

The Homœopathic COMPENDIUM

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Free Chapter

From : Volume IV
Chronic Miasms and Cancer

CHAPTER 1: SYCOSIS

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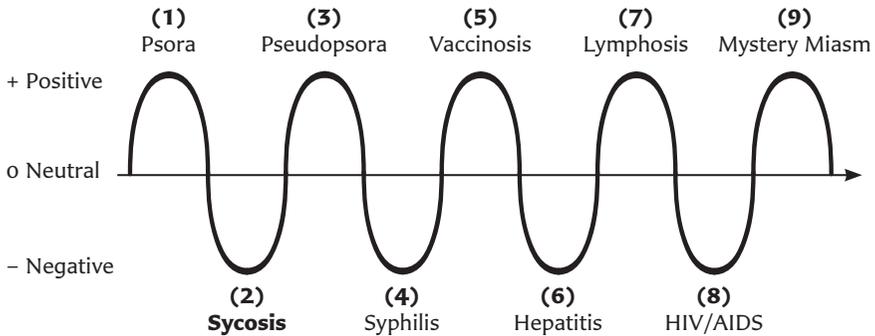
Sycosis examines the nature of the non-syphilitic venereal miasms from the classical and modern view. It looks at the correlation between sycosis and the human papilloma virus (HPV) as well as gonorrhoea Neisseria and provides therapeutic hints for HPV and gonorrheal miasms. It includes a study of the anatomy and physiology of the sycotic syndrome and the symptoms of the primary, latent-secondary and tertiary stages. On this basis, it discusses the treatment of sycosis. After a study of the psyche of sycosis and its confirmatory symptoms, the text describes the signs associated with the sycotic constitution and evaluates sycosis in the four Hippocratic temperaments. This section concludes with a detailed anamnesis of sycosis with the symptoms listed for the mind and regions of the body. It also provides a repertory rubric of anti-sycotic remedies brought up to date.

1

Sycosis



The Figwart Miasm



Cancer: Specific viruses, complex miasms and carcinogens lead to the tumorization and metastasis of Cancer.

Hahnemann and Venereal Disease

SYCOSIS is represented by the first trough (-) on the chronic sine wave. The trough is associated with hypofunction, vagotonia, anti-inflammatory action and anabolic activity. Sycosis is the oldest of the chronic venereal miasms and increases the susceptibility to other sexually transmitted diseases. It corresponds to the second stage of terrain imbalance where the organism attempts to wall off the miasm. Sycosis is characterized by infiltration, induration and unhealthy overgrowths.

The origin of sycosis is lost in prehistory although the presence of venereal disease was observed by the ancient Mesopotamians, Babylonians and Greeks. By 150 AD Galen was using the term “gonorrhoea”, which in Latin means the “flow

of seed”. Although European syphilis may have been present in endemic pockets, epidemic syphilis did not arise until a new strain was brought from the Americas in the 15th century. During Samuel Hahnemann’s lifetime the English physician, John Hunter (1728–1793), was considered to be the grand authority on venereal disease. He believed that gonorrhoeal discharges, the syphilitic ulcers, and all condylomatous warts were caused by the same venereal infection. To prove his theory Hunter inoculated an individual (in some versions himself) with the gonorrhoeal discharge. When the tester showed the signs of gonorrhoea and syphilis, Hunter assumed this was proof that there was only one venereal disease. In truth the individual used in the test either had both gonorrhoea and syphilis or the needle used was contaminated with syphilis.

Not everyone believed the one cause theory for venereal diseases. In 1793 Benjamin Bell of Edinburgh carried out a similar experiment on his medical students which he believed showed that gonorrhoea and syphilis were different diseases. In Paris 1838 Philippe Ricord performed experiments on 667 patients in a mental hospital that demonstrated that gonorrhoea and syphilis were different diseases. These radical experiments took place when Hahnemann was living in Paris with Melanie and was known as a famous medical reformer. Rather than performing dangerous experiments on innocent persons, Hahnemann was observing causes, signs and symptoms and proving new medicines in a safe fashion.

Samuel Hahnemann was one of the first physicians to question the “single venereal disease” theory. In 1789 Hahnemann wrote a text on venereal diseases called *Instructions for Surgeons Respecting Venereal Diseases, Together with a New Mercurial Preparation*. In this article Hahnemann introduced a preparation of Mercury called Mercurius Oxydulatus Niger, also called Mercurius Solubilis Hahnemanni. Hahnemann was a great chemist who always sought to make medicines as pure as possible. His preparation of purified Mercury was less toxic and it was widely used in the treatment of syphilis. Hahnemann later found that the potentized preparation of Mercury was completely non-toxic and more effective than material doses.

Even at these early dates Hahnemann was skeptical about the idea that all venereal diseases were caused by a single miasm. In *Venereal Diseases* he separated the symptoms of gonorrhoea and syphilis and their treatment rather than deal with them as a whole. He pointed out that there were several types of gonorrhoea and that mercury was by no means a specific for these diseases. He observed that certain types of gonorrhoea were simple acute diseases while others could produce primary and secondary states as well as sequels. He also wrote that gonorrhoea could be associated with chronic states like “gout” and “scrofula”. He maintained that suppressive measures and improper remedies greatly complicated even the simpler form of the disease.

In ordinary gonorrhoeas, much work is done with many different remedies and a great deal is done, only not what is necessary, and by a variety of maneuvers a simple gonorrhoea is changed into a complicated and malignant, or at all events a chronic one.

The Lesser Writings of Samuel Hahnemann; S. Hahnemann (Dudgeon Edition), Instructions for Surgeons Respecting Venereal Diseases, Together with a New Mercurial Preparation, p. 22.

Hahnemann also questioned whether the condylomatous warts associated with venereal disease had their source in syphilis. From this time on he sought to find the true cause of condylomatous warts, gonorrhoea and syphilis and find better medicines for their treatment.

Very little of a positive character has been written concerning the nature of the condylomatous warts, and the place they should hold among the venereal affections is still so undetermined, that I must take leave not to regard them as a symptom of syphilis, but to place them among the idiopathic venereal affections.

The Lesser Writings of Samuel Hahnemann; S. Hahnemann (Dudgeon Edition), Instructions for Surgeons Respecting Venereal Diseases, Together with a New Mercurial Preparation, p. 73.

There is little doubt that Hahnemann was observing the actions of the Human Papillary Virus (HPV), which causes condylomata acuminata. HPV includes around 60 varieties of warts. Hahnemann centered his discussion on venereal HPV although not exclusively. The Founder wrote the following in his early work on venereal diseases.

Their appearance is various: they are sometimes broad and furnished with a pedicle, in which case they are termed *fig warts*; or they are long-shaped, and resemble a cock's comb; or their head sprouts out enormously, giving them the appearance of cauliflowers, etc.; and writers have classified them according to their resemblance to buttons, onions, strawberries, mulberries, and so on, without reflecting that these names indicate no difference of nature, but only depend upon an accidental conformation, consequently are of no essential utility and cannot influence the mode of treatment. More interesting is a knowledge of their nature and of their course.

The Lesser Writings of Samuel Hahnemann; S. Hahnemann (Dudgeon Edition), Instructions for Surgeons Respecting Venereal Diseases, Together with a New Mercurial Preparation, p. 73-74.

In *Sources of the Common Materia Medica* in 1817 Hahnemann clearly noted that there were two venereal diseases, sycosis and syphilis, which could be treated by Thuja and Mercury respectively. In 1819 he further confirmed the nature of sycosis in the *Materia Medica Pura* in the discourse on Thuja. Hahnemann named this miasma, sycosis, after the Greek word “sykon”, which means “fig”. He used this name as a general term for condylomata of all forms although earlier he associated figwarts with broad condylomatous excrescences with a pedicle. Hahnemann also

associated sycosis with cases of a serious form of gonorrhoea. Vide the *Materia Medica Pura*.

For example, he will perceive from these symptoms that the juice of thuja *must* be specifically useful in that hideous disease arising from impure coitus, the fig-warts, if they be not complicated with other miasmata; and experience also shows that thuja is the only efficacious remedy for them. And for a similar reason it most certainly cures that bad kind of gonorrhoea resulting from impure coitus if it be not complicated with other miasmata.

Materia Medica Pura; S. Hahnemann, Volume II, Thuja, p. 649.

In this quote Hahnemann speaks of the condylomatous warts as well as that “bad kind of gonorrhoea”, which is gonorrhoea Neisseria. Albert Neisser confirmed the presence of Neisseria gonorrhoea in 1879 but Hahnemann postulated that this venereal infection was different from syphilis by 1817. In Germany in the 1820s Hahnemann only observed a limited number of gonorrhoea cases but in Paris by the 1840s this disease was much more common. In 1843 the Founder successfully treated Robert Everest, (probably the brother of his good friend Reverend Everest) for acquired gonorrhoeal sycosis.

The Paris casebooks show that Hahnemann tended to treat the primary symptoms of chronic gonorrhoea with acute-like remedies such as Cannabis, Copaiva, Cantharis, etc., and follow up with anti-sycotic remedies like Thuja, Nitric Acid and Cinnabaris. In some cases, he alternated remedies like Cannabis with Thuja right from the start and then continued with Thuja and other anti-sycotic remedies as needed. Hahnemann also looked into various habits and lifestyles that were associated with infections of venereal diseases. In *The Chronic Diseases* Hahnemann wrote that youths should avoid drinking undiluted wine or spirits at parties or the outcome was often uncontrollable lust leading to “gonorrhoea and chancre”. In this work Samuel Hahnemann disagreed with Hunter as he believed that there existed two major venereal diseases, the wart-disease-cum-gonorrhoea and syphilis, which had separate causes and symptoms.

First, then, concerning sycosis, as being that miasma, which has produced by far the fewest chronic diseases, and has only been dominant from time to time. 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, almost always, in an inefficient and injurious manner, internally with Mercury, because it was considered homogeneous with the venereal chancre disease; but the excrescences on the genitals were treated by Allopathic physicians always in the most violent external way by cauterizing, burning and cutting, or by ligatures.

The Chronic Diseases (Theoretical Part); S. Hahnemann, Sycosis, p. 149.

In *The Chronic Diseases* Hahnemann wrote that sycosis is a sexually transmitted disease in which skin growths are sometimes associated with gonorrhoea and sometimes not. He described a variety of excrescences that are now associated with HPV. The range of these excrescences varies from dry warts to soft, spongy coxcomb or cauliflower growths that emit a fetid fluid that smells like herring brine.

These excrescences usually first manifest themselves on the genitals, and appear usually, but not always, attended with a sort of gonorrhoea from the urethra, several days or several weeks, even many weeks after infection through coition; more rarely they appear dry and like warts, more frequently soft, spongy, emitting a specifically fetid fluid (sweetish and almost like herring brine), bleeding easily, and in the form of coxcomb or a cauliflower (*brassica botrytes*).

The Chronic Diseases (Theoretical Part); S. Hahnemann, Sycosis, p. 149-150.

Hahnemann did not have the advantages of laboratory tests to determine the nature of venereal infections. He had to depend on the observation of the patient, signs and symptoms. Hahnemann noted that the discharge of the sycotic gonorrhoea was associated with a thick pus right from the beginning and may or may not be associated with tubercles that are very painful to touch.

Usually in gonorrhoea of this kind, the discharge is from the beginning thickish, 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.

The Chronic Diseases (Theoretical Part); S. Hahnemann, Sycosis, footnote, p. 149.

Cauterizing, burning and surgical removal of the venereal warts does not cure the inner fundamental cause. Internal homœopathic treatment removes the warts by curing the underlying unhealthy terrain within the constitution so that the virus cannot thrive. This also provides more resistance to HPV in the future.

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. When these are violently removed the natural, proximate effect is that they usually come forth again, usually to be subjected again, in vain, to a similar, painful, cruel treatment.

The Chronic Diseases (Theoretical Part); S. Hahnemann, Sycosis, p. 150.

Hahnemann taught that sycosis was a constitutional disorder not a local disease of the genitalia. The use of local treatment on the condylomata does not remove the cause nor correct the inner state associated with the sycotic terrain. In many cases

the excrescences just reappear because there has been no change in the underlying susceptibility to HPV, the wart disease.

But even if they [the excrescences ✍] 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.

The Chronic Diseases (Theoretical Part); S. Hahnemann, Sycosis, p. 150.

The suppression of the syctic excrescences and gonorrhoeal discharge deprives the constitution of symptoms that acts as a “pressure value”. Just as the suppression of psora produces innumerable chronic sequels, the suppression of sycosis produces a number of serious chronic disorders. Hahnemann did not consider all discharges from the genitals to be sycosis. He was well aware that there were acute miasms that did not need to be treated with anti-syctic remedies. He called these acute miasms common gonorrhoea.

The miasm of the other common gonorrhoea seems not to penetrate the whole organism, but only to locally stimulate the urinary organs. They yield either to a dose of one drop of fresh parsley juice, when this is indicated by a frequent urgency to urinate, or a small dose of Cannabis, of Cantharides, or of the Copaiva balm, according to their different constitution and the other ailments attending to it. These should, however, be always used in the higher and highest dynamizations (potencies), unless a Psora, slumbering in the body of the patient, has been developed by means of a strongly affecting, irritating or weakening treatment by Allopathic physicians. In such a case frequently secondary gonorrhoeas remain, which can only be cured by an anti-psoric treatment.

The Chronic Diseases (Theoretical Part); S. Hahnemann, Sycosis, footnote, p. 150.

This footnote carries many interesting points. First of all, there are acute miasms that cause a local gonorrhoea. These acute miasms are cured by selecting similar remedies by the local symptoms and the “different constitutions” of the patients and their concomitant symptoms. This shows that Hahnemann paid close attention to the nature of the constitution of the patient and the accompanying ailments even in acute miasms. He also points out that a flare-up of latent psora often compounds those acute gonorrhoeal miasms that have been aggravated by allopathic treatment. In this case the treatment of the acute discharge must be complemented by anti-psoric treatment or the secondary symptoms of the acute gonorrhoea will remain. The idea

that suppression and allopathic drugs have the potential to awaken latent psora is very important in *The Chronic Diseases*. Modern homœopaths often overlook this point. Hahnemann was very critical of the universal use of large doses of Mercury against all venereal diseases. He pointed out that the use of this remedy caused more excrescences to break out on different parts of the body and caused other concomitant ailments like contraction of the flexor muscles, especially in the fingers.

Besides the undermining of the general health by Mercury, which in this disease can only do injury, and which is given mostly in very large doses and in the most active preparations, similar excrescences then break out in other parts of the body, either whitish, spongy, sensitive, flat elevations, in the cavity of the mouth, on the tongue, the palate and the lips, or as large, raised, brown and dry tubercles in the axillae, on the neck, on the scalp, etc., or there arise other ailments of the body, of which I shall only mention the contraction of the tendons of the flexor muscles, especially of the fingers.

The Chronic Diseases (Theoretical Part); S. Hahnemann, Sycosis, p. 150-151.

Hahnemann found that Thuja was most similar to the chronic fig-wart miasma by 1817. He found this remedy to be most effective against that “bad kind of gonorrhoea” he associated with sycosis as well as the condylomata acuminata caused by HPV. This “bad kind of gonorrhoea” is not the same as the common gonorrhoea he associated with acute miasms. By 1828 he noted that the alternation of Thuja and Nitric Acid was most effective in removing sycosis where both the gonorrhoeal element and the condylomatous growths were present at the same time.

The gonorrhoea dependant on the fig-wart miasma, as well as the above-mentioned excrescences (*i. e.*, the whole sycosis), are cured most surely and most thoroughly through the internal use of Thuja, which, in this case is Homœopathic, in a dose of a few pellets as large as poppy seeds, moistened with the dilution potentized to the decillionth degree, and when these have exhausted their action after fifteen, twenty, thirty, forty days, alternating with just as small a dose of Nitric acid, diluted to the decillionth degree, which must be allowed to act as long a time, in order to remove the gonorrhoea and the excrescences, *i. e.*, the whole sycosis. It is not necessary to use any external application, except in *the most inveterate and difficult* cases, when the larger fig-warts may be moistened every day with the mild, pure juice pressed from the green leaves of Thuja, mixed with an equal quantity of Alcohol.

The Chronic Diseases (Theoretical Part); S. Hahnemann, Sycosis, p. 151.

Hahnemann also left some preliminary instructions for the treatment of cases complicated by psora, sycosis and syphilis. His methodology was based on a simple formula of utilizing his three cardinal anti-miasmatic remedies. His first point

is that allopathic treatment often causes a flare-up of latent psora that must be addressed first. It is important to remember that most of Hahnemann's statements deal with acquired sycosis and syphilis rather than their inherited forms. Most modern homœopaths do not treat acquired venereal diseases.

