

## PSORA, IDIOSYNCRASY FUNDAMENTAL OF PATHOLOGY

DR. TOMAS P. PASCHERO. M.D.,

*Director of The School of Homœopathy of Argentina*

The most debated concept of the Hahnemannian doctrine, which has also been used for theoretical speculation, is that of psora. However it is convenient to go over it again, to make its clinical meaning clear and go deeply into what we consider to constitute the ineludible basis of homœopathy as a whole.

Hahnemann conceived psora as an idiosyncratic state or predisposition which acted as a receptive ground and fundamental cause of all sicknesses.

The deductive process through which he reached this conception was the result of deep and close clinical observation which enabled him to realize why a sick man treated with the corresponding analogous medicine had relapses or new symptoms. Evidently the disappearance of the symptoms the patient showed did not mean that he was cured, as other disturbances ensued. It was evident that the present state of the patient was only a partial and episodic aspect of the real illness which in its greater part remained hidden.

In the search for this deeper affection which correlated with the various morbid episodes of a patient's life, as if these were alternating and substituting metastasis of a deep course, three predisposing dispositions of the organic system were pointed out as being characteristic. They subsisted as dynamic entities conditioning the ground, that is to say, as morbid tendencies governing the pathology towards the conformation of three distinct types of affection.

They could not be properly called illnesses but rather dyscrasic or diathetic states which *conditioned* the birth of the illnesses or syndromes, each one being wrongly considered as clinically separate and independent entities. He identified these three dyscrasias by the name of psora, syphilis and sycosis.

They were morbid alterations of the whole organism, which could have an effect on the very structure of the individual, affecting his genotype—Hahnemann considered them hereditary—and they can, therefore, be considered as constitutional illnesses or as the collective morphological, physiological and psychical qualities which characterize a human being.

Going back to these dyscrasias or miasmata, as Hahnemann called them, *which are not illnesses but the dynamic basis of illnesses*, we come to the conclusion that these three directions or morbid dispositions are no more than the perturbation par excellence of the three vital functions : excitation, inhibition and loss of function, which imply a *perversion* of the vital activity.

The primary excitation that constitutes the reaction of original alarm of the organic system before the external aggression would correspond in the particular perturbation to the psora, which is then to be regarded as a defensive reaction; morbidly conditioned by susceptibility to become supernormal *excitation*. This condition, lined up with the functional manifestations of excitation, should place the organism in conditions of receptivity so that the syphilitic stimulus stirs up the *inhibiting* activity of the vital energy ; the blennorrhœical seric, vaccinal or proteinic agent being the *perversive* activity of the organic functions.

The dynamic genesis of the whole pathology would be thus presented as a *disturbance* of function of the normal mechanisms of the immunizing organic defence which tend to maintain life both in a state of health or sickness ; a first diathetic state of hyperexcitation being thus created. This would give the impression in the vital dynamic of an *inhibitory diminutive* tendency leading towards *destruction* in the case of syphilis and an opposite tendency, *increasingly compensative* towards *degenerative proliferation* on the part of the sycosis, the corresponding miasmas to the blennorrhœa or to the incorporation of extraneous proteins.

The truth is that we cannot put aside the conception that these three morbid entities are anything other than the dynamic perturbation of the vital functions inherent in the individual. How is it possible to consider sickness, but as an adaptative

reaction towards the environment in function of those same vital resources which give reason to life itself ?

The principal problem would be reduced to the understanding of this fundamental diathesis, psora, derived from the abnormal exaltation that the individual undergoes in his vital dynamic and which logically must be accepted with Hahnemann, as the fundamental disposition for all illnesses.

Why is this abnormal exaltation of the reactive sensibility produced ?

The individual emphasizes his sensibility, perturbs his normal resistance activity when facing external aggressions under which the normal play of his defensive capacity is handicapped or opposed.

