

## **RADIX AS AN ADJUNCT TO THE TREATMENT OF CANCER<sup>1</sup>**

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In the spring of 1977 I began to notice a large freckle on the back of my left shoulder. I needed a mirror to see it well. I'm a person with a light, sun-sensitive, freckled skin. This freckle, about the size of a dime, was large and dark compared to the others. During the summer, spending time at the beach and pool, I became more aware of it. Besides the size and darkness it was different from my other freckles in a way I couldn't precisely define. In August during a routine physical our family doctor suggested I see a dermatologist for a biopsy on it. The next month I did.

A day after the biopsy on September 25, 1977, my 55th birthday, I got a phone call from the dermatologist. He told me I had a cancer, a melanoma, and required an operation. He'd spoken to the surgeon and, with my permission, he'd confirm a pre-operative appointment with the surgeon and the reservation of the operating room at the hospital.

It was quite a shock. Melanomas are the nasty skin cancer that kills many victims, the dreaded "black cancer." I didn't think of myself as a "cancer personality." I wasn't prepared to surrender meekly to that thing on my back, or even to jump on the operating table until I had a little more information.

According to the biopsy report, what I had was a superficial spreading melanoma. Of the four classes of melanoma, mine was number three in seriousness. It was encouraging that it had not yet invaded the deep layers of the skin. The bad feature of this type of cancer is its tendency to spread. Cells from the original site could be expected to migrate more quickly than in other forms of cancer, to establish new cancer locations, i.e., to metastasize. Once a melanoma gains a foothold in the body the outlook is bleak, the recovery rate low, for melanomas respond very poorly to treatment.

The surgeon explained the operation they wished to perform. They would remove a patch of skin two and a half to three inches wide at the center and four or five inches long around the cancer site, going down under the skin into the subcutaneous fat. In that way they would collect migrating cells in the general vicinity of the primary site. It was about four

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to one that the operation would succeed and that I would have no further problem, I was told. The surgeon inspected and stretched the skin on my shoulder and said it was sufficiently elastic that I would not need a skin graft.

I went back to my library and read. First I re-read Reich's *CANCER BIOPATHY*, (Reich, 1948) then Max Gerson's *A CANCER THERAPY: RESULTS OF FIFTY CASES*, (Gerson, 1958). Gerson's approach is dietary. I reviewed my files on the Simontons' cancer work. (Their book wasn't yet published.) And I looked up some medical books on melanoma; gloomy, these!

I thought I understood some things about cancer the experts didn't because of my understanding of Radix and of radix processes, processes which in my eyes played a central role in cancer. The experts, including even Gerson and the Simontons, did not understand radix processes, or think in terms of life force concepts, although they certainly had a holistic outlook. (Max Gerson is dead; his daughter now endeavors to carry on his work.) My own point of view on cancer called for limited medical and surgical intervention and treatment, combined with vigorous measures to change radix functioning and build the health.

I found myself resisting the operation. I have faced more serious and painful surgeries than the skin cancer surgery promised to be. Still, I didn't like the healthy skin of my back being sliced out because of migrating melanoma cells that a healthy body could, I felt sure, destroy. Something about my body wasn't that healthy, or the cancer wouldn't have grown in the first place, of course. --That was the true problem, the one on which I wanted to focus. The biopsy itself had removed the primary concentration of cancer cells. I wanted to build my health so that my body would handle the residue of migrating cancer cells wherever they had lodged. The proposed operation might get rid of most or all of them or it might not. The melanoma had been there more than half a year. Lord knows where in my body its progeny might have gained footholds!

I was challenged by the cancer, too. I thought I could take it on and win. I decided to take the opportunity to develop further my understanding of cancer and to work out my own Radix holistic health program. If it worked, I'd write it up. I called my doctor and the surgeon and cancelled the operation.

Cancelling such an operation is *not a* move I'd recommend to anyone else. I knew it would spur me to get to work, and it did. I read, wrote up guidelines to follow, worked out the program I am going to describe, and went to work on myself. I wanted regular checkups from my doctor, but no medical interventions unless and until symptoms of the spread of cancer occurred.

At the start I had many mixed feelings to work through, including anxiety and confusion over having the cancer develop. I needed to integrate and focus in on the problem, to become clear on how I felt about steps I was taking. I had some serious misgivings about my decision not to

go ahead with the operation. Would the operation—which wouldn't have been a big deal—have given me time I may have needed for my program to take effect? The scar from the biopsy was slow to heal. It itched and swelled. Was cancer developing? The worst time came in January 1978 while teaching a five-day workshop on Vision in Santa Monica. The biopsy scar was "giving me fits." It had been nearly four months—why hadn't it healed? It developed pressure inside, like a boil. In the middle of the week it broke open to discharge blood and pus. I looked at it in a mirror. I saw an open sore now, shaped like a volcano, deep into the skin. I thought, then, that my program had not taken hold in time, that the cancer had developed and gone in. As I looked at it I thought, "Is this damn little sore going to kill me?" Then I went back to teach my workshop. I got a rather perverse pleasure out of doing it well in the face of the stress I was under.

That night in the motel where I was staying, I was lonely and scared. I phoned Erica and told her, and it helped. I "maintained" through the week, and told no one else. The next week I went in to have my doctor—the dermatologist who had done the biopsy—check me out. He found no sign of cancer, though he still recommended the operation. The biopsy, he said, cut oil ducts in a way that made the scar enlarge, and was responsible for the swelling and discharge I had experienced. I returned to see him every few weeks. The scar continued to sometimes swell and itch, and then subside. It still does sometimes, but has never opened and discharged or gotten sore as it did that January.

In March 1978, a year after the melanoma had appeared and six months after the biopsy, my doctor said he felt I was now safe. No need to come back before six months unless something suspicious came up. In September, a year after the biopsy, I was still symptom-free, and I relaxed my procedures for myself, staying with a healthy maintenance program and life style to discourage cancer formation, but no longer adhering to my original full cancer program. In September 1979, two years after the biopsy, I returned for another check-up, and was fine. I have been completely symptom-free for more than two years now. Since melanoma spreads very fast, I think I am justified in considering myself cured. I have waited this long before publishing my point of view and describing the program I followed.

