HAHNEMANN'S THEORY OF CHRONIC DISEASES: PSORA AND SYCOSIS.

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While Hahnemann's theory of chronic disease is not above criticism; while some of his assertions may be erroneous and, as noted by Leeser, "incompletely formulated," nevertheless it can be shown that his essential ideas are sound and, in time, will receive general acceptance among scientists and physicians of all schools. As shown by numerous contributions to the current homœopathic literature of the past few years, the trend of medical thought has already begun to move in this direction. Thus, through improved methods of research and a more accurate and intimate knowledge of the reactions of the human organism to disease, many of the conclusions which Hahnemann arrived at by keen observation and inductive reasoning have been confirmed by modern investigators. At present, however, these are more or less of a general nature and have little or no bearing on the question of therapeutic methods. For instance, Hahnemann's theory of the chronic miasms and their transmission to posterity come very close to the modern ideas concerning dyscrasias and hereditary taints. Boyd's exhaustive articles, which appeared in the JOURNAL a few years ago, though evidently not written for the purpose, furnish ample proof of the chronic and inveterate effects of psora, syphilis and sycosis. But the fact remains that Hahnemann's interpretations of the phenomena of chronic diseases are not accepted, even by many of those who want to be called homœopaths. To some the term "psora" is a stumbling block because it means the itch; others reject Hahnemann's theories because they do not coincide with modern views on the subject and are therefore "unscientific." But the exact terms used by him are

unessential, and, if he were living at this day, he would willingly substitute for them any other nomenclature if it seemed more appropriate; for he writes in the Chronic Diseases, "I call it psora to give it a general name." Under some other "general name" the fundamental concept would be the same—a dyscrasia, a "strain," which accounts for the inveterateness and transmissibility of chronic states. As Boericke writing on the subject of Hahnemann's conception of the chronic diseases says: "He might just as well have classified them as A, B, and C."

The reality of these subtle, insidious miasms or stigmata which are the underlying factors in chronic disease could be positively established only by a series of exhaustive and painstaking clinical experiments, conducted by trained and unprejudiced observers. Yet, there are several considerations which should appeal to every open-minded physician. Among them are, first, the evidence of Hahnemann's twelve years of investigation before he published the work on the Chronic Diseases. Second, the testimony of several hundred conscientious homœopaths who not only applied his teachings in their practice, but added to them. Third, the innumerable cures made by these men, from Boenninghausen down to the present time. Fourth, the definite morphologic, temperamental and symptomatic characteristics which they had observed as belonging to persons affected by one or more of the several miasms. And fifth, the long lists of remedies worked out by Hahnemann and his followers, as especially suitable for psora, for sycosis and for syphilis. Moreover, these theories served as a good working hypothesis for psora, sycosis and for syphilis. Thus, on the basis of Hahnemann's ideas, the homœopathic materia medica was enriched and its application broadened. This sentiment is expressed, in his usual quaint manner, by the late Oliver S. Haines. In discussing Dr. Boericke's paper, referred to above, he says: "Hahnemann was never a complacent doctor. He was great

for finding out the 'whys' of his medical problems. Whether or not his explanation of the underlying cause of his failure to cure chronic diseases, because they were due to psora, syphilis or sycosis, was correct, I do not know. This I do know, however, his studies along this line resulted in a magnificent materia medica of the antipsorics which is a lasting monument to his genius and industry."

The best and most complete exposition of Hahnemann's theory of chronic disease will be found in Roberts' work on "The Principles and Art of Cure by Homœopathy," and an article by him in the *Homoeopathic Recorder*. Space will permit only a very brief outline here, which will be taken chiefly from that work.

Roberts objects to the term "miasm" which, he says, conveyed Hahnemann's meaning perfectly in the German text, but not in English. There is some truth in this. Miasm is considered as obsolete, at least in its original meaning, for it conveyed the idea of noxious effluvia or exhalations, or emanations from a swamp which were supposed to be the cause of malaria. In place of Hahnemann's term, Roberts proposes "stigma," defined by Stedman and others as a spot or blemish on the skin; a mark of degeneracy. But by modern scientific writers it is used in the sense of an anomaly indicative of some underlying constitutional abnormal condition. For the present I shall adhere to Hahnemann's term, which, like psora, dynamis and others, has received a technical meaning in his philosophy.