This assertion is an essential postulate of normal and pathologic physiology. The reiterated inhibition brings along an increase of tension and vegetative distonia. We observe it as the origin of mental and personality disorders, in stagnation during infantile stages due to repression of frustration.

The essential function of the organism is the liberation of its energy from the centre to the periphery, from the mental organ to the emunctories. Every transgression in the normal course of this trajectory, governed by the fundamental rules of healing, implies a *pathogenic inhibition* which has given rise to the most important chapter of pathologic etiology : suppression.

*Psora is in its origin the result of a suppression of exonerative cutaneous manifestation which gives rise to an internal perturbation due to the retrocession of the efferent vital energy. This is the very essence of the whole Hahnemannian doctrine.*

Retropulsed vital energy, upset in its eccentric trajectory is directed inwards and converted into tension which makes the individual susceptible. The rule of healing which governs cell, tissue and organ tendencies towards the restoration of the hemostatic balance of the organism, that same normalizing and exonerating tendency of the vital energy which Hippocrates called Physis, has been inhibited in the performance of its essential function.

Hahnemann considered that the suppression of the itch

produced *internal psora* which acquired the characteristics of a many-headed hydra capable of violent eruption when faced with an infectious aggression as when it is faced with "a favourite of the prince was overthrown", "a mother lost her only child" or "a romantic girl fell into deep melancholy due to a scorned love" with which the dyscrasia acquired the characteristic of real moral psora.

It is necessary to investigate the semantic value that the word itch has. For the rejection that was suffered by the Hahnemannian theory of psora, identified with the itch, was due to a wrong interpretation which still today subsists though in his time the clinical concept of suppression had already been outlined.

The itch is the *psora* of the Greeks, the "*itch*" of the English and the *rona* of Languedoc.

In those times it was described as a pruritic infection of the skin with phlyctena, pustules and scabs, and the treatises which followed the school of Sydenham had it that although the itch was uncomfortable because of its prurience it did not mean any danger to the life of the patient so long as *it did not get into his blood*. It was said that the itch was rather a *critical and wholesome* illness which put an end to serious illnesses and kept one from the other complications. It was even capable of curing some affections when it was inoculated into certain patients.

At that time they talked about critical itch which ensued upon acute or chronic diseases as an effort of nature to bring those *evil humours* to the surface and, therefore, instead of combating and so forcing it back into the blood it had to be *helped out* with a convenient diet and adequate internal medicine.

Besides it is worth while to remember that the word *exanthema* in Greek means "*flower*", with the evident reference to the flowering on the skin of the internal sickness.

The itch we nowadays know as the parasitical eruption due to the *Sarcoptes scabiei*, seemed then to be a dermic affection much more widespread than it is nowadays, as are many other clinical varieties of pruriginous ailments, mistaken all of them in a common entity which included leprosy, scurvy, smallpox,

itch itself, generically conceived as the outcome of filth or dirtiness of the patients.

It is evident that they already had the ancient concept (it goes as far back as Hippocrates) that there was an *eliminatory current* which, like the current of a full-flowing river, came from deep down in the individual, leaving skin, cellular tissue, serous and mucous membranes as the slime of its impurities on its banks. And when the excretive channel of the skin is blocked up, an effort is made to open up a new vicariant route, giving rise to the metastasis, fundamental theory of medicine which grants to the emunctorial drainage, exonerative of energy, libido, humours and toxins, the capital function of the vital economy of the individual.

In truth, as a product of the transgression to a natural law, psora would not be anything more than a state of permanent allergic hypersensibility as a result of old repressions of the efferent current which normally flows through the vital energy, so that this diathesis becomes the consequence of the first and fundamental transgression of the natural rules of healing which govern every biological activity and tend to keep the composition of the internal medium constant.

The symptoms which express this constitutional diathetic state are of the accessional critical type, with a tendency to the paroxysmic increase of the so-called defence phenomena, such as the sudden congestive vascularization, increase of capillary permeability, spasms of the smooth muscles, exudative crises of the skin and mucous membranes and all the physiological signs which betray a violent tendency to recover the spontaneous faculty of the organism, so as to exonerate its morbid energy in function of the laws of healing.

