($p=0.03$) of an ORAC on acupuncture sensation in a population of 72 patients, in a double-blind controlled investigation. Such studies indicate that Reich's theories and those of Chinese acupuncture have many similarities, and can not be considered as merely a generic placebo effect. Studies on plant-growth stimulation also were replicated by DeMeo (16) in a 3-year study showing a 35% increase in growth of ORAC treated mung-bean sprouts over controls sprouted in a control enclosure, with $p<0.0001$. Other aspects of Reich's larger science have been evaluated scientifically, but space does not allow discussion (17).

Currently there is a growing interest in the ORAC for treatments of various disease conditions in the EU, and "orgone accumulator therapy" is frequently a part of "Energy Medicine" curriculum in teaching hospitals, alongside acupuncture and homeopathy (18). Several new books have come out on the clinical applications of the orgone energy accumulator (19-21).

Atmospheric-physical effects were observed in addition to the biological reactions inside the ORAC, showing a thermal anomaly (22) and electroscopical anomaly (23), indicating the device is harnessing a very real cosmic energy which builds up to higher levels inside of it as compared to outside. These included effects upon high-vacuum tubes reminiscent of the Puthoff "zero-point vacuum fluctuation" effects (24).

The present study reports some preliminary results on the effects and on the indications of the orgone accumulator on human health, by using instrumental measurements (mercury thermometer and evoked potential generators) that allow providing objective data.

Ryodoraku Diagnostic Test

The Ryodoraku diagnostic technique is based on Nakatami's research carried out in 1950 (25, 26). He discovered low-resistance electrical points on the human skin (hyper-electric conductive points), located along the longitudinal lines of the body and corresponding to the main energetic meridians of Chinese Medicine and classic Acupuncture.

Many authors have reported on the therapeutic efficacy of Acupuncture (27-34) and nowadays its validity is well established. The energetic meridians can be detected by instrumental methods (35-41). Litscher at the University of Graz, Austria, published many evidence-based papers, using modern investigations including neurophysiologic and neurobiological methods (42-47). These investigations demonstrate, and can explain acupuncture effects both in the brain and in the peripheral nerves.

The Ryodoraku technique was well-suited to evaluate ORAC effects on human physiology because it allowed an instrumental objective registration (electrical resistance of human skin) of possible changes before and after an ORAC session. These measurements may help to understand physiological changes before and after ORAC exposure, from the viewpoints of both Reich's orgonomy and that of Chinese Medicine.

In our study the Bio-Feedback (BFB) instrument was used, developed from Nakatami's original prototype and made by Zener in Milan, Italy. By producing a low voltage direct current, high electrical conductivity and capacity points on the skin can be determined. These points are commonly defined as Active Points in Acupuncture (PA), or Electro

Permeable Points (EPP), or Ryodoten in the Ryodoraku methodology. Measurements are taken by a wet electrode, so as to avoid inaccurate measures due to perspiration, skin sclerosis, vascular deficiencies, etc. A second electrode is held in the patient's hand. Six points are measured on the right hand and six on the left one, 6 points on the right foot and 6 points on the left one, for a total of 12 points measured at the hands and 12 points at the feet (figure 2).

The values of the EEP point measurements are reported in a graph where each vertical column describes the state of the investigated point on the left (red) or right (blue) side of the subject (figure 3).

Hi (i = 1, 2, 3, 4, 5, and 6) measurements are referring to hands points, while those Fi (i = 1, 2, 3, 4, 5, and 6) to feet points. The thick horizontal line on the graph represents the Average Energetic Value (VEM, Valore Energetico Medio) of the patient, while the 2 parallel lines, characterising $\pm 20\%$ of the VEM value, represent the boundaries of normal points (INER, Intervallo di Normalità Energetica Relativa). Points which are located above the upper line (+20% of VEM value) are considered strong points and are characterised by a surplus of energy (the Shi points of the Chinese Medicine), while points below the lower line (-20% of VEM value) are considered weak points or XU, where the energy must be supplied to. Distance between the 2 points of the same column (left and right points) should range between 0 and 3 microAmpere (μA).