But if the patient was at the same time affected with another chronic ailment, as is usual after the violent treatment of fig-warts by Allopathic physicians, then we often find developed Psora complicated with sycosis, when the Psora, as is often the case, was latent before in the patient. At times, when a badly treated case of venereal chancre disease had preceded, both these miasmata are conjoined in a three-fold complication with syphilis. Then it is necessary first to come to the assistance of the most afflicted part, the *Psora*, with the specific anti-psoric remedies given below, and then to make use of the remedies for sycosis before the proper dose of the best preparation of Mercury, as will be described below, is given against the syphilis; the same alternating treatment may be continued, until a complete cure is effected. Only, each one of these three kinds of medicine must be given the proper time to complete its action.

The Chronic Diseases (Theoretical Part); S. Hahnemann, Sycosis, p. 152.

The importance of treating the most active layer first should not be overlooked. In the footnote to the above quote, Hahnemann noted that it is rare for psora to complicate a recent sycosis in younger persons that have not been treated with Mercury. Suppression and drugging causes an acerbation of the internal psora that obstructs the cure. In the above scenario the deepest layer is a syphilis that preceded the sycosis and the suppression. Therefore, the activation of psora became the most active miasm, then the sycosis, and lastly the syphilis. This, however, is not the only scenario.

In this case the psora was treated first, then the sycosis and finally the syphilis. After the psora was removed the venereal remedies were alternated if necessary. Hahnemann's treatment of the venereal diseases was rudimentary when compared with the sophisticated methods of the next generation. Although Hahnemann reviewed a large group of anti-psoric remedies in *The Chronic Diseases* he only mentioned two remedies for sycosis, i.e., Thuja and Nitric Acid. These two remedies were not sufficient for curing venereal diseases in the vast number of human constitutions. Some years later Boenninghausen spoke of thirty-three potential anti-sycotic remedies in his *Anamnesis of Sycosis*.

For it hardly ever is possible to destroy the whole of the many-formed sycotic miasma by the use of *Thuja* alone, just as little as *Sulphur* alone can destroy psora or *Quicksilver* can destroy syphilis and its manifold sequelae by itself alone. Still less can this be expected where, as is often the case, there are

complications of two or three of the miasms, of which Hahnemann speaks in his “Chronic Diseases” (I, page 115, 2d edition), and these complications are by no means as rare as some people might suppose.

The Lesser Writings; C. M. F. Boenninghausen, Anamnesis of Sycosis, p. 158.

Hahnemann did not offer an extensive list of the primary, latent and secondary symptoms of sycosis in *The Chronic Diseases*. His 1828 review of sycosis was very brief when compared with his dissertation on psora. The above list of symptoms only offers a few details about the excrescences found on the skin and introduces the idea that sycosis causes contractions of the tendons and arthritic-like diseases. Hahnemann promised Baron Von Boenninghausen that he would make a more extensive study available to him but he was unable to keep his word.

As to the recognition and treatment of the first mentioned miasmatic diseases and their complications, Hahnemann himself in his masterly work on the Chronic Diseases left us the most complete directions, founded on many years experience. The much-disputed division of medicines into antipsorics and non-antipsorics need not be considered here. It is enough to know that the former far excel the latter in their effectiveness in chronic diseases, and that their originator has nowhere excluded them from use in acute diseases. Later experience has also taught us that additional medicines from our medical treasury should be numbered in this category which have not been thus treated in that excellent work. **I am only sorry that Hahnemann has not been able to fulfill the promise which he gave me in writing, that he would treat as thoroughly and completely the images of syphilis and sycosis with his accustomed mastership as he has done in the above mentioned work (Vol. I, p. 58 ff. of the Second Ed.) with respect to latent and reawakened psora. ★**

The Lesser Writings; C. M. F. Boenninghausen, A Contribution to the Judgment Concerning the Characteristic Value of Symptoms, p. 115.

It is indeed unfortunate that Hahnemann was not able to supply his students with an expanded study of sycosis and syphilis. If the notes to such a study exist they have yet to be recovered. It was Wolf, Boenninghausen, Kent, J. H. Allen and others who helped to expand the symptoms of sycosis and find additional remedies for its treatment. The Baron’s work is called *Anamnesis of Sycosis* and can be found in *Boenninghausen’s Lesser Writings*. In this work, Boenninghausen expands on the subject of sycosis and discusses preventative remedies.

Every homœopathic physician, old-fashioned or new-fashioned, knows and understands the importance of what is called anamnesis. This anamnesis does not, as it is well known, confine itself to external injuries, as from a fall, a blow, a contusion, a sprain, a burn, a wetting, etc., nor to antecedent

diseases, such as measles, scarlatina, etc., nor to various emotions or all other manifold occurrences which are wont to be followed by severe diseases. It is used as well, and with the most decided results in prophylactic treatment, in infectious epidemics, without waiting for the appearance, much less the severe stage of a disease, as soon as from a fully developed case of the disease in the neighborhood the remedy for the disease may be determined with certainty; this remedy being also the surest prophylactic against infection from the same disease.

The Lesser Writings; C. M. F. Boenninghausen, Anamnesis of Sycosis, p. 148.

The Baron points out the importance of the homœopathic anamnesis and its uses in accidents, acute miasms, emotional disorders, and all other diseases. This statement encompasses both individual disorders and diseases of common cause and similar symptoms. It also points out the importance of the group anamnesis in the prevention of epidemic disorders that pose a clear and present danger. It is this same anamnesis that is applied to the collection of the symptoms of a chronic miasm. He exhorts homœopaths to include the study of chronic miasms when taking cases.

If the correctness of these views is granted, and according to our constant experience up to this time this must be granted, sound reason will see a great lack of consistency, if we would deny in chronic diseases what has been proved and verified in acute diseases. And yet the much reviled and ridiculed theory of the three miasmas (psora, syphilis and sycosis) laid down by the founder of our Homœopathy is nothing else than a consequential application of the doctrine of anamnesis to chronic diseases, as this is most plainly laid down in §5 and §206 of the Organon (5th Edition). It is thereby totally incomprehensible how this has been so entirely overlooked, unless other by no means praiseworthy motives have been brought into play.

The Lesser Writings; C. M. F. Boenninghausen, Anamnesis of Sycosis, p. 148.

Even today many homœopaths do not realize that the symptoms of the chronic miasms were collected by a group anamnesis composed of the symptoms of many patients. The Baron did not limit the number of miasms capable of causing chronic diseases to those that Hahnemann had introduced. He was open to the introduction of new miasms as well as refining and updating of the older material.

I do not wish to deny by any means that there may be perhaps beside the three above mentioned anamnestic indications, and beside the medicinal diseases, one or another additional miasm to which may be ascribed a similar influence on health. Nevertheless such a miasm has not been so far proved by means of demonstrative documents and it must therefore be left to future investigation.

The Lesser Writings; C. M. F. Boenninghausen, Anamnesis of Sycosis, p. 148-149.

It was Wolf's *Homœopathic Experiences* (Nos. 2–5) that first enlarged the anamnesis of sycosis. He pointed out that many of the early failures in curing sycosis were due to the lack of a complete anamnesis and a full assortment of anti-sycotic remedies. Wolf also noted that there was a similarity between smallpox, vaccinosis and sycosis. As of yet the symptoms of psora, pseudopsora, sycosis and syphilis were not fully separated nor clearly defined. It would take several generations of homœopaths to perfect the classification of the chronic miasms.

Nevertheless it is on the other hand not to be denied that this circumstance has given an additional difficulty to our practice, as we have not so far any certain signs by which we can distinguish certainly the domain of the one miasma from that of the other. For by far the greatest number of the symptoms in chronic diseases are found among all the three, and we lack as yet the requisite sifting and separation of these symptoms, in so far as one or the other of them belongs exclusively to one or the other of these miasmas and may therefore serve for the determination of this very important amnesic particular.

The Lesser Writings; C. M. F. Boenninghausen, *Anamnesis of Sycosis*, p. 149.

In the *Anamnesis of Sycosis* Boenninghausen uses the characteristic symptoms of Thuja that agreed with his understanding of sycosis as a guide to the symptoms of the miasma. From this collection of symptoms he then makes comparisons with remedies that share the same rubrics. The Baron proceeds to give one hundred and fifty symptoms of Thuja that he felt reflected pure sycosis. Here are a few examples that offer an idea of this unique methodology. The numbers are from Boenninghausen's list.

1. A fixed idea that a stranger is always at his side (Anac.).
4. Vertigo when closing the eyes, and passing away again as soon as they are opened (Ap., Lach.).
15. Warts on the nose (Caust.).
27. Teeth crumble (Bor., Lach., Staph.).

After reviewing one hundred and fifty symptoms of Thuja that may reflect pure sycosis Boenninghausen wrote the following.

From the preceding series of symptoms, which may be considered as the essential substance of all that is known of the peculiar symptoms of Thuja (and of pure sycosis?), we see the greater or lesser relationship that exists with the following remedies: Anacard., Ant. cr., Apis, Ars., Bar., Bell., Calc., Carb. an., Carb. veg., Caust., Chin., Euphr., Ferr., Graph., Hepar., Iod.,

Kali., Lach., Lyc., Mezer., Nitr. ac., Phosph., Phosph. ac., Plat., Plumb., Puls., Rhus., Sabad., Selen., Sepia, Sil., Spig., Staph.

The Lesser Writings; C. M. F. Boenninghausen, Anamnesis of Sycosis, p. 158.

The Baron used a comparative study of the symptoms of Thuja that he felt were characteristic of sycosis as a basis of a comparative materia medica study. Many of the remedies found in the Baron's original anamnesis of sycosis have proven to be cardinal remedies in the treatment of the sycotic miasma. This includes remedies like Bar., Calc., Caust., Ferr., Lach., Lyc., Nux-v., Plat., Plumb., Puls., Sabin., Sepia, and Staph., etc. Of his experience the Baron said:

Just as such a coincidence points to a sycotic anamnesis, so experience has also confirmed that in numerous cases the use of these remedies has been found especially useful in ailments which can be proved to have originated in this source when they have been also otherwise correctly selected according to the fundamental homœopathic principle.

The Lesser Writings; C. M. F. Boenninghausen, Anamnesis of Sycosis, p. 158.

By using his anamnesis of sycosis based on Thuja Boenninghausen was able to find a group of remedies that had the potential to treat the collective miasma. This ingenious method has not been used in modern Homœopathy yet it offers great insights. Such a comparative method could also be used with Medorrhinum and the other cardinal nosodes and anti-miasmatic remedies. The comparative materia medica study could be applied to all the chronic miasms in a similar fashion.

In Hahnemann's first observations of the venereal diseases the separation of the symptoms was not complete. Hahnemann's description of sycosis in 1828 includes condylomata acuminata associated with HPV, gonorrhoea Neisseria and the condylomata lata of syphilis. In *Venereal Diseases* Hahnemann doubted the idea that any type of condylomata were caused by syphilis and in *The Chronic Diseases* omitted a description of condylomata lata in the section on syphilis. Condylomata acuminata are the warts associated with the symptoms of sycosis. Condylomata lata are secondary symptoms caused by syphilis. They are papular syphilides (the most contagious of the early syphilitic eruptions) that are large, fleshy, round-like masses with broad bases and flat tops that tend to become confluent. After the necrotic tissue develops it sheds leaving a moist, dull-red, eroded surface fringed with loose epithelium. They are often found on the warm moist areas of the body; anus, crack of buttocks, scrotum, labia, inner upper thighs, between toes, under the breast, axillae and umbilicus.

After Hahnemann, homœopaths were left to their own resources to sort out the symptoms of sycosis. At that time, the fact that HPV caused venereal warts was not known. Most research on sycosis seems to have concentrated on gonorrhoea as the

basis of sycosis. The appearance of genital and body warts was looked on more as tertiary symptoms of gonorrhoeal sycosis rather than primary lesions of HPV wart disease. Hahnemann's sycosis was centered strongly on the venereal condylomatous disease, although it also included "that bad kind of gonorrhoea". Hering suggested that psora may have to be subdivided into a number of species and varieties in the future. The same may be said of sycosis.

In this study I have included all the traditional symptoms under the general title of "sycosis", and at the same time I have subdivided sycosis into two types: sycosis 1, the wart miasm, and sycosis 2, the gonorrhoea miasm. It is not rare that these two infections are found in the same patient. It has been observed by homœopaths that the suppression of HPV warts on the genitalia and on the body in general lead to constitutional sequels associated with sycosis. I have seen some cases where the suppression of HPV warts without a history of gonorrhoea produced many of the symptoms traditionally noted under sycosis. It has also been observed that those who suffer suppressed gonorrhoea often later develop warts on different parts of the body. This may be because these two non-syphilitic venereal miasmas share a similar band of susceptibility and internal constitutional terrain in which one follows the other or may simply coexist.

Sycosis 1, HPV the Wart Miasm

Human papilloma virus (HPV) is a sexually transmitted disease that belongs to the papovaviridae family, which includes over 100 different strains. This virus produces common skin warts, mostly found on the hands and feet, plantar warts, warts under and around the nails and flat warts most commonly found on the face or forehead. Some strains have been linked to cervical cancer, anal cancer, vulvar cancer, head and neck cancers, non-melanoma skin cancers and penile cancer. Around 30 of these viruses are sexually transmitted and infect the genital area including the penis, vulva, anus, scrotum, groin, thigh and linings of the vagina, cervix or rectum. In many cases the virus does not produce a skin lesion while in others they produce condylomata acuminata. Around 50% of sexually active men and women in the USA contract HPV. In rare cases HPV may be transmitted to an infant during vaginal delivery. In some rare cases it causes anal or genital cancers. The warts usually appear as moist, soft, pinkish or flesh-colored lesions and usually appear in the genital area. They can also be small or large, flat or raised, single or multiple. They sometimes take on a cauliflower appearance. It may take weeks to months for the condylomata to appear. Certain types of HPV have been linked to cancer of the cervix. Women are often diagnosed as having HPV through abnormal Pap test. There is also HPV DNA testing for women. There is no test for men.

My friend and colleague Dr Ardavan of Iran has been investigating the symptoms of HPV as a miasm and offers the following symptoms and remedies.

MAIN REGIONS

Skin. Male organs. Female organs. Mind. Extremities. Larynx. Respiration.

MODALITIES

Aggravation: night.

MIND

Sadness, Taciturnity. Loathing at life. Dullness. Anger, Irritability.

HEAD

Crusty eruption. Occipital pressing pain.

EYE

Conjunctivitis. Pressing pain.

VISION

Dim vision.

MOUTH

Condylomata.

THROAT

Mucus. Pain on swallowing.

EXTERNAL THROAT

Cervical lymphadenopathy.

STOMACH

Increased appetite. Eructations.

ABDOMEN

Distention and rumbling. Cramping pains.

RECTUM

Hemorrhoids.

PROSTATE GLAND

Enlarged prostate.

URETHRA

Burning pain during urination.

LARYNX

Altered cry in children. Hoarseness.

RESPIRATION

Distress. Stridor.

EXPECTORATION

Increased.

FEMALE ORGANS

Cervical cancer. Maculopapular eruptions. Warts.

MALE ORGANS

Maculopapular eruptions. Warts. Increased sexual desire.

EXTREMITIES

Warts. Painful plantar warts. Itching of lower limbs. Weakness of knee.

BACK

Stiffness in cervical region.

SLEEP

Sleeplessness. Falling asleep late.

SKIN

Warts. Painful warts.

GENERALS

Weakness. Lack of vital heat. Burning pains. Stitching pains. Yellow discharges.
Aggravation nights.

Remedies for HPV Miasm

THUJ., NIT-AC., CALC., LYC., Nat-s., Staph., Sars.

This concludes Dr Ardavan's study of the HPV miasm.

A review of the materia medica provides a good amount of information on remedies that have been used to treat genital warts (including rectum, buttocks,

thighs, etc.) caused by HPV. The following list is dominated by remedies traditionally known to treat sycosis.

Sycosis 1, HPV the Wart Miasm

Alum., alum-sil., anac., ant-c., ant-t., **Apis**, arg., arg-n., ars., aur., aur-m., aur-m-n., aur-s., bell., benz-ac., calc., calen., canth., carc., caust., cham., chr-ac., **Cinnb.**, clem., con., cub., cypra-e., dulc., eucal., euph., euphr., fl-ac., graph., hep., iod., kali-bi., kali-br., kali-chl., kali-i., kali-m., kreos., **Lac-c.**, lach., lyc., m-aust., med., merc., merc-c., merc-d., merc-s., mez., mill., nat-c., nat-m., **Nat-s.**, neon., **Nit-ac.**, nux-v., ozone., petr., phos., ph-ac., phyt., pic-ac., plat., podo., psor., puls., rhus-t., ran-b., sabad., sabin., sanic., sars., sec., sel., **Sep.**, sil., **Staph.**, sulph., syc-co., tarent., **Thuj.**, vanad.