"The natural seat for the manifestation of psora is upon the skin; here it is peculiarly susceptible to suppressive treatment. On the surface this taint will do comparatively little harm, but when it is suppressed it may affect almost every part of the body. While psora in itself does not produce many pathologic changes, pure psora does produce many functional disturbances and practically all the subjective symptoms are traceable to this underlying cause." He is

therefore the greatest sufferer, not because his are the most serious ailments, but because he has so many distressing symptoms.

The psoric patient is alert in mind and body, quick in action, and a hard worker, but he tires easily. He is beset with anxiety and fears. He fears that he will be unable to carry out what he attempts to do; he fears disease, and if a child, he fears the dark or that he will fail in school. Concentration is difficult and mental effort or irritation are apt to bring on hot flushes. A warm room oppresses him. Yet the psoric patient is generally cold. He has periodic headaches that rise and fall in intensity with the course of the sun. He has many functional heart symptoms, and with every attack feels certain that the end has come. Yet he may live to be eighty years of age. He is always hungry, for his assimilation is faulty. He feels empty and "gone" in the middle of the forenoon; he has inordinate cravings for sweets or meat, often preceding a bilious attack or a sick headache. Psoric eruptions are many and various and invariably itch. The skin is rough and dry, scurfy, and has an unclean appearance. Yet it does not suppurate or perspire.

"When you find a bright, intelligent patient, tiring quickly, sensitive to impressions, with many symptoms, you may classify this case as psoric."

Sycosis, the term used by Hahnemann for the chronic effects of the gonorrhœal virus, should not be confused with the same term used in modern dermatology to denote barber's itch or tinia barbæ. The root meaning of the word, borrowed, from the Greek, is a "fig." It was adopted by Hahnemann because, after careful investigation, he arrived at the conclusion that condylomata which resembled a fig in shape were due to gonorrhœal infection. In this he was many years ahead of his time, for all his contemporaries, including the great John Hunter, believed that gonorrhœa, chancroid

and syphilis were merely different manifestations of the same disease.

Hahnemann says that psora is the oldest and most widely spread miasm; but he was evidently unaware that "injections" and "burning discharges" were mentioned in the oldest medical writing known, Eber's papyrus. Proksch says that there is a fairly accurate account of gonorrhœa in a Japanese manuscript dating back to 900 B.C. Roman writers frequently mention the disease and Arabian physicians of the Middle Ages wrote extensively about it and their elaborate methods for its treatment. Paracelsus taught the contagiousness of gonorrhœa but considered it a complication of syphilis. This was the accepted theory for many decades. However, Ricord, Ellis and others began to doubt this. The famous John Hunter was confirmed in the opinion of the earlier writers by an unfortunate experiment. In 1767, he inoculated a prepuce and glans penis (some say his own), with gonorrhœal pus; and subsequently found a perfect chancre on the site of his inoculation. His error was corrected by Ricord in 1850, and later by others who confirmed Ricord's findings. Thus it will be seen that Hahnemann, despite the dicta of so-called authorities, gathered his own data and drew his own conclusion, which was, that gonorrhœa was a separate and distinct disease.

Hahnemann did not develop his ideas concerning the venereal miasms as completely as he did those concerning psora. While over 100 pages of the work on Chronic Diseases are devoted to the latter miasm, only eight and a half pages treat of syphilis and less than two and a half of sycosis. Moreover, some 1500 pages are devoted to the indications for the antipsoric remedies and practically no space at all is allotted to those most useful in the venereal taints. For this reason, an adequate conception of what Hahnemann meant by the terms "syphilis" and "sycosis" can be gained only by examining the chapters in the Chronic

Diseases on these miasms in the light of the fundamental principles of his philosophy as laid down in the Organon and Lesser Writings.

The term sycosis was in use in Hahnemann's time as denoting an anomalous venereal disease which included in its manifestations the fig-shaped warts or condylomata, occasionally a urethral flux and some conditions which were nonvenereal in origin. As stated in last month's editorial, syphilis and gonorrhœa were supposed to be only different phases of one and the same disease until Ricord's experiments in 1850 proved otherwise. Hahnemann published his Chronic Diseases in 1828. Therein he shows that syphilis and gonorrhœa are in reality two separate and distinct diseases. "His researches in the general subject of syphilis and gonorrhœa, conducted by the inductive method of science, resulted in throwing a flood of light upon a previously obscure subject, more clearly defining and greatly broadening not only the sphere of the venereal diseases, but the scope of all subsequent research. He was thus the precursor by more than fifty years of Noeggerath, who called attention anew to the importance of gonorrhœa as a constitutional disease."