### **Cancer: A Point of View**

I consider cancer to be a disease of the whole person. Its roots lie in the radix processes underlying life itself. Cancer develops where the radix pulsation has become weak and, as a result, the radix charge of the tissues low. The life process in the area of the body in which the cancer develops is much weakened before the cancer tumor develops. Sometimes the weak pulsation reflects a general weakness of radix pulsation in the body, sometimes a weakness in a highly localized area only. Disease, injury, or long-standing irritation (as in smoking) can be responsible for a weakened pulsation in a local area of the body. In such areas cancer develops. Patterns of armor affecting radix function are the more important cause of

a weakened pulsation, and hence of susceptibility to cancer. A combination of causes e.g., armoring plus the effect of injury or irritation, is often responsible.

I was born with the type of skin that is melanoma-prone: thin, light and freckly. My structure is one that normally has a high radix charge concentrated in the viscera. My muscles carry much less charge, my skin less still. This is one predisposing factor. In addition, I was born left handed and forced as an infant to become right handed. My left hand was blocked and held in the shoulder. I stuttered as a young child, I believe as a result of blocking my natural left handedness. My left shoulder has always been held higher than my right, and my left hand became much weaker than my right. It was on this left shoulder that the melanoma developed. When we explored it in Radix work, the shoulder was still armored, despite my years in orgonomy. I don't remember any specific work on my shoulder block in a dozen years of Reichian sessions.

These factors formed the soil in which my cancer grew. They are not the only factors. Some of the others involve more conjecture. My mother died shortly before the cancer appeared. Was her death a significant causal factor? It could have been, though I have doubts. She was old and had been in poor health for years, and her death did not seem traumatic to me. Still, there is a possible connection. Then there was a degree of stress in running the Radix Institute, though it was not so much different from the past—perhaps a little more pressured. Actually, both the Institute and my children were growing to a point that they needed me less if I wished to disengage. My work and family life were both successful by any reasonable standard. Romantically there was a stress, particularly because Erica and I kept an open marriage. It meant uncertainties and anxieties, along with more excitement and adventure than an exclusive marriage contract would have brought. But Erica and my relationship was committed, secure, and loving, if not exclusive. Sex was frequent and orgasm powerful.

About sex, I wish I knew more. My orgasms expanded out of my pelvis up into my face, and the powerful convulsion became involuntary, shook me to the depths, and brought a sensation of light into my eyes. It left me soft, tender, fulfilled. Yet I did not experience the feeling into my back and shoulders or moving down into my legs, as Erica did. I would describe my orgasm as a largely visceral convulsion. I know others whose orgasmic response is less strongly visceral and more into the muscles. I don't believe my orgasmic convulsion moved into and discharged from the back and shoulder area, as perhaps it does with some people. The armoring in my shoulder would be consistent with this view.

Still, as I see it, the most important stress in my life at the time the cancer formed was tied to my very way of being. It was due to the way in which I kept myself overcommitted, over-busy, and under pressure in virtually every aspect of my life. I was too "responsible." I had very little social life, spent little time pursuing friendships, and yet I missed them a lot. My only deep intimacy was with Erica. In work I seemed to spend endless hours at things I felt were not truly significant, but that somehow had to be done—

to "pay the mortgage," keep the organization going, meet my schedule set months before. I always felt behind in the routine things and ever frustrated because I was not spending enough time on creative work or intimate friendships. I seemed to have painted my life into a kind of corner. It had gone on for years, and I could not see how to get out.

In Radix terms, I was not allowing a deep centering in my life, a focusing of my life force, a coming together of the threads of my life. I was, in some way, afraid of the success and power I had gained. The somewhat plodding, overly-responsible, working-for-tomorrow role I knew like a glove. I had, from youth, had the equivalent of two jobs, with a chronic absence of leisure, deep rest and relaxation. I didn't know how to stop, to change to a more appropriate and fulfilling life style, to accept and enjoy my successes. Surely I didn't "have" to work like I did. It seemed easier than to change. I carried my special knowledge and creativity as a sort of "heroic" burden that I was destined to carry. I felt myself carrying on my shoulders a heavy responsibility towards the unhappy armored human race. I was the hero that could do so much to initiate change. Now my shoulders were telling me "no more—it is too much."

It could be viewed as a wearing out of a weakened part of my body. I was 55, and had driven myself for a lot of years. My pulsation, the vital life process, was shutting down at a weak point.

That's an insidious feature of cancer—the way it finds the weak point. Where has the body been injured, hurt by infection, stressed for years by an irritation, blocked by armor?—There is where the radix pulsation dwindles down and where an abnormal, cancer-form cell—which the healthy body often produces and readily destroys in other locations—settles in and reproduces, to form a cancer. The body is weakened, close to death (= zero radix pulsation) at the location where the tumor forms. For me, it was the skin of my shoulder.

### **My Cancer Program**

The program I followed was the one I worked out for myself in October 1977, the month after I got my bad news. I followed it with only slight modification through the next year. There were six elements of the program:

1. Radix feeling work
2. Use of a radix charging device and charging procedures
3. Radix purpose work
4. Special diet, modified from Gerson
5. "Aerobic-plus" exercises
6. Simonton imagery work

These were, in the approximate order of importance I assigned to them, the elements of my program. Still, in an integrated program all elements are essential, and absence of any one is likely to compromise the whole program.

Freeing the radix pulsation and raising the charge level of the tissue at and near the site of the cancer was the major overall objective of the whole program. Each of the elements of the program can be seen in relation to it, and each one contributes to this objective. Some of the work serves other, secondary objectives in addition, e.g., flush out and dispose of cancer cells destroyed. I believe it worthwhile to note how I see each element as contributing to the primary objective here, before I elaborate further on the details of the program. This I have done in Table 1.

**Table 1**

How each of the six program elements contributes to increasing the radix charge level at the site of the cancer.