Sycosis 2, The Gonorrhoea Miasm

Gonorrhoeal sycosis has been present in Western Europe since remote periods. Its symptoms were charted by physicians in Mesopotamia thousands of years ago. Its symptoms are found in the case histories of Hippocrates in the 6th century BC, and Alexander Benedictus documented the symptoms of gonorrhoea in Europe in the late medieval period. In the homœopathic tradition the basis of the susceptibility to sycosis was laid by the ancient psoric miasm. Psora causes inroads on the mind and body that lead to a state where an infection of sycosis becomes more possible.

The effects of the sycotic miasm combined with psora and pseudopsora so long ago in the history of humanity that no one really knows when it happened. Syphilis is considered to be of a more recent history in Europe, and it was generally attributed to the sailors who returned from the Americas at the end of the 15th century. This has been questioned by current information that a form of syphilis was seen in Greece and Italy circa 500 to 200 BC, although it must have been rather limited. In the 16th century the Europeans were so overwhelmed by syphilis that the separate aetiology of gonorrhoea was completely forgotten and all venereal diseases were considered the same.

Kent opined that there were three types of gonorrhoea of which two were infectious miasms and one was not. The first is a simple non-infectious inflammatory gonorrhoea and the second a self-limiting acute miasm that does not tend to produce a chronic syndrome. The third is an infection with the gonorrhoeal sycotic miasm that produces a chronic disease with secondary and tertiary states, especially if suppressed. The unsuppressed infection of gonorrhoeal sycosis has four phases, the initiatory, the inflammatory, the receding, and the stage of the gleet. The most common mode of infection is through the genital and urinary tracts of both sexes during intercourse. The infection may be passed to the rectum by rectal intercourse.

It may also infect the conjunctival sacs, especially in infants through the mother. On rare occasions it can be passed to children (especially females) through poor hygienic standards or close contact in bed.

The incubation period is usually between 2 and 10 days. The initiatory symptoms in the male are a slight tingling which is followed by a thin urethral discharge that becomes mucopurulent as the inflammation period is established. In some severe cases the discharge may include a few drops of blood although true hemorrhage is rare. The discharge is often of a yellow or greenish color. The local complications in the male include inflammation of the local tissue and glands producing cowperitis, prostatitis, vesiculitis, hydrocele, proctitis with bleeding from rectum, etc. In the female the affected tissues may include the urethra, cervix uteri and the vaginal fornices. In some cases cervicitis may produce a vaginal discharge with a concomitant backache and other aches and pains. The urethral symptoms are similar to the male but a noticeable discharge is often lacking. When an observable vaginal discharge is present, it is often caused by coexisting infestation of *Trichomonas vaginitis*, which is present in 50% of cases. Up to 50% of women experience a complete lack of symptoms, which makes them excellent carriers for the bacterium.

Some patients may show symptoms of toxic absorption such as fever, headache, malaise, increased pulse rate, etc. The gonococcus may also invade the blood stream causing metastatic effects such as arthritis and rheumatism with occasional destruction of joints, especially monarticular joints like the wrist and knee. Gonococcal septicemia can cause heart complaints such as endocarditis and pericarditis. The deeply suppressed and inherited gonorrhoeal miasma may mimic such symptoms without the presence of the bacteria.

The initial and acute-like inflammatory symptoms of the gonorrhoea have been treated with remedies like: acon., apis., arg-n., atro., calc-hp, camph., cann-i., **Cann-s.**, **Canth.**, caps., chim., clem., coloc., cop., cub., dig., ferr-p., euph., fl-ac., gali., gels., hydr., hydrc., med., merc., merc-c., methyl., ol-sant., petros., pip-m., puls., sabal., sabin., salx-n., ter., thuj., tus-p., etc.

The more chronic symptoms have been treated with remedies like: agar., agn., alum., alum-p., alumn., arg., bar-m., brom., **Calc.**, **Calc-p.**, **Calc-s.**, cann-s., caps., chim., **Chlor.**, cinnb., **Coch.**, con., cub., cupr., dam., dig., dulc., ferr., fl-ac., gels., hep., hydr., kali-c., kali-s., lach., lyc., med., merc., mez., mygal., myric., **Nat-m.**, **Nat-s.**, nit-ac., nux-v., petr., petros., plb., psor., sabin., sel., sep., sil., **Thuj.** etc.

Remedies known for the stage of gleet include: agar, **Agn.**, arg-n., **Alum**, aur-m., bar-c., bar-m., **Benz-ac.**, bov., calad., calc., cann-i., cann-s., canth, caps, carb-v., chim., cinnb., clem., cob., cop., cub., cupr., dor., equist., dulc., ferr., fl-ac., graph., guai., hep., hydra., iris., kali-b., kali-c., **Kali-chl.**, **Kali-i.**, kali-s., lyc., med., merc.,

merc-c., mez., mur-ac., myric., nat-c., **Nat-m.**, nat-s., nit-ac., nux-v., ol-sant., petr., **Petros.**, ph-ac., phos., phyt., pip-m., plb., psor., **Puls.**, sabal., sang., sars., **Sel.**, **Sep.**, sil., silphu., still., sul-i., **Sulph.**, tell., ter., **Thuj.**, x-ray., zinc., etc.

Remedies for the treatment of gonorrhoeal miasma and its suppressed state are listed below. For more details, please refer to the repertory and materia medica for specific rubrics.

Sycosis 2, the Gonorrhoea Miasm

Acon., agar., agav-a., agn., aloe, alum., alumn., am-c., am-m., amyg-am., anag., ant-c., ant-t., apis, **Arg.**, arg-n., ars., ars-s-f., aur., aur-m., bad., bar-c., bar-m., baros., bell., benz-ac., bism., bor., calad., calc., calc-p., calc-s., camph., cann-i., **Cann-s.**, **Canth.**, caps., caul., caust., cean., cedr., cham., chel., chim., chin., cic., cinnb., clem., cob., coch., colch., cop., con., crot-h., cub., cupr-ar., dig., dor., dulc., echi., equis., erig., ery-a., eucal., ferr., ferr-i., ferr-p., fl-ac., gels., graph., guai., ham., hep., hydr., ichth., jac., kali-bi., kali-chl., kali-i., kali-m., kali-s., kreos., lac-c., lach., lachn., led., lyc., **Med.**, merc., merc-c., merc-i-r., merc-pr-r., merc-s., methyl., mez., mill., mygal., naphntin., nat-m., **Nat-s.**, **Nit-ac.**, nux-v., ol-sant., parier., petr., petros., ph-ac., phos., phyt., pin-c., pip-m., plat., plb., psor., **Puls.**, rhod., sabad., sabal., sabin., salol., salx-n., sars., sel., senec., **Sep.**, sil., staph., stigma., still., sulph., syc-co., tarent., ter., tus-f., tus-p., **Thuj.**, zinc.

Suppressed Gonorrhoea

acon., agn., alum., anag., ant-t., arg-n., aur., aur-m., aur-m-n., bar-m., benz-ac., brom., calad., calc., calc-p., camph., cann-s., **Canth.**, caps., chel., clem., clem-b., coca, coloc., con., cop., crot-h., dam., daph., dor., gels., graph., hydr., jac., kali-i., kali-m., kali-p., kali-s., kalm., lyc., **Med.**, merc., merc-c., merc-d., mez., mygal., nat-m., **Nat-s.**, nit-ac., nux-v., phyt., psor., puls., rhod., sabin., sang., sars., sel., sep., sil., spong., staph., **Sulph.**, syph., **Thuj.**, verat., viol-t., x-ray. zinc.

Gonorrhoea in Male

acon., agar., agn., alum., amyg-am., anac., apis, arg., arg-n., ars-s-f., asc-c., asc-i., aur., aur-m., bar-c., bar-m., benz-ac., bor., brom., calad., calc., calc-p., camph., cann-i., **Cann-s.**, **Canth.**, caps., caul., caust., cean., chel., **Clem.**, chin., cinnb., cop., cub., cupr., dig., dor., echi., equis., erech., erig., ery-a., eucal., euph., fab., ferr., fl-ac., gels., ger., graph., ham., hep., hydr., kali-bi., kali-br., kali-s., kreos., lyc., med., merc., merc-c., merc-i-r., merc-s., mez., mygal., nat-m., nat-s., **Nit-ac.**, nux-v., ol-sant., petr., petros., ph-ac., phos.,

phyt., pip-m., plb., psor., **Puls.**, rhod., sabal., sabin., sars., sel., senec., sep., sil., staph., still., sulph., ter., **Thuj.**, tus-f., tus-p., vesic., zinc.

Gonorrhoea in Female

acon., aesc., alum-n., apis, arg., arg-n., aur., aur-m., aur-m-n., benz-ac., bor., cann-i., cann-s., **Canth.**, caps., caul., caust., cean., chel., cic., cinnab., clm., con., cop., cub., dig., dor., equis., erig., ferr., ham., hep., hydr., ign., kali-bi., kali-s., kreos., lac-c., lach., lact., lyc., med., merc., merc-c., mez., mygal., naphthin., nat-m., nat-s., **Nit-ac.**, nux-v., ol-sant., petr., petros., phos., pip-m., plat., plb., pop., psor., **Puls.**, rhod., sabal., sabin., salol., salx-n., sars., sep., sil., sil-mar., staph., still., sulph., tarent., ter., thuj., tus-f., tus-p., vesic., zinc.

The Anatomy and Physiology of Sycosis

Sycosis (2) is represented by the first trough (-) on the miasmatic sine wave. The physiological reaction to this miasm is an attempt to counter the pathogenic agent by infiltration, induration, and passive resistance rather than by direct pro-inflammatory attack. This does not mean that sycosis produces no inflammation but the strategy of the organism is to contain irritation rather than incite it as it does in psora. It symbolizes the second stage of terrain imbalance where the organism attempts to wall off the miasm to protect the innermost important spheres. This causes a vagotonia, which leads to unhealthy anabolic processes that depress the immune system leading to further immunodeficiency and more autoimmune states. The primary symptoms of sycosis manifest as an acute-like inflammatory reaction with infiltration and swelling. During this crisis-like phase the focus of the reaction is on the site of infection and walling off of the local tissues. When sycosis is suppressed the disease enters its latent phase where the organism attempts to resist and adapt to the miasm while maintaining its physiological processes to the best of its ability.

The long-term reaction to sycosis causes an increase in anabolic processes producing a proliferation of tissues which leads to the walling off of cells, unhealthy new growths and toxic crystallizations. At the same time, the continual production of anti-inflammatory hormones reduces the function of the immune system leading to heightened immunodeficiency. The increase of parasympathetic action and the slowing of functions of the endocrine system lead to the following symptoms: low thyroid, increased weight, water retention, swelling and edema; PMS with swelling of the breast and menstrual problems; increased metabolic retention of nitrogenous substances, oxalates, phosphates, calcium, uric acid, etc; disturbances of the lipid metabolism, raised cholesterol and hardening of the arteries. Increase in acidity and malassimilation causes sour indigestion with colicky cramp-like pains > by

lying on the abdomen or in the knee elbow position and > by pressure. After a prolonged acid-alkaline imbalance the kidneys activate a local defense mechanism that manufactures ammonia to neutralize the acidic wastes. Under prolonged stress the organism leaches alkaline minerals from the blood and bones to neutralize the acids produced by sycosis. In the stage of exhaustion the kidneys can no longer function and the non-eliminated wastes cause auto-intoxication with crystallizations leading to degenerative diseases.

The outcome of these sycotic derangements includes imbalances in blood levels, anemia, high uric acid levels; excess mucus and serous fluids; lymphatic stagnation and swollen glands; remote metastatic non-suppurative inflammatory reactions like swelling, cysts, and indurations; catarrhal discharges from the mucous membranes of dirty brown or yellow-greenish color, sour fishy odors; the muscles become full of lactic acid, fibrositis forms in joints, muscles and ligaments; the bones and joints degenerate causing osteoporosis, rheumatic and arthritic diseases that are < in cold and damp weather or storms and < from eating meat and other fatty or acid-forming foods. Sycotic pains are erratic, wandering, sudden, intense, spasmodic, cramp-like and colicky in nature. There is an increase in mucous secretions, watery fatty deposits, cysts, and thickening of the skin, hypertrophy of the glands, tissues and organs.

These are some of the physiological changes that cause the secondary states of sycosis and produce its signs and symptoms. Due to the suppression of the immune system and the growth of sycosis, the constitution becomes extremely susceptible to flu, chronic fatigue syndrome, Bar Epstein virus, mononucleosis, and other viral infections. The individual takes on a cachexy and never fully recovers. The normal immune function that recognizes “self” and “not self” breaks down, allowing mutations of cells leading to pre-cancerous states and increased susceptibility to cancer-related viruses. These constitutions also easily suffer severe complications from vaccination and inoculation.

In the advanced stage these disorders transform from a functional nature to pathological tissue changes. The anemia leads to destructive blood and tissue diseases and the catarrhal discharges become acrid, excoriating, thick, dirty brownish or greenish-yellow with sour, fishy, musty and offensive smells. At the same time, dangerous indurations and degenerative cystic erosions develop and stones and crystals form in the kidney and gall bladder; fatty growths appear in the skin, connective tissue, muscles and organs. The muscles become full of lactic acid and other metabolic wastes and the patient becomes neuralgic and rheumatic and the joints and cartilage suffer arthritic degeneration. The arteries slowly become clogged with fats putting the heart and brain at risk of serious destruction.

Sycosis causes an imbalance of the adrenal cortical hormones that produces pigmentation changes, spider spots, naevi, liver spots, freckles and butterfly malar

pigmentation. The skin becomes susceptible to the development of moles (especially of a reddish color), flecks, excrescences, warts, and condylomata. The darkened areas of skin often possess profuse hair growth. Derangement of the sebaceous skin glands causes greasy skin and oily perspiration that stains the linen yellow.

The Sycotic Pathway

The sycotic progression tends to follow from HPV warts and/or catarrhal-like discharge of the sexual glands > to suppression by allopathic medicine > to anemia and white blood cell imbalances, lymphatic stasis, weakness, and edema > to catarrhal discharges of the eyes, ears, nose, throat, lungs or other mucous membranes > to digestive malassimilation and sour acid indigestion with colicky pains and putrid taste and in the female, disorders of the pelvic organs > to neuralgias, rheumatism, gouty, arthritic changes, heart problems > to greasy skin, oily perspiration with fishy odors > to dark pigmentation and discoloration of the skin > enhanced susceptibility to warts, moles, excrescences, condylomata and excessive growth of body hair. The exact order of these symptoms may vary in an individual but the overall pattern remains common to many. Sometimes, the phases may be mixed or alternate but usually most of the essential elements are present in one form or another.

Individuals with these constitutions usually suffer from occasional non-specific urethritis (NSU) or leucorrhoea and may have a history of venereal disease. This establishes the full sycotic cycle and increases the pool of infection by producing a new carrier of sycosis. Of course, the progression does not mechanically follow this exact line, as there are many possible variations. Much depends on the constitutional temperament, and its predispositions, as well as the environmental stresses to which it is exposed. Although all the major chronic miasms (psora, sycosis and syphilis) may cause “heart disease” the pathway of the disease and its corresponding symptoms are different. This makes it possible to differentiate which miasm stands behind a pathological state by the direction and nature of the symptoms that lead to the pathology.

Primary Stage Sycosis

The susceptibility to sycosis is determined by predispositions, environmental factors, lifestyle and the time and duration of the exposure. The aetiology of sycosis includes the gonococcus *Neisseria* and the Human Papillary Virus (HPV) and may be related to an increased susceptibility to a spectrum of related infections. Sycosis has three phases that modern homœopaths call the primary, secondary and tertiary stages to coincide with the three phases of syphilis. Thus there are two classifications for the miasms, one for the non-venereal, and one for the venereal. The three phases of psora and pseudopsora are usually classified as the primary, latent and secondary

stages whereas the three stages of sycosis and syphilis are normally classified as the primary, secondary and tertiary.

The secondary stage of the venereal diseases can be either active or latent depending on whether there are any noticeable symptoms or not. In the non-venereal miasms the latent stage may also show some functional symptoms or may be totally dormant. These differences of terminology in homœopathic literature may lead to confusion if one does not understand that in the venereal diseases the secondary stage is the second phase and in the non-venereal miasms it stands for the third phase.

The primary stage of sycosis may involve an infection of venereal warts caused by HPV and/or an infection of gonorrhoea *Neisseria*. In the case of HPV the infection may be accompanied by gonorrhoea caused by HSV-2, which is a herpes virus that sometimes appears as a complication of HPV. In some cases HPV will remain latent and produce no condylomata acuminata. The appearance of the warts may be accompanied by a feeling of malaise, irritability and sadness. On seeing the warts there is often a feeling of being contaminated, impure, and polluted. The warts may appear as small dry warts, in the form of a coxcomb or cauliflower excrescences. In some cases there is a sweetish or briny smell and the warts may be painful and bleed. The suppression of genital HPV leads to a host of chronic symptoms generally associated with sycosis. The difference between the HPV warts of the primary stage of sycosis and the tertiary stage is that the primary stage warts appear on the genitals while the tertiary stage excrescences appear all over the body and are of many different types. It is quite common that after the suppressive removal of the genital warts other warts appear on the body. It is as if suppression of the genital warts increases the susceptibility of the individual to HPV warts in other locations.

