

WHAT IS SYCOSIS ?

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One of the first of the great changes that Sycosis brings about when "locked up" in the system is to attack the blood and produce anaemic states; rheumatism; gout; Bright's disease; diabetes and so forth. Sycosis, as we know, attacks the soft organs and interferes with their functions. Some of the diseases may not be entirely due to sycosis, but it is frequently the origin of their appearance.

The most frequently met with sycotic inflammations are, as we would suspect, found in the pelvic diseases of women and it is around this area that all the different structures become involved; it is here we see the various malformations and new structures that become such a burden, and cause so much swelling, so much discomfort, and it is here that we get that burning, biting prurities, that unbearable itching around the genitals and the anus, which is caused by those scanty but extremely acrid sycotic discharges. On examining the tissues involved in the inflammations in this area, and indeed in all other mucous membranes, we find that the mucous membranes have a mottled or spotted appearance, in other words, they appear patchy, or blotchy, one part of the tissue being of a dark reddish colour and another part of a natural colour. These dark venously congested spots are often covered with a thin purulent secretion having an offensive odour, sometimes they are sensitive to touch. Again they may be of a bluish tinge, showing the bluish congestions common to sycotic inflammations. In other parts the discharges are dirty coloured and offensive, conditioned so often by the effects of the drugs and lotions used in an attempt to get rid of (suppress) them. The odour itself is often diagnostic enough of the disease and the patients so often notice it themselves and attempt to

get rid of it, but to amount of douching or washing will remove it. Often it is pungent, musty, or of a dead fish odour, depending upon the amount of tubercular involvement, because, as I said before, these inflammatory conditions only appear upon a tubercular basis. That combination must be there more or less. Even the perspiration in these patients has an extremely rank and unpleasant odour. We notice it mostly about the axilla, thighs, and external genitals. Poor souls they are for ever trying to wash it away, but only the power of the potentized medicine can do that. The patients are subject to erythemas and chafing of the skin, which emits this peculiarly offensive sycotic discharge. This is seen more so in fleshy patients; witness their discomfort, especially in women, in the summer time. The affected surface becomes bluish-red and the pus dirty, brownish-yellow or yellowish-green. It so often excoriates the parts involved. The urine and the faeces excoriate, owing to their acidity. All around the perineum and the thighs we get this scalding, itching, itchy inflamed condition caused by the acidity of the urine and those scanty, creeping sycotic discharges. These are common symptoms in young babies soon after birth; showing the inherited sycotic condition which nature is trying so hard to expel from the system, and which causes so much screaming after urinating. Study Medorrhinum and you will get an idea.

Always look for the mottled appearance in the mucous membranes when searching for signs of sycosis. They are always oozing out some discharge. The normal colour of the mucous membranes is of a pinkish hue.

What a tragedy it is that it has become so often necessary for women to have a major operation to remove the uterus and its appendages, studded with cysts of various sizes and conditions; cysts that can be of any size from that of an egg to that of a fully distended bladder. The contents are a yellowish or straw coloured water. They have pendulous attachments. They have developed to such an alarming state that to save the patient's life or reason it has become necessary to remove the whole of the sexual organs; uterus, ovaries, and their appendages, and this is a condition that could have been prevented,

for it had its foundation in that earlier suppressed, sycotic discharge.

In men we do not have the great mucous surface around the genitals that we have in women, therefore we do not have the disastrous results due to suppressions. We do not have the intense suffering or destruction of tissues that we have in women. It can, however, in men have as disastrous results elsewhere. We have inflammation of the bladder, prostatitis, epididymitis, chronic arthritis, gout, and also such dangerous complications that could lead to stomach difficulties, heart troubles, gastro-intestinal diseases, pneumonia and even to insanity.

THE EFFECTS OF OPERATIONS

Two of the greatest causes of sycosis that is, apart from gonorrhoeal infection, are operations and vaccination.