Materials and Methods

The present study was performed in a cohort of 20 healthy patients, 9 males (45%) and 11 females (55%), randomly chosen. Age was distributed as follows:

0-20 years:	2
21-30 years:	2
31-40 years:	5
41-50 years:	6
51-60 years:	2
Over 60 years:	3

After the Ryodoraku testing, body temperature was taken by a mercury thermometer for 5 minutes. Soon after the patients entered and were seated in the ORAC for a 45-minute session. They wore all-cotton clothes (T-shirt, shirt, trousers, and socks). Sessions were performed in September and October 2008. Room temperature (outside the ORAC) ranged between 16 °C and 18 °C. Soon after ORAC sessions were concluded, the patients came out of the ORAC, and body temperature was taken again for 5 minutes and the Ryodoraku test repeated.

Results

None of the test subjects reported ill feelings nor any pathological symptoms after confinement in the ORAC. All the patients reported a general sensation of physical and mental relaxation, something which is typically reported in the published studies.

After determining the 480 values related to the EEP points (24 for each subject) before ORAC session and the 480 values of the EEP points after ORAC session, for each column we determined an average left and right value, which was then reported graphically (figure 4). The blue line represents the pre-ORAC session values and the red line those

related to the post-ORAC session. The same procedure was applied to the pre-ORAC and post-ORAC VEM measures, represented by the broken black line and the broken red line, respectively, on the graph of figure 4.

From this graph it can be seen that the pre-ORAC session values are higher than the post-ORAC ones. This decrease seems to be quite constant for each point, with a moderate difference in H6 points (large intestine: 4.25µA) and H5 points (triple radiator: 4.27µA), while a higher difference in F2 points (liver: 6.37µA), F5 points (gall bladder: 7.49µA) and F6 points (stomach: 7.02µA) was observed.

Temperature measurements taken before and after the ORAC session are reported on the graph of figure 5. An average increase of the body temperature of 0.242 °C was recorded. Statistical analysis, carried out according to the t-Student test, showed that this difference was statistically significant ($p=0,006$) for a significant level of $p<0.05$.

Discussion

Life energy is no longer an esoteric concept. Not only has it been known in most human cultures, but today, in our culture, where everything must be measurable and repeatable in controlled experiments, vital energy concepts are gaining the status of objective reality and can no longer be pushed aside into the confines of the esoteric and irrational. Life energy can be defined through scientific criteria.

Studies reported in the literature about the biological effects of the orgone energy are still relatively few, in part due to the heavy-handed repression of the US Food and Drug Administration, which banned and burned his research books and journals in the late 1950s (48). However, it is also possibly because, it appears all “too easy” or “too simple” as Reich soon realised (5):

“...It seems implausible that one can derive any beneficial effect from sitting in an unimpressive-looking cabinet, simply constructed with outer walls of organic material and inner ones of metal, that is designed to absorb orgone energy from the air...”

Reich observed an ORAC’s excitation of the parasympathetic nervous system with a warming of skin and body, peristalsis, increase of heart rate, and deep breathing, that was subsequently confirmed by Muschenich and Gebauer (8), Hebenstreit (9), and Buhl and Fischer (21). Muschenich and Gebauer found, on a limited cohort of patients (10 people), a statistically significant increase of body temperature ($p=0.01$). Ritter et al (49) conducted an experiment on 12 patients by measuring body temperature by a thermometer under the tongue. They observed a body temperature increase (with a maximum of 0.53 °C) in the first 10 minutes already of the ORAC session.

Correa et al (50) reported on an increase of body temperature of patients inside an ORAC even in the first 15 minutes of exposure. Oral temperature of a male patient (53 yrs old) showed, after 15 minutes of ORAC session, an average increase of the temperature of 0.38 °C with a peak of 0.6 °C during a 10-day observation period.

However, Correa’s and Ritter’s measurements were partially taken with the patients inside the ORAC possibly affecting the overall results. On the contrary, measurements in this study were always taken with the patient outside the ORAC so as to avoid any interference due to ORAC temperature fluctuations.

Reich gave his explanation of the ORAC functioning as follows (5):

“..Many biologists (Burr, among them) have demonstrated the existence of an energy field surrounding living cells and multicellular organisms, outside the material boundary of the organism itself. It is considered to be an electromagnetic energy field. In orgone physics, however, we contend that this field of energy surrounding the organism has nothing to do with electromagnetism and is in reality an orgone energy field, i.e., a field of specific biological energy. It functions at a distance, without the need of material contact between the body surfaces of the organisms....its area of radiation varies considerably from individual to individual, from a little as a few centimeters to as much as four meters....”

