Chronic Disease—Its Cause and Cure.*

(*Continued from page 361*)

SYCOSIS.

In order to understand Sycosis, it is necessary, first of all to understand Gonorrhœa, so that we may guard against confounding one with the other. Gonorrhœa is not the urethral discharge which often results from an inflammation of the canal due to overheating in the sun or stimulating food and drink etc. But it is quite a different thing. It is a highly poisonous infection, which is acquired by co-habitation with a woman who has already had it. It is also had by inheritance from parents, who might have had it either by direct acquirement or by inheritance in their turn. There can be no Gonorrhœa unless there is either direct acquirement or inheritance. Now, this Gonorrhœa, whether it is either acquired direct or inherited, may be radically cured by a course of true homœopathic treatment, and if it is cured at once, the trouble ends there. (It is not my intention to write about Gonorrhœa and its treatment, because these can be found in many books on the subject,—but my object is to give you an idea of Sycosis and all about it). But if on the contrary it is not *cured* according to the law of similars—the only law of cure,—it implants upon the system the great miasm of Sycosis. *Sycosis therefore, is not Gonorrhœa, but it is that condition of the system, which is bonded to it by Gonorrhœa, when it is not cured, but only made to disappear either by a course of unhomœopathic treatment, or of itself.* Unhomœopathic treatment i.e., treatment not based on the natural curative law of Similars, only removes the local infection of Gonorrhœa in the shape of the characteristic discharge, and turns the infection *inward, and it then gradually attacks the more internal organs and establishes sycosis.* Once the local infection is removed, the disease-force

*Translation, by Dr. P. N. Banerjee, B. A., from Dr. N. Ghatak's Bengali Treatise on the subject.

is bound to travel inward. There is rescue from it even yet, but that never happens, because, when the more internal organs are attacked, the infection does not appear there in the shape of the discharge, but in the characteristic way of expression that, that organ may have, and this causes difficulty in understanding it to be a different aspect of the same infection. If it attacks the digestive tract, perhaps it appears there in the shape of colic, and the ordinary physician has not the reason to interpret it as a modified expression of Gonorrhœa, in a more internal part of the system. The colic is then treated in the old fashion, and it soon disappears from there, only to reappear in a more important organ in another form. Perhaps it settles this time in the heart, as Rheumatism, till at last it combines with Psora (because Psora is already there, and there could have been no Gonorrhœa without Psora making the ground for it) and produces a complexity which it becomes difficult for the system to be rid of.

It is perhaps clear to us now that like Psora, Sycosis is also a condition of the life force, and that it is acquired by suppression of Gonorrhœa, and there should, therefore, be no ground for confounding or identifying it with Gonorrhœa. Psora is acquired by evil thinking, and Sycosis by evil action. The course of Psora is from the centre to the circumference, from the mind to the body, from mental itching to physical itching, but the course of Sycosis is naturally from the circumference to the centre, from the body to the mind, from the Gonorrhœal discharge to Colic, Rheumatism and Insanity. Psora has already given man a tendency for various diseases, and Sycosis will now give him certain other diseases, first by itself and then in combination with Psora.

SYPHILIS.

This is also often identified with chancre, but it is as great a mistake to consider chancre to be syphilis as it is to consider itches to be Psora and Gonorrhœa to be Sycosis. Like Sycosis, Syphilis is also acquired by co-habitation with a

syphilitic woman. Like Sycosis, Syphilis is also thus the result of evil action, whereas Psora is the result of evil thinking. So far Sycosis and Syphilis are similar, but they have a primary difference and this primary difference is the difference between Gonorrhœa and chancre. The former shows itself by an ulceration and inflammation in the canal and also *in the root of the genital organ*, with a sloughy discharge, while the latter appears in the shape of a similar ulceration and inflammation *on the glans*. It is, if this ulcerated condition or chancre, as it is called, is not cured homœopathically, but instead, only removed by any uncurative, i.e., suppressive method of treatment that Syphilis is implanted upon the system. *Just as Sycosis is a condition of the system arising out of the suppressed gonorrhœal discharge, Syphilis is also a condition of the system, arising out of the suppression of the chancre.* The suppression of the chancre removes the primary manifestation from the glans, from the surface and turns it inward. The process of Syphilis is also from the surface to the interior, from the circumference to the centre, from the body to the mind. Psora prepares man for all diseases, even for Sycosis and Syphilis, and Sycosis and Syphilis each gives him the tendency for specific types of diseases. Let us not, therefore, mistake Psora, Sycosis and Syphilis for so many particular diseases, but let us understand them only as certain *conditions of the system* that give that system the tendency for certain specific types of diseases, each in its own way. That is to say, Psora gives diseases of one type, which Sycosis and Syphilis cannot give. Sycosis gives diseases of another type, which Psora or Syphilis cannot give, and Syphilis gives diseases of a third type which Psora or Sycosis cannot give. Each has its own speciality.