All acute illnesses and paroxysmal manifestations are explosions or critical accesses of this tendency to restore their lost balance due to repression which is of such importance in both vegetative and psychical life where the symptoms of anxiety and anguish are evident. In the psychoanalytical theory, the libido, repressed in its natural development, creates anxiety due to tension and tries to liberate itself with those crises of anguish.

The word *allergy* first used by von Pirquet to designate the

abnormal reaction of the organism owing to repeated injections of horse serum as well as the word anaphylaxis with which Richet differentiated the hypersensibility experimentally produced by extraneous proteins, may be applied to the understanding of what Hahnemann called psora, and which he pointed out as a state of hypersensibility of abnormal reactivity, which predisposed the organism to illnesses. This concept goes beyond the theory of allergy and anaphylaxis and is related to a neurovegetative stigmatization, the psychical derivations of which enable us to understand neurotic phenomenon. Recently, Mackenn, of London, has proposed the concept of atopy which he defines as a congenital tendency to react when incited by certain sensitizing substances.

By extension, all that refers to the acute, accessional paroxysmic organic reactivity that appears as episodic eruption, in which an abrupt exaltation of the organic defences regulated by the law of healing is shown, is a psoric phenomenon identical to that described as allergic.

The concept of allergy has been circumscribed to the chemical humoral mechanism of susceptibility experimentally brought about, but its scope involves all that which indicates reactive capacity of the organism, both in the physiological aspect as well as in the psychical, by allergens which range from food, climatic variations, infections, etc., to emotional outbursts. It is an alarm reaction to a stressing agent which may be of external origin through local irritation, infectious (staphylococcus, etc.) or parasitical (scabiei) or internal due to alimentary or hormonal unbalance, with a hereditary conditioning factor which determines the neuroarthritic of psoric ground.

Psora, as a disposition of morbid susceptibility, is a purely functional dynamic state of defensive activity, without structural pathology such as syphilis and sycosis are. These last two give rise to physical symptoms, suppuration, hypertrophy, neoplasia, ulcers, necrosis, etc.; psora functional reactive symptoms: pain, itch, congestions, spasms, paroxysmic phenomena and neurovegetative manifestations.

Actually it is always psora which reacts before whatever allergen, whether it be food, cold, dampness, a moral upset, etc.

and what syphilis and sycosis do is to fix the allergic mechanism in the shock organs which correspond to the morbid nature of each diathesis, carrying the dynamic process generated by the *allergic susceptibility* on to the *organic pathology*, that is to say, towards the specific types of tissue lesion. That is why, empirically, from simple observation of the clinical process, Hahnemann and his followers established the need to remove the psoric reactivity—with *Sulphur*, for instance—when the patient did not show a clear symptomatic case history or when there was no reaction to the apparently well chosen medicine and they demonstrated the need to begin and end a chronic case by treating the psora, hence the sequence of medicine such as *Sulphur*, *Lycopodium* and *Calcarea*, which was brought to a conclusion by going back to *Sulphur* to overcome the psora, that is to say, the conditional state of susceptibility of the system, which had made the fixation of the organic sickness possible.

The essential characteristic of the psoric state is its capacity to produce shock reactions such as the acute *illnesses* which may be brought about through an excitant or allergen of the *cosmic specific microbial or emotional type*. Nothing prevents us from considering the necessity of therapeutically attacking the allergen in those individual cases in which the physician formulates an economic estimation of the vital reaction capacity that the patient may have to face the external aggression alone.

But it is obvious that the fundamental thing is not to take care of the *offensive agent*, but rather of the *offense capacity of the individual* by eliminating the sensibility of the patient as the very first therapeutic and prophylactic objective.