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What facts are there to confirm this theoretical assumption?

1. The effects of the orgone accumulator are weakened and sometimes eliminated if its inner walls are more than 4-8 inches from the surface of the organism....
2. In vegetative (orgonotic) terms, lively persons feel the effects of the orgone energy in the accumulator far more rapidly than do sluggish individuals....
3. Orgonotic sluggish individuals begin to notice the effects of an exposure to orgone radiation in the accumulator only after several irradiations. There can be only one explanation for this phenomenon: the organism itself must be charged passively to a certain minimal degree and its own orgone radiation intensified before subjective perception of the orgone effect is possible. One physician was unable to feel the typical prickling and warmth in the palms of the hands for the first few months of its use of the accumulator. He began to feel them only after he had started to use the accumulator regularly. In other words, his organism at first remained passive, but after a while “stretched out”, as it were, toward the orgone field of the metal walls.”

Though our research was based on a small number of patients, it agrees with Reich’s work, and with all the prior published studies cited above. We can summarize some preliminary considerations, as follows.

- 1) ORAC exposure changed the skin electrical resistance in each subject. This modification was observed as a decrease of all measured values by the Ryodoraku testing with a variation between 2.4mA and 9.3mA. According to reports in the literature, this decrease is in agreement with a parasympathetic stimulation of the whole organism, as it is well established that increased blood flow in the peripheral vessels is controlled by nervous fibers of the parasympathetic system.
- 2) Increase in body temperature, measured by a mercury thermometer, in a place where the subject is still as inside an ORAC, may support again the theory of a parasympathetic stimulation. Body temperature in humans is mostly controlled by hypothalamus. Thermal regulation is achieved by radiative heat loss at the periphery (adrenaline-mediated sympathetic response) and heat production in tissues (liver, brown fat cells, brain and muscles). The heat production is generally considered a vagotonic response. Once warmed by fever, blood cells (monocytes and macrophages) trigger the hypothalamus to dissipate the heat by sympathetic peripheral response (51, 52). Increases of body

temperature can be classified into Functional, Mechanical and Pathogenic. The last two cases generally, but not always, produce a greater temperature increase and they are accompanied by other important symptoms like headache, chills, anorexia, nausea etc. A small increase in body temperature (about +0.5°C) is considered functional fever and it's generally unnoticed by the subject. However, it's still unclear today the role of this small increase. Buhl and Fischer report that a mild fever may be a result of the accumulation of vital energy which stimulates the immune system (21):

"...The fact that almost all people react with spontaneous slight fever in the accumulator, shows that most humans are confronted with latent infections, parasites, etc. And that the temperature increase is not happening any more (or even occasionally), if you have been charged over a longer time regularly with orgone energy, is a sign that latent diseases have healed up..".

3) Performing the Ryodoraku testing we noticed that the largest variations were related to the liver, gall bladder, and stomach meridians. Given the complexity of Chinese Medicine, we cannot give conclusive answers at this time, but we can observe that those meridians are more active during stress conditions (or sympathetic activity). This fact may confirm Reich's hypothesis that the ORAC could have a decreasing effect on the sympathetic activity versus an improvement of the parasympathetic stimulation.

Conclusion

Much remains to be understood about orgone energy properties and applications, in addition to what was described by Reich more than 60 years ago. The study on such an energy, that seems to elude the usual classification criteria of traditional physics, can proceed only by small steps, and with much caution. Recently, Molecular Quantum Medicine Hypothesis could explain that many healing practices, followed in different therapeutic and cultural contexts, and which are characterised by the same mechanism: the effect of weak energies, such as photons, and electromagnetic fields, on the isomeric tridimensional configuration of the biologic molecules (protein, enzymes, DNA) and hence on the folding of the cellular proteins (52).

The results of the present study, which was performed on a limited cohort of patients, indicates an increase in the body temperature and a modification of the skin resistance in the electro permeable points. This could be caused by an activation of the parasympathetic system and possibly by an action of the neuro endocrine system. The orgone energy accumulator device conceived by Reich may have a significant effect on the human organism.

