

TERTIARY STAGES AND LESIONS OF SYCOSIS

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The sealing up of the uterus, by operative measures or other forms of suppression, which means the turning round of the physiological forces in another direction will sometimes develop the third stage of Sycosis. It comes to the tertiary or third stage sooner or later, unless healed in the first or second stages, but operative measures, surgical, cauterization, etc., may hasten the process. Prolonged fevers and injuries are also exciting causes for the development of the tertiary stage of sycosis.

In the ordinary course of events the secondary or inflammatory stage runs its natural course and as a result is followed by the tertiary stage. We can see this in, for example, the gleet inflammations which later on become fibrous and there is no longer a discharge. Secondary inflammations undergo cystic degeneration and other inflammatory developments are met with in the form of gouty deposits; gouty concretions and even gouty inflammations, all of which are tertiary changes.

Hahnemann has so often told us that, disease is evolved from above downwards and from within outwards" and usually the first tertiary lesions to manifest themselves are skin symptoms.

When tertiary lesions do not come out as skin lesions malignancies are almost certain to follow, as there is no other way—except by reflexes through the nervous system of preventing the tertiary lesions from being centralised upon the internal organs. These malignancies can be in the form of cancer carcinoma, epithelioma, and a possibility of diabetes mellitus, Bright's disease and tuberculosis. All of these may be developments from the sycotic taint suppressed upon a tubercular basis, for these fibrous changes are more often than not malignant in their outcome, especially when the other organs of the body beside the uterus become involved; the kidneys, liver and heart for instance.

Generally the first skin lesions to appear as a tertiary ex-

pression are warty eruptions. They appear in the form of verruca filiformis, vulgaris and plana.

Now, as I have said many times, we may be extremely fortunate when treating patients, if we are able to bring those warty eruptions out on to the surface of the body and in that case or when we find them in patients when they come to us for the first time, they should not be treated locally by ointments or excised by surgical instruments. It is difficult enough getting those manifestations separated from internal effects and brought to the surface, without sending the poison reeling back again into the internal organs and thus making it much more difficult, in fact at times almost impossible to effect a cure. Furthermore when a patient comes to us with a party eruption on the skin, it shows that the vital forces have been powerful enough to have expelled them but their continued suppression will render them (the vital forces) powerless.

Warts are of diagnostic value in distinguishing between the different stages of the disease, sycosis. Verruca vulgaris is found in children who are suffering from tertiary sycosis; they generally appear about the second dentition. The verruca filiformis comes as a tertiary lesion in an acquired form of sycosis, or in cases where it comes from about three generations back. The verruca plana juveniles is another hereditary form found upon the hands, especially the backs of the hands and on the faces of children and young people. They are usually pigmented, disseminated and in irregular unilateral groups. The filiformis type may also appear in adults after the suppression of the disease in the inflammatory stages and after internal operations, especially where the organs have been removed. The disease manifestations cannot now re-express themselves at the original site because the original site, the organs, has been removed, therefore they appear elsewhere, and how fortunate the patient is when they appear on the outer surface of the body and not on the inner. They, that is, the filiformis type of verruca in the adult are apt to appear on or in the vicinity of the sexual organs, or on the trunk of the body; quite frequently in groups of a dozen or two, closely run together in patches. They are small in diameter, approximately

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churlish of our homœopathic group to ignore this work entirely?

So far in this paper I have said nothing about the extreme chemical potency of the sterols, but they are worthy of your attention if only because a sterol such as Calciferol, more familiarly known as vitamin D, is of proved potency. Every homœopath should know that in Professor John Read's *Textbook of Organic Chemistry* (1948 edition) there occurs this sentence at the bottom of page 654: "Its extreme potency is apparent from the above table . . . one part in more than two thousand millions produces a detectable physiological effect in a rat."

In the table referred to on the previous page he says: "Somewhat similar to the hormones in their physiological effect and potency are the vitamins." To me at least this is sufficient proof of the validity of the homœopathic dose, and this scientific work should be familiar to all homœopaths.

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about an eighth of an inch long, but can be much shorter, are slightly coloured, brownish or greyish browns, pointed at the end and with spindle-like attachments. When they appear in children or young people, they are usually found about the eyelids and on the neck. Quite often they disappear spontaneously and some other tertiary lesion takes their place.

It can be stated with some certainty that when a tertiary eruption makes its appearance that a suppressed discharge cannot be reproduced—it has passed well beyond that stage—so that the disease, Sycosis becomes a slow and difficult thing to cure. Those innocent looking warts have a very chronic foundation in the organs that has to be removed, not the organs themselves, then the warts will disappear of their own accord. They will have nothing left to hold on to.

—*The Homœopathic World, Aug. '60*