In acquired gonorrhoeal sycosis the incubation period of a primary infection is usually 2–14 days in males and 2–21 days in females. This is generally accompanied by fear and anxiety with a frequent desire to examine their sexual organs. In the early initiatory stage of the disease there is more or less chill, fever, loss of appetite, and mental depression with anxiety over the state of health. In the male this is accompanied by a slight tingling, tickling discomfort or an itching sensation in the urethra. This is followed by a thin discharge of a small quantity of thin, transparent, slimy, or milk-like secretion that glues the lips of the urethral orifice.

Gonorrhoea of the rectum and oropharynx is also common in both men and women due to the use of these orifices in sexual intercourse. The infection of the rectum is often without symptoms but there may be discomfort or rectal discharges. The gonococcal pharyngitis often appears as an ordinary sore throat with redness, mucopurulent exudates, and an occasional edema of the uvula. There also may be ocular infections of both the newborn and adults.

Two or three days after the onset of the initiatory stage, the symptoms of the inflammatory stage begin. In this stage the meatus becomes red, oedematous, pouty, and develops a whitish, yellow or greenish purulent discharge that may become bloody. Tensive and drawing pains are felt in the testicles, spermatic cords, and inguinal regions. There is often a corresponding dysuria and frequent burning micturation. Chordee often accompanies these symptoms (a painful night erection where the penis curves downward with painful priapism). Concomitant complications may also develop, such as satyriasis, cowperitis, cystitis, hematuria, phimosis, prostatitis, buboes, stricture, orchitis, hydrocele, epididymitis, arthritis or bacteremia (the last two are more common in the female).

The inflammatory stage usually lasts for two to three weeks if it is not treated. It is followed by a sub-acute inflammatory phase called the receding stage. This is characterized by a gradual subsidence of the preceding acute inflammatory states as the discharge becomes less purulent and the color changes to a lighter whitish or yellowish secretion. This usually lasts for three to four weeks before the fourth stage of the chronic gleet appears. The fourth stage is characterized by an obstinate, thin, transparent secretion or a thick whitish or yellowish discharge from the urethra, which is often just a drop or less that is seen only in the morning. The gleety discharge may sometimes persist for years and may cause complications such as stricture, prostatitis or bladder and kidney problems.

The gonorrhoeal infection in the female is often insidious and the patient may experience only a slight leucorrhoea that is not considered serious. In the female the urethra may or may not be involved and many times there are not the painful symptoms that are associated with the male anatomy. In many cases the onset is fairly mild but the vagina, cervix and urethra are usually involved to some degree. The patient often experiences itching and tickling sensations as well as a burning, smarting urination that irritates the mucous membranes.

In the more severe forms there may be discharge of mucus and pus and sensations of heat, swelling, fullness and itching. Small superficial ulcers may form on the mucous membranes, which become red and inflamed. The symptoms may spread to the bladder causing cystitis with discharges of blood or bloody urine. The inflammation may also spread to the labia, Bartholin's glands, vagina, and cervix, neck of the uterus, fallopian tubes and ovaries. In some cases there may be severe complications such as salpingitis, uterine hemorrhage, pelvic inflammatory disease (PID) or arthritis.

Occasionally there is bacteremia where the gonococcus enters the bloodstream producing fever, malaise, and flitting joint pains and scanty pustular or petechial skin lesions on the periphery of the limbs. This has the potential for serious sequels such as pericarditis, endocarditis, meningitis, or perihepatitis that can be very dangerous.

A baby born of a mother infected with gonorrhoea may suffer from neonatal infections of the eyes.

The female generally follows the same four phases of a primary infection as the male although they express the signs and symptoms in a way that is more appropriate to the female anatomy. The proper homœopathic treatment of the sycotic infection in the early stages obviates the development of the sycotic syndrome and returns the patient to health. It is notable that the suppression of the gonorrhoeal discharge leads to similar states to those mentioned above without the presence of the bacteria. Any of these complaints of the male or female, and their complications, can be mimicked by inherited sycosis in the descendants of those who suffered from these symptoms.

This is one of the reasons why a homœopath must understand the pathogenesis of gonorrhoea in its acute stages as well as its chronic secondary and tertiary states that are exclusive to homœopathic pathology. This is in line with Hahnemann's first requirement of a homœopath, the knowledge of disease processes and their indications. In this way the practitioner may find remedies that are similar to those processes and apply them skillfully to the diseases of suffering humanity.

Suppression and the Transmission of Sycosis

Today gonorrhoea is considered easily cured with antibiotics but case histories of homœopaths show otherwise. The truth is that sycosis increases with the suppression of HPV warts and/or of the local catarrhal discharge and leads to the stage of secondary sycosis, which undermines the mind, the vital force and the constitution. There the sycosis grows until it mutates the normal vital functions producing its tertiary pathology. Society as a whole has a very large pool of uncured sycotics who pass sycosis and its related infections back and forth through sexual contact. This statement may sound as outrageous to today's allopathic specialists in VD as Hahnemann's original psora doctrine was to the doctors of his day.

Since Hahnemann's time the syndrome of sycosis has been observed by several generations of homœopaths and its signs and symptoms have been deeply researched. Even more astounding is the fact that sycosis may be transmitted in any of its three phases, the primary, secondary, or tertiary stage and produces symptoms corresponding to the stage of the person who passed it. The following quote is from J. H. Allen's classic article, Sycosis, from his book, *The Chronic Miasms*.

Contagion is said to be the transmission of the poisonous principle. So in the transmission of the sycotic virus, the result will depend largely upon the stage in which it is transmitted. The symptoms that follow, and the diseases that make their appearance, will correspond in some degree to the stage and age of the primary infection. That is, if the virus is transmitted

during the primary stage, the symptoms developed in the newly infected one will be primary symptoms, or those found in gonorrhoea of the first stage. If the disease is transmitted in the second stage, there will be no primary symptoms to speak of.

The Chronic Miasms, Psora and Pseudo-Psora; J. H. Allen, Volume II, Sycosis, p. 35.

This phenomenon seems especially easy in the case of male to female transmission. Dr Allen again:

She has never had any serious illness in her life, except the usual children's diseases. In fact, she was well until after marriage. In a year or two a child was born, and since that time she has been suffering with pelvic pain, neuralgia, rheumatism, chronic backache, chronic bladder troubles, uterine or ovarian troubles, headaches, menstrual irregularities, and such symptoms. The truth is that she has never seen a well day since the birth of her child. The whole case is a history of pain and suffering, or general bad health, all due to that primary infection, (and that too from a husband who was considered free from that disease) who for years perhaps showed no signs or symptoms of its presence in his organism. This is where we all err in looking for symptoms of the primary or secondary stage, for it has now passed into the tertiary stage.

The Chronic Miasms, Psora and Pseudo-Psora; J. H. Allen, Volume II, Sycosis, p. 25.

Homœopathic practitioners who have studied the miasms closely have observed this situation many times. In this example the husband was already suffering from the tertiary stage of sycosis and transmitted that phase to his wife. Therefore, she will not show the normal signs of the primary or secondary stages but will immediately develop the symptoms of the tertiary stage after suffering the stress of childbirth. Not only will the mother suffer the consequences of her husband's actions but also her children. Dr Allen continues on the same subject.

The male is capable of infecting the female at any remote period in the history of the case, even years after the disappearance of the discharge, and their offspring will show symptoms of infection at birth, and all through their natural life unless anti-sycotic constitutional treatment is given to the mother before and during gestation.

The Chronic Miasms, Psora and Pseudo-Psora; J. H. Allen, Volume II, Sycosis, p. 23.

Kent also agreed with this observation. Let us look at what Kent says in his writings on sycosis from his *Lectures on Homœopathic Philosophy*.

You will never know until you get into practice how common it is for a wife to break down, in a year or eighteen months after marriage, with uterine trouble, with ovarian disease, with abdominal troubles, with all

sorts of complaints peculiar to the woman; and you will then be surprised on going into the history of her husband to discover that in his earlier life he had two or three attacks of gonorrhoea.

Lectures on Homœopathic Philosophy; J. T. Kent, Chronic Diseases — Sycosis, p. 169.

A female who is infected during the secondary stage will not have the intense local gonorrhoea of the primary stage. She may only have a scanty vaginal catarrh with slight pruritis vulvae that the allopaths consider to be of minor importance. If the discharge is suppressed it usually leads to diseases of the pelvic organs and other secondary complaints. It is a common occurrence after the treatment of gonorrhoea for a slight NSU or a slight fishy smelling leucorrhoea to appear. If no active bacteria or fungi are found in these discharges the allopaths consider these patients to be non-infectious. A sycotic may still transmit sycosis even after treatment of this leucorrhoea or the NSU by antibiotics or fungicides. This is then followed by the latent or secondary stage that eventually gives way to the tertiary development of warts, moles, flecks, and excrescences all over the body. An increased susceptibility to HPV appears to be one of the outcomes of the suppression of gonorrhoea Neisseria. This shows that the acquired sycosis has established itself completely in the constitution in the tertiary stage.

Sycosis can also be transmitted by condylomata acuminata on the genitals. When the genital HPV warts are suppressed this leads to some of the latent and secondary symptoms found in the anamnesis of sycosis. Many times HPV remains within the tissue without producing visible condylomata making the individual an unknowing carrier of sycosis. For some time the venereal wart was considered to be harmless but the recent discovery of the human papilloma virus in cancerous tissue of the cervix has demonstrated the ability of HPV to transform normal cells into cancer. Conclusive evidence has emerged that promiscuous men (those that have had more than 20 sexual partners) are more likely to give their partners cervical cancer than other less sexually active men. Research also shows certain characteristics common to the group of women at risk. These include having sexual intercourse at an early age, sleeping with many sexual partners, having an unstable marriage or suffering from venereal diseases.

The allopathic doctors believe the suppression of gonorrhoea and removal of venereal warts renders the patient non-infectious. Unfortunately, this is not the case as homœopaths have continued to observe a syndrome of chronic symptoms being passed on by carriers of sycosis. At the same time the suppression of the gonorrhoeal and HPV infection opens up the sycotic constitution to a spectrum of disease-related viruses, bacteria and fungi. These may then become a part of the syndrome of sycosis when suppressed and contribute to the production of more chronic diseases. Let us

hear from Dr Allen as to some of the reasons why a homœopath must understand the miasmatic pathology and its pathogenesis.

We have learned from a study of this chapter that, in Sycosis, the diseases or symptoms that follow infection are dependent on the stage, age, or time of the infection. How necessary it is then, to know all about Sycosis in its different manifestations and stages of actions, just as we are acquainted with the different stages in Syphilis and its polymorphic lesions. To know these things, is to be able to follow Sycosis in all its multiplied manifestations and in all its deceptive workings with the life force.

The Chronic Miasms, Psora and Pseudo-Psora; J. H. Allen, Volume II, Sycosis, p. 38.

Women often hide latent gonorrhoea and chlamydia without showing any symptoms of infection and pass it on to males during sexual intercourse. Both men and women can have HPV yet manifest no warts but the partner may immediately break out depending on their constitutional terrain. However the mode of the sycotic miasma's transmission is much more occult than this as it can be passed without anything showing up in a laboratory test. It may be passed without any noticeable NSU, leucorrhoea or genital warts at the time of sexual intercourse although one may find them in the case history. This is a mystery but a mystery that has been observed hundreds of times.

Once the sycosis has been established in the constitution the diseases it will cause depend on the time, age and stage of the infection in the person who transmitted it. The primary stage transmits the primary stage, the secondary and tertiary states transmit symptoms that reflect those stages. The sycosis then further deranges the vital force and combines with the other miasms in the constitution and eventually forms complex diseases. Depending on the strength of the sycosis in the constitution it will repel weaker dissimilar new diseases, suspend the weaker dissimilar chronic miasms, and slowly combine with other disorders in the vital force to form complex miasms. These miasmatic layers follow the laws of natural disease as recorded by Samuel Hahnemann in aphorisms 36, 38, 40 of the *Organon*. These aphorisms are the key to the progressions of the miasmatic layers as well as to the susceptibility of the constitution to other diseases.

Latent Secondary Stage Sycosis

All the chronic diseases have three phases of development represented by the alarm stage, the stage of resistance and adaptation and the stage of exhaustion. This was demonstrated by H. Selye, the father of modern endocrinology, in his General Adaptation Syndrome (GAS). These three stages are inherent in the dynamic functions of the human life force, which Dr Selye called adaptation energy. In the non-venereal miasms these three stages are called the primary, latent and secondary

stages and in the venereal miasms, they are called primary, secondary and tertiary stages. It is very important for homœopaths to recognize the latent stage of sycosis so they can remove the miasm before it produces advanced organic pathology. This applies to both the acquired and inherited miasma.

A homœopath rarely sees a case of primary gonorrhoeal sycosis as most patients immediately run to the allopathic doctor for injections of antibiotics. With the introduction of antibiotics the public at large thinks that gonorrhoea is easily cured but this could hardly be farther from the truth. The suppression of the local symptoms directly leads to internal sycosis and its signs and symptoms. Hahnemann clearly points out that the suppression syndrome applies to sycosis just as it does to psora. The primary nature of psora is pro-inflammatory and it causes a reaction in the sympathetic nervous system. It is the mother of all the miasms and overstimulates the constitution leading to a depletion of adaptation energy that invites the sycotic invasion.

Sycosis acts locally on the mucous membranes, serous membranes, and lymphatic channels of the sexual organs during the primary stage. This produces the first stage symptoms of the miasms, inflammation. If the local inflammation and its catarrhal discharge is suppressed the vital force will try to establish a new avenue of elimination to protect the inner organs from the sycosis. This often takes the form of chronic catarrh from some other mucous membranes followed by lymphatic stasis and anemia. The secondary stage develops its symptoms within 90 days in rapidly developing cases or up to 1 or 2 years depending on the constitution of the host. The tertiary stage will develop no sooner than 1 to 2 years and may lay dormant for long periods of time until an exciting cause arouses the latent sycosis into activity. An inherited sycotic miasm can lie latent for many years before it becomes active and produces tertiary pathology.

When the normal pro-inflammatory alarm reaction to sycosis is suppressed by improper treatment the vital force becomes confused and causes an overstimulation of the parasympathetic nerves while it depresses the sympathetic system. This causes a corresponding slowing of the functions of the endocrine glands and a depression of the immune response. The suppression of the pro-inflammatory response of the sympathetic system causes the vital force to swing to the opposite pole causing vagotonia, which is the hyperactivity of the parasympathetic nervous system. The vital force tries to wall off and neutralize the miasm by an anti-inflammatory anabolic action that is an attempt to soothe the disease. The symptoms of latent secondary sycosis are as follows.

INTELLECT AND EMOTIONAL DISPOSITION

Anxiety of conscience, guilty feelings as if they sinned, which is hidden or repressed.

Brooding over past events with feelings of revenge.

Fixed ideas, dogmatic tendencies and closed-mindedness.

Jealous and envious.

Slow insidious decline in the function of the intellect and memory.

Tendency to repress their emotions and hide their feelings and activities from others.

SENSORIUM

Disconnected, slowness and confusion of the senses.

INNER HEAD

Dull headache, especially in cerebellum, the back of the head aches.

OUTER HEAD

Dryness of the hair with easy splitting of ends.

Premature graying of the hair.

EYES

Aching, stiff, sore eyes < on motion.

Dark black circles under the eyes with puffiness of the lids.

Styes.

Swelling below the eyes.

Tendency toward watering of the eyes.

Yellow-green mucus in the corner of the eyes, especially in the mornings.

EARS

Aching in the cartilage of the ears when lying on them at night.

Aching, boring and soreness.

Pain in the mastoid area.

HEARING

Hardness of hearing due to the accumulation of hard wax.

NOSE

Boggy or thickened mucous membranes.

Yellow-greenish mucous discharges with fishy smells.

FACE

Bloated appearance with a sickly look.

Brown, black or dark purple discolorations.

Excessive freckles.

MOUTH

A putrid odor as if something is rotten.

TEETH AND GUMS

Spongy gums.

Weak enamel.

Yellow discolorations.

THROAT

Inflamed, stiff and sore with painful swallowing.

STOMACH

Cramp and colicky pains > lying on stomach.

APPETITE AND THIRST

Craving for salty foods.

Eats little but gains weight.

ABDOMEN

Bloated and edematous.

Cramp-like pains > pressure.

Feels as if there is a heavy weight.

RECTUM AND STOOL

Sensation as if there is lump.