An understanding of the psora as a case history of morbid constitutional potentiality, purely dynamic, functional, produced by allergic susceptibility, can only be achieved by studying the outstanding medicines of *Materia Medica*, such as *Sulphur*, *Psorinum*, *Silicea*, *Sepia*, *Natrum muriaticum*, *Lachesis*, *Iodium*, *Hepar sulph.*, etc., all of which are desensitizers of the hypergic psoric state, which at the same time, give the impression of a connection between the different nosographic entities described as isolated unities and which allow of our grasping the mysterious play of the morbid alternatives and the contradictory substi-

tutions which the chemical—humoral analytical concept of medicine cannot cover.

The appearance of the Hahnemannian doctrine of disease as a *dynamic* entity which includes the whole of the individual in the unity of a psychophysical reaction involving the symptoms of the psychical personality, makes psora a fundamental illness of the human being, not really a sickness in the nosological sense but an idiosyncrasy or susceptibility disposition which is beyond the concept of allergy, while the latter does not rise above the humoral plane. Between allergy and psora there can be no qualitative difference except of quantitative clinical penetration which enables us to recognize the allergic idiosyncrasy in its dynamic aspects.

In the same way as the atomistic medicine systematically rejected the clinical estimation of the psychical and mental symptoms because it could not reduce them to physical-chemical quantitative terms, likewise it could not transcend the humoral plane of the allergy problem without grasping that the *allergic hypersensibility* not only constitutes the essential substratum of pathology as a whole, but also this substratum is of a dynamic nature and, therefore, it finds its most authentic expressions in the dynamic system par excellence: *the nervous cortical diencephalic vegetative system, which abridges the organic, psychical and spiritual activity of the individual as a person.*

The conception of the psora as a hypergetic exaltation of the normal organic defensive excitation enables us to grasp the essential aspects of the chronic illness.

Every paroxysmic shock manifestation is *psoric*; it is an expression of the abnormal reactivity of the anaphylactic type conditioned by the state of latent idiosyncrasy.

The crises of anxiety, fear, anguish, mania, the aggressive impulses, everything that is accessional and paroxysmical, is an abrupt interruption of the morbid energetic tensional contents which seek for a way out, for a liberation.

It may very often happen that after treating a patient with the medicine corresponding to his particular case history there appears, rather late in the process, an outbreak of urticaria, exanthemas, eruptions, or congestive manifestations, feverish



atypical crises, unexpected colitis or crises of anxiety, anguish, asthma, that is to say, symptoms *not* of aggravation produced by the immediate shock of the medicine, but because of the psoric, vicariant critical exaltation which tries to eliminate toxins and repressed tensions.

These are crises that demonstrate the recovery of the normal reactive capacity of healing which is exacerbated by the psora, because of its hypersensibility.

We must respect the emunctorial movement of the vital activity and only assist it with the corresponding antipsoric in so far as it deviates from its exonerative function or does not exhaust its susceptibility.

We should also understand the patient's reactions as a whole, throughout his case history, as a total unity, and realize what he has repressed, emotionally or pathologically, what have been the psoric cutaneous episodes, excretory, painful or psychical episodes that have taken place in his life as expressions of that morbid hypersensibility created by the repression of the libido, of the vital energy, in its natural expansive necessity and which gives birth to the pathology as a whole, from the primordial anxiety with which the man commenced the illness, the principal sign of the moral psora, up to the simplest tissural lesions produced by syphilis and sycosis which end up in tuberculosis and cancer or psychosis.

#### CLINICAL DEMONSTRATION OF THE PSORA

We shall try to show by means of the case history of a patient we have attended the real existence of the *psora* as a latent dyscrasia which conditions the dynamic background of all illnesses and as a pragmatic clinical concept which enables us to understand the essential desideratum of the diagnosis and therapeutics: that is, to know what is to be cured in each patient and to know what is to be expected from the medicinal action.

We treated a 39-year-old patient, married, with 17-year-old daughter.

