

SYCOSIS

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Tonight, we are to consider the third of Hahnemann's chronic miasms : *Sycosis*.

The word Sycosis derives from the Greek word *sykon*, which means a fig, a fig wart like disease, referring to the shape of the skin excrescences that appear as an external manifestation of this condition.

It should not be confused with the term *Psychosis*, a disease of the mind, although many mental symptoms could be the effect of Sycosis. It also has a different meaning, from the homœopathic point of view, from the Sycosis registered in the standard medical nomenclature as a form of a tinea, like the *sycosis barbae*, or Barber's itch, a kind of trichophytosis or ring-worm disease produced by a fungus. The latter being a parasitic condition could well be classified among those which usually develop on the basis of Psora.

When Hahnemann rediscovered the principle of similarity as the necessary relationship between remedies and diseases, in order to effect a cure, he established it as a therapeutic law, based on human experimentation—*Similia similibus curentur*—for he was convinced of its immutability and of its constant confirmation, therefore, in all instances, as it happens with all biological laws.

The application of the law yielded fruitful results, for every time the symptomatic picture of the remedy employed matched the symptomatic picture of the patient, a decided improvement would follow, often to the point of full recovery. Every single case was corroborating such discovery; and, yet, it seemed not to be enough. The response could be expected almost with absolute certainty; and the response was there. But many a case would respond favourably only for a short time and an exacerbation or reappearance of the previously improved symptoms would call for a repetition of the same or for an entirely new remedy. The reason for this could not be a failure of the

principle involved, for it was proving itself in thousands of other cases. Why, then, were there many others that would resist such noble treatment? There was, undoubtedly, an underlying cause obliterating the effects of a well indicated remedy. Something stronger or deeper rooted than the apparent condition whose symptoms called for the prescription. A chronic disease. And so, Hahnemann devoted ten years of his precious life to the study of those chronic underlying conditions, miasms or constitutional dyscrasias which have always been the scourge of mankind. Ten years of labourious efforts, studying in minute detail each single case that offered resistance to a well selected remedy. And as a corollary to his own enunciated law, *Similia similibus curentur* (Likes cure likes) and to the Hippocratic axioma, *Natura morborum medicatrix*. (Nature is the healer of sickness), he evolved his theory of chronic diseases, which even to this day, seems to be the most rational and efficient explanation and classification of all non-acute conditions.

You are already well informed of the fact that, through this careful and painstaking research work, he arrived at the conclusion that all chronic ailments can really be reduced to only three: *Psora*, *Syphilis* and *Sycosis*, if they are to be considered from their etiological or causative factors.

Drs. Grimmer and Senseman have given you, in a most ample and competent manner, a clear picture of the first two, *Psora* and *Syphilis*. It shall be my endeavour to give you as clear as I may the concept of this third chronic miasm, *Sycosis*.

This chronic condition is the result of the after-effects of the suppression of an acute non-syphilitic venereal disease, namely gonorrhœa, which is an infectious, contagious, disease, that in its acute form can only be transmitted by the contact of the infective agent with a mucous membrane, such agent being the diplococcus of Neisser, a round shaped bacteria that appears in pairs, hence its name of diplococcus, and which under the microscope is found inside of the pus cells. Like all other acute diseases, it is self-limited, and should it be permitted to run its course, with no interference whatever, or treated with internal constitutional remedies proven to be in their

effects upon experimentation in healthy human subjects, similar to the effects of the pathogenic agent, as homœopathic remedies are, it would completely terminate or cure, without leaving any trace of its noxious action in the organism. In such case it will not develop into Sycosis.

We say that the course of an acute disease could well be represented by a cycle, terminating as it recurs back to the starting point, when the patient either recovers or dies. A chronic disease can only be represented by an open curve, or an arch, whose extremes will never meet, being impossible, therefore, to predetermine when it is going to end.

It seems, then, that all chronic diseases, especially if they are to be reduced to the three chronic miasmas of Hahnemann, begin in an acute condition whose cycle has been broken, that is, interfered with by suppressive means, thus changing their natural course and so completely losing their characteristics of self-limitation.

The suppression of the "itch" or of any skin eruption, produces that multiple headed condition we call Psora, which like in the case of the mythological *Hydra*, each of its heads when cut off will become two. The suppression or the burning off of the primary lesion, or chancre, in Syphilis, produces the chronic form or miasmatic syphilis. Likewise, when the acute gonorrheal discharge is suppressed, Sycosis develops. It is the suppression of the acute symptoms that actually produces the chronic condition. Therefore, Sycosis is not the gonorrheal infection, but the effects of the suppression of it.

Then, acute diseases plus suppression results in chronic miasmas. And there are, in our days, more cases of suppression than there were at the time of Hahnemann. An acute case of malaria suppressed with quinine, or with any of the other powerful acting drugs, is turned into a chronic case of malaria, with the resulting enlarged liver and spleen and a profound anemia. The same may also be said of the result of the indiscriminate use of the modern antibiotics and sulfa drugs. Every time they suppress, or break short the natural cycle of an acute illness, the case is made a chronic one with numerous and more serious complications. It seems that

modern medical science, having gone astray from Nature's path, is producing more and more suppressors every day. The rational treatment calls for eliminative remedies, not for suppressing agents.