1. **Radix Feeling Work.** Deals with chronic contractions (armor) that have inhibited pulsation in the body generally and in the area of the cancer in particular. Frees and works especially with feelings of resignation, hopelessness, lifelessness, and with the shutting down process they reflect. Radix feeling work deals with discharge as much as with charge.
2. **Radix Charging Device and Procedures.** Use of an experimental device (Reich's orgone energy accumulator) and procedures (Radix pulsation and breathing exercises; use of the charge of the hands and awareness techniques) to build the charge of the tissue where desired.
3. **Radix Purpose Work.** Confronts long-range life issues, patterns, habits leading to stress and finally to shut-down of pulsation at the cancer site. Develops long-range planning to relieve such stress, change the patterns of concern, and thus encourages the long-range development of pulsation and charge in the body generally, and at the cancer site in particular.
4. **Special Diet. Modified from Gerson.** This diet relies on Gerson's medical and nutritional concepts, but considers the regular ingestion of freshly pressed juices and solid foods to be important because they bear a high radix charge that contributes directly to raising the radix charge of the blood.
5. **"Aerobic plus" Exercise.** The exercise program relies on Cooper's aerobics much as the diet does on Gerson's work. A primary objective of the program is to promote the capacity to breathe and to exercise the respiratory apparatus, through which the body's fundamental pulsation (and hence charge) takes place.
6. **Simonton Imagery Work.** Radix pulsation can be much enhanced by appropriate work with awareness. A whole field of work with awareness involves use of images, as developed for cancer patients by Carl and Stephanie Simonton. Imagery work promotes both short-range increases in radix pulsation and charge, and long-range changes that help bring enduring enhancement of life processes.

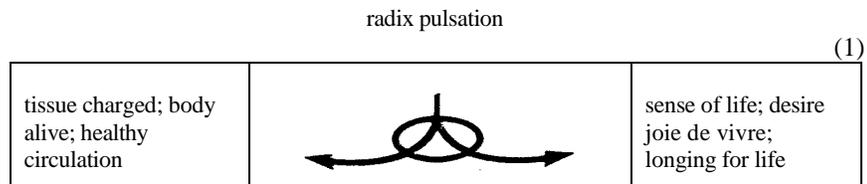
Table 1 shows how each program element serves the major objective of the program. In the balance of the article I will describe each element in detail, summarize the program step-by-step, and close by discussing the relation of a Radix program such as this to medicine.

## 1. Radix Feeling Work

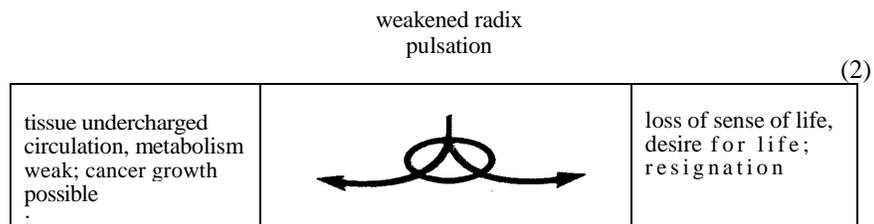
A first move for me was to, again, get into a sound program of Radix feeling work. I wanted regular work—twice a week when I could get it—to go to the deeper level of radix functioning at which the radix processes underlying development of the cancer could be worked with. The teacher I chose was Renan Sercarz, a powerful Radix Teacher and Trainer, and one who had already shown in occasional sessions that she could work effectively with me. I arranged for regular work with Renan.

The first sessions were "first aid," to deal with the shock and contraction produced by the cancer diagnosis. Knowing one has cancer itself greatly exacerbates the basic problem. My shoulder stiffened absurdly, the itchy scar of the biopsy seemed always on my mind, I stopped breathing in my anxiety. These first sessions got me moving and through this stage. Effective as "first aid," they did little about the underlying problem.

Work with radix processes, with the life force, should become a major adjunct to the effective treatment of cancer. The loss of pulsation and consequent lowered charge of the tissues is the primary problem to be remedied to reverse the cancer tendency. The Radix Teacher has the tools to work with this pulsation directly, building radix charge where it is needed in the tissue from virtually the first session. Beyond this direct work the Teacher must deal with the defenses, the radix counter-pulsations and blocks and the feelings expressed in them that weaken and undermine the needed pulsation. This is, in fact, the difficult, highly skilled part of the work, which can lead into the deepest level of feeling. In it core emotions and defenses meet. Here the "wish to die"—which is the psychological expression of the dying radix pulsation that opens a body to cancer—is faced, not just psychologically, but at a biophysical level, the level of the radix process. It is not the "wish to die," but the radix process that the wish expresses that is the core concern. An individual's life is rooted in his/her radix pulsation:



But we are all mortal. Sooner or later the radix pulsation must weaken for all of us. The cancer-prone have an area or region of the body that, for whatever reason, weakens before the rest of the body, and here the radix pulsation is beginning to fail. In this area the body loses its radix charge, its vitality, its feeling, its life. Cancer formation becomes a possibility. It can be expressed in this radix identity:



Radix identity (2) describes the radix process preceding and leading to the development of cancer. The primary objective of Radix feeling work is to change radix identity (2) back in the direction of (1) by deepening the pulsation directly, and by freeing blocks that inhibit, weaken, or depress it indirectly.

## **2. Use of a Radix Charging Device and Charging Procedures**

Cancer is a disease of weakened radix pulsation and low radix charge. Steps to increase pulsation and charge of every type are called for, including steps that are experimental.

I have a great deal of personal experience with Reich's "orgone energy accumulator." I have built 40 or 50 of many different constructions, experimented with them in dozens of ways, used them in concentrated spurts and continuing over-time experiments. It is clear to me that, used correctly, they have a powerful charging effect on the body. I disagree with Reich as to how they bring this effect about, but don't want to get into this issue here. (See my note, "The Orgone Energy Accumulator Paradox," Kelley, 1979, p. 4.) For purposes of this article, I believed it to be of paramount importance that I utilize my knowledge of radix charging devices, processes and procedures to build my radix charge, both locally in the region the cancer developed and more generally in my body.

I had orgone accumulators, and was able to begin the use of an accumulator immediately. I employed an original Reich three-fold accumulator, one of those banned and destroyed in large numbers by the FDA in the '50's in their attack on Reich. I kept the accumulator outside my bedroom to avoid overcharging the house. I sat in it naked twice each day for a 20-30 minute period, doing radix pulsation and Simonton-type imagery exercises. I began by loosening up a little, moving my shoulders up and down 100 times in synchrony with my breathing (inhaling each time I lifted the shoulders). Then I used a cassette tape I made for myself to relax, center, free inhibitions to breathing, soften my body and to permit the radix charge to develop and radiate from my center (which I experience about the solar plexus), out and up into and through my back and shoulders, into my neck and arms. Then I developed an internal image of my by-now usually warm and glowing shoulder area. I pictured highly-charged blood flowing into and through the skin at the cancer site, and continued with Simonton-type imagery, to be described.