When she was 22 she had a dystocial delivery with vulvar rent (forceps). She then began to suffer from pains in the lower

abdomen, gravitous, weighing pains as of a fallen abdomen, with cramps in the legs and pains which radiated from the pelvic belt.

Simultaneously abundant excoriating fetid flux appeared. She underwent local treatment with antiseptic washings, cauterization of the neck and general treatment with barbituric sedative.

Three other pregnancies followed which she interrupted because the general and local state of her genital vias were unbearable.

As her pains did not cease, she was operated on for appendicitis, in spite of which her pains became even more intense. Therefore she was again operated on after a diagnosis of a probable intestinal obstruction. The result was negative.

An inspection of fecal matter showed amœbae. She underwent an intense treatment with Yatren and Emetine.

Pains, cramps, general exhaustion, nervousness, migraine, depression and irritability went on.

X-rays were applied—deep radiotherapy—which suppressed her menstruation for seven months, with no effective result.

In the meanwhile antibiotics appeared. Penicillin, streptomycin, aureomycin and finally aurum preparations were administered.

Her state remained hopeless. She could only achieve some relief by remaining submerged for hours in hot water.

A hysterometry was then carried out by a doctor when an acute pain was felt deep in the matrix, caused, according to her, by the hysterometer (the physician denied having hurt her). From that incident on (about nine years) she continued to have an acute piercing pain, as if she had been pierced by a sailmaker's needle at the bottom of her pelvis.

They convinced her that she had adhesions which gave the pulling sensation and produced the pains and as a ventral hernia from the first appendix operation had remained, she was once more operated on without any favourable result being obtained.

She then went back to radiotherapy which again suppressed her menstruation up to the present, there having now been 14 months' amenorrhœa.

In a new attempt to soothe her pains she was treated with injections, truncular anæsthetics of novocaine-alcohol, but her sufferings were not alleviated.

The patient came to consult us in a state of despair, with an anxious expression upon her face and showing hostility, distrusting the medical treatment and demanding urgent relief of her pains. She felt as though they were pricking her, piercing her with a dagger through her pelvis, from the front to the back, with a fiery burning sensation, as that of a lesion, or open wound, as if a flame was burning her; all this together with *great anxiety, restlessness, excitation, and desperation*. Her relations were at a loss; her husband, whom I am treating, says that he cannot stand any more, her daughter has become neurotic and stays away from home. She is in an unbearable humour, extremely irritable, accusing and reproaching everyone.

She has a pale and emaciated face, with large bluish rings round her eyes. She was proportionally fatter in the lower part of her body, with varicose legs, her blood pressure being 12.9. Tachycardiac pulse. There were no lesions either in her cardio-circulatory or respiratory apparatus.

She has an aching, tympanitic, distended abdomen with profuse pain and indicated pain centres at the centre and deep in the pelvic excavation.

The gynæcological examination showed a slight ulceration of the neck, slight flux and a somewhat outsize matrix in retroversion.

Her hereditary and familiar antecedents are of no importance. *Personal antecedents*: she was healthy till her delivery, she declared. Had measles. Eczema when a child, at 2 years old. It was treated with ointments.

Seventeen years ago, the year after her delivery, she had eczema in her right hemiface and auditory right duct which was treated with nitrate of silver: the *eczema* disappeared at once. She always had serious migraines in the upper ciliar region and right frontal lobe.

She was given to furious crying because of her pains. She vehemently demanded relief of her pains. She talked of accepting the removal of the matrix which had been proposed. Her

husband was against this for she had already been through many operations without any result.

She had intense flushes of heat with profuse perspiration. She presented large ecchymoses with real subfusions and proci-dent varices in the section of the saphenus, principally on the right.

This patient presented a *conversion hysteria* engendered psychially by anxiety, caused by the restriction of her sexual instinct in conflict with the prohibition which she imposed upon herself after such a traumatic delivery as she had at 22.