As with "psora," "dynamis" and other terms in common use at that day, Hahnemann borrowed the generic term "sycosis" and applied it to his newly discovered pathologic condition, but attached to it a technical meaning in his philosophy. And, as with psora, suppression assumes a vital rôle in the establishment of the sycotic miasm in the patient. He says, "This fig-wart disease which in later times, especially during the French war, in the years 1809-1814, was so widely spread but which has since showed itself more and more rarely, was treated always . . . internally by mercury because it was considered homogeneous with the venereal chancre-disease, . . . by allopathic physicians, always in the most violent, external way by cauterizing, burning and cutting, or by ligatures. . . . The natural proximate effect is, that

they will usually come forth again, usually to be subjected again, in vain, to a similar, painful, cruel treatment. But even if they could be rooted out in this way, it would merely have the consequence that the fig-wart disease, after having been deprived of the local symptom which acts vicariously for the internal ailment, would appear in other and much worse ways, in secondary ailments; for the fig-wart miasm, which rules in the whole organism has been in no way diminished, either by the external destruction of the above-mentioned excrescences or by the mercury which has been used internally and which is in no way appropriate to sycosis."

Keith feels positive that Hahnemann considered the primary manifestation of sycosis to be the fig-wart and quotes as his authority a portion of the above paragraph which I have omitted: "These excrescences usually first manifest themselves on the genitals, and appear usually but not always, attended with a sort of gonorrhœa from the urethra." And Keith thinks the word "attended" (or "accompanied" in the translation he used), as significant. It is scarcely possible that Hahnemann intended to convey the idea that sycosis, with its warts and excrescences, was not gonorrhœal in its origin or that it had nothing to do with the previous urethral discharge. But he is treating of his newly discovered miasm, represented by the long train of symptoms and conditions arising from the insult sustained by the human organism, when its efforts to resist the intruding infection were thwarted by the closing of the only exit through which it could cast its enemy. That he did not ignore the part played by the discharge is shown by a note to this paragraph, which reads: "Usually in gonorrhœa of this kind, the discharge (referring to "attendant gonorrhœa") is from the beginning, thickish, like pus; micturition is less difficult but the body of the penis is swollen, somewhat hard." Also a further note stating that "the miasm of the

other common gonorrhœas seems not to penetrate the whole organism, but to locally stimulate the urinary organs." Thus again is Hahnemann far in advance of his time, for here he clearly distinguishes between a virulent, specific infection which creates havoc when suppressed, and a relatively benign condition which is now known to be caused by injury, various forms of constitutional disease, and pyogenic or other nonspecific bacteria.

The reason why I have dwelt upon this phase of the subject is, that some of Hahnemann's admirers, while sharing his view that there is a benign and a genuinely "sycotic" form of urethritis, seem to have failed to appreciate the scientific distinction he makes. It should be noted that he mentions but two forms. Kent endeavors to explain Hahnemann's doctrine as follows: "It is not generally known that there are two kinds of gonorrhœa, one that is essentially chronic, having no disposition to recovery, but continuing on indefinitely and involving the whole constitution in varying forms of symptoms, and one that is acute, having a tendency to recover after a few weeks or months. Both are contagious. There are also simple inflammations of the urethra attended with discharges which are not contagious, and thus we have simple inflammations of the urethra and specific inflammations of the urethra; and of the specific we have the two kinds I have mentioned, the chronic and the acute. The books will treat of them as one disease. . . . The majority of gonorrhœas are acute, *i.e.*, there is a period of prodrome, a period of progress and a period of decline, being thus in accordance with the acute miasms. . . . If the suppressive treatment be resorted to in the acute, the system is sufficiently vigorous in most cases to throw off the after effects. The suppression cannot bring on the constitutional symptoms called sycosis. . . . In both the acute and the chronic the prodromal period is about the same, from eight to twelve days, and there is no essential difference between

the discharge of the acute and the chronic." He also thinks that one attack of the sycotic infection causes permanent immunity from subsequent attacks, although the patient may have a urethritis any number of times. But "the sycotic constitution cannot be taken a second time." We shall discuss these points later.