Smarting and oozing of the rectum like fish brine.

Sour smelling stools.

URINARY

Burning pain on urination as well as after urination, feels as if something still remains.

Nocturnal enuresis, the urine stains the sheets yellow.

Non-specific urethritis (NSU) with a constant desire to urinate.

Sour, acidic smells.

GENITALIA

Children constantly poke and pull at the genital area.

Tendency toward excessive masturbation.

MALE

Painful erections.

Tendency toward hydrocele and swelling of testicles.

FEMALE

Breast and nipples sore < before menses.

Breast hard, lumpy and fibroid.

Dark menses, the stains are very hard to wash out.

Intense menstrual colic with cramps and labor-like pains.

CHEST AND RESPIRATION

Rattling of mucus and bubbling sounds.

Soreness and stiffness of the chest and ribcage, feels as if bruised.

Tendency toward cough, influenza and chest infections with profuse yellow and yellow-greenish salty tasting mucus.

BACK AND NECK

Aching, cramp-like pains in the lumber spine around the kidney regions.

Drawing and stiffness in the neck making it hard to turn the head.

EXTREMITIES

Arthritic-like pains.

Puffiness of the ankles.

Thickened, discolored nails.

FEVER AND CHILL

Continued fevers.

Flushes of heat with chills and sour sweats.

PERSPIRATION

Fish brine-like smells.

Profuse sweats about the neck.

Sour smells.

SKIN

Dark discolorations.

Itching of the skin with no visible eruptions.

Profuse hair growth.

Tendency toward excoriations.

Tendency toward warts, moles, flecks and freckles.

Thickening of the skin.

SLEEP

Constant wiggling and kicking of the feet.

Frequent nightmares.

Sleeps at night on the knees with face forced in pillow.

Sleeps on stomach.

GENERALS

Anemia with unhealthy weight gain (reverse of pseudopsora).

Arthritic pains but no visible pathology.

Catarrhal discharges of yellow and greenish color from any orifice.

Children are pale, dwarfed and stunted in growth mentally and physically.

Fishy and sour smells.

Marasmus and malnutrition due to poor assimilation of proteins. Big bloated belly with emaciated legs.

Mentally weak but physically strong (reverse of pseudopsora).

Rheumatic-like pains but no visible pathology.

Tendency to overgrowth of tissue.

MODALITIES

Aggravation:

- < Acidic diet and meat.
- < Damp weather, humid conditions.
- < Sunrise to sunset.

Amelioration:

- > Lying on abdomen.
- > Motion.
- > Pressure.

Tertiary Stage Sycosis with Pathology

Our record of symptoms and disease states of sycosis is a mixture of the effects of gonorrhoea Neisseria and HPV. Until homœopaths record a complete group anamnesis of each of these strains our knowledge of the individual symptoms they produce will remain somewhat limited. There is little doubt, however, that the suppression of the gonorrhoeal discharge and the chemical or surgical removal of venereal warts lead to increasingly dangerous sequels, which are usually further suppressed.

In the classical tradition there are two types of sycosis, the acquired and inherited forms of the miasm. In non-suppressed cases of gonorrhoeal sycosis the primary infection will slowly become less acute-like and enter the latent secondary state. At this time, the organism will attempt to wall off the bacteria producing stress on the lymphatic and immune systems. Nevertheless the active miasma will have a negative effect on the genitourinary system and progress towards more systemic diseases over time. The acquired secondary state may take a number of years to develop tertiary symptoms that affect the vital organs like the kidneys and heart. The inherited variety of sycosis often produces symptoms in infants and young children. It is quite common for the symptoms to appear at puberty, when the production of semen and eggs begins and females start menstruation. In other cases, inherited sycosis may lie latent into adulthood and middle age. As the stress of life builds and the decline associated with aging increases, latent sycosis transforms into tertiary pathology that affects the joints, bones, kidneys, heart and brain. This change is marked by a shift of the symptoms from functional states and the early stages of pathology to advanced tissue damage in the vital organs. These states are given different names in orthodox pathology books but in sycosis their original cause is the same. Sycosis is capable of producing many diseases, especially when combined with other miasms, but the following disorders are the most common.

Addison's disease, apoplexy, appendicitis, bladder troubles, blood disorders, Bright's disease, cancerous tumors, cellulitis, chlorosis, collagen diseases, congestions of the base of brain, constipation, cystic degeneration (of the ovaries, cervix, fallopian tubes, and other internal organs), cystitis, diabetes mellitus (pseudopsora), endometritis, epididymitis, epithelioma, fatty tumors, fibroid tumors, fibrosis (of breast, ovaries and fallopian tubes), gall stones, gout, headaches, heart lesions and valvular problems, hemiplegia, hemorrhoids, hypertension, insanity, kidney stones, lipoma, mania, melanoma, menstrual irregularities, metritis, mucous cyst, mucous cyst on the uterine walls, nephritis, neuralgia, orchitis, osteo-arthritis, pelvic abscesses, pelvic adhesions, pericystitis, peritoneal abscesses, peritonitis, pneumonia, proctitis, prostatitis, prostate cancer, psoriasis, Reiter's Disease

(USC syndrome), rheumatoid arthritis, salpingitis, severe anemia, stomach disorders, strokes, sudden heart attacks, vascular damage, etc.

The Treatment of Sycosis

Sycosis may produce almost any disease, especially when combined with the miasms of psora, pseudopsora and syphilis. The speed at which pathology develops depends on how many miasms are present in the vital force and the inherent strength and resistance of the constitution of the host. The final pathological states that are produced by the miasms depend largely on the constitution, yet the development of the characteristic symptomatology of each miasm is different. Each miasm has its own aetiology, time and progression, as well as spheres of influence within the constitution. The miasms influence the nature of the symptoms and signs with their own characteristic keynotes. This is why sycotic headaches tend to be < after midnight while psoric headaches are < in the day.

As in the psoric miasm, the cure of sycosis depends on the reversal of the symptoms to the original discharge, or the stage reflecting the symptoms that were present when it was acquired. This reversal of symptoms is from within to without, from the more important centers to the lesser, from the upper regions to the lower, and in the reverse order of their arousal. This reversal of the case history to the original moment of transmission is the sign of an impending cure. This is a manifestation of Hering's famous law of cure. Most modern neo-Kentian prescribers tend to ignore the miasms, yet James Kent was instrumental in shaping our understanding of sycosis. He shares his experiences of the sycotic miasm in his work, *Lectures on Homœopathic Philosophy*.

So it is often the case that a man with a thick, yellowish-green discharge from the nose, after a dose of Calcareo, which is an anti-sycotic, one of the deepest in character, has his old discharge brought back, and he says; "Doctor, I am not able to account for this, for I have been nowhere but with my wife." It is time to sit down and tell that man that in his earlier life he had a gonorrhœa, and that its nature was sycotic; for if it had not been of a specific character, it could not have transferred itself to the man's economy, affecting in that way his nose; that it has disappeared from its new site under the action of a truly homœopathic prescription, and the original discharge has been brought back, the trouble that he had in the first place. This must be explained to him, and you can now tell him that he is in a position to regain his health, to become well, to get rid of his catarrh; but that if he meddles with that discharge from the penis he will never recover.

Lectures on Homœopathic Philosophy; J. T. Kent, Chronic Diseases — Sycosis, p. 171.

Under what conditions the original discharge can be restored is discussed in a variety of homœopathic literature. In inherited sycosis it is the miasmatic symptoms

of the affected ancestors that are transmitted through the generations. The original infection may have taken place several generations ago in the family tree but it can skip several generations before attacking an individual. If the parents suffer from acquired sycosis then the symptoms in the offspring depend on the stages of development in the parents.

In that offspring a gonorrhoeal discharge will not be brought back in its original form but it may be mimicked by the symptomatology. It may appear in the genitourinary systems as cystitis, urethritis, leucorrhoea, or some other local discharge from the mucous membranes. This discharge may be a dirty brown or yellow-greenish discharge that has a fishy odor. **All of these conditions follow the general rule that the symptoms that develop depend on the stage of the miasmatic progression of the person who transmitted it.** The symptoms that reflect the stage of the sycotic miasm at the time of transmission are the symptoms that must be reversed by the curative remedy. J. H. Allen says:

Often our only hope [of a cure 

The Chronic Miasms, Psora and Pseudo-Psora; J. H. Allen, Volume II, Sycosis, p. 68.

As to the phenomenon of restoring the original sycotic discharge, Dr Allen explains when this is possible and when it is not.

As long as the disease is suppressed in the primary or secondary stage, and has remained in a latent state, we have very little difficulty in reproducing the discharge. With the use of such remedies as Medorrhinum, Nux vomica, Psorinum, Sulphur, Calcarea carb, and others of that class, we have an armamentarium at our command, that makes the treatment of the disease comparatively easy, if taken in the first and second stages of suppression.

The Chronic Miasms, Psora and Pseudo-Psora; J. H. Allen, Volume II, Sycosis, p. 67-68.

Dr Allen was much more circumspect about reinstating the original discharge during the final tertiary stage when the miasm has reached complete maturity and the warty skin eruptions are manifest. During the tertiary stage the patient becomes hyper-susceptible to HPV excrescences all over their bodies. This relationship between gonorrhoea and HPV has been confirmed in a great number of cases. This shows how certain infectious agents can work together in the same terrain and contribute to the miasmatic symptoms.

I believe it may be said with some certainty that when a tertiary eruption makes its appearance, that a suppressed discharge, in other words, a

suppressed gonorrhoea, cannot be reproduced, so that the disease Sycosis then becomes a slow and difficult thing to cure.

The Chronic Miasms, Psora and Pseudo-Psora; J. H. Allen, Volume II, Sycosis, p. 67.

The restoration of the sycotic discharge during the primary and secondary stages of the disease is often accomplished by the use of anti-sycotic treatment. During the tertiary stage it is much more difficult to reverse the symptoms to the original discharge but it has been recorded at times. The inherited tertiary stage is marked by the presence of moles, warts, and condylomata at the time of birth. These tertiary lesions may be removed by proper anti-sycotic treatment, especially if it is carried out when the person is very young. Common warts are considered a less serious symptom than moles.

If the excrescences that appear during the tertiary stage are cured by homœopathic treatment the secondary symptoms of the disease may become more active. When the secondary symptoms reappear it is a sign that the sycotic miasm is reversing its stages. After the removal of the secondary symptoms the patient will move toward the reinstatement of the primary stage. If the original discharge cannot be reproduced the vital force will tend to mimic the original infection with a surrogate condition in the form of a final eliminatory crisis.

The suppressed discharge cannot always be re-established, but then some other eliminative process may be brought forth, such as increased action of the kidneys, a pruritis ani, or of the vulva in woman, an eruption upon the skin in some form, quite often eczematous in its nature. We can never tell how the life force may react under the right remedy or the proper potency; that belongs to the mysterious law of action and reaction, and comes under the formula of Newton's third law of motion. The reaction will depend upon the nature and stage of suppression, upon the bond of the sycotic element, whether with Psora or when more than one miasm is present in the organism.

The Chronic Miasms, Psora and Pseudo-Psora; J. H. Allen, Volume II, Sycosis, p. 127.

If miasmatic diseases are treated in harmony with Hahnemann's complete teachings, there will be no major aggravations, and the reversal of symptoms will be conservative and constructive in nature. The arousal of the old symptoms should be functional in nature, rather than pathological, and each phase should pass smoothly and quickly. Often the patient may not really notice anything more than a few ups and downs as he or she continues to improve. In some cases the restoration of health may take place without any crisis whatsoever. Nevertheless, one should understand the signs of the reversal of symptoms so that they can manage them properly.

When the case is advanced, and the constitution is burdened with much pathological tissue damage, the road to health may not be so smooth. Nevertheless, there should be no aggravations that threaten the health of the patient or produce any pathology. When severe symptoms arise it is a sign that the potency of the homœopathic remedy was too high, the amount of the dosage was too large, or the remedy was repeated when it was not necessary. This is a time to wait and watch the case if the symptoms quickly abate, but if they do not, palliative remedies or antidotes should be used to calm the situation.

One must remember that Samuel Hahnemann developed his advanced techniques during the 1830s and 1840s for the treatment of the most difficult of cases. This is why he developed the medicinal solution, the split-dose, and the LM potencies. The use of both the centesimal and LM potencies by the rules laid down in the 5th and 6th *Organon* overcame the limitations that plagued Homœopathy for nearly thirty years. There is no reason to follow the outdated methods of the 4th *Organon*. The advent of Hahnemann's "new method" gives homœopaths the tools they need to follow in the Master's footsteps and cure the most complicated forms of chronic diseases.

Sycosis and the Psyche

The venereal diseases are a very interesting study of how miasms contaminate the human mind and body. Just as psora and pseudopsora have many similar symptoms, sycosis and syphilis have much in common. If psora and pseudopsora are like brothers then sycosis and syphilis are like sisters. *Shortly after an individual partakes of an impure sexual contact an uneasy feeling of contamination usually arises. This produces the feeling of being dirty, tainted, polluted, damned, or possessed, which is at the core of both the sycotic and syphilitic miasms.*

In the syphilitic miasm this feeling of contamination is very conscious and makes the person visibly anxious and tormented. In sycosis, these feelings are often repressed so they are projected outside onto others as compensation. A sycotic thinks that *everyone else is dirty, low, vile, contaminated, and therefore, somehow objects of detestation*. In inherited sycosis these feelings lie in a person's subconscious from the time of birth and make childhood very difficult. A sycotic child may indeed seem as if they are possessed by some evil that makes them act as if they are *full of hatred, anger, and violence*.

Sycosis causes a child to examine its genitals in a manner that is sexually precocious yet mimics the way in which an adult anxiously examines their sexual parts in the earliest stages of the infection before the discharge is established. It is as if the child has an acute awareness of their sexual parts before most children yet it is caused by uncomfortable sensations. Sycotic children are very restless as they feel a

painful anxiety in the legs that gives them the “**restless leg syndrome**”, especially at night in bed. They will *constantly move their legs about and roll over on their stomachs and kick for hours even while asleep*. **Some will get up in the knee-elbow position and rock back and forth in a manner that mimics the sexual intercourse that brought on the contamination in their ancestors.** These patients are strongly driven by an inner tension that seeks release through orgasm. Unfortunately, orgasm will never really satisfy them. This can make sex a painful experience instead of a pleasurable one and lead them *toward the dark side of sexuality and sadomasochism*.

Another early symptom of the sycotic syndrome is a **loss of mental power and memory**. Those affected by sycosis feel as if they are losing their memory rapidly once the syndrome is established because they *cannot remember names, dates or what they were about to say or do*. Although they cannot remember such details in the moment they still recall distant events quite clearly. This loss of short-term memory makes them feel foolish as they miss the link of conversation and find that they do not understand what is going on around them. *This causes them to repeat the same things over and over again in order to try to get it right and this makes them feel as if they are losing their mind*.

At the same time, a sycotic person *loses the ability to read with clarity and they leave out letters and words when they write*. These dyslexic changes are signs that the sycosis has entered the brain and begun the process of mental degeneration associated with the miasm. Children with the inherited miasm will have a difficult time learning to read, write and carry on a proper conversation. *This makes sycotic individuals feel disgusted with themselves but they want to hide it from others at all costs*. A child who does not want to go to school will get in so much trouble that they will be expelled by the administration. An adult will avoid any situation that places them in difficulty or withdraw if they are put on the spot. *They will lie and cheat in order to hide the fact that they are not able to cope with the situation because of their mental deterioration*.

This brings us to another important component of sycosis, the need for **secrecy**. Quite often the original sycotic infection was caused by a sexual contact that was secretive in nature and they tend to keep the fact that they had VD secret from others. This was especially true during the days when an individual was most likely to catch gonorrhoea from a prostitute or a person of a slightly shady reputation. It is as if the secret nature of the whole affair bonds itself on the sufferer even if it is in its inherited form. *Sycotics hide their affairs from others behind a hard wall of silence, as they are paranoid and suspicious of what others will think*. Secrecy and suspicion are like satellites that revolve around **the feelings that they are damned, dirty, tainted or possessed by some negative power**.

Of course, all of this makes a person feel very **guilty** and *remorseful* yet it is more of a self-condemnatory nature than an ethical repentance. Sycotics easily become addicted to drugs like alcohol, opium and heroin (liquor-syphilis) out of the need to suppress the pain they feel inside themselves (Psora tends toward smoking marijuana while pseudopsora prefers drugs like cocaine). *Just as the original infection was suppressed by improper medications, the feelings of a sycotic are so deeply suppressed that they are like a time bomb waiting to explode.* At this point they are extremely dangerous characters as they may suddenly erupt and become violent if a situation activates their inner pain.