The pelvic neuritis was a phobic displacement of her fear or anxiety because of her delivery or pregnancy which she re-jected refusing sexual contact. In fact we learned that she refused to have any sexual contact with her husband except on a very few occasions during those 18 years after her delivery. Her husband had a lover and she knew it. She declared she did not mind at all and put all the blame on herself because "she is no good". She made a definite gesture of wounded dignity before which all *comment de trop*.

The few occasions on which she had contact with her husband in those 18 years caused her as many pregnancies which she at once rejected with the consent of her doctors who ad-mitted she could not go through with them because of her intense sufferings.

Therefore in this patient there was a deep repression of her sexual instinct with hysteria of somatic conversion which took the form of pelvic neuritis. But this neurotic repression of her instinct was not a pure psychical mechanism originated by the delivery traumatism. This patient was sycotic because immediately after her delivery she had abundant fetid excoriat-ing flux with exulceration of the neck which she *suppressed* with washings and cauterization as well as pelvic algias and cramps which announced neurotic lesions of the sycosis: When she *suppressed* her exonerative sycotic manifestations her character changed and she became irritable, violent, anxious, hysterical, with *repression* of her sexual instinct rationalized by fear of delivery for which there was no reason if there were no sycotic basis of affective perversion.

This patient had suffered from repeated suppressions. Her leucorrhœa had been suppressed. Her menstruation as well (radiotherapy).

Three pregnancies which represented the erotic liberation of the pregnancy, delivery and lactation had been suppressed.

They suppressed her eczema which had appeared a year after her delivery and which implied a vicariant elimination of the sycosis.

She suppressed her affective instinctive manifestations (sexual frigidity).

She was physically and animically blocked up. A liberation of the patient's repressions and the re-establishment of the exonerative law of healing was urgently required. The only positive diagnosis was that of morbid dynamic tension created by the introjection and the only hope was the curative restoration of the morbid discharge, through the skin and the mucous membranes.

Due to the etiopathogenic antecedents, sexual and affective frigidity, the flushes of heat together with the portal ecstasy graph and weeping during the consultation, she was given *Sepia* 200.

On *October 24th* we made this prescription which produced no change. On *November 17th* we prescribed *Sepia* 1000 which did not modify the case either.

We reconsidered the position and noticed that the patient adopted an overbearing, haughty and proud attitude. Her husband and daughter had already informed us of her overbearing attitude and her marked tendency to dominate. Besides we discovered the symptom that she wished to be left alone, not meet anybody, was very unsociable, but was terrorized when left alone in the house. She would not meet people she did not know or be introduced or have contact with anyone at all. But she was constantly talking about her things or her family. She ran away from people not through dislike, but because she had no self-confidence, she feared contact with the others because she said she was unable to think (it was fear of intellectual not affective contact). In consequence her symptoms were : a *haughty, proud domineering air, wish to be left alone, but with*

people around her, dislike of people because of a feeling of inferiority, of impotence, sadness, depression, weeping.

These symptoms led us to prescribe *Lycopodium mil.*, with the expected result.

Eight days later an eczema appeared at the back of the ears which spread over the right cheek and neck. In the course of 20 days the eruption spread to her breast, shoulders, back, the whole face and part of the scalp. It reached monstrous proportions, with considerable œdema, honeylike secretion and meliceric scabs, and when these fell there were sections of fiery red with exposed dermis.

This extraordinary eczema lasted three months and some days. *Only placebo* was prescribed together with the constant moral comfort that her eczema meant towards her healing. In spite of her extraordinary aspect, the patient tolerated this situation much better than the previous one. A few days after the eruption appeared pelvic pains which she had for so long completely disappeared. She felt more calm and at ease.

On *January 30th*, 1952 we prescribed *Lycopodium 10m*, when her eczematous outbreak was in full evolution, it having remained stationary. Twenty days after this last dose the eruption completely disappeared and the patient could consider herself cured.

