

## WHAT IS SYCOSIS ?.

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As Sycosis is the most actively virulent and irritative of the miasmatic groupings it is quite good to know what it is and what it is not. We know that Sycosis came by and through gonorrhoeal infection, but it is not now gonorrhoea, nor are its manifestations similar to that acute disease. The well-known specific urethritis presents only in its initial stages similar phenomena to that of sycosis, and the history of the two diseases differs widely in constitutional developments and progress. Gonorrhoea simplex is not a basic miasm, while Sycosis comprises one of the chronic miasms of Hahnemann. Those simple diseases, to become basic miasms, must have entered the human system and bonded themselves with the life forces, and in their later stages they must have acquired a further taint, through crude medicinal treatment which suppressed them, after the life forces had brought them to the surface in some form of discharge, or sycotic eruption.

Let me make that statement a little clearer. We contract gonorrhoea and under the action of the vital forces a discharge is produced in the urethra, always at the site of infection, in the first instance. We come under orthodox medical treatment for this discharge and by means of lotions, etc., the trouble, discharge, urethritis, or whatever you call it, disappears. It does not come out, but disappears within the system. A little later and with the aid of the vital forces, a discharge reappears and is once again treated with lotions and other "specific" means of getting rid of venereal discharges. Now it will disappear again, but what happens to it? If the person is in quite a healthy state it will lie latent within the system, for the orthodox medical treatment has prevented it from coming fully to the surface.

There are three stages in all chronic diseases and, in Sycosis we have the first or catarrhal stage the secondary or inflammatory stage and the third or tertiary stage, which gene-

rally manifests itself in warty eruptions; indeed in some cases we are very fortunate if we can produce those sycotic warty eruptions. In this case where the person was quite healthy, the trouble passed from the first stage right through the secondary or inflammatory stage and appeared in the tertiary or warty form.

Now if we pause here a moment, and consider, we shall realise that those warty eruptions are not such innocent things as we so often suppose, but have behind them that vital force, sycosis and, if we suppress them by the use of local methods; cutting them off, cauterising, etc., we do not cure the trouble, but dam up within the system Sycosis with all its damaging powers.

When a wart disappears from our skin, and this so often happens in children some time before they reach the age of puberty, it does not mean that they are fit and healthy. They may look so, but there is some internal weakness which should be treated by some highly potentised medicines, for it is only sycotic medicines in the higher potencies that can reach down to the bases of these manifestations.

Now in the other cases where the individual may not have been very healthy but had a tubercular basis, the gonorrhoeal catarrhal or gleet discharge, or in whatever form it was suppressed, bonds itself with this tubercular basis and now we have one of the most formidable combinations whose destructive power and depth of action upon the organism cannot be expressed in words. Not until this bond is complete do we see this specific inflammatory condition that expresses itself as Sycosis. It is this combination that causes the cysts and multitudinous forms of growths that cause so much trouble in the female reproductive organs and necessitate the removal, so often, of the uterus and its appendages. All the diseases we suffer from in the mucous membranes, are mostly caused by this combination. The catarrhal discharge in colds, especially those discharges that are so burning, biting and corrosive, have their parentage in the originally suppressed sycotic discharge.

The female so often suffers per the genitals and/or the reproductive organs: I mean the troubles manifest themselves

there ; the male in the throat and respiratory mucous membranes. There is a great affinity between those two regions, the reproductive organs and the throat and, if a chronic condition is suppressed in one region it so often reappears in the other.

Yes! the catarrhs and discharges of the upper regions have a similarity in origin to the catarrhs and discharges in the genital organs.

How often do we have cases of throat trouble in women, and when they have deep scientific homœopathic treatment, the trouble leaves the throat and reappears in the generative organs and, on consultation, we are told that years before they had a vaginal discharge which was successfully "cured" by cauterization. A little later, any time up to two years or longer, the throat or upper part of the chest commenced to trouble them. The old discharge was restored, probably by *Natrum muriaticum*, the antidote to the effects of *Argentum nitricum* (lunar caustic) the substance used in cauterizing the mucous tracts of the genital organs.