I often placed my hand over the cancer site, or moved my hand slowly across the site from just above it, while in the accumulator. Awareness of the site was a "two-edged sword," in my perception of my problem, however. As long as my awareness was open and flowing, it could expand pulsation and build charge around the site in a beneficial way. However, a great deal of anxiety attached to the site. Anxious awareness interfered with the natural unconscious pulsation and tended to promote tension and shutting down in the area of the site. I would often feel the tension grow into my shoulder and back, while I experienced the local area around the biopsy scar as becoming contracted, itchy, bothering me. Feeling of and

rubbing at or around the scar seemed to me a bad thing when it expressed anxiety. It seemed best to do the charging and imagery exercises carefully and well, but between times to avoid fussing with or focusing on the cancer site, other than to occasionally loosen up the shoulder and endeavor to free contractions.

Another pulsation and charging procedure I found of great benefit was to have someone with good hands (sensitive, highly charged) gently massage and loosen the shoulder around the site, and lay hands over the site itself. In fact, when the right person devoted 15 minutes to this, I experienced it as more freeing and stimulating of the life process at the site of the cancer than any other short-range activity I did. The problem I had was getting someone to do it. I never succeeded in getting it done on the once or twice daily basis I wanted. The two or three times per week it happened did comprise a significant part of my program.

I considered using other more experimental techniques for increasing the radix pulsation and charge. I had much less tendency to experiment on myself when sick than I have when well, however. I've made myself the subject of dozens of radix experiments but, in dealing with this cancer, found myself staying with that in which I had confidence. I knew enough ways to enhance pulsation and charge, and it was more important that I apply those well than develop and try new ones.

### **3. Radix Purpose Work**

Radix purpose work differs from feeling work primarily in its focus on life across time, whereas Radix feeling work has its primary focus on the here and now of the body and its processes. At one time purpose techniques were more separated from feeling techniques in Radix work than they are at present. Now most Radix Teachers deal with both in each session, with the emphasis on body and feeling processes that is characteristic of Radix work. This was true of my work with Renan, in which we moved freely from here-and-now work with radix processes in my body to considerations of relevant attitudes, values, objectives, life style and problems. And the purpose work I did went beyond the sessions with Renan. When I discover problems of purpose in my life, I employ notebook techniques to explore and clarify the problem and develop measures to deal with it. I'm a self-directed person by nature, and enjoy working independently on my own material. It was important that I also checked out this work with Renan, to avoid letting any systematic blind spot interfere with my work. It's easy for the person doing independent purpose work to overlook the obvious.

My initial explorations dealt with the question every cancer victim must face, "Do I want to die"—or perhaps better, "What are the ways in which I want to die." I have been aware that I am not a person that fears death in the way many seem to. I had to ask how I really felt about dying. Had I made an unconscious "it's time to die" decision? I did a "deathbed" Gestalt-type exercise, creating a fantasy of being about to die from the cancer, speaking in fantasy from this imaginary deathbed to people I love. After

the exercises I wrote a page of Nathaniel Branden - type sentence completions on each of these roots:

- A good thing about dying now . . .
- A bad thing about living now . . . .
- A bad thing about dying now . . .
- A good thing about living now . . .
- A good thing about getting ill now . . . A
- bad thing about getting ill now . . .

In my work on death I didn't find in myself either the wish to die, or resignation with respect to death. I did find myself discouraged over the rut I had gotten into in my life, and feeling stuck and unable to see the way out. Though it did not appear that I wanted to die, it was clear that I had a lot of motive for wanting to be sick. Completions to the next to last root were most revealing:

*A good thing about getting ill now might be:*

- It lets me stop overextending myself
- I have a right to quit doing too much
- I have to make a change, or I may be killing myself
- I can look at a more important problem than the stuff I'm overworking on
- I have to learn how to lay back
- I have to create more rest and relaxation in my life
- I have to let go of my over-responsible pose
- I have to pay more attention to living my life while I have it
- I can face an interesting and different challenge
- I *have* to make changes that I've known for years I needed to make
- I have got to quit forcing myself, and respect my own limitations
- I can stop doing a sort of superman number
- It's a dramatic way of telling myself "let up"

In Radix purpose work, I hesitate to attribute intelligent meaning and purpose to illness and accident. It is much too easy to overwork such interpretations. I don't believe that most accidents and illnesses are a result of "unconscious intent," though some clearly are. I'm still unsure to what extent I had an unconscious intention to become ill, even though in retrospect I see myself as having played the major role in creating the illness. The illness did not strike by chance; I played an active role in bringing it on.

It was important for me to see how I had played such a role. It made me aware that I was primarily responsible for what had happened, a

responsibility I first fought against and later felt glad to accept. If I was responsible for making myself sick it meant also that I was responsible for making myself well again; if I could do one I should be able to do the other.

In my purpose work I decided I was too ready to accept the entire responsibility for getting well, even though I was slow accepting responsibility for making myself sick. I've been a "loner" all my life, convinced I had to take control and do it myself. The way I handled my whole illness shows my way of functioning. Yet I became aware of wanting very much to give up the role or at least share it. I wanted to be dependent on someone and be taken care of, as well as to be independent and in charge. I never really satisfied this need, which is part of my underlying need to surrender control, the antithesis of my strong drive to be in control and in charge in every situation.

This need to always be in control I trace to never feeling it safe to surrender emotionally to my mother, for whom I felt at a deep level a horror. I sometimes think resting, relaxing, going on vacation have for me the meaning of this kind of surrender. Here is where my mother's death might have played a significant role in the appearance of the cancer. The last time I saw her alive she was in the hospital again, unconscious, near to death, as she had been at other times, but holding on to life with the incredible tenacity that characterizes my whole family. In her 90's she had become almost mindless, fighting against death for years past her time. I, her youngest son, so constantly at war with her through the years, took her unconscious but still fighting gray head in my hands and spoke to her. "Mom," I said, "It's time to quit fighting now. Let go. Stop holding on. It's time to let yourself die. There's no use holding on any more. Let go, Mom."