Sycotics become *angry individuals who are defensive, argumentative, cross and irritable*. They are prone to *brooding* over things and they have a very hard time letting go if they feel they have been wronged. **This leads them to seek a revenge that is out of proportion with the original offense.** In fact, they become so paranoid, suspicious, and distrustful that they may have imagined the entire scenario in the first place. *Sycotics constantly dwell on plots and conspiracies in which they are the victims and can become incredibly superstitious.* They interpret what goes on around them as bad omens or they may blame everything on evil forces such as the devil or spirits. **Sycotics can also be very jealous because they are very competitive people and do not like to feel subordinate.** They imagine that others are interested in their sexual partners or suspect that their partners are involved with other lovers. This is usually a delusion as they are the ones who are prone to secret sexual affairs and they project it on others because they do it themselves.

This brings us to another component of sycosis, **fixed ideas**. Once a sycotic gets an idea in his or her mind it is almost impossible for them to let it go. They think that a certain individual is out to get them and that everyone is against them, or that some evil force is after them. *They feel as if there is always something going on behind their backs.* This is why the provings of Medorrhinum brought out delusions that someone is behind them or that faces are looking at them out of the corners. The rubric “fixed ideas” also reflects the rigid way that they think. Most things are either good or bad to a sycotic as they have a very difficult time seeing both sides of an argument. *Sycotics tend to be very pessimistic as they dwell constantly on the dark side of life.* In this way they are the exact opposite of the pseudopsoric types who are eternal optimists.

You will find that some sycotics *adopt a rigid, false moral or political view to compensate for their inner suppressed feelings of inferiority, jealousy and envy.* They can become extremely hard and dogmatic and seem to be motivated by a hatred and disgust of certain types of people. They can easily become racist, fascist, or sexist and act as if others are inferior to them in order to cover up their own sense of inferiority. The uncontrolled sycotic may commit criminal acts while some compensate for

their inner turmoil by becoming preachers, politicians, or getting other positions of power. They are usually motivated by a dogmatic rigidity, fear and hatred rather than true community spirit. A preacher whose sermons are full of hell-fire and damnation, combined with feelings of guilt and a fear of God, is often a sycotic. *Regardless of how much a sycotic tries to compensate for their twisted inner feelings, there is always an underlying rigidity, hardness, fear, jealousy, suspicion, hatred, and at times, a cruelty in the way they treat or view others.*

The progression of the sycotic miasm begins with a subtle, anxious feeling that they are dirty, tainted, or contaminated. This makes them very self-conscious of their sexuality in a slightly perverted way, as the point of entry of this miasm is the sexual organs. This is soon followed by a loss of memory and mental power that makes them feel as if they are going insane and they want to hide this from others through any means possible. They become incredibly secretive about all their activities as they try to hide their inner feelings of guilt, self-condemnation, and self-disgust from others. This, of course, makes them suspicious that others are seeing through the wall they put up around their inner realities as they become paranoid and suffer from delusions of plots, conspiracies, and persecution. The long-term effect of this strategy is the deep repression of their feelings behind a defense of emotional armoring and the projection of their sense of being dirty and contaminated onto others. This makes them feel that others are the cause of their problems and the objects of hatred and disgust.

Sycotics easily become envious of those whom they perceive as better off than themselves and this makes them jealous and angry. They also suffer from intense jealousy and may accuse their partners of infidelity although they themselves are adulterous. *These individuals live by a double standard as they would severely punish or beat their partners for a suspected affair yet secretly carry out all sorts of illicit relationships themselves.* All of this makes them very defensive, argumentative and quarrelsome, and they become violently angry if other people interfere with them or put them on the spot. Now they can only see the dark side of life and they become hard-hearted, pessimistic, and full of hatred. This anger is a brooding, sullen, smoldering anger that threatens to break out into dangerous fits of violence.

Those with sycosis suffer from fixed ideas and are very narrow-minded. Sycotics dwell on what they perceive as the wrongs that were done to them and they seek vengeance. They will strike back in ways that are very cruel and they can easily become violent. *At this time they may become sadistic and enjoy the pain they inflict on others to the point that they become addicted to it.* By this time they have gone far beyond the norms of civilized behavior and their mental breakdown is complete. They can no longer think very well as the mental degeneration and memory loss has reached advanced stages while at the same time they can only dwell one-pointedly

on the most perverted of thoughts. This builds up until they reach the breaking point where they may truly become dangerously violent or criminally insane.

The Confirmatory Symptoms

1. Mental Breakdown and Memory Loss

The patient feels as if they are losing their memory and mind, suffer slow comprehension, and forget names and dates yet they remember distant events clearly. They find it hard to learn things, forget what they were thinking and saying, miss the trend of conversations, repeat things over and over, leave out letters and words when writing and doubt their ability to spell. They cannot find the right words when speaking and always feel as if they have said the wrong thing or have been misunderstood.

2. Secrecy

The patient has a tendency to make everything secret and they suffer from a fear that their secrets will be revealed. They do not want others to notice they are declining. They will lie to hide their thoughts and activities as well as to harm others. *They are deceitful, mischievous and selfish and hide their illicit affairs.* Sycotics can be very selfish, hard-hearted and pessimistic. They are private individuals that hide who and what they are and become angry if interfered with or opposed. *They have hidden feelings of self-disgust, guilt, self-condemnation and feelings of inferiority.*

3. Suspicion

These patients dare not trust themselves or others and are suspicious that others misunderstand them. They feel they must repeat what they have done and said many times. They are suspicious of others' intentions, of their surroundings, which can lead to anxiety, fear and paranoia where they have delusions of plots, conspiracies, spirit possession, and persecution. They are very superstitious and take everything as a bad omen.

4. Jealousy

The patient is jealous, envious, and possessive and holds on to things. They are selfish, mischievous and suspicious that their partner is having affairs. They would punish their mates severely for extramarital affairs yet secretly they also have them. They try to control everything and suffer competitive jealousy in which they are envious of others' attainments. They will resort to any and all means to vindicate themselves in their own light.

5. Anger and Vengeance

The patient is defensive, argumentative, quarrelsome, cross and irritable. They brood over things and seek revenge. They are spiteful and have a tendency to harm others and animals. They have criminal tendencies that cause them to commit violent crimes like armed robbery, rape and murder. The individual may be full of hatred, hardness, cunning and cruelty and they suffer fits of violent anger. *The patient is pessimistic and only sees the dark side of life.* They are disgusted by everything. **They suffer a sullen, smoldering anger that threatens to break into dangerous manifestations.**

6. Fixed Ideas

A sycotic is prone to fixed ideas, narrow-mindedness, dogmatic ideas and closed-mindedness. They constantly dwell on negativity with persistent thoughts of vengeance. They cannot be reasoned with. **They have delusions that they are persecuted, possessed by the devil, damned, dirty.** They also imagine that something is going on behind their backs or that someone is behind them, that their mind and body are separated, and that they are vulnerable and about to be hurt.

7. Repressed Emotions

Sycosis produces repressed emotion and deeply hidden feelings of inferiority. They feel as if they have ruined their health and are damned and fear they are going insane. Sycotics become hard, thickened, armored and defensive. These emotions are so repressed that they are being projected outside onto others as compensation. They think everyone else is dirty, low, vile and contaminated, and therefore are objects of detestation.

Diathetic Constitution and Hippocratic Temperaments

Sycosis may be transmitted by contact and inheritance. When a patient inherits sycosis, it affects the very make-up of the physical constitution and mental temperament. When the miasm is acquired, the organism is slowly transformed into the sycotic diathetic constitution by time and circumstances. **Sycosis makes the physique thick and heavy causing a tendency toward the overgrowth of unhealthy tissue.** In Hippocratic terms it seems to have a special effect on the cold, moist, phlegmatic humour (water element) causing it to become very stagnant and polluted. This is why they become anemic (watery blood), have discharges from the mucous membranes (excess phlegmatic humour), and tend toward water retention, heaviness, slow metabolism, and the accumulation of excessive soft tissues (water element).

As the watery elements crystallize, **there is the formation of cysts, stones, tumors, warts and condylomata.** The face of a sycotic is rather large, heavily boned,

flat and moon-shaped with high cheekbones. **There are moles and warts as well as dark discolorations and brown spots.** *They have a disposition to swelling above and below the eyes and puffiness to the face that makes them look bloodless.* There is a tendency for the teeth to decay and turn yellow, as they are very hard to clean.

Sycosis gives the body heavy bones, a rounded shape, and an unhealthy fleshy appearance (pseudopora; long, thin body, light bones, and no fat). **The clothes of a sycotic are stained yellow by their underarm sweat and they give off a fishy, foul smell that reminds one of a cadaver.** There is a disposition toward excessive hair growth on the body, extremities, and skin lesions such as moles and dark spots. Sycosis may also cause the masculinization of women marked by the growth of beard and moustache hair.

Sycosis has a secondary effect on the bilious humour (earth) as seen in the hard, realistic, irritable and angry emotions as well as the uric acid diathesis that is a side-effect of imperfect digestion and the kidney's inability to eliminate toxins. This contributes to the rigidity throughout the sycotic frame that makes their movements slow, hesitant, and stiff. **This reflects the general arthritic and rheumatic tendencies caused by the miasm.** Sycosis may help produce the cholero-phlegmatic (earth in water) or phlegmato-choleric temperament (water in earth).

The choleric temperament with sycosis is predisposed to develop the cramp-like gastric, intestinal and rectal symptoms with the production of acidity, crystallizations, and stones. There is a tendency toward the production of gallstones and fatty accumulations such as lipomas. This miasm will make a choleric look heavier and more moist than normal and produce yellow and greenish discharges from the mucous membranes. Perhaps the phlegmatic constitution is most similar to the sycotic as it is heavy, moist, and thick and has a tendency toward unhealthy tissues by nature. They easily develop kidney stones, hydratic cysts, lymphomas and growths in the sexual organs. They become very anemic, fleshy, and edematous and suffer from catarrhal discharges from the orifices.

The sanguine temperament with sycosis produces some of the largest individuals. These types are especially heavily built when they have inherited sycosis and have a hard, greasy, fatty look to their tissues. They will be inclined to excessive perspiration that has the characteristic fishy smell and yellow stain of sycosis. They are prone to gouty-like states and rheumatism. They have a tendency toward hardening of the arteries and sudden fatal heart attacks as well as strokes.

The nervous temperament tends toward brain and nervous disorders and respiratory diseases or asthma. A nervous temperament with sycosis may suffer with tumors in the brain and lungs as well as growths in the nervous tissue. They often have a dark, almost greenish discoloration to the face with a thin, withered look,

while they suffer from fishy sycotic discharges, especially from the lungs and sinuses. These discharges are very acrid or acid in nature and tend to excoriate the skin and stain the clothes.

All of these symptoms are much worse by suppression with improper medicines or operational procedures. This may lead the constitution immediately into the third stage where serious pathology arises.

Regional Symptoms of Sycosis

Group Anamnesis

INTELLECT AND EMOTIONAL DISPOSITION

Absentmindedness.

Adulterous.

Anger.

Anger if interfered with or opposed.

Anxiety of conscience, plagued by guilty feelings.

Argumentative.

Armored personality.

Brooding.

Broods over small things.

Closed-minded; cannot be reasoned with.

Competitive jealousy.

Comprehension difficult.

Comprehension slow, finds it hard to learn things.

Control issues, must control everything.

Conversation, misses the train of conversation.

Criminal tendencies, tendency toward violent crimes like armed robbery, rape and murder.

Cross.

Cruelty.

Cunning.

Damned, feels as if they are.

Deceitful.

Defensive.

Delusions:

Delusions of persecution.

Delusions of plots and conspiracies.

Delusions that someone is behind him.

Delusions that something is going on behind their backs, that someone is behind them.

Delusions that the devil or evil spirits possess them.

Delusions that their mind and body are separated.

Delusions that they are vulnerable and about to be hurt.

Delusions they are damned.

Delusions they are dirty.

Dirty, feels as if they are.

Disgusted with everything.

Disgusted with himself.

Dogmatic.

Doubtful nature, doubts their ability to spell, cannot find the right words when speaking, always feel as if they have said the wrong thing or have been misunderstood.

Dyslexia.

Envious of others' attainments.

Exploits others for their own benefit.

Fear:

Fear of insanity.

Fear of making mistakes, always checking what they have said or done.

Fear that others will notice they are declining.

Fear that their secrets will be revealed.

Fixed ideas.

Forgets names and dates, yet remembers distant events clearly.

Forgets what they were thinking or saying.

Frustrated sexuality.

Greedy and avaricious.

Guilt, suppressed so deeply they can hardly feel it any longer.

Hard-hearted.

Harm, tendency to harm others and animals.

Hatred.

Hide, tendency to hide.

Inferiority complex.

Insanity.

Irritable.

Jealousy.

Lies to hide his illicit affairs.

Lies to hide their activities.

Memory loss, short-term, remembers events long past.

Mental decline.

Mischievous.

Mistrustful; they dare not trust themselves or others.

Narrow-minded.

Paranoia.

Pessimist, sees the dark side of life.

Polluted, feels as if they are.

Possessed, feels as if they are.

Possessiveness, holds on to things.

Precocious.

Private persons who hide their thoughts and deeds.

Quarrelsome.

Remorse, feels he has ruined his life.

Repeats things over and over; leaves out letters and words when writing.

Repressed emotions, everything is hidden deep inside behind a wall of armoring.

Revengeful, will resort to any and all means to vindicate himself in his own light.

Rude.

Sadomasochism.

Secrecy; tendency to make everything secret.

Selfish.

Smoldering anger that threatens to break into dangerous manifestations.

Spiteful.

Suicidal.

Sullen.

Superstitious.

Suppression of feelings, ailments, and symptoms.

Suspicious of his wife, of affairs, would punish his wife severely for extramarital affairs but secretly has them.

Suspicious others misunderstand them, must repeat what they have done and said many times.

Suspicious, of others intentions, of their surroundings, this can lead to anxiety, fear, and paranoia.

Tainted, feels as if they are.

Violent temper and anger.

Modalities:

Aggravation:

< **Changes in weather, especially cold and damp weather.**

< When confronted.

< When observed or judged by others.

< *When their secrets are revealed.*

Amelioration:

> *Catarrhal eliminations.*

> *The appearance of warts.*

> *The return of old symptoms.*

Concomitants:

Fixed conditions.

Heart and chest pains on emotions.

Hidden illnesses.

Overgrowth of tissues.

Rigidity of muscles, joints and tissues.

SENSORIUM

Vertigo at the base of the brain, or occiput (syphilis).

Vertigo on closing the eyes > by opening the eyes.

Vertigo when stooping with danger of falling, as if intoxicated with sensation of enlargement of occiput.

INNER HEAD

Aching.

Dullness.

He (Wildes) regards the latent and gonorrhoeal taint as the true explanation of many of the disease manifestations included by Hahnemann under psora.

Among other diseases he traces vascular meningitis and cerebrospinal meningitis in infants to the same source.

Headaches:

Concomitant coldness of the body, sadness and prostration.

Feverish headaches in children, feverish, restless, crying, fretting and worrying, > by motion.

Migraine, with constriction, cramp-like pains, reeling and vomiting < lying, < night.

Vertex or frontal headaches; < lying down, < night, esp. < at or after midnight, < physical and mental exertion.

Heaviness in the head.

Modalities:

Aggravation:

< At night (similar to syphilis).

< After midnight.

< Lying down.

< Physical or mental exertion.

Amelioration:

> Motion.

> Warmth.

Concomitants:

Anger.

Arthritic and rheumatic complaints.

Crossness.

Desire to be left alone.

Fevers.

Fretting.

Gall stones.

Gastric disorders.

Restlessness.

Stiff neck.

OUTER HEAD

Eruptions exude a yellow-greenish briny discharge.

Fishy odors from the hair and scalp.

Hair falls in circular spots.

Hair, premature graying of, with fishy smell.

Large head.

Musty odor from scalp and hair.

Premature graying.

Scalp has growths, tumors and warts.

Scalp perspires (but it is not like moist matting eruptions of syphilis).

Sour perspiration.

EYES

Arthritic trouble of the eyes (combined psora and sycosis).

Dull, aching pains < motion of the eyeballs.

Eyelids glued together with yellow sticky mucus in the morning.

Glaucoma (Syphilis).

Neuralgias < rainy weather and change of seasons.

Ophthalmia < by change of seasons, rainy weather.

Ophthalmia neonatorum (babies):

Yellowish-greenish profuse discharges but without major ulcerations.

Papillomas.

Sore, painful, stiffness of the eyes, they feel fixed and hard to move.

Swelling of the eyelids and bags under the eyes.

Tarsal tumors.

Watering of the eyes with a feeling as if there is something in them.

Yellow or yellow-greenish mucus in the corners of the eyes.

Modalities:

Aggravation:

< Barometric changes, moisture, rainy and stormy weather.

VISION

Cataracts.

Dim as if from a mist or veil.

EARS

Ears appear edematous with a thickened pinna.

Ears feel plugged on the side laid upon.

Ears feel stopped up with water.

