

## SYMPOSIUM OF CHRONIC DISEASES

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In discussing chronic diseases we are dealing with the classification of diseases. To begin with we should see how diseases are classified before we limit our discussion to chronic diseases.

The general classification of disease consists of three classifications:

No. 1 is diseases due to mechanical causes (*ie.*, injuries, bruises, freezing, and shock from hæmorrhage). These diseases will right themselves when the causes are corrected even without medicine unless, as Hahnemann pointed out, the condition has combined with psora then antipsoric treatment will be necessary to heal the after effects of the injury.

No. 2 is acute diseases which run a definite course, usually with a febrile reaction and then leave the body completely with no after effects. However, if the acute disease combines with psora, then one gets the after effects of acute diseases and these respond best to antipsoric treatment. Often the nosode of the acute disease unlocks the case. The British teach, when the history of the case is that the patient hasn't been well since a certain acute disease, the nosode of that acute disease will often unlock the case and start the case on the road to cure.

No. 3 in chronic diseases which Hahnemann divides into venereal and non-venereal. The venereal are syphilis and sycosis, and the non-venereal are all ramifications of one disease which Hahnemann called Psora. In chronic diseases, to complicate matters, one may get psora combining with either or both of the venereal diseases. The chronic constitutions seem to be inherited at the same stage of the parent, which explains which children tend to develop similar diseases of the parents.

In tracing the origin of the diseases, Hahnemann found that syphilis and sycosis are newer than psora. He found that if syphilis and sycosis remained simple diseases, they responded to one dose of the appropriate homœopathic remedy. However, they usually combine with the psora to form a constitutional disease which is called sycotic or syphilitic constitutional taint or background. Hahnemann said, in treating these conditions, that he got the best results by treating with antipsoric remedy first to split off the psora, then the syphilis or sycosis responded quickly to the proper antisiphilitic or antisycotic remedy. However, he said in a number of chronic cases one will find the various chronic diseases in layers and that each layer must be treated by the appropriate remedy or remedies to clear up the chronic disease which is most active (the uppermost layer). Since then a number of chronic remedies have been found which act on the combined forms according to the totality of symptoms—they act as antipsoric and antisiphilitic and/or antisycotic. I believe that today you will find there are fusions of two or more of the chronic diseases and they have the characteristics of both with neither one being the prominent, as seen in the tubercular diathesis, which shows characteristics of the syphilitic and psoric constitutions.

Psora which is the oldest and most ramified is the hardest to understand. It is the one about which there has been the most controversy. However, as Dr. H. A. Roberts points out, Hahnemann was a linguist and probably went back to the original derivation of psora, which is the Hebrew word "Tsorat" meaning *groove* or *taint* instead of confining it to the itch miasm. Hahnemann taught that the primary lesion was on the skin and manifested itself mainly by itching, although often there is an eruption with it. Psora may be latent or active. It is when psora is active that we find the various ailments of humanity presenting themselves. It is the active psora and never the latent psora which

combines with the other two chronic diseases. However, the latent psora is easily aroused to the active state by strong drugs, emotional disturbances or anything that weakens one's resistance.

I will try to outline briefly the symptoms and characteristics of the three chronic diseases. First the line of action:

of psora is functional disturbances; of sycosis is proliferation and infiltration; and of syphilis has ulceration and destruction of tissue.

The pains of psora are better from warmth, those of syphilis are better from cooling, and those of sycosis are better from dryness. The psoric patient is the one that has functional disturbances and is always afraid of dying but lives on for years, being one of the backbones of the doctor's practice. The syphilitic is the silent type that goes out and commits suicide, and the sycotic is the one that has a sudden death.

The psoric patient is oversensitive and has all kinds of functional complaints often arising from emotional disturbances. He is sensitive to noise, to light and to odours. He has itchings, vertigo, and headaches which are ameliorated by lying down. His skin is dry and unwashed appearing, with numerous eruptions. The itching is ameliorated by scratching, but the skin burns and smarts afterwards. The hands and feet burn, and there are flushes of heat especially to the face. The psoric patient is always hungry and is aggravated after eating. There is bloating that is sensitive to touch. He desires hot foods and meats, and there is characteristically constipation; but also there is a morning diarrhoea. The psoric patient can't stand still; he must walk or lean against something if he is on his feet. He is cold and his complaints are better from heat.

The person with latent psora is mentally alert and quick and active in his motions, but he is easily fatigued

both mentally and physically. The fatigue causes a desire to lie down and a dread to undertake anything requiring mental or physical exertion. He is depressed and is not accustomed to silent suffering. He cannot concentrate and is subject to fits of anger. He is the one who worries or fears something. He is ameliorated by crying or the natural eliminative functions.

The sycotic is suspicious, cross and irritable. He is deceitful, jealous, cruel and vindictive. As can be seen there must be some sycotic element in most degeneracy. The sycotic has a slow recovery and there are often warty growths and gouty concretions. Valvular heart troubles as seen in rheumatic heart trouble is sycotic. Meat aggravates the sycotic patient and he desires his food hot or cold. The sycotics are relieved by abnormal discharges (*i.e.*, leucorrhœa or coryza) but the discharges are acid and corrode the parts and have a characteristic odour. There are pelvic inflammations and rheumatic troubles with much stiffness, soreness and aggravated in cold damp weather. Aggravated while resting and ameliorated by moving or stretching. There are cystic conditions of ovaries, enlarged turbinates, navie, thick or deformed nails, and too much or prematurely gray hair.

The syphilitic is dull, stupid, stubborn, sullen, morose and usually suspicious. They sulk and have fixed ideas, and one cannot reason with them. They may be melancholic and condemn themselves. They have slow comprehension and are forgetful. The syphilitic is aggravated at night, therefore he dreads the night and is restless and anxious. They are aggravated in the summer and ameliorated in the winter, while psora is ameliorated in the summer and aggravated in the winter. There is ulceration and discharging of pus which has an offensive odour, but it ameliorates the complaints. Eruptions are crusty and oozing pus, and the skin is greasy and sweaty, and there is much offensiveness to the odours. The hair tends to fall

out. The syphilitic desires cold food and has an aversion to meat. Bone pains and deformities and gangrene are seen in syphilitics.

This is a brief outline of the chronic diseases. It can be much more extensively studied in books dealing with this subject written by such authors as Drs. Hahnemann, Allen, Kent and Roberts.

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## EXCERPTS FROM "CLINICAL EXPERIENCES"

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### DISEASES OF THE TONGUE

1. A lady of 70, from the nobility, small, venous constitution and choleric temperament, has suffered for years from hæmorrhoids and gout, developed facial erysipelas and glossitis, the latter recurring often every month under allopathic treatment.

The tongue was very much swollen, blood-red on dorsal surface with dilated and very full veins, also on left edge. Tongue function much hindered. The organ was very painful, burning. No fever, but general malaise and depressed mood. Hæmorrhoids and gout less evident when tongue symptoms become prominent. An interdependence was plainly established.

*Pulsatilla* 12c. soon relieved then and also a new attack three months later; only vestiges showed every six to nine months.

2. Mrs. J.; 54, small, plethoric, formerly had often suffered from tonsillitis. She now has high fever; face and pharynx dark red; swallowing very painful, both tonsils swollen; tongue clean and of normal colour, but very sensitive upon pressure; salivation; great thirst; pulse fast, full, hard.