While explaining the difference between acute and chronic diseases, it has been stated that the main point of difference is in the *nature* of the two classes—namely that, an acute disease has the tendency to terminate of itself, after running its course, while a chronic disease has no such tendency to

terminate of itself, but on the contrary, a tendency to continue and continue in various shapes, until removed by a deep acting homœopathic remedy. Let us now see that there is yet another point of difference between them—namely that an acute disease has not as its cause Psora, Syphilis or Sycosis. Even if they are the *prime* causes (because there can be no disease unless Psora is there), they are not the immediate causes. Every acute disease, in order that it may be there, must have an immediate exciting cause, or in other words, an acute disease cannot be there without an exciting cause. Such is, however, not the case with a chronic disease, because a chronic disease has its only cause in Psora, or at times, in Psora and Sycosis, or in Psora and Syphilis, or in Psora, Sycosis and Syphils.

The various diseases with all their learned nomenclature which we meet with in course of our practice are not in reality so many independent diseases, however, different they may be in their appearance one from another. They are only so many expressions of Psora, Sycosis and Syphilis, or of any two or of all the three of them. But where is the convincing evidence for such a sweeping generalisation? How can it be proved that these diseases are not independent diseases, but are only manifestations of Psora, Sycosis and Syphilis? To this very pertinent question, the best and most convincing answer is to invite you to a study of your own experience, as my experiences and even those of Hahnemann himself cannot be expected to convince you.

Though first hand experience and study of cases is necessary in order that you may have your own convicition in the matter, I shall try to cite a case from my own practice. If you closely follow the course of cure in this case, some very prominent facts will be found and they will help you to see for yourself that the *essence, the reality of disease* is not what *appears* as disease.

Mr.....Roy Chowdhury. Age 42 or 43, residence, Damodarpur, Dt. Manbhum. Fair looking; thin, slender

figure. Head slightly larger in proportion to the other parts of the body. Temper irritable. Applied to me for treatment on 11.6.1918.

The present symptoms were :—Almost a constant dry cough with practically no expectoration of mucus, but of some frothy saliva with streaks of blood. Bowels seldom clear, Feels unwell at about 4 or 4-30 in the afternoon but this could not be interpreted as fever. There were no other symptoms.

History—Parents not alive, and the history of the patient's early life was not, therefore, available. Up to about 18 years of age, he was in pretty good health. He lost his father at 18. The father suffered from asthma for about 4 or 5 years before his death and died of diarrhœa and dropsy. The mother had died before this. After his leaving school i.e., at about 19, the patient joined a competition in swimming and excessive swimming brought on fever the very evening. There was severe soreness in the body, and cough There was, however, a recovery after 10 or 12 days' suffering. He was treated by an Allopath this time, and the patient could not say if he was given quinine. After this attack of fever, he used to have cold and cough occasionally, and a day's fasting or some Allopathic medicine brought him round every time.

At about 30, he had an attack of Pneumonia. He was between life and death this time, and the treatment was Allopathic. He recovered, however, after 70 or 75 days. Since his recovery from Pneumonia, he got a regular habit of catching cold at the slightest exposure. He began to have repeated colds and cough and even slight fever in spite of all precaution. There was almost a constant stitching pain, in the left side of the chest. Gradually, streaks of blood came to be seen in the sputum. Appetite dull. Was satisfied with a few morsels, and after a meal the abdomen was bloated. There was acidity and a marked intolerance of cold.

There was a severe aggravation of the symptoms last winter. Awful weakness, and he could have no sleep after 2 or 3 in the morning. Had to sit up in his bed and cough

till day-break only then there was some expectoration of mucus. No expectoration during the rest of the day and night.

I examined his lungs, but could find practically nothing beyond a dull sound in the left chest at a spot not more than an inch in circumference. I did not, however, attach much importance to this.

From a study of the case, I arrived at Kali carb and gave a dose of it in the 200th potency (14. 6. 18.) asking the patient to report after a fortnight. A whole month elapsed, but there was no change.