I felt my words affected her; a change in breathing, a sinking in of meaning. She died that night. I felt relieved, glad for what I had done—and responsible. One month later I noticed the spot on my shoulder that proved to be cancerous. I regarded it with the kind of horror I also felt toward my mother. I'll let my readers work on the psychology of that, and its relation to the rest I have said.

In purpose work, I used one other technique to help myself—postulating. Postulates as I use them are statements about the way it is in the imagined (postulated) future. Most people have fantasies or premonitions of where their life is going. When they do they are postulating. It is easy for the cancer victim to postulate their cancer spreading and growing, their condition moving closer to death. These gloomy forebodings contribute to contraction and shutting down of radix pulsation, and can become to some degree self-fulfilling prophecies. It is equally true that positive postulates can lead to expanded pulsation, and become self-fulfilling.

I use postulation in Radix work as a technique to deliberately help one reach desired life objectives. It has a wide history. Emile Coué was one of the more significant early exponents of autosuggestion, a form of postulating, and his techniques are useful today. (See Coué, 1923) Popular

psychology figures offer versions of it that are less well considered than Coué's, and that are often scorned by intellectuals. I don't share this scorn. I believe that the Dale Carnegie's and Norman Vincent Peale's of this world have given people far more that is of value than their intellectual detractors realize. Part of what they have given them are ways of postulating positive outcomes and acting to realize them. The way that I use postulating owes to many sources, among whom I would like to mention Ranette Daniels and her Successful Living Institute.

I used postulating to support my whole cancer program. The Simonton imagery work to be described can be thought of as a form of postulating. In addition, at the start of each week and when problems come up during the week, I wrote notebook postulates to help myself succeed in my program. I postulated changes in attitudes and awareness through direct autosuggestion, as well as postulating actions or activities that would contribute directly to changes in my condition. Major postulates were expanded, broken into postulated steps, subgoals, or supporting awarenesses and activities.

To illustrate, here is a set of postulates, made when my shoulder had been especially contracted, with the biopsy scar itching and swelling. They were made on Monday, November 14, 1977, and were for the following Monday. Note that they are worded as if it were the following Monday.

*I've released my left shoulder tensions that were bothering me.*  
 I surrendered to the feelings in my Tuesday session with Renan.  
 I've been able to keep the deepened relaxation in the shoulder; it  
 feels like a letting-go of a tightly held "trying."  
 I can feel the improved circulation.  
 My shoulder charges more readily in the accumulator now.  
 The biopsy scar has stopped itching.  
 It's easier to stay with the shoulder-shrugging exercise.  
 I become aware when my shoulder tightens on me, and quickly  
 let it go again.  
 Most of the time, I don't think about the shoulder. I've given up  
 monitoring it all the time.  
 My left shoulder feels the same as my right one.

It is necessary in postulating to avoid superficial optimism, covering underlying contraction. The negative must not be glossed over or repressed. I don't believe I have been guilty of that.

#### **4. Special Diet, After Gerson**

The first three of the six elements of my program deal with radix processes and procedures as such. With respect to them I am as knowledgeable as anyone. The last three elements of the program are diet, exercise, and imagery, respectively. I am not expert with respect to any of these. I have studied each a little, and I interpret each from my own point of view, but as I do, I may have made crucial changes or omissions. I strongly suggest the thoughtful reader go to the experts I refer to and study them

first hand, as well as consider my interpretations and modifications of these experts' work.

Max Gerson was a European physician who developed an outstandingly successful dietary approach to migraine and tuberculosis in the years before antibiotics were developed. Then he turned his attention to cancer with remarkable results. He moved to America in middle life. His approach goes far beyond the usual health food or "natural cure" approach. It is an original, carefully researched, holistic dietary approach to cancer developed and tested by a physician and nutritionist of special ability. Gerson perfected his diet experimentally, as one should, and documented its effectiveness with a remarkable series of case studies (Gerson, 1958).

People long for the "miracle substance" that will cure cancer, both in traditional and alternative approaches to cancer. In the second category it was once (in the 50's) a drug called Krebiozin. Now it is Laetrile. All "miracle substance" searches, whether "traditional" or "alternative" in approach, are doomed to failure, I believe. This is because they are based on lack of understanding of the true nature of the cancer disease, especially of its relation to a weakening of the life force that occurred before the cancer. Gerson, though he did not understand and work with a life force concept as such, had leanings in that direction. He understood that loss of total bodily health preceded the appearance of a cancer. He quotes several authorities to support this position:

". . . before the (cancer) growth starts, the function of the organism must have been abnormal . . ." (Gerson 1958, p. 45, quoting Zabel)

"Cancer develops in a body where there is a general breakdown of the whole body." (Gerson 1958, p. 46, quoting Little)

"The general disease is present *before* the tumor appears." (Gerson 1958, p. 46, indirectly quoting Leupold)

Compare these with Reich:

"The cancer tumor is no more than a symptom of the cancer disease." (Reich 1948, p. 128) And Gerson expresses his view in his own words:

". . . cancer is not a specific illness but a general chronic, degenerative disease." (Gerson 1958, p. 19)

". . . the recovery from a malignancy means the restoration of the whole body from a kind of degeneration . . ." (Gerson 1958, p. 20)

I don't plan to review Gerson's work; he has presented it clearly for anyone interested. Instead I will state what I did for myself, acknowledging Gerson as my primary dietary influence. This was what I ate:

1. *Raw vegetables and fruits, juiced and whole*, (4-5 pounds daily).
2. *Fresh beef liver, lightly grilled or broiled* (1/2 - 3/4 pound daily).
3. *Lightly cooked vegetables* (1/2 - 1 pound daily).
4. *Oatmeal or rice, as cereal* (1 cup daily).
5. *These other foods*. Softboiled eggs (4 times per week); yoghurt (one pint daily); milk fortified with brewers yeast (2 cups daily); fish (once or twice per week).
6. *Food supplements* (vitamins and minerals)—To be described.