In his study of Sycosis, Hahnemann was able to differentiate for this, as for the other two miasms, three well defined stages. The first, or primary stage, due directly to the suppression of the gonorrhœal discharge from the male urethra or from the vagina in the female, by means of the use of local injections, irrigations or douches. If the medicated agent used was a powerful drug like mercury, silver nitrate, potassium permanganate, etc., the immediate results of the suppression would be an invasion to the neighboring organs like, in the male, a generalized urethritis, a prostatitis, an inflammation of the testicles or even abscesses at the neck of the bladder; and in the female, an endometritis, or inflammation of the uterus, ovaritis and tubal abscesses. But "the first great change which Sycosis produces when suppressed is to attack the blood and to produce anemic states and conditions" (J. H. Allen, "The Chronic Miasms").

When a person is infected with gonorrhœa, as also happens with all other infectious, contagious diseases, the infection takes place at exactly the same site and time of the contact with the infective agent. A period of several days follows which is called the incubation period, with practically no symptoms as yet manifested, but having already felt the impact of the infection, Nature immediately begins to develop a process of elimination, and by the fourth or fifth day it accumulates so much defensive material at the site of the invaded tissues that an inflammation takes place in an effort to drain out the infection, and a discharge is established. Such is Nature's way to effect a cure. But, then, comes man, believing himself wiser, and resolves that the clever thing to do is to stop the discharge, and so an acute simple case of gonorrhœa is turned into a most complicated case of Sycosis, with its many manifestations which if suppressed, as was done with the original symptoms, will continue to multiply indefinitely for the rest of the patient's life.

And if the treatment does not succeed in reestablishing the discharge, secondary or tertiary symptoms will gradually unfold with countless complications that will run from a general predisposition to "colds" and various catarrhal conditions, to arthritis and rheumatism, heart disease, diabetes and even malignancy.

It is interesting to note that almost every case of influenza, or even the common cold often requires an antisycotic remedy. How true this is also of arthritic and rheumatic conditions, even those with cardiac repercussions. Thus, we have in Sycosis as well, primary, secondary and tertiary manifestations which may be transmitted by contagion or heredity, at either one of these stages. The first stage appears as the result of the direct suppression of the discharge, the first attack on Nature's integrity, the enemy having been pushed in further into the system. New efforts at defense are set in, new symptoms develop, which if also suppressed will give rise to the secondary stage represented by less acute manifestations with no definite pattern showing an inflammatory nature of some sort.

"These inflammatory changes", says J. Henry Allen, "may be either acute, subacute or chronic; of any degree of severity, from the mild wandering rheumatic pains of the muscles to that of a severe, specific, acute arthritis. The most frequently met with sycotic inflammations are to be found in the pelvic diseases of women, better known today as the surgical diseases of women, or pelvic inflammation of the ovary . . . and abscesses of the tubes are not at all uncommon. Cystic degeneration of the ovaries, cervix and uterus, are some of the more severe changes due to these inflammatory conditions". Even "appendicitis has frequently a secondary Sycosis as its primal cause. . ." ". . . On close examinations of the tissues involved, we find the mucous membranes to have a mottled or spotted appearance, or in other words they appear patchy or blotchy, one part of the tissues being of a dark reddish color and another part of the natural color. These dark venously congested spots are often covered with a thin purulent secretion, having an offensive odor; occasionally they are sensitive to touch. Again, they may be of a dark bluish tinge,

showing the peculiar bluish congestions common in sycotic inflammations. The discharges are . . . dirty colored and offensive. The odor alone is frequently diagnostic of the disease".

When children are born of sycotic parents they may show some of these manifestations of the secondary stage, with different types of dermatosis, like chaffing of the skin with the characteristic excoriating sycotic discharge. Quoting again from Allen: "This symptom is quite a constant one in young babies and is present soon after birth. The urine and the feces excoriate. . . due to their acidity. Often the whole perineum is found inflamed, hot, very sore and painful, due to the urine and the child will scream after urinating".

If a child is born during the acute gonorrhoeal infection of the mother, he will, in all probabilities, develop an acute gonorrhoeal conjunctivitis, a condition that has caused permanent blindness to so many children. But if a child is born during the secondary or tertiary stage of Sycosis in the parents, that is after the suppression of the acute symptoms, he may inherit any or several of the different manifestations of those stages.

Suppression of the secondary symptoms will carry on the case to the tertiary stage whose manifestations may not show for years, the length of the time depending on the general vitality of the person and on the systemic reactive powers. It soon develops in a debilitated individual, more so in one who is already the victim of either of the other two chronic miasmas.