Close treats the subject of the chronic miasms very briefly, and leads the reader to infer that sycosis is nothing more than the sequelæ of suppressed gonorrhœal infection. He argues that Hahnemann deserves the credit of being the first to teach the germ theory of disease causation, and especially as to syphilis and gonorrhœa, basing his claim on the statement in the Chronic Diseases that all chronic diseases "must have for their origin and foundation constant chronic miasms, whereby their *parasitical existence* in the organism is enabled to continually rise and grow." And he adds, "*Only living beings grow.*" True, Hahnemann knew that the acarus scabeie was the cause of itch. But he was ignorant of the reality of the gonococcus or the germ of tuberculosis. The fact that the itch-mite is not even mentioned in the Organon or any of his writings of later date would seem to indicate that he considered the real contagious morbific agents as subtle toxins, or as he called them, miasms.

John Henry Allen furnishes us with a volume on sycosis of 417 pages, including a rather lengthy list of antisycotic remedies and their indications. But the text is poorly arranged and, at times somewhat obscure. "Sycosis," he says, "is not a new name for gonorrhœa, neither is it gonorrhœa in any sense of the word. The well-known specific urethritis presents only in its initial stage, similar phenomena to those of sycosis, and the history of the two diseases differs widely in their constitutional developments and progress. Gonorrhœa simplex is not a basic miasm, while sycosis comprises one of the chronic miasms of Hahnemann, and, next to psora it is the most persistent of the great triune of the

subversive forces, syphilis, sycosis and psora." Sycosis "is not an infection from a supposed gonorrhœal catarrh, for gonorrhœa simplex does not affect the organism as does gonorrhœal sycosis." Then he proceeds to describe the well-known symptoms of an attack of Neisserian infection, the vesical irritation, the painful urination, chordee, *etc.* "As a rule, in sycosis very little pain is present—sometimes, not always, a decided tenderness is felt along the anterior surface of the organ." The discharge has a characteristic fishy odor.

Allen claims that sycosis has a primary, a secondary and a tertiary stage, corresponding to the three classic stages of syphilis. Roberts and some other homœopathic writers seem to agree with him. Hahnemann mentions only "secondary ailments." According to Allen, the primary stage is marked by the symptoms of his so-called "sycotic gonorrhœa," as given above. The secondary stage follows the suppression of the discharge by ill-advised treatment in from three months to two years. Almost every disease in this stage is of an inflammatory nature, such as ovaritis, salpingitis, arthritis, excoriating discharges, prostatitis, orchitis, *etc.* Warty growths are a common feature of this stage. Also, and this is interesting, mucous cysts on the vaginal mucosa or the cervix. The tertiary stage is produced by the repercussion or removal of secondary manifestations, principally warts and excrescences, curettements, by topical treatment of cervicitis, leucorrhœa, gleet, orchitis, acute rheumatism or catarrhal discharges of the secondary stage; also by the removal of the uterus or any of its adnexa. The use of injections or douches of permanganate of potash, silver nitrate or sulphate of zinc, are so profoundly suppressive that the case may pass on to the tertiary stage without any intervening secondary symptoms; but, since the third period develops more slowly than the preceding stages, tertiary sycotic symptoms may not appear sooner than from one to two years. This stage may even remain dormant until

the fortieth year of the patient's life, and then appear in the form of cancer. "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.'" They are the verruca filiformis, and the acuminate form and condylomata, which, however, he believes to issue from a mixture of the sycotic and syphilitic miasms. "When tertiary symptoms do not come out as skin lesions, malignancies are almost certain to follow" or the intetnal organs are attacked. Farther on he says: "I believe that it may be said with some certainty that, when 'a tertiary eruption makes its appearance, . . . a suppressed gonorrhœal discharge cannot be reproduced, so that the sycosis becomes a slow and difficult thing to cure." The author cites many clinical cases cured by the homœopathic remedy.

Roberts' definition of sycosis seems to me to be more nearly in accord with Hahnemann's own conception of this miasm. It is contained in the following paragraph:

"Sycosis is generally understood to be gonorrhœal poison. We should make the distinction clear between gonorrhœa and sycosis. Gonorrhœa is the acute infection of the gonococci which takes place in from five to ten days to develop an urethritis after an exposure. During this incubation period it is purely an infection; then the local manifestations are thrown outward by nature at the point of attack as a resentment of the vital energy to the infection. If the gonorrhœa is thoroughly and completely cured, practically no sycosis ever develops. Sycosis is established after a suppressed gonorrhœa, when the acute infection is driven in upon the vital energy by external methods of suppression, and it then becomes a systemic stigma, permeating every living cell of the organism and transmitting its deadly destructive forces to the offspring."

(*To be continued*).