The diet was a radical switch for me. I'd always eaten lots of fruit and vegetables, but nothing like this diet. I bought a large juicer that quickly juiced carrots, apples, cabbage, etc. I chose a "Champion" screw-type machine, which I recommend over centrifugal machines. I squeezed about two cups of juice three times per day, drinking the juice on the spot, and eating whole fruit or vegetables with the juice. The only exceptions were when I would eat about a pound of grapes or other seasonal fruit whole instead of juiced.

One way I differed from Gerson (who was dealing mostly with advanced cancers, affecting digestion) was by consuming much bulk. I ate three or four carrots, an apple or two, a pound or two of grapes or other fruit, plus raw cabbage, lettuce, green peppers, radishes, etc., each day along with the freshly extracted juice I drank. Raw liver juice I didn't like, and after struggling with it for two or three weeks gave it up in favor of just lightly broiled liver, my only animal protein.

I took as objectives of my diet:

1. Radix charging of the body fluids through the large quantities of fresh fruit and vegetables and their freshly squeezed juice.
2. Radical detoxification of the body by elimination of toxic or potentially toxic substances from my diet, and by the detoxifying effect of the diet, especially the fruit, vegetables and yoghurt.
3. Heavy nourishment, with especially heavy support for liver function.
4. High potassium, low sodium intake.

The diet is perhaps as well characterized by what I didn't eat or drink as by what I did. These were prohibited:

Salt and salty foods (pickles, potato chips, most cheese, salad dressings);

Meat, aside from liver (I also ate some eggs and fish); Sugar and foods containing it (pastry, ice cream, jams, jellies);

Wheat (I digest gluten rather poorly, and do best without any wheat);  
 Alcohol (not even a swallow of wine or beer);  
 Coffee;  
 Oily or fatty foods or fats, except in small amounts as flavoring;  
 Fried foods;  
 Preservatives, preserved foods.

My food was mostly garden fresh fruit and vegetables, cooked lightly when not juiced or eaten raw. We have a garden with orange, plum, persimmon, pear and other trees. I was able much of the year to pick and eat fruit and vegetables from the garden, often eating them immediately. This seems to me the best way to take in the radix charge in these food stuffs. I believe that most fruit and vegetables retain their charge quite well after picking but that the charge dissipates quite rapidly after juicing. I never stored juices or substituted frozen foods or juices.

I enjoyed the foods I could eat and did not feel deprived, even watching the friends and family eat meat, drink wine, have a favorite desert, all things on my forbidden list. The juicing process and especially cleaning up the juicer were nuisances—it seemed to consume so much time. In reality, it took only a little time. Clean-up is not my strong suit.

The social function of food was sometimes a problem—i.e., the shared food and drink rituals we take for granted. Eating out with friends is an important part of my social life. I felt I had to observe my diet strictly, and did not share why with anyone but Renan, Erica, and Elaine, because I didn't want to deal with other people's anxieties about my health. I was thus less than candid with people as to why I was on such a strict diet, and felt uncomfortable at times for that reason.

*Food supplements.* Vitamin and mineral supplements I consider less important than food, but they are unquestionably of some value. For my purposes I chose the following:

B complex plus C, anti-stress formula, (Pierson's Super stress complex) one slow release capsule daily;

Vitamin E, 400 international units daily;

Six times per day I took, with juices or fruit, pantothenic acid (100 mg), niacin (100 mg), Vitamin C (250 mg), potassium chloride (100 mg). Three times a day I took a kelp tablet for iodine (.225 mg) and trace minerals.

*Additional dietary notes.* On trips I ate mostly from supermarkets, keeping supplies of fresh fruits, carrots and other raw vegetables in my room. I ate grapes "by the ton" and never tired of them. Grapes are high on Gerson's list of desirable foods. (I had also read a book many years before about a cancer diet consisting of grapes only.) I'd eat out on trips once each day, usually to order liver and a salad without dressing.

How I ate was important. I tend to bolt food. I made a special effort to chew it slowly and very thoroughly. This, I believe, was important to my digestion.

Gerson employs castor oil and coffee enemas to help cleanse the body of the highly toxic products of cancer cell degeneration. Reich and Gerson both found eliminating dead cancer cells a major problem of successful treatment. Since I had few dying cancer cells to concern myself with, I did not feel I needed enemas or laxatives. If the cancer had spread, I would have gone to a stricter Gerson diet, including the coffee enemas and the liver juice. (I'm not yet convinced that castor oil would be a good thing.) However, I would keep the high bulk features of my diet as long as I could handle it. Gerson's diet is low in bulk. My layman's view is that bulk is more important than laxatives for eliminating toxins,--in my body, at least. My elimination has always been good, and remained so through my cancer experience.

I thought of storing fruits and vegetables in an orgone accumulator, as that might well help their charge. I did not do it, however. That is still, for me, something to be explored experimentally.

## 5. "Aerobic-plus" Exercise

I consider that what Max Gerson is to cancer diets, Kenneth Cooper is to exercise. I easily slip into a very sedentary life style, and have always required exercise of myself, but have never known how much or what kind is really best. Reading Cooper (1968) clarified the problem for me. His work made all the other books I'd read on exercise seem obsolete. Following his program as I did confirmed it. Cooper's aerobic program is highly rewarding just because of the way it makes one feel. It creates its own validity.

Cooper's aerobics seemed made to order for me. I wanted to expand my pulsation and deepen my charge. Aerobics, by systematically developing the respiratory function, contributes directly to the capacity for deeper pulsation, hence (according to radix principles) to the charging process. It increases whole-body respiration and respiration at the cellular level.

Cooper's exercise principle is simple. Most popular exercises (running, cycling, swimming, handball and others) have been measured by him and his colleagues to see how much energy it takes to perform them. These amounts of energy have been translated into a point system. The more energy consumed, the more points an activity is given. The points one earns weekly define the adequacy of one's exercise program. Most exercises don't require nearly enough energy to really exercise the respiratory/circulatory apparatus, which should be a primary goal of a good exercise program.

I ran and bicycled, building up in five or six weeks to a 30 point per week aerobics program. That means running one and a half miles in less than 15 minutes or two miles in less than 24 minutes five times per week, or the equivalent.