Vaccination causes all the race to become sycotic and is the parent of a multitude of skin diseases, such as erysipelas, impetigo, psoriasis, morbilliform rashes, some forms of gangrene, erythemas, roseola, papular and pustular eruptions of various forms, urticaria, eczema, dermatitis, herpetiformis, pemphigus of one form, lupus vulgaris and many others. It will be observed that these skin diseases are of a specific inflammatory nature and also have tubercle as a basic feature. Indeed it is difficult, nowadays, to find diseases that are in a sycotic grouping that have not that deep combination, sycosis on a tubercular basis and, that is why they are so difficult to cure.

After operations we often have the sudden development of pneumonia, so severe as to take away the life of the patient. Of course pneumonia is blamed for this because it is not perceived that actually the pneumonia was caused by the suppression of sycosis by operative methods. When we suppress sycosis we are also suppressing a tubercular background and, we know that tubercle affects the motions of the blood and sycosis the substance of the blood, the blood cells and so forth, so that when it is suppressed it attacks that great area of blood circulation, the lungs. Indeed, suppress anything of a sycotic inflam-

matory nature, such as chilblains and the like, and sooner or later, in the lifetime of the patient there will appear pneumonia or tuberculosis. Yes, from such a simple looking affection as that, because a chilblain has all the power of sycotic poison behind it.

After the suppression of leucorrhoea, or, after an operation on some of the pelvic organs that were affected by sycosis, peritonitis makes its appearance.

The closing up of a sinus, such as a fistula or burrowing abscess that is freely discharging purulent matter, will develop into some severe stasis of the original disease; that disease which nature had been trying so hard to expel. Cut off the retreat from the inner organism and the disease has to remain inside the body eventually developing into some severe sycotubercular manifestation, cysts, pus pockets or fibromas, either within the organs or on their outer surface.

Sycosis which has been latent for years has been stirred into activity by the repair of a lacerated cervix, lessening the drainage of the uterus. After curettement or the use of other surgical instruments, in a vain attempt to stop the sycotic discharges from the mucous surfaces of the pelvic organs a chronic hypertrophy of the uterus follows and the ovaries and tubes become involved, and later on and when this condition within the pelvis has passed to great chronicity, reflex throat troubles will begin to manifest themselves. Child birth and its after effects will frequently stir into activity thus old latent sycotic difficulty. The specific character of this disease, sycosis, is so very liable to become active at this critical period, child birth. For the sake of the mother and especially the newly born child these cases should be treated before childbirth in fact where the trouble is suspected, before conception.

Operations on the rectum, the removal of haemorrhoids by salves and medicated suppositories and rectal injections are all modes of suppression and should not be employed, since many cases of haemorrhoids, proctitis and other diseased conditions of the rectum are due to a sycotic stasis. More especially is this true of itching piles, so frequently met with in men and which are sometimes so severe as to almost drive the patient

frantic. A slight oozing from the rectum of a fishy odour is a not uncommon feature in haemorrhoids due to sycosis. Rectal pockets and blind pouches are often present, although there is not that tendency to burrowing or the formation of fistules, *they* really belong to the tubercular or syphilitic diathesis.

After the suppression of sycosis, and after it has passed tertiary stage, possibly the only relief to the system either by natural action or by correct homœopathic treatment, is to have a warty eruption appear on the outer surface of the body. In due course and under the action of the life forces assisted by the remedy, the warty eruptions will be acted upon by the blood and will drop off, or disappear, and with this disappearance the elimination of the sycotic poison; but, the removal of any of these verrucous expressions of sycosis by local measures, potash, strong acids, actual cautery or electrolysis, is a fruitful source of suppression out of which may arise malignancies.

There is another field of activity in which the suppression of sycosis is rather common. This is in the respiratory sphere. The cough is sycosis, is, as a rule rather prolonged and teasing and there is very little expectoration with it; this expectoration is usually of clear mucus, occasionally it is ropy and may also be of a cottony nature. A great deal of coughing is often required to raise it. It does not require much imagination to realise the effects of the suppression of this scanty discharge, on the respiratory sphere.

—*The Homœopathic World, June & July, '60.*