Gouty nodes, topi.

Hair grows around and out of the ears.

Itching, aching and boring pains in the ear.

Profuse exudation of excoriating fluids.

Proliferation of tissue in the external canal.

Pulsations.

Scanty, fishy-smelling, yellow-greenish discharges.**Warts around and in the ears.****HEARING**

Deafness from catarrhal blockage or stricture of eustachian tubes.

Dullness of hearing.

Hears better in noisy places.

Noise and ringing in the ears.

NOSE

Acrid discharge which corrodes the skin, mottled appearance of mucous membranes.

Acute colds, in children, from the slightest exposure, discharge is copious, watery and excoriating (chronic normally scanty).

Alternating open and closed nasal passage, one hour clear the next completely stuffed.

Discharges:

Acrid discharges which corrode the skin.

Bland discharges of fishy or brine-smelling odor.

Scanty discharges of purulent or greenish catarrh, with fish-brine odor, > by least discharge.

Scanty in chronic complaints, profuse in acute or in the fresh winds. Scanty mucus, blocked nose, can't blow out any mucus but > slightest discharge, relieves the stopped-up feeling.

Suppression causes < of complaints.

Yellowish-green discharges.

Dry snuffles in infants, chilled, screams with anger on attempt to breathe with mouth closed, < suppression of discharges.

Enlargement of the turbinate bones.

Hay fever, nose clear one hour, next can't breathe anything.

Moist snuffles with purulent, scanty discharge and fish brine odor.

Mucous membranes thickened, baggy, swollen and mottled.

Polyps.

Red nose with prominent capillaries.

Smell; sense of lost.

Snuffles; moist, without ulcerating crusts, discharge is purulent, greenish, scant, with fish brine odors.

Stuffed nose due to thickening of membranes, enlargement of the turbinated bones, yellowish-green discharge, scanty except in fresh winds which cause copious thin mucus.

Warts on or in the nose.

Modalities:

Aggravation:

- < Blocked sinuses.
- < Changes in weather.
- < Damp weather and rain.
- < Suppression of discharges.

Amelioration:

- > When discharge is flowing.

FACE

Ashy, pale, grayish, drawn, puffy, even doughy in severe cases.

Bloated and swollen with a sickly complexion.

Butterfly malar pigmentation marks of a brown or yellowish color.

Freckles in great number and/or in large sizes.

Great pallor; yellowness of face around eyes, as if occurring from a bruise, yellow or brown band across forehead or under the eyes.

Liver spots.

Pale, bluish and dropsical.

Puffy, sallow, yellow and bloated.

Stubby, dead, broken whiskers in the beard, falling hair.

Tinea barbae.

Warts, moles, flecks, cysts and excrescences.

MOUTH

Dryness of the mouth as if burnt.

Gouty concretions in young babies.

Putrid, musty, salty or fishy taste.

Suppression of excrescences on sexual organs causes whitish, spongy, sensitive, flat elevations to appear in the mouth cavity, on the tongue, the palate and the lips.

Swollen or thick lips.

TEETH AND GUMS

Crumbling teeth.

Gum line decay.

Teeth have serrated edges, or are chalky and easily decay.

Yellow discoloration.

THROAT

Hawking of yellow-greenish fishy-smelling mucus.

Inflamed, sore, excoriated and very stiff and sore on swallowing.

Low thyroid with dullness of mind and weight gain.

Post-nasal drip of bad tasting mucus from posterior nares.

Sensation of a lump with hawking of yellow or yellow-greenish mucus.

Swollen glands.

STOMACH

Benign growths and encapsulated tumors.

Children born with colic, severe from one to three months after the birth; writhing, twisting, squirming with pain; screaming and drawing up of limbs; screams for hours; paroxysmal pain, > by pressure, lying on the stomach or by carrying about; shaking and rocking gently >; heat temporarily >, but < by eating.

Cramp and colicky pains, > by hard pressure, motion and lying on the stomach.

Cramps in stomach as from incarcerated flatus.

Eruclations, loud and forceful.

Modalities:

Aggravation:

< After eating.

< Juicy fruits, fish and other foods with high water content.

< *Meat and fat.*

< Wines.

Amelioration:

> Hot drinks.

> Lying on the stomach.

> Pressure.

> Violent motion, rocking, walking.

APPETITE AND THIRST

Aversion to green leafy vegetables.

Desires:

Beer, rich food and fat meats, well seasoned with salt and pepper.

Craves beer although it is not good for them.

Hot food and drinks.

Salty foods.

Eats little but gains weight.

ABDOMEN

Ascites with great distention and scanty urine.

Bearing-down sensation especially when standing or walking, and after movement of bowels.

Buboes and swollen inguinal glands.

Colicky, spasmodic or paroxysmal pain > pressure and lying on abdomen.

Feeling as of a lump or tumor.

Gall stones and cholelithiasis.

Hepato- and splenomegaly.

Pressure in lower abdomen as of a heavy weight.

Stitching, wandering pains.

Suppurative appendicitis, peritonitis, colitis, PID, etc.

Tendency toward growths, polyps, papillomas, encapsulated growths and cancer.

Modalities:

Aggravation:

< Eating the simplest foods.

Amelioration:

> Bending forward, doubling up.

> Hard pressure.

> Lying on the abdomen.

RECTUM AND STOOL

Colicky pains, spasmodic, with slimy, mucous stool and gripping pains and rectal tenesmus, acrid discharges corrode the anus, fishy smells, mottled mucous membranes.

Constipation with ineffectual urging and cramps.

Diarrhoea:

Changeable, greenish-yellow mucus, seldom bloody, greenish, watery, sour-smelling acidic stool with cutting colic.

Children, difficult dentition, sweating on the head, sour-smelling diarrhoea, infantile cholera and cholera-like symptoms.

Children, sour-smelling with sour stools; wants constant attention, to be rocked, or carried, > lying on the abdomen and > pressure.

Cholera infantum, caused by every hot spell.

Getting wet, from.

Gushing forceful evacuations accompanied by griping colic and tenesmus before and during stool, with concomitant irritability.

Lienteric stool, undigested food and wastes in the stool.

Rectal insecurity, must rush to the toilet or the stool will escape.

Stool gushes out with great force with cramp and colic.

Hemorrhoids, blind and bleeding:

Back pains and stiffness, with, < by suppression.

Pruritis and bleeding, with.

Very painful and sensitive.

Itching piles, proctitis, with a slight oozing from the rectum of a fishy odor.

Prolapse of rectum.

Pruritis of rectum with scanty, thin, watery discharge, fishy or fish-brine smells.

Stitching and pulsating pains in rectum.

Concomitants:

Irritability.

Psychosomatic states.

Restlessness.

URINARY

Bladder:

Cramps, spasms, stitches, wandering pains.

Papillomas.

Sensation of fullness with extensions to the prostrate and urethra.

Stones.

Enuresis, painful, wakes up from sleep due to the pain.

Enuresis, urine stains the sheet yellow.

Frequent urination in the day and at night.

Gouty concomitants.

Kidneys:

Calculous deposits.

Fibrous degeneration of, Bright's disease.

Kidney affections with pains in the back and about the loins.

Nephroblastoma, tumors in the kidneys.

Renal calculi.

Renal dropsy.

Stones and gravel, painful colicky attacks.

Oedema.

Polyuria.

Sediment, large amounts in urine.

Sour acid-smelling urine.

Spasms; painful, of the urinary tract and bladder.

Stitches, colic, pulsating, twisting wandering pains.

Strictures, difficulty on passing urine.

Strong-smelling urine.

Urethra:

Contraction, cramps, spasms of the urethra.

Non specific urethritis (NSU).

Urethritis with itching, burning and drawing pains.

Urination:

Acidic, burning and pain in urethra.

Child screams when urinating.

Fish-brine smell.

Painful, children scream when urinating, spasms of the urethra.

Scanty except during rainy weather that causes frequent urination.

Yellow color, dark urine.

Modalities:

Aggravation:

< **Damp, wet, cold weather.**

< Damp, wet, humid weather.

< Thunderstorms.

< Meat and foods containing uric acid.

Concomitants:

Aching of the lower back with or without pain in the kidneys.

Arthritic, stiff, sore, painful, swollen joints.

Restlessness, anxiety, agitation, can hardly sit still from the pains.

Rheumatic complaints of the muscles.

GENITALIA

Excrescences, dry wart-like, frequently soft, spongy, emitting a specifically fetid fluid (sweetish almost herring-brine), easily bleeding, and in coxcomb or cauliflower form, the classic fig-warts of sycosis, on the glans penis, the prepuce; in women on the parts surrounding, and on the pudenda.

Tendency toward sterility, low sperm counts, infertility.

Warts, verruca vulgaris on the rectum and sexual organs.

Modalities:

Aggravation:

- < Changes in weather.
- < Rainy or humid weather.
- < Rest.

Amelioration:

- > Return of old discharges and suppressed eliminations.

Concomitants:

Mind always concentrates on the sexual organs; the patient always examines the part.

Preoccupation with sex, sexual fantasies, masturbation, etc.

Secret sexual affairs, clandestine relationships, history of many partners.

Sexual desires increased but can become decreased through abuse.

MALE

Burning in meatus during urination with a feeling of soreness through whole urethra, also after urinating, a feeling as if something more remained in urethra.

Erections, frequent and strong, possibly painful.

Frequent erections, sometimes painful, in the morning, night and on wakening.

Gleety, gonorrhoeal discharge, urine stains clothes a dirty brown, discharges extremely slow with painful rectal tenesmus.

Hydrocele.

Impotence.

Increased sexual desire.

Non specific urethritis (NSU).

Offensive moistness of the perineum, musty fishy smells.

Orchitis.

Perspiration of genitals with fishy odors.

Prostate:

Easy discharge of prostatic fluids, at stool, end of urination, in the night.
 Enlarged prostate with urinary concomitants.
 Pre-cancerous states.
 Prostatitis < sexual excesses.
 Hypertrophy.
 Swollen ball-like sensations.

Skin lesions:

Condylomata.

Excrescences.

Flecks.

Moles, especially when red moles.

Warts (HPV).

Sterility and infertility.

Stricture.

Swelling of the urethra.

Tumors and growths of prostate and testes, pre-cancerous and cancerous.

FEMALE

Abortions, difficult childbirth, < by surgical interventions (activates latent syco-
 sis).

Alternation of leucorrhoea and internal symptoms.

Breast and nipples sore to touch < before menses.

Breast nodules, lumps and fibrosis.

Cancer; of the uterus, ovaries, cervix, etc., acrid, fishy discharge, esp. after sup-
 pression of genital warts and excrescences.

Cysts, on ovaries, or fallopian tubes, etc.

Endometriosis, mottled appearance of the mucous membranes.

Entopic pregnancy, with cramps, bearing down pains, internal bleeding, etc.

**Fibrous growths, polyps, benign tumors of female organs, such as fallopian
 tubes, ovaries, uterus, vagina, etc.**

*Gout and severe arthritis activates from latency at climacteric period (menopause) esp.
 affects the joints of the hands, often first attacking the index finger.*

Hormonal imbalances with masculinization, growth of profuse body hair, birth-
 marks, brown patches, etc. < puberty and menopause.

Infertility.

Inflammation of the female pelvis:

Cellulitis.

Pelvic Inflammatory Disease (PID).

Peritonitis.

Leucorrhoea:

Fish-brine odors.

Mental weakness during the discharge.

Scanty, musty smelling leucorrhoea with pruritis vulvae.

Yellow or greenish yellow, fishy odors, concomitant mental weakness.

Menses:

Fainting spells during menses with much trouble with the heart although on examination it seems normal.

Flow is clotted, stringy, yellowish, briny and acrid and excoriates the parts.

Membranous dysmenorrhoea.

Menstrual flow is acrid, excoriating, biting, burning the pudendum.

Pain in the breast, before, during or after the period.

Painful, spasmodic, extremely sharp colic, > bending forward, pressure.

Pains concomitant to menses.

Spasmodic, colicky pain etc. flows only when there is pain, offensive, clotted. stringy, large, dark, even black, excoriating and acrid.

Spasmodic, colicky, paroxysmal, with acrid discharges with fish brine odors or stale fishy smell; pruritis, painful frequent urination:

Shooting pains in ovaries and through the uterus, bearing down and continual aching through pelvic region.

Noeggerath says latent gonorrhoea in husband may cause in wife acute and chronic perimetritis, oophoritis, if impregnation results, abortion follows, or only one child is born; exceptionally two or three.

Parturition, difficulty during labor, delayed labor, painful labor causing concomitant complications for the child.

Pre-cancerous states producing tendency toward encapsulated tumors.

Prolapse of the womb, uterus retroverted or retroflexed < puberty.

Pruritis vulvae with voluptuous itching, tickly, and teasing.

Scar tissue, in fallopian tubes.

Skin lesions:

Condylomata (syphilis).

Excrescences.

Moles.

Warts.

Sterility, sterility after the first or second child, never well since.

Modalities:

Aggravation:

- < Climacteric period (menopause).
- < Puberty.

CHEST AND RESPIRATION

Aching soreness and stiffness in the chest and ribs as if bruised.

Asthma, profuse expectoration, < early morning, cold damp or rainy weather, > lying on the abdomen.

Bronchitis, hard dry, racking coughs, fall and winter.

Cough:

Bronchial cough.

Slight expectoration; clear mucus, occasional ropy or cotton-like, difficult to raise, causes teasing cough.

Yellow-greenish, musty or fishy smelling discharges.

Emphysema.

Has to fill the lungs but no power to eject air.

Hypertrophy, thickening of the membranes of the nose, uvula, vocal cords, adenoids, tonsils, nasal turbinate, etc.

Nose is blocked, snuffles, must breath through the mouth.

Pneumonia with consolidation of the lungs.

Scanty discharges although the lungs are full of fluid, difficulty raising discharges.

Sensation of suffocation.

Stitching pains in the chest > by pressure.

Modalities:

Aggravation:

- < Cold wet weather.
- < Early morning.
- < Exertion.
- < Humidity.
- < Puberty.
- < Winter.

Amelioration:

- > Pressure
- > Supporting the part.

HEART

Cyanotic, face becomes bluish, with venous congestion and stagnation, < high living, rich spicy food, or spirituous liquors.

Dyspnoea:

Fluttering respiration.

Oppression with difficult breathing at intervals.

Overweight causes dyspnoea, fleshy, puffy, and obese and constantly gaining flesh.

Fluttering, throbbing, skipping beats with difficulty breathing.

Gouty heart complaints.

Heart pains are shocking, vise-like, which can come and go quickly but slowly become more protracted.

Heart pains with dyspnoea, > by gentle exercise such as slow walking.

Pains from shoulder to heart, from heart to scapula, rheumatic troubles.

Pulse:

Rapid, irregular, and labored during the attack.

Slow, feeble, slippery, soft.

Rheumatic heart disease with valvular problems.

Rheumatic heart pains, severe pain very much < by motion; soft compressible pulse.

Soreness and tenderness of chest < motion of the arms.

Sudden heart attacks without any warning symptoms and fear or apprehension that the heart is bad (like syphilis, whereas psora has anxiety about the condition of the heart).

Suppression of rheumatism causes metastasis to the heart with reflex troubles with violent hammering and beating.

Valves are roughened, muscles flabby, soft and lacking in power; patient is fleshy and puffy; obesity causes dyspnoea (combined with psora).

Valvular and structural changes to the heart, which may lead to fatalities (esp. with psora).

Violent hammering and beating due to reflexes such as flatulence or uterine problems.

Modalities:

Aggravation:

< By high living, rich spicy food, meat or liquors.

< Exertion.

< Motion of the arms.

< Sudden motions.

Amelioration:

> By slow walking, riding and gentle exercise.

> Clear fine weather.

Concomitants:

Arthritic and rheumatic conditions.

Dropsical swelling.

Extension of pains to distant parts.

Gout.

Thrombosis.

BACK AND NECK

Aching across back in the region in the kidneys.

Aching, soreness and pain in sacrum and coccyx.

Back pains < damp and cold weather.

Crick in the back.

Myalgic pain in lumbar portion sometimes extending to the spermatic cords and testicles.

Pain in back and hips that runs around and down limbs.

Rheumatic and arthritic pains < on first motion.

Tightness and soreness of spinal column when stretching.

EXTREMITIES

Arthritic nodes, infiltrations and deposits in the small joints.

Arthritis and arthritis deformans < rest, approach of storm or damp, humid weather, becoming cold; > moving, rubbing, stretching, dry fair weather.

Contractions of the tendons of the flexor muscles, esp. fingers.

Cystic degenerations.

Edema, puffiness, swelling.

Fatigue from slight physical exertion.

Fibrous growths.

Gouty diathesis, chalky lime and lithic deposits conveyed from circulation.

Infiltrations and deposits in the joints and soft tissue.

Joints easily strained while walking.