My objection to running as it is usually done in aerobics is the uniform pace. Physics (and experience) teaches that you get the best time in running by keeping a uniform pace. I believe it to be better exercise when the pace is widely varied, e.g., from sprinting to walking, but it does cut down the distance one can run in a given time when such variation is used. After about two months I could run one and a half miles in less than twelve minutes (7½ points) running at a constant pace. I find it more enjoyable and think it better exercise to take longer, and mix sprinting, walking, and jogging. (I use the present tense, as I still do the same program.) I choose an objective for myself that feels good for me that morning (I like to run about sunrise) and that gives me the required number of points. Commonly these are:

1½ miles in less than 15 minutes (6 points)

2 miles in less than 20 minutes (8 points)—my usual

2 miles in less than 24 minutes (6 points)

Thirty to thirty-five points per week serves me well, and I'm grateful to Cooper's program, which I have made a permanent part of my life style. Sometimes I cycle instead of run, and estimate my points. I can't be precise, as I live on a hill, so the distance tables Cooper provides don't work.

The "plus" in my "aerobics-plus" program were a few specific things I did regularly, not all of them really exercises:

*Shoulder shrugging* up and down 100 times three times per day. (I did it in the shower in the morning, in the orgone accumulator in the evening, and during my aerobics exercise.) The latter is especially important because aerobic exercise frees some diaphragm armor, and shoulders and upper back often contract a lot to control the radix flow created. (Notice the rigid shoulders and arms of most joggers.)

*Punching bag.* I own a light striking bag, and worked on it vigorously five minutes, twice per day.

*Massage.* I had a full 1½ hour massage, including a lot of work on the shoulder, at least once per week.

*Hot and Cold Water.* I alternated hot and cold water from the shower, on the shoulder for five minutes daily. My rule was to become able to open and "let in" the feeling of heat or cold and not contract against it. This hot and cold water alternation made my shoulder feel very good. I really think it would have been good to do three or four times each day. I also took a hot bath (105-110°) each night, soaking the shoulder. I seldom used soap.

*Rest.* Along with exercise, I gave myself permission to rest virtually as much as I wished. I often slept in the daytime, and if I wanted an extra hour or so in the morning, I could usually take it. I probably averaged an hour extra rest per day after I started my program.

## 6. Simonton Type Imagery

Carl and Stephanie Simonton and their colleagues operate their alternative cancer treatment center from Fort Worth, Texas. Key elements are use of available orthodox medical approaches (Carl is a radiologist) with a broad supporting program including diet, exercise, and (especially) psychological techniques, most notably imagery techniques designed to assist the body's healing processes. I had very incomplete information about their program, based on a couple of cassette tapes, conversations with some of their professional students, and a technical report (Achterberg, *et al.*, 1976). Since then their book, **GETTING WELL AGAIN**, has appeared (Simonton *et al.*, 1978), giving a much more complete picture of their program.

Perhaps the most significant feature of the Simonton program is that it is broadly-based and holistic, far ahead of anything from the orthodox medical establishment. The features I like most are:

1. The carefully developed explanation of psychological factors leading to the development of cancer.
2. The excellent application of autosuggestion and imagery to improve both psychological and physical aspects of the cancer condition.
3. The generally sensible balance of psychological, holistic, and orthodox medical approaches to treatment. (I will consider later this relation with respect to the approach I have taken in my own program.)

I see two major limitations to the Simontons' approach. One is their lack of grasp of the role of the life force, not only in cancer, but in the relation of mind and body. Thus there is no real link in their work between the physical aspects of the cancer disease and its treatment, and the psychological factors that they recognize are so important both in giving rise to cancer and in recovery from it. Concepts like "stress," "resistance" and "immune system" are used to try to bridge the mind-body gap, with meagre success compared to, e.g., Reich's work in the same area. To fail to consider the life force and its processes in dealing with cancer is to fail to understand, 1) the most important processes that underlie the development of cancer, and 2) the most powerful means to reverse that development. The first three elements of my own cancer program, for example, are quite outside the Simontons' framework of explanation, even though their and my own overall approaches have many important similarities.

The second limitation of the Simontons' work (not unrelated to the first) is its preoccupation with scientific and medical respectability. Thus, although the Simontons are acquainted with Reich (I have been told) his name is never mentioned in their work, and **THE CANCER BIOPATHY** is omitted from their 260 item bibliography. Gerson's **A CANCER THERAPY** is accorded the same treatment. Thus the two men who, if I am correct, could teach the Simontons more about the nature and treatment

of cancer than all of the "respectable" authors on their bibliography put together, are never mentioned in the Simontons' work, much less given the consideration they deserve. Of course their discoveries have not been incorporated into the Simontons' program.

It is the Simontons' work that suffers from this omission. Those who put respectability ahead of the truth cannot hope to learn the deepest truths. I seriously hope the Simontons change this aspect of their work. The creativity and quality of their own work is too good to have it cut off, as it is, from such important prior work in their field.

In my own program, I employed a self-developed version of the Simonton imagery work, incorporating it into the pulsation/charging exercise I did twice each day in the orgone accumulator. I made a cassette for myself which began with centering and pulsation exercises, then proceeded to images of the cancer site, picturing highly-charged white blood cells circulating into the skin of my shoulder absorbing debris and waste products, including occasional cancer cells. These they overwhelmed, immobilized, drew the charge from, and carted off to my liver and kidneys. I don't understand much about the details of the body's waste disposal system, and I pictured it as something like the filtering system on our hot pool. The pump (heart) forces the arterial blood through the pool (body, including the cancer site) where it flows around and does its work, picking up dirt, leaves, algae (cancer waste matter) which flow back to the filter (kidneys, liver) where the waste is filtered out to be eliminated (through the bowels and urinary system).

The pulsation exercise preceding the imagery brought the feeling of power and warmth that comes with building a radix charge. Highly charged cells withdraw the charge from weaker cells; thus the highly charged white blood cells, in my imagination, surrounded and withdrew the lower radix charge of the weak and scattered melanoma cells. (The radix flows from weaker to stronger charge.) With its life force drawn from it, the cancer cells were overwhelmed and died, to be cleaned out with the rest of the waste products of the body's metabolic processes. These images, reinforced at least twice each day in the accumulator, and sporadically in my notebook work, became an integral part of the experience of what was going on in my body.