References

1. Reich W. - *Selected writings: an introduction to orgonomy*, Farrar, Straus and Giroux, New York, 1961.

2. AA. VV. - *Future Science. Life Energies and the Physics of Paranormal Phenomena*, White S. e Krippner W., Anchor Books Edition, New York, **1977**.
3. Hahnemann S. - *Organon*, translation to the sixth Edition, Cemon Naples, Italy, **1981**.
4. Reich W. - *The Orgone Energy Accumulator. Its Scientific and Medical Use*, Orgone Institute Press, Rangeley, Usa, **1951**.
5. Reich W. - *The Discovery of the Orgone, Volume Two: the Cancer Biopathy*. Orgone Institute Press, Rangeley, Usa, **1948**.
6. Reich W. - The Carcinomatous Shrinking Biopathy, *International Journal of Sex-Economy & Orgone Research*, I(2):131-155, July **1942**; see also Reich W. - Experimental Orgone Therapy of the Cancer Biopathy, *International Journal of Sex-Economy & Orgone Research*, II(1):1-92, March **1943**; Reich W. - Anorgonia in the Carcinomatous Shrinking Biopathy, *International Journal of Sex-Economy & Orgone Research*, IV(1):1-33, April **1945**; Tropp S. J. - The Treatment of a Mediastinal Malignancy with the Orgone Accumulator, *Orgone Energy Bulletin*, I(3):100-109, **1949**; Tropp S. J. - Orgone Therapy of an Early Breast Cancer, *Orgone Energy Bulletin*, II(3):131-138, **1950**; Hoppe W. - Orgone Versus Radium Therapy in Skin Cancer, Report of a Case, *Orgonomic Medicine*, I(2):133-138, **1955**; Reich E., Reich W. - Early Diagnosis of Cancer of the Uterus, *Cosmic Orgone Engineering*, VII(1-2):47-53, **1955**, Raphael C. M. - Confirmation of Orgonomic (Reich) Tests for the Diagnosis of Uterine Cancer, *Orgonomic Medicine*, II(1):36-41, **1956**.
7. Mann W.E. - *Orgone, Reich and Eros*, Simon & Schuster, New York, **1973**; and Mann W.E. - *Vital Energy and Health*, Houslow Press, Toronto, **1989**; see also Raknes O. - *Wilhelm Reich and Orgonomy*, St Martin's Press, New York, **1970**.
8. Muschenich S., Gebauer R. - The Psycho-Physiological Effects of the Reich Orgone Energy Accumulator, *Pulse of the Planet*, Natural Energy Works, Ashland, Usa, Vol. 1, no 2, **1989**; see also Muschenich S. - Einige Zitate und Bemerkungen zur Frage 'Sind die Begriffe Vagotonie versus Sympathocotonie auf die Wirkungen des Orgons übertragbar?', *Emotion*, No.8, pp. 68-71, **1987**; and Müschenich S. - *Der Gesundheitsbegriff im Werk des Arztes Wilhelm Reich (The Concept of Health in the Works of Dr. Wilhelm Reich)*, Doktorarbeit am Fachbereich Humanmedizin der Philipps-Universität Marburg, Verlag Gorich & Weiershauser, Marburg, **1995**.
9. Hebenstreit G. - *Der Orgonakkumulator Nach Wilhelm Reich. Eine Experimentelle Untersuchung zur Spannungs-Ladungs-Formel*", Diplomarbeit zur Erlangung des Magistergrades der Philosophie an der Grung- und Integrativ-wissenschaftlichen Fakultät der Universität Wien, **1995**.
10. Grad B. - The Accumulator Effect on Leukemia Mice, *Journal of Orgonomy*, 26(2):199-218, **1992**.
11. Blasband R. A. - The Orgone Energy Accumulator in the Treatment of Cancer Mice, *Journal of Orgonomy*, 7(1):81-85, **1973**; see also Blasband R. A. - Effects of the Orac on Cancer in Mice: Three Experiments, *Journal of Orgonomy*, 18(2):202-211, **1984**.
12. Senf B. - Wilhelm Reich: Discoverer of Acupuncture Energy? *American Journal of Acupuncture*, Vol. 7 (2):109-118, **1979**; see also Senf B. - Wilhelm Reich: Discoverer of Acupuncture Energy? *Pulse of the Planet*, Vol. 1 (2): 25-30, **1989**.
13. Senf B. - *Die Wiederentdeckung des Lebendigen. Erforschung der Lebensenergie Durch Reich, Schauburger, Lakhovsky u.a.*, Omega Verlag, Aachen, Germany, **2003**.
14. Southgate L. - Traditional Chinese Medicine and Wilhelm Reich, Northern College of Acupuncture and University of Wales, MSc Thesis, **2002**.