20. 7. 18. Kali Carb 10,000—three doses, one daily.

4. 8. 18. The patient's report was—"The pain in the chest has much increased, and it was the severest during the last three days, particularly at 2 or 3 in the morning. During the day, there is only dry cough—but this seems to be much less than before." No medicine.

18. 8. 13. "The aggravation has passed off and I seem to be better, appetite seems to have improved. Cough and weakness less than before. Sleep not very refreshing, but yet I seem to be better." No medicine.

20. 9. 18. The patient was improving so far but on this date, there being a sudden aggravation of all the symptoms, I was called to see the patient. What I saw really frightened me. The patient had spat about 4 ounces of blood in the morning. There was high fever with drowsiness, and bloating of the abdomen. The mental condition of the patient was worse and this last symptom was indicating that the aggravation was not a Homœopathic aggravation. But yet I could not think that the medicine was wrong. In fact, I was quite positive regarding the correctness of my selection I could not, therefore, change the medicine. But what was the aggravation due to? I concluded it was certainly the usual course of the disease, the usual aggravation of the disease. If, however my prescription was correct, then it must have been that it was not being able to cope with the

strength of the disease force, as it was then. But the potency used was high enough—10,000. I then concluded that is was the tenacity of the patient that was not allowing the disease to go. Now what could this tenacity be due to or in other words, what was there that was not allowing my medicine to act to the fullest extent ?—It must have been Psora. And I gave a dose of Sulph. 1000 at once.

16-10-18. The patient came to me personally and showed me some eruptions on his person. I examined these eruptions and understood them to be Sycotic. Mark here—as soon as Psora was controlled by Sulphur, Kali Carb which is an anti-Sycotic, displayed its full action. However, I advised the patient not to interfere with the eruptions. Alongside the appearance of the eruptions, the condition of the patient was much better. There was no spitting of blood from 5-10-18.

24-10-28. When I saw the patient on this date, I could not check my own surprise ! Thank God, his whole body was covered with innumerable eruptions, mostly on the head.

15-11-18. The eruptions were gradually disappearing and I gave him a dose of Sulph. again in the c.m. potency on 20-11-18. I could not give such a high potency at first, as the condition of the patient was very weak, and he might have failed to stand the reaction of such a high dose.

14-12-18. Some more eruptions had come out and were now disappearing. Please note, the patient was gradually improving inspite of the eruptions or more correctly, simultaneously with the eruptions. Now, there were only dry cough, expectoration early in the morning ; tendency to fresh attacks of cold was now less than half of what was at the beginning of the treatment.

7-3-19. Report was received that the patient was much better and the only trouble was the tendency for catching cold. I advised him to wait.

11-4-19. The only trouble was the tendency for catching cold, and this was not leaving the patient yet. There was no prospect of any further improvement from the medicine

that was given (namely, Kali Carb). I, therefore, gave him a dose of Tuberculinum c.m. After this I had no information about the patient. When, however, I happened to meet him after a year of the above dose of Tuberculinum c.m., I was told that he was completly free from all diseases.

The above case clearly shows that the patient had Sycosis on a Psoric background. It was Sycosis that was pushing him to blood-spitting and phthisis, and it was Sycosis that was giving all the various so called diseases that the patient was having throughout, after the 18th year of his age. And when Kali Carb, a deep acting anti-Sycotic remedy was given on the indication available from the patient's condition some improvement was seen. But as there was Psora, which always furnishes the ground for Sycosis and Syphilis, the tendency, which it had implanted upon the system was not allowing the Sycotic condition to leave the patient. And as soon as an anti-Psoric (Sulphur) was given, all the Sycotic taint in him came out in the shape of eruption, and passed off. But yet the patient was not completely cured, because he had yet the tendency for catching cold. This indicated that the disease-force was far more in the interior than could be reached by Sulphur and Kali Carb. A more deep-acting remedy—Tuberculinum c.m.—had, therefore, to be given.

Now, it may not be very difficult to understand that the various so called diseases that pass under various names are not so many independent diseases. There is only one disease in one man and that is either Psora, or Psora + Sycosis, or Psora + Syphilis, or Psora + Sycosis + Syphilis. It is only the difference in the proportion, that is to say, the strength of the three different miasms in their combination in different persons that furnishes the explanation for the difference in the expressions of diseases. There is only one disease in man, and the different manifestations in the shape of fever, rheumatism, cough, asthma and phthisis etc., are only so many different expressions.

(to be continued)