Since I've read the Simonton book and learned more from other sources about their work, I realize there is much more of importance in it than I took advantage of. I suggest any cancer victim obtain their book and use it.

This completes my discussion of the elements of the program I developed for myself. It is summarized in Table 2, which presents my typical daily schedule for the program.

**Table 2**

## My typical daily schedule

- 6:30 a.m. *Aerobic exercise.* (Run 2 miles in less than 20 minutes)
- 7:00 a.m. Shower (ending with shoulder shrugging, hot and cold water alternating on the shoulder).
- 7:30 a.m. Food supplements (stress B complex, C, niacin, pantothenic acid, potassium, kelp tablet)
- 7:45 a.m. Use accumulator (20-30 minutes—pulsation and imagery exercise)
- 8:30 a.m. *Breakfast.* Half cantalope, oranges, or other fresh fruit, 2 eggs, liver strips, yoghurt, tea.
- 10:30 a.m. 16 oz. fresh fruits and vegetables, 1/2 - 3/4 pound in the form of fresh squeezed juices (about 6 oz. carrot juice, apple; 6 oz. cabbage/celery/other green vegetables, plus some raw carrots, apples, cabbage). Food supplements (Vitamin C, niacin, pantothenic acid, potassium). Use striking bag for 5-8 minutes.
- 12:30 p.m. *Lunch.* Grapes or other fresh fruit, salad (from this list: lettuce, cabbage, carrots, green peppers, green onions, radishes, celery), milk fortified with three tablespoons of brewers yeast flakes, liver strips, herb tea after. Food supplements (C, niacin, pantothenic acid, potassium, kelp)
- 3:30 p.m. Same as 10:30 a.m.
- 6:00 p.m. *Dinner.* Tossed salad, squash, green beans, liver, yoghurt. Food supplements—same as lunch.
- 10:00 p.m. Same as 10:30 a.m., omitting striking bag.
- 10:30 p.m. Same as 7:45 a.m., adding the shoulder shrugging exercise.

**Radix Work and the Treatment of Cancer**

I believe that Radix work has a great deal of potential to help those afflicted with cancer. I want to close by discussing what needs to happen in order for this potential to be tested, developed and used.

Radix work is an educational or growth program, developed for life enhancement, not for treatment of disease. The objective of cancer specialists dealing with a cancer is to extirpate or destroy the cancer and its progeny. Surgery, radiation, and chemotherapy are the primary weapons. Enhancing the life process by Radix work can be an adjunct to the treatment of cancer, as it was in my case. It is not itself a treatment. If the body's natural defenses become better able to destroy malignant cells, this is an important by-product of enhanced health. The enhancement of life processes, however, is the objective of all Radix work, not just that involving cancer.

There is no necessary conflict between the cancer specialist's objective and that of the Radix Teacher. Why not destroy the cancer with the aid of the cancer specialist and his treatment, and enhance the life process, using the skills of the Radix Teacher? Why not use both approaches?

The problem is that the cancer exists in and is often inseparable from the body, the life process of which the Radix Teacher is working to enhance. Destroying the cancer with techniques in medical favor (surgery,

radiation, chemotherapy) is often widely destructive of healthy as well as cancerous tissue. Since the cancer specialist does not believe life enhancement techniques can do that much for cancer, he often uses techniques that are very destructive, thinking they are the only hope. Here the conflict with the Radix approach will become evident. I believe in only local and limited use of destructive techniques, otherwise the Radix objective of life enhancement is compromised. When Radix is used as an adjunct to cancer treatment, the appropriate procedure is to focus destructive treatment narrowly on the cancer. In accord with this, personally, I would be loath to undergo chemotherapy, heavy radiation therapy, or surgery that removed a great deal of healthy tissue in the hope of preventing the spread of a cancer in my body. On the other hand, I would not hesitate to undergo limited surgery for removing a tumor, if healthy tissue was preserved as much as possible. In the same way, I would willingly undergo one or a very few highly localized applications of x-ray, e.g., to a tumor site. This is the point of view I would want to see govern research dealing with the effectiveness of Radix work as an adjunct to cancer treatment.

This point of view is compounded from my beliefs about cancer and my experience. I know many cases in which cancer was dealt with successfully by surgical intervention as the only treatment. The skilled surgeon remains the cancer victim's great ally in cancers that are operable. The other great ally should, in the future, be the practitioner able to work effectively with the life force to build health and, particularly, to work with the radix pulsation and charge of undercharged tissue, i.e., the Radix Teacher.

Regardless of the treatment offered for cancer, the cancer victim needs full use of medical diagnostic skills. Even when a cancer sufferer elects to use only an unconventional alternative treatment, that person needs to keep close check of the progress of the disease. The more and better information on this point the better. And it is best when the diagnostic information is impartial, coming from someone not administering treatment. Biopsies, lab tests, x-rays, and the other diagnostic tools of medical science are at least as important for those in alternative cancer programs as in traditional ones. The same information that lets the cancer victim assess progress can provide a research worker with data needed to assess the usefulness of a program.

In the immediate future, any cancer victim wishing to try the program I used in my own cancer experience will have to do it themselves. Radix Teachers are not physicians and cannot diagnose, prescribe or treat. (Please do not ask them to.) This article is my way of sharing what I learned in my self-treatment program. I have nothing to add on the subject of diet, exercise, or imagery, and could only refer inquiries to the books of Gerson, Cooper, and the Simontons, respectively.

Use of Radix work as an adjunct to cancer treatment is somewhat different, and I am eager to contribute what I can. Most victims of most degenerative disease, cancer included, could benefit from Radix work as it is now done. The work can be made increasingly effective with cancer as we gain experience with it. We will gain this experience slowly as individuals being treated for cancer come into Radix work. It is my hope that, in addition, it will become possible for us to do research on the effectiveness of the work with cancer. We have the skills, not only to use a program such

as this article describes, but also to carry out expert research on its effectiveness. We need only to obtain adequate financial backing to be able to make such a program a reality.

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### POST SCRIPT OF 1988

As I write this, it is more than ten years since I was found to have a melanoma, and embarked on the program described. I continue to enjoy excellent health and there has been no sign of recurrence.

CRK