In *March*, 1953, she had abundant sour smelling perspiration as well as tiredness without motive, headaches and flushes of heat. We prescribed *Sulphur 10m*, which ends the case history. At present she is going on well with no symptoms, without eczema and without the least pelvic trouble. She has even reconditioned her family life in the happiest way, with the consequent moral recuperation of her husband and daughter.

This patient was psoro-sycotic, victim of reiterated suppressions, who was totally cured when the process could be transmitted to the skin, thus liberating the morbid energy *reissuing* an *eczema* she had had as a child and 17 years earlier and which was suppressed by means of nitrate of silver.

Upon first observation it is evident that the eczema acted as a healing manifestation of an internal illness, ratifying the

function of the skin as an emunctorial organ closely connected with the rest of the whole organism as a biological unity. No organ can be treated independent of the rest so that skin diseases cannot be considered solely as diseases of the skin.

In the second place it is evident that the eczema was pathologically related to the pelvic neuritis, the genital inflammatory syndrome and the alterations of her character. The physiopathology could not explain the pathogenic case history and the eczema, but such connection clinically exists and the evolutionary course of the patient clearly shows it.

Immediately after her delivery there was abundant leucorrhœa which was suppressed bringing about an inflammatory pelvic state. One year later eczema which was also suppressed appeared, a serious general and psychical state both for her private life and that of the family becoming established. A medicine was selected according to her psychical case history and the eczema which had been suppressed 17 years before reappeared, *curing* the patient.

What is that common root which unites such unlike affections as an inflammatory process, mental alteration and cutaneous eruption? Isn't it evident that these intercalating phenomena of her biographical history are metastases of only one affection, the eczema which initiated and closed the case history?

This common root cannot be conceived, but in terms of a *constitutive dynamic disposition of the individual* which tends to project a flow of energy towards the exterior and which *becomes morbid* when it is opposed by repression or suppression. The fact that such energy is of a purely psychical instinctive libidinal type or is chemically transformed into segregated toxins by the mucous membranes and skin, only confirms the concept of functional totality of the organism as a biological psychophysical unity. What happens in the conceptual elaboration of this concept of functional totality is that in the scientific analysis of the physical, chemical, humoral and nervous mechanisms which the organisms, develops, the chain is interrupted when we reach the psychical point and the examination must take a leap to bridge the unknown link which unites the mental to the

organic, the animic to the corporal, the psychic to the physiological. It will never be possible to establish a scientific correlation between the psychical and the organic except in the plane of *pure clinical observation* which allows the synthetic grasp of each case through the patient's biographical history. The real illness of this patient was a dynamic alteration of her organism produced by the suppression of her genital flux or a sycotic nature due to its physical characteristics and the suppression of the drainage of the affective energy which consequently produced a deep alteration in the personality of the patient. The sycosis exonerates through the mucous membranes and this route was closed due to the intensive local treatment. But as an underlying state to all psychosomatic pathology, there exists the constitutional diathesis called psora by Hahnemann which consists of a latent idiosyncrasy or dynamic state of allergic hypersensibility that provokes the exonerative activity of the vital current in a *paroxysmic* or *accessional* form, invariably from the centre to the periphery, from the most to the least vital organs, from the mind to the emunctories.

This efferent vital activity made itself evident in our patient in the shape of an outbreak of eczema which she had as a child. This was suppressed and reappeared a year after her first genital episode and it was again suppressed. The patient remained with her morbid internalized energy in a permanent state of susceptibility or psoric hyperergy exacerbated by the *suppression* of her cutaneous manifestations with *neurotic* alterations of the psychical personality, determined by the *suppression* itself. The conclusion suggested by this case is that *only a strict clinical historiographic observation* through the therapeutically originated phenomenon of the *reissue* of old symptoms enable an understanding of the causal relation between the different morbid episodes and conceptual identification of the diathesis which underlies as a dynamic disposition, the chemical as well as organic pathological manifestations.

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