Nails, pale, ribbed, ridged, corrugated, thick and heavy.

Pains:

Fingers or small joints painful, > stretching, dry fair weather, heat does not always <.

Numbness, tingling, paralytic, sense of deadness < lying, sitting long, crossing the legs.

Shooting or tearing pains in muscles or joints.

Stitching, shooting, cramping, tearing, twisting < first motion > continued motion.

Stiffness, soreness, aching, hard bed sensations.

Wandering pains, extension and distant effects.

Restless leg syndrome.

Rheumatism:

Numbness and paralytic weakness.

Stiffness, soreness, and lameness are characteristic, < stooping, bending or on first motion.

Stitching, pulsating and wandering pain.

Tearing pains in the joints, < during rest, cold damp weather, > by motion, stretching and dry weather.

Modalities:

Aggravation:

< Approach of storm or damp, humid weather.

< Becoming cold.

< Meat and foods with uric acid.

< Rest.

Amelioration:

> Appearance of warts palliates but does not cure.

> Clear, fine weather.

> Moving and rubbing.

> Return of old discharges.

Spraining of the ligaments and joints for little reason, easy injury.

Swelling of cords of neck with aching pain in base of brain.

FEVER AND CHILL

Chills up and down the back.

Continued fevers and typhoid-like states.

Creeping chills.

Flushes of heat alternating with chills.

PERSPIRATION

Oily perspiration that stains the linen yellow.

Profuse sweat around the neck.

Pungent, musty, or dead fish smell, rank unpleasant odors.

SKIN

Acne; large red angry-looking papules around menstrual period, non-suppurative but are quite sore and sensitive to touch, singular eruptions rather than groups running together (psora, small, pointed, itching papule; pseudopsora, pustular and suppurating).

Chafing and erythemas that pours out offensive discharges, especially in fleshy patients, affected surface is bluish-red with dirty, brownish-yellow or yellowish-green pus that may excoriate the unaffected parts it passes over.

Condylomata acuminata, coxcomb and cauliflower growths, verruca acuminata, pointed papillary growths (condylomata lata, syphilis).

Dark discolorations with hair growing in them.

Eruptions in circumscribed spots, scaly patches.

Excessive growth of body hair.

Excrescences and flecks.

Excrescences, suppression of eruptions on sexual organs causes whitish, spongy, sensitive, flat elevations, to appear in the mouth cavity, on the tongue, the palate and the lips, or large, raised, brown and dry tubercles in the axillae, on the neck, on the scalp, etc.

Exfoliating eczema.

Fish scale eruptions (with psora and syphilis).

Herpes zoster.

Malignancies; skin cancers, epithelioma, melanoma (mixed miasms intensify potential).

Moles:

Especially red moles often appear on the chest or anterior portion of the body although they may appear anywhere. They are smooth, round, shiny, and often blood-red; appear like a polka dot (tertiary sycosis).

Papillomata, wine-colored patches (tertiary sycosis).

Naevi.

Oily skin with thickly oozing and copious perspiration and offensive smells.

Psoriasis; based on gouty uric acid diathesis (more itchy, and red, mixed with psora).

Spider spots, on upper portion of the face half-inch below left eye or over malar bone, dilated capillaries resembling meshes of a spider web. In inherited sycosis it may be found at birth or around the second dentition. They increase in size until puberty. Sometimes it appears pale and bleached out then again it becomes red and prominent, (tertiary stage of both inherited and acquired sycosis).

Stitches, infected after surgery, especially of the abdomen.

Sycosis never gives a true ulcer as sycosis causes overgrowth of tissues rather than destruction of tissue like syphilis.

Thickening of the skin.

Tinea barbae, tinea sycosis (barber's itch), tinea circumscripta (a form of fungus that cause alopecia of the beard and scalp).

Warty eruptions:

Excrescences, dry wart-like, frequently soft, spongy, emitting a specifically fetid fluid (sweetish almost herring-brine), easily bleeding, and in coxcomb or cauliflower form, the classic fig-warts of sycosis.

Verruca filiformis (tertiary symptom in acquired sycosis), often appear on the sexual organs and trunk, quite often in groups of dozen or two, closely run together in fields and patches. They are small in diameter, often an eighth of an inch long or less, slightly colored, brownish or grayish brown, pointed at the end with spindle-like attachments.

Verruca plana juveniles (hereditary tertiary sycosis, found on the back of hands and faces in children).

Verruca vulgaris (hereditary tertiary sycosis, appears near second dentition).

SLEEP

Restless legs during sleep.

Restless nights with terrible dreams and nightmares.

Sleeps in knee-elbow position.

Sleeps on the stomach.

GENERALS

Alternation of leucorrhoea and painful symptoms.

Anemia, patient is pallid, drawn, puffy, no stamina in the muscles.

Arthritis (refer to Extremities for symptoms).

Babies with inherited sycosis:

Colic of severe form from the moment of birth, which lasts from one to three months. They writhe, twist, squirm, pains are spasmodic and paroxysmal. Gas

is expelled with great force. The child draws up its limbs, scream for hours, sometimes they are > pressure or lying on the stomach, being carried, by gentle shaking, rocking, heat give temporary relief < by all foods. Indigestion, catarrh of the bowels, vomiting of food without apparent nausea, diarrhoea and stools are sour smelling, acid, excoriating the perineum. Child smells sour not > by washing.

Coryza, acute, from the slightest exposures, discharge is copious, watery and often excoriating.

Gouty conditions of the urethra, ears, nose, rectum, vagina and outlets of the body.

Snuffles from a few days after the birth, nose is dry and stuffed up, child screams when attempting to nurse because it can't breathe. If the snuffles spontaneously leaves or is suppressed it is followed by colic or purulent ophthalmia.

Burnett appears to confirm this as he traces gout and some forms of rheumatism to a sycotic origin.

Cancer; of the breast, ovaries, uterus, testes, prostate, organs, soft tissue, and skin, etc.

Constitutional effects of maltreated and suppressed gonorrhoea, when the best selected remedy fails to relieve or permanently improve.

Convalescence; marked by slow recovery, constant slipping back, relapses on every acute disease and suppressions.

Discharges:

Dirty brownish discharges.

Edema, generalized over the body.

Fish-brine or stale fish odors.

Greenish-yellow discharges.

Offensive discharges.

Pungent, musty or dead fish odors.

Sour, acrid or occasionally bland.

Epithelioma, phthisis, cauliflower excrescences, sterility, and erosions which can be traced to a sycotic origin; pernicious anemia often has gonorrhoea as its base, suppressed gonorrhoea may produce iritis, syphilis produces it without suppression.

Gouty diathesis, uric acid and lithic deposits.

Great heat and soreness with enlargement of lymphatic glands all over body.

Leukemia, of Grauvogl and Virchow, occurring in children of sycotic parents.

Marasmus, children don't grow in the first year, withering appearance, waxy, anemia, lienteric stools, poor digestion, every hot spell brings on cholera infantum.

Mucous membranes; inflamed, mottled or spotted appearance, patchy, blotchy tissues, one part reddish color the other natural color; dark venous congested spots often covered with thin purulent secretions having an offensive odor, occasionally sensitive to touch; dark bluish tinge; dirty-colored and offensive discharges, oozing from these dark venous congestion spots.

Pains:

Electric shocks which come and go suddenly.

Stiffness, soreness, and lameness.

Sycotic pains are erratic, wandering, sudden, intense, spasmodic, cramp-like and colicky in nature.

Soft tissues are a major target of sycosis.

Suppression:

Acute inflammation, causes, of the testes and rectum, with writhing, turning, tossing and twisting with pains from head to foot, > by continual motion, walks the floor day and night. Tendons, contraction and shortening of muscles of the calves and thighs, infiltration of muscles with hardness, soreness of the soles of the foot, can't walk yet still moves about by crawling.

Metastasis, suppression causes, to more important internal organs and the mind, and leads to serious pathology.

Rheumatism; suppression causes metastasis to the heart, with violent beating. *Suppression of excrescences on sexual organs causes whitish, spongy, sensitive, flat elevations, to appear in the mouth cavity, on the tongue, the palate and the lips, or large, raised, brown and dry tubercles in the axillae, on the neck, on the scalp, etc. Also can be inherited secondary signs.*

The suppression of the external manifestations of gonorrhoea seems first to involve the central nervous system functionally, is much later in attacking the organism destructively.

Wildes thinks that the suppression of favus when derived from gonorrhoea in the father leads to hydrocephalus, capillary bronchitis, obstinate teething diarrhoeas and cholera infantum; if derived from the grandfather, suppression leads to consumption and lingering diseases.

Uric acid diathesis.

Modalities

Aggravation:

- < Alcohol.
- < *Climacteric, menopause, brings on gout and arthritis.*
- < **Cold, cloudy weather, rainy weather.**
- < *Cold, on becoming, yet heat does not always relieve.*
- < Exciting causes like fevers, injuries, and operations arouse tertiary symptoms.
- < Falling barometer.
- < Heat of atmosphere.
- < **Humid atmosphere.**
- < *Meat.*
- < Rest.
- < Storms.
- < Sunrise to sunset (4 AM to 6 PM).
- < *Suppression of external discharges and sycotic eruptions.*
- < Thunderstorms.
- < Uncovering.
- < Vaccinations.

Amelioration:

- > Catarrhal discharge.
- > Covering.
- > Dry fair weather.
- > Eruptions of warts.
- > Fibrous growths.
- > Leucorrhoea.
- > **Lying on the abdomen.**
- > *Mental and physical symptoms ameliorate when external manifestations or discharges occur.*
- > Motion.
- > Moving around after sunset.
- > Pressure.
- > **Return of old gonorrhoeal discharge.**
- > *Return of old symptoms, an old ulcer or sores.*
- > Return of the menstrual period.
- > Rubbing.
- > Stretching.

- > Unnatural discharges and eliminations rather than normal natural eliminations (psora > natural discharges).
- > Warmth and warm applications.
- > Warts palliate for a time but do not cure.

Anti-Sycotic Remedies

Sycosis presents the homœopath with a different situation than the treatment of the non-venereal miasms. Normally the psora and pseudopsora will go through all three stages of infection, the primary, latent, and secondary stages. This may not be true in the transmission of sycosis for it can be passed at any stage of its development. Therefore the reversal of the progression of the symptoms will only be to the stage in which it was passed rather than all three stages in each case. This means that there are three different possibilities, reversal to the primary, secondary, or tertiary stage, depending on the stage of the sycosis when it was acquired. This is also true in the inherited variety as that depends on the stage of the sycosis at the time of conception.

Anti-Sycotic Remedies in General

abies-n., acet-ac., agar., agn., alum., am-c., am-m., amyg-am., anac., anan., ant-c., ant-t., anthro., apis, aran., **Arg.**, **Arg-n.**, ars., ars-i., arum-t., asaf., asar., aster., aur., aur-m., aur-m-n., bar-c., bar-m., benz-ac., berb., berb-a., bism., bor., bov., bry., bufo, calad., calc., calc-ar., calc-i., calc-s., calc-sil., cann-i., cann-s., canth., caps., carb-ac., carb-an., carb-v., carbn-s., carc., cast., caul., caust., cham., chel., chim., cic., cimid., cinnb., clem., cob-n., coc-c., coch., colch., coloc., con., cop., croc., crot-h., cub., cupr., cupr-acet., cycl., dig., dor., dulc., erig., ery-a., eup-pur., euph., euph-pi., ferr., ferr-p., fl-ac., gels., graph., grat., guai., ham., helon., hep., hydr., influ., iod., iris, kali-ar., kali-bi., kali-c., kali-i., kali-m., kali-n., **Kali-s.**, kalm., kreos., lac-c., lach., led., lil-t., lith-c., luna, lyc., lyss., mag-c., mag-m., mag-s., maland., mang., **Med.**, merc., merc-c., merc-s., mez., mill., mosch., murx., mygal., naja, nat-c., nat-m., nat-p., **Nat-s.**, **Nit-ac.**, nux-m., nux-v., ol-j., pall., pareir., petr., petros., ph-ac., phos., phyt., pic-ac., pip-m., plat., plb., prun., psor., puls., rad-br., rhod., rhus-t., ruta., sabad., sabin., sac-l., sanic., sars., scroph-n., sec., sel., senec., **Sep.**, sil., silphu., spig., spong., **Staph.**, still., stram., stront-c., sul-i., sulph., syc-co., tell., ter., **Thu.**, uran-n., vac., vario., ven-m., vib., viol-t., zinc., zing.

Sycosis 1, HPV the Wart Miasm

Alum., alum-sil., anac., ant-c., ant-t., **Apis**, arg., arg-n., ars., aur., aur-m., aur-m-n., aur-s., bell., benz-ac., calc., calen., canth., carc., caust., cham., chr-ac., **Cinnb.**, clem., con., cub., cypra-e., dulc., eucal., euph., euphr., fl-ac., graph., hep., iod., kali-bi., kali-br., kali-chl., kali-i., kali-m., kreos., **Lac-c.**, lach., lyc., m-aust., med., merc., merc-c., merc-d., merc-s., mez., mill., nat-c., nat-m., **Nat-s.**, neon., **Nit-ac.**, nux-v., ozone., petr., phos., ph-ac., phyt., pic-ac., plat., podo., psor., puls., rhus-t., ran-b., sabad., sabin., sanic., sars., sec., sel., **Sep.**, sil., **Staph.**, sulph., syc-co., tarent., **Thuj.**, vanad.

Sycosis 2, the Gonorrhoea Miasm

acon., agar., agav- a., agn., aloe, alum., alum., am-c., am-m., amyg-am., anag., ant-c., ant-t., apis, **Arg.**, arg-n., ars., ars-s-f., aur., aur-m., bad., bar-c., bar-m., baros., bell., benz-ac., bism., bor., calad., calc., calc-p., calc-s., camph., cann-i., **Cann-s.**, **Canth.**, caps., caul., caust., cean., cedr., cham., chel., chim., chin., cic., cinnb., clem., cob., coch., colch., cop., con., crot-h., cub., cupr-ar., dig., dor., dulc., echi., equis., erig., ery-a., eucal., ferr., ferr-i., ferr-p., fl-ac., gels., graph., guai., ham., hep., hydr., ichth., jac., kali-bi., kali-chl., kali-i., kali-m., kali-s., kreos., lac-c., lach., lachn., led., lyc., **Med.**, merc., merc-c., merc-i-r., merc-pr-r., merc-s., methyl., mez., mill., mygal., naphtin., nat-m., **Nat-s.**, **Nit-ac.**, nux-v., ol-sant., parier., petr., petros., ph-ac., phos., phyt., pin-c., pip-m., plat., plb., psor., **Puls.**, rhod., sabad., sabal., sabin., salol., salx-n., sars., sel., senec., **Sep.**, sil., staph., stigma., still., sulph., syc-co., tarent., ter., tus-f., tus-p., **Thuj.**, zinc.

Suppressed Gonorrhoea

acon., agn., alum., anag., ant-t., arg-n., aur., aur-m., aur-m-n., bar-m., benz-ac., brom., calad., calc., calc-p., camph., cann-s., **Canth.**, caps., chel., clem., clem-b., coca., coloc., con., cop., crot-h., dam., daph., dor., gels., graph., hydr., jac., kali-i., kali-m., kali-p., kali-s., kalm., lyc., **Med.**, merc., merc-c., merc-d., mez., mygal., nat-m., **Nat-s.**, nit-ac., nux-v., phyt., psor., puls., rhod., sabin., sang., sars., sel., sep., sil., spong., staph., **Sulph.**, syph., **Thuj.**, verat., viol-t., x-ray., zinc.

Gonorrhoea in Male

acon., agar., agn., alum., amyg-am., anac., apis, arg., arg-n., ars-s-f., asc-c., asc-i., aur., aur-m., bar-c., bar-m., benz-ac., bor., brom., calad., calc., calc-p., camph., cann-i., **Cann-s.**, **Canth.**, caps., caul., caust., cean., chel., **Clem.**, chin., cinnb., cop., cub., cupr., dig., dor., echi., equis., erech., erig., ery-a., eucal., euph., fab., ferr., fl-ac., gels., ger., graph., ham., hep., hydr., kali-bi.,

kali-br., kali-s., kreos., lyc., med., merc., merc-c., merc-i-r., merc-s., mez., mygal., nat-m., nat-s., **Nit-ac.**, nux-v., ol-sant., petr., petros., ph-ac., phos., phyt., pip-m., plb., psor., **Puls.**, rhod., sabal., sabin., sars., sel., senec., sep., sil., staph., still., sulph., ter., **Thuj.**, tus-f., tus-p., vesic., zinc.

Gonorrhoea in Female

acon., aesc., alumn., apis, arg., arg-n., aur., aur-m., aur-m-n., benz-ac., bor., cann-i., cann-s., **Canth.**, caps., caul., caust., cean., chel., cic., cinnab., clem., con., cop., cub., