HAHNEMANN'S SYCOSIS IN THE LIGHT OF MODERN SCIENTIFIC MEDICINE AND PATHOLOGY

DR. B. K. SARKAR, M.B., D.M.S., Calcutta

Hahnemann described Sycosis as an internal, venereal, figwart disease—these excrescences first manifesting themselves on the genitals, and appearing usually, but not always, attended with a sort of 'gonorrhœa' from the urethra, several days or several weeks even many weeks after infection through coitus, more rarely appearing dry and like warts, more frequently, soft, spongy, emitting a specifically foetid fluid (sweetish and almost like herring-brine) bleeding easily and in the form of a cox-comb or cauliflower. Usually, in gonorrhœa of this kind, the discharge is from the beginning thikish, like pus; micturition is less difficult, but the body of the penis swollen somewhat hard; the penis is also in some cases, covered on the back with glandular tubercles, and very painful to the touch. These with males, sprout forth on the glans and on, or below, the prepuce, but with women, on the parts surrounding the pudenda; and the pudenda themselves, which are then swollen are covered often by a great number of them. (Vide Refer: Hahnemann's Chronic Diseases; chapter on sycosis).

According to Hahnemann these cutaneous excrescences are nothing but the external manifestation of the figwart-disease, acting vicariously for the internal ailment, when these are violently removed, they usually come forth again, usually to be subjected again, in vain, to a similar, painful, cruel treatment; or they would appear in other and much worse ways, in secondary ailments.

Thus we find that Hahnemann laid more stress on the figwarts than on the gonorrhœa dependent on the figwart miasma. It might have been the clinical picture during his time (1828). With the passage of time diseases, like fashions, change their character. The figwarts became more and more scarce and the specific urethritis in the form of 'gonorrhœa' came to be looked upon as the main feature of sycosis. Later it was found that some cases of 'gonorrhœa' were treated for eradicating the discharge and nothing out-

ward happened thereafter; whereas other cases, following suppression of discharge, developed serious consequences in the form of anæmia and rheumatism and various other disease-conditions besides the "contraction of the tendons of the flexor muscles, especially of the fingers" as mentioned by Hahnemann in his book on Chronic Diseases. This clinical anomaly remained unexplained till the great Kent appeared on the scene.

Kent observed that there are two kinds of gonorrhœa:

(1) One that is essentially chronic, having no disposition to recovery but continuing on indefinitely and involving the whole constitution in varying forms of disease-conditions in course of time or consequent upon suppression of discharges by unhomœopathic treatment; and

(2) One that is acute, having a tendency to recover after a few weeks with or without any specific treatment and without any constitutional involvement after its suppression.

Kent mentions, also, about simple inflammations of the urethra attended with discharges which are not contagious. Now the chronic discharge only is considered truly sycotic and begins in exactly the same way as the acute and, to all outward appearances, is the same.

Modern advanced bacteriological science has found out two types of diplococci in genito-urinary system:

(1) true gonococcus, associated with acute gonorrhœa—a gram-negative diplococcus which is incapable of growth on ordinary agarmedia on primary culture.

(2) pseudogonococcus—also gram-negative diplococcus, which tends to decolorise with difficulty, i.e., tends towards becoming gram-positive on secondary or old cultures. These are considered non-pathogenic and are found more often in chronic discharges, when their presence give rise to confusion in the diagnosis of gonorrhœa. Under the microscope, the types are indistinguishable and the dividing line a very narrow one, since the pseudogonococcus may appear intracellular in the direct smears made from vaginal discharge.

This bacteriological fact clears up a seemingly paradoxical teaching of Kent on sycosis.

Combining Kent's teaching with bacteriological observations, we may come to the following conclusions:

(a) The acute form of gonorrhœa, when profuse and typical gonococci are found, is not sycotic, its suppression does not give rise to constitutional symptoms;

(b) the chronic discharge—few organisms, doubtful or pseudogonococci—is only truly sycotic, its suppression gives rise to constitutional symptoms.

Thus it may be said 'gonorrhœa' in its acute form, is, therefore, not synonymous with sycosis, in fact it would seem that the less gonorrhœal the case the more sycotic it is.

Modern medicine notes one type of "Non-specific" or 'Abacterial' infection of the genital tract, which is undoubtedly a venereal disease, although it may be confused with other and less common forms of urethritis which are non-venereal. The infection often proves highly resistant to treatment and not infrequently persists indefinitely in latent form with the possibility of frequent clinical relapses and constitutional complications like arthritis, iritis, conjunctivitis, etc. Its clinical course is very similar to that of sycotic gonorrhœa, as described by Kent. It is curious to note that the triple syndrome of primary non-gonorrhœal urethritis of venereal origin, polyarthritis and bilateral conjunctivitis, is somttimes found associated with dysentery, in which the primary focus of infection is in the bowel and not the urethra. Though it is stated that smears of the urethral discharge show pus-cells and epithelial cells but no organisms or culture grows no organisms—it might be possible to detect pseudogonococci as previously described.

Now let us see what further lights have been shed on the bacteriological aspect by Bach, Dishingten and Patterson. Dr. Bach's bacteriological researches led him to conclude that chronic intestinal toxæmia from the non-lactose fermenting organisms lowers general bacterial resistance; consequently local bacterial infections are almost certain to occur. These non-lactose fermenting organisms of the 'coli-typhoid' group were considered to be microbial base or agents for chronic miasmatic infection. Patterson collected data from bacteriological investigations of disease-conditions which are generally grouped under "sycosis" and isolated as a type of Entero-cocci which are similar to these pseudo-gonococci in their

general characteristics. So he named this group of Entero-cocci as "Sycotic Co."

The 'Enterococci' named as "Sycotic Co" are found in mouth, nose, pharynx, skin and vagina. They not only look like pneumococcus but are related to it and the streptococci of the upper respiratory tract. These organisms are pleomorphic and occur in bacillary form. They are all related to the enterococcus of the bowel and they are probably all variants of the basic organism. This pleomorphic characteristic of the enterococcus affords a basis for the relationship of these gram-negative non-lactose fermenting diplococci of sycosis to the gram-negative non-lactose bacilli of psora and the possibilities of psora, being, as Hahnemann held, the basis of all chronic diseases.

Thus, in the light of modern medicine, the organism responsible for sycosis is not gram-negative gonococci but gram-negative "Sycotic Co." So we can conclude that Hahnemann's conception that gonorrhœa is related to sycosis is correct but not the converse theory that sycosis corresponds to gonorrhœa. In a wider sense the sycotic miasm renders the subject susceptible to catarrhal discharge from any mucous membrane, and the presence of organism, therefore, is incidental, not fundamental, to the condition.

—D. N. De Homœo. Medical College Re-Union Magazine, April, '64