What a horrible procedure this is. The life-forces are eliminating a virulent poison through the generative mucous membranes and man seals it off, thus preventing the poisons from leaving the system, and we wonder why we have constant colds and catarrhal discharges, rheumatism, heart trouble, cysts and so forth. If the trouble is not permitted to manifest itself outwardly at the point of infection, it must do so elsewhere.

Now it is not generally realised that if we are successfully cured of a cold we should not really have another for at least three months, yet we are told by patients and reaffirmed by their medical advisers that they keep on having colds, no sooner does one end than another one begins. They are not colds but one of nature's healing crises ; colds catarrhs, mucous discharges, are such and are the result of suppressions that took place earlier in the life of the patient, or in that of their forebears, causing an inflammatory condition of the mucous membranes which have to continuously discharge the products of such an inflammation, in an endeavour to preserve the stability of the patient's internal organism.

A similar condition can be seen in those who work in coal mines and in stone quarries or brickworks, in a disease known as silicosis. Those people may in the beginning appear quite strong but they have an inherent weakness; they have as a rule a tubercular basis, a thriving ground for sycotic infection, and the dust, brick, coal or stone is breathed into the lungs, causing a furthering of the inflammatory condition of the mucous lining of the lungs. The treatment they receive results in a degeneration of those tissues causing indurations, etc. How often are we frustrated in curing those individuals. The homœopathic treatment strengthens the life-forces and in combination with them begins to dissolve the hardened substances to cure the inflammatory condition, and in doing so produces a catarrhal discharge, the expectoration becoming more profuse as the poisons are overcome and eliminated. Will they allow this discharge to continue until it can do so no more, that is until the inflammation of the mucous membranes ceases to be? No, medical education has been very poor and incomplete, they think they have caught a cold and off they go for some crude medicine and so the action, the healing action brought about by the homœopathic dose is overcome, and the trouble is driven back into the body to become more virulent, owing to the addition of the orthodox medicine. Had they borne with the discharge for some time the trouble would have been cleared up. The trouble is that those poor people are made to believe that their trouble is well-nigh incurable. Had they not had the medical treatment earlier in their lives the trouble would not have reached such dimensions.

The tragedy is that the most important thing that could happen to a patient who is constantly having a "cold" or a discharge is to have this discharge from the inflamed mucous membrane fully restored, because it must be brought out, if the patient is to have any hope of recovery. That which was prevented from coming out at the site of infection—the genitals—must find a point of elimination elsewhere and that elsewhere is where the mucous membranes have approach and contact with the outer surfaces of the body; that is the respiratory mucous membranes, per the mouth or the nostrils. Where else

can it come out? The only other way is to form cysts or some other kind of neoplasm within the system and this is what happens when the catarrhal inflammatory discharge is locked in. If it does not express itself in the form of neoplasms then we shall have rheumatism; stenosis and other heart troubles and troubles of the digestive organs. All this may appear rather gloomy, but I intend it to be, so that sufferers will sit up and take notice.

*(To be continued)*

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**ON THE ATTRACTIVENESS OF  
GEOGRAPHIC HOMŒOPATHY**

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the urinary passages. Notably the rheumatic diathesis should be accessible for the remedy. I have been able to satisfy myself of these effects to a certain extent. On the ground of similar data a variety of remedies is waiting for their unfolding by provings on people in good health. The homœopathic physician is buoyed up to a similar enterprise realising that choosing his material from what non-scientific people in their naive experience recognized as curative, he remains closer to the art of healing than if he chooses his starting-point in the physical basic subjects of the medical faculty, which, it is true, are indispensable, but at the same time not curative.

With Alfalfa we met again the geographical factor of importance for the remedy.

I have tried to show you that, by the side of the "geographical pathology" of the current medical science, 'geographical homœopathy' can be possible. It is a branch of homœopathy not only fully worthy of our attention—but also wanting it!

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