The evolution into the tertiary stage may also depend on the degree of the suppression of the primary and secondary symptoms. Many a time the removal of an organ infected with sycosis or of a tumor has rapidly carried on the case to a malignancy. Suppression is also produced by potent drugs, when acting only palliatively opposing Nature's own efforts to restore health. But the most common means of suppression is the use of local types of treatment to combat an already external, superficial condition which has been established by Nature as an eliminative process, as in the case of a discharge or a skin excrescence, as a warning of a more serious internal

condition, like in the case of enlarged tonsils, hemorrhoids or any other type of varicosities. And if Nature's efforts are always eliminative, the treatment should never be suppressive.

But in order to have a more comprehensive understanding of the skin lesions which appear as the tertiary manifestations of Sycosis, and which have been the determining factors for its name, let us again quote from J. Henry Allen :

"Usually the first tertiary lesions to manifest themselves are skin symptoms, and this is in agreement with Hahnemann's theory of disease, 'that disease is evolved from above downwards and from within outwards'. This is the natural order of things which is co-operative with the saving of life and the protection and relief of the internal organism. When tertiary developments 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 centralization of the tertiary forces upon the internal organs. When I speak of malignancies I refer to carcinoma, lupus, epithelioma and a tendency to diabetes mellitus, Bright's disease and tuberculosis; all of these may be developments from the sycotic taint, for fibrous changes are quite often malignant in their outcome, especially if internal organs like the uterus, kidneys, liver or heart are involved".

"The first skin lesions that we meet are warty eruptions or warty growths. These appear in the form of *verruca filiformis*, *verruca vulgaris* and *verruca plana*. The acuminate form belongs to the condylomatous family, and therefore no doubt partake of both the venereal miasms, Syphilis and Sycosis".

"Warts are of diagnostic value to us in distinguishing between the different stages of the disease. The *verruca vulgaris* is found in children who are suffering with hereditary Sycosis; they appear at or about the second dentition. The *verruca filiformis* comes as a tertiary lesion in an acquired form of Sycosis. The *verruca plana juvenilis* is another hereditary form found more or less upon the backs of the hands and the faces of children and young people. They are usually pigmented, disseminated, and in irregular unilateral groups".

"The filiform variety appears in adults who have acquired

Sycosis and who have had the disease suppressed in some way, although they may appear after secondary inflammations have subsided. I have met with them frequently after operations upon internal organs, especially after extirpation of organs such as the ovaries or uterus".

It may take, then, years for the skin manifestations to show up, but once these apparently inoffensive warty excrescences appear, it is evident that Sycosis has invaded the whole organism and Nature is trying to free the inner structures of our economy from its deadly effects. How important it is at this point not to infringe the law of cure, the *Law Of Cure* that teaches, according to Hahnemann and later on confirmed by Hering, that diseases are eliminated from within outwards, from above downwards, and from a more important organ to a less important one. Therefore, to extirpate these already external, superficial, manifestations is to drive the condition back into the organism, for such symptoms of the disease, as localized as they may be, are only *localized by their lesions, but generalized by their action*. And this is true of all local symptoms.

One other way for the sycotic element to enter the organism is by means of the small-pox vaccine, as has been proven in numbers of cases where their history does not reveal an acute suppressed gonorrhoeal discharge or a direct contagion of the miasm. This was more so two or three generations ago when the use of arm to arm inoculation was so much in vogue. Through this medium many secondary and tertiary manifestations were easily transmitted from person to person.

It is as true in Sycosis as it is in Psora and in Syphilis, that all external lesions or any eliminative discharge should be let alone, untouched locally, and should be treated only from *within* with a general acting, constitutional, remedy, whose function should be to stimulate the natural, vital, restorative forces. All persons with these external manifestations of chronic states should well bear a sign inscribed with the significant words of the Master to Mary Magdalene: "*Noli me tangere*"—don't touch me—as a warning against any improper suppressive treatment.

Chronic diseases are, therefore, the hardest to treat. They are of long standing and many changes have taken place in the various structures affected from the time of their inception. Nature needs to adjust itself to those changes in preparation to cure when there has been no interference. And such preparation may take years, for the losses and gains on the invading miasm constitute a very gradual, subtle, process, since "*Natura non facit saltus*"—Nature does not proceed by jumps.

So, it is Nature that effects the cure; and the remedies must try only to stimulate such efforts. This is why in the treatment of chronic diseases there should be a closer relationship between the doctor and his patient. From the doctor, it requires the ability to evaluate and interpret the symptoms most carefully so as to know when to provide the needed stimuli; and from the patient, good understanding of the facts involved, full co-operation with the doctor and patient for as long as it may be necessary. Only thus the chronic miasmas can be eradicated.

—*The Layman Speaks, Sept., '57*

A CASE OF RUNNY EARS

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subnormal hearing. She has been well and working steadily since July 1955.

The remedies used in this case were: *Pulsatilla, Hepar, Psorinum, Silica, Rhus tox., Calcarea carb.* As to the case as a whole: "Ende gut, Alles gut," in the language of the great Hahnemann himself.

—*Jourl. of the Am. Inst. of Homœopathy, Jan., '57*