15. Southgate L. - Chinese Medicine and Wilhelm, *European Journal of Oriental Medicine*, UK, (4) 4: 31-41, **2003**.
16. DeMeo J. - Orgone Accumulator Stimulation of Sprouting Mung Beans, *Pulse of the Planet* 5:168-176, **2002**.
17. For a complete bibliography on Orgonomy see at <http://www.orgonelab.org/bibliog.htm>.
18. AA. VV. - *the University of Niedersachsen Report*. This report appeared in a petition issued by the German Government to the EU on "Energy Medicine" which included acupuncture, homeopathy, and orgone accumulator therapy. It consists of a recommendation of the German Government to the EU Regulatory Bodies on what "Standard Medicine" should be for the whole EU.
19. Kavouras J. - *Heilen mit Orgonenergie*. Turm Verlag, Bietigheim, **2005**.
20. DeMeo J. - *the Orgone Accumulator Handbook*, Natural Energy Works, Ashland, Usa, **1999**.
21. Buhl H., Fischer J. - *Energie! Heilung und Selbstheilung mit Lebensenergie*, Ulrich Leutner Verlag, Berlin, **2007**.
22. Reich W. - Thermal and Electroscopical Orgonometry, *International Journal of Sex-Economy & Orgone Research*, III(1):1-16, March **1944**; see also Blasband R.A. - Thermal Orgonometry, *Journal of Orgonomy*, 5(2):175-188, **1971**; Konia C. - An Investigation of the Thermal Properties of the ORAC - Part I, *Journal of Orgonomy*, 8(1):47-64, **1974**; Konia C. - Thermal Properties of the ORAC - Part II, *Journal of Orgonomy*, 12(2):244-252, **1978**; DeMeo J. - New Experiments at OBRL - Reich's Geiger-Muller and T₀-T Effects Confirmed, presented to the 2007 Conference on New Research in Orgonomy, Chipping Village, UK, August 18-19.
23. Reich W. - *Drei Versuche Am Statischen Elektroskop (Three Experiments with the Static Electroscope)*, in the series *Klinische und Experimentelle Berichte (Clinical and Experimental Report)*, #7, 26-27, Sexpol Verlag, Institut für Sexualökonomische Lebensforschung, Oslo, Norway **1939**; see also Reich W. - Orgonotic Pulsation: The Differentiation of Orgone Energy from Electromagnetism, Presented in Talks with an Electrophysicist, *International Journal of Sex-Economy & Orgone Research*, III(2-3):97-150, October **1944**; Reich W. - Three Experiments with Rubber at the Electroscope (1939), *Orgone Energy Bulletin*, III(3):144-145, **1951**; Rosenblum C.F. - The Electroscope - Part I, *Journal of Orgonomy*, 3(2):188-197, **1969**; Rosenblum C.F. - The Electroscope - Part II, *Journal of Orgonomy*, 4(1):79-90, **1970**; Rosenblum C.F. - The Electroscope III: Atmospheric Pulsation, *Journal of Orgonomy*, 10(1):57-80, **1976**; Baker C.F. - The Electroscope IV: Atmospheric Pulsation, *Journal of Orgonomy*, 11(1):35-48, **1977**.
24. Puthoff H.E. - Gravity as a zero-point-fluctuation force, *Phys. Rev. A* 39, 2333-2342, **1989**.
25. Hyodo M. - *Ryodoraku treatment: an objective approach to acupuncture*, Naniwasha Publ. Osaka, Japan, **1990**.
26. Oda H. - *Ryodoraku Textbook*, Naniwasha Publ. Osaka, Japan, **1989**.
27. Bergstrom I., List T., Magnusson T. - A follow-up study of subjective symptoms of temporomandibular disorders in patients who received acupuncture and/or

- interocclusal appliance therapy 18-20 years earlier, *Acta Odontol Scand*, 66: 88-92, **2008**.
28. List T., Helkimo M. - Acupuncture and occlusal splint therapy in the treatment of craniomandibular disorders. II. A 1-year follow-up study, *Acta Odontol Scand*;/50:/375-85, **1992**.
29. Wu C.G. - Basic theory of traditional Chinese Medicine, *Publishing House of Shanghai University of Traditional Chinese Medicine*, Shanghai, **2002**.
30. Wong R.W., Rabie A.B. - Traditional Chinese Medicines and Bone Formation - A Review. *J. Oral Maxillofac. Surg.*, n. 64: 828-837, **2006**.
31. Mayer D.J., Price D.D., Raffii A. - Antagonism of acupuncture analgesia in man by the narcotic antagonist naloxone, *Brain Res.* 121:368-372, **1977**.
32. Oda H. - *Electropermeable Points on the Human Skin. Ryodoraku Textbook*. Naniwash Publishing Inc. 5-19, **1989**.
33. Stux G., Pomeranz B. - *Acupuncture Analgesia. Basics of Acupuncture*. Eds. Stux G & Pomeranz B. Springer-Verlag. 4-51, **1991**.
34. Tiberiu R., Gheorghe G. - Do Meridians of Acupuncture Exist? A Radioactive Tracer Study of the Bladder Meridian. *Am J Acup.*, Vol. 9, 3:251-256, **1981**.
35. Tarry C.T., Thompson R. B., Moore M. - Acupuncture and Radioactive Pathways of Hypodermically Injected Technetium-99m. *The Journal of Nuclear Medicine*, Vol. 33 n. 11 November **1992**.
36. Sierpina V. S., Frenkel M. A. - Acupuncture: A Clinical Review, *South Med J.*, 98(3):330-337, **2005**.
37. Litscher G. - Ten Years Evidence-based High-Tech Acupuncture—A Short Review of Peripherally Measured Effects (Research Unit of Biomedical Engineering in Anesthesia and Intensive Care Medicine, Medical University of Graz, Auenbruggerplatz 29, A-8036 Graz/Austria) eCAM Advance Access published online on November 12, **2007**.
38. Bensoussan A. - *The nature of Meridians. The Vital Meridian. A Modern Exploration of Acupuncture*. Ed. Bensoussan A. Churchill Livigstone, 51-71, **1991**.
39. Cheng R., Pomeranz B. - A combined treatment with D-amino acids and electroacupuncture produces a greater anaesthesia than either treatment alone: naloxone reverse these effects. *PAIN*, 8:231-236, **1980**.
40. Darras J.C., Vernejoue P., Albarede P. - Nuclear Medicine and Acupuncture: A Study on the Migration of Radioactive Tracers after Injection at Acupoints, *Am J Acup.*, Vol. 20. 3:245-256, **1992**.
41. Ma S. X. - Neurobiology of acupuncture: toward CAM. *Evid Based Complement Alternat Med*, 1:41-7, **2004**.
42. Litscher G. - Bioengineering assessment of acupuncture, part 1: thermography. *Crit Rev Biomed Eng*, 34:1-22, **2006**.
43. Litscher G. - Bioengineering assessment of acupuncture, part 2: monitoring of microcirculation. *Crit Rev Biomed Eng*, 34:273-94, **2006**.
44. Litscher G. - Bioengineering assessment of acupuncture, part 3: ultrasound. *Crit Rev Biomed Eng*, 34:295-326, **2006**.
45. Litscher G. - Bioengineering assessment of acupuncture, part 4: functional magnetic resonance imaging. *Crit Rev Biomed Eng*, 34:327-45, **2006**.
46. Litscher G. - Bioengineering assessment of acupuncture, part 5: cerebral near infrared spectroscopy. *Crit Rev Biomed Eng*, 34:439-57, **2006**.

47. Litscher G. - Bioengineering assessment of acupuncture, part 6: monitoring-neurophysiology. *Crit Rev Biomed Eng* , 35:1-39, **2007**.
48. Sharaf M. - *Fury on the Earth. A Biography of Wilhelm Reich*, St Martin's Press, New York, **1983**.
49. Ritter P., Ritter J. - *Orgonomic Functionalism*, Vol. II, **1955**; see also Sconamiglio R., et al. - *Piani e istruzioni per l'accumulatore di energia organica*, Quaderni Andromeda n. 92:1-15, **2005**.
50. Correa P.N., Correa A. - Transiently Induced Hyperthermia In Humans Exposed to a Controlled Orac Environment, **AS2-33: Exp Aetherom.**; Series 2, Vol. 4 (33):1-27, **2007**.
51. Chatton MJ. General Symptons. In *Current Medical Diagnosis & Treatment*. Ed. M. Krupp & M. Chatton, Los Altos, CA, **1980**.
52. AA. VV., *The Merck Manual*, 17th Edition, **1999**.
53. Rocca G., Re T. - *Medicina quantistica molecolare. La dinamica della vita*. *La Med. Biol.*, **2008/4**; 49-61.

Figures



Figure 1 - Reich orgone accumulator

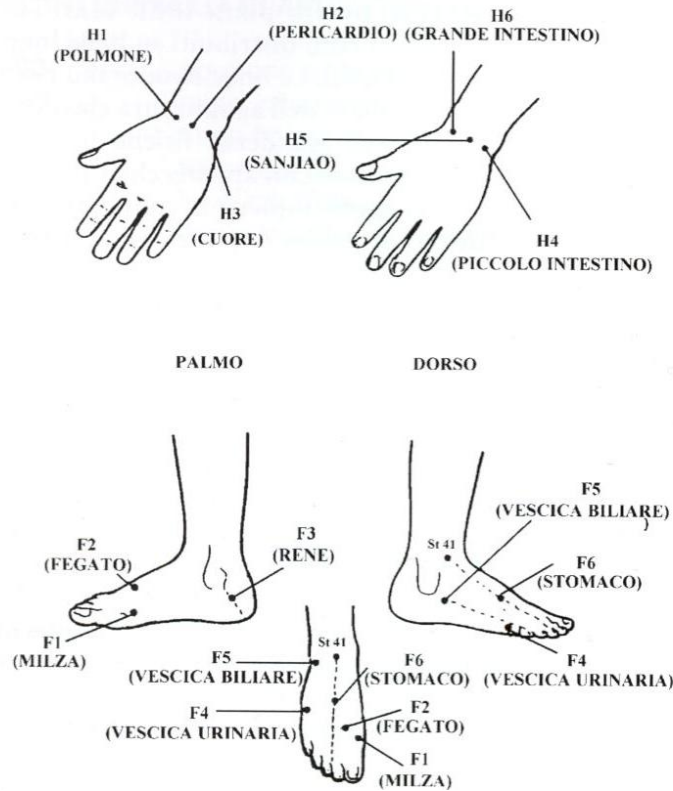


Figure 2 - Measurements on EPP points, according to the Ryodoraku technique, and correspondence with the parts of the organism

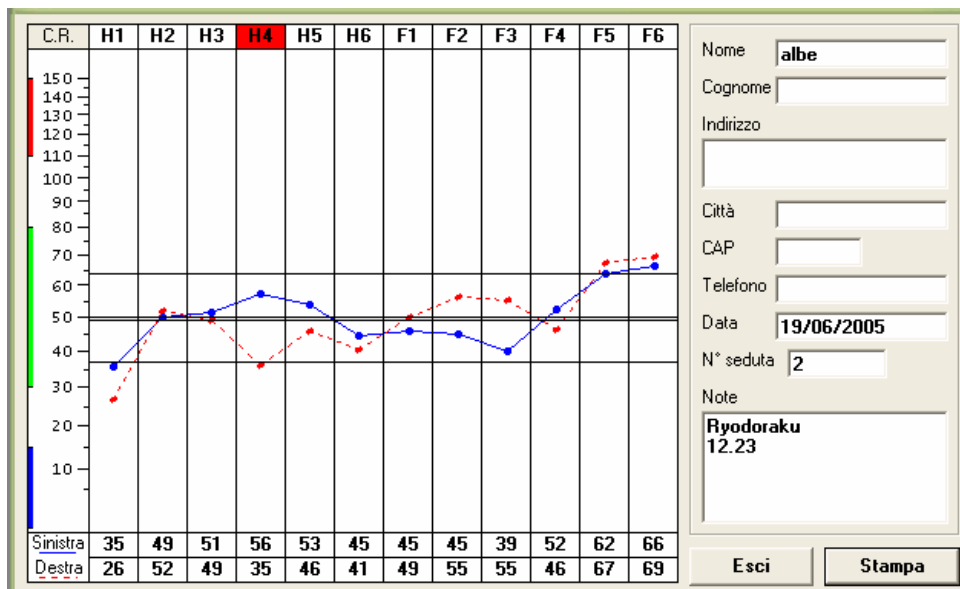


Figure 3 - Example of graph reporting the measured values by the Ryodoraku methodology on the EEP points

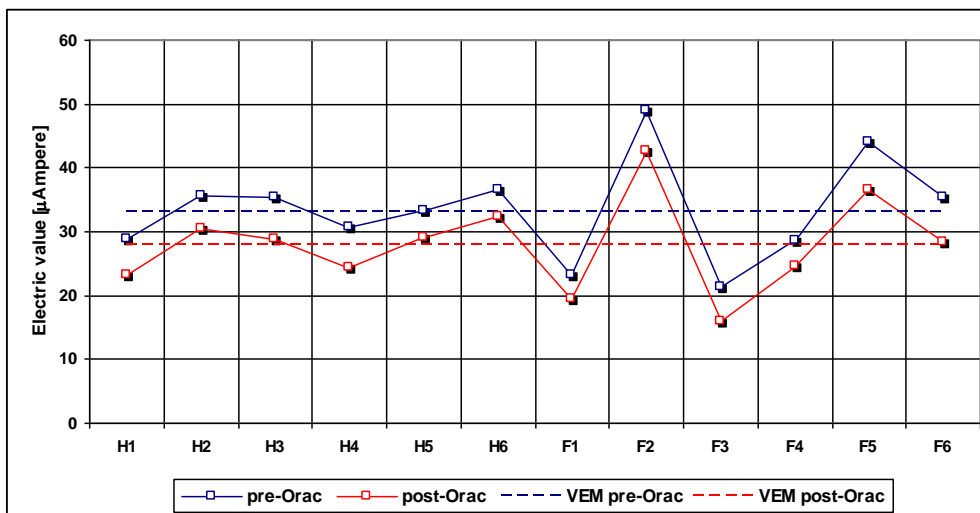


Figure 4 - Average measurements of EPP points pre- and post-ORAC using the Ryodoraku test in the cases of the present study

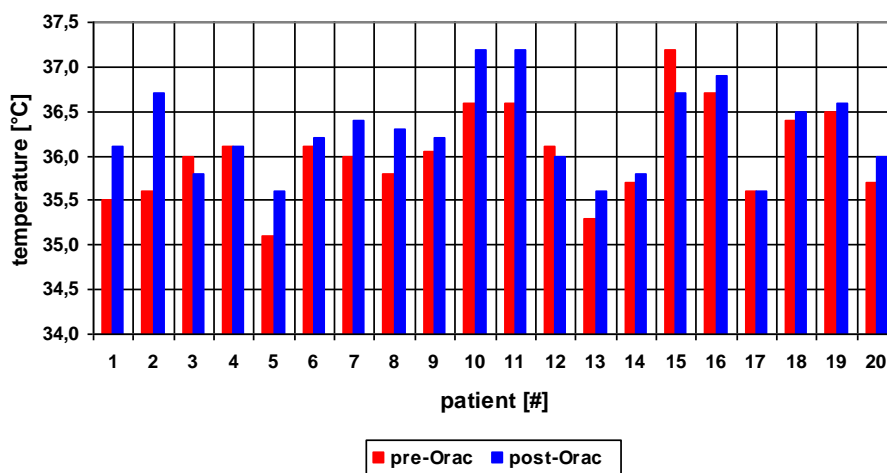


Figure 5 - Pre- and post-ORAC temperature behaviour in the 20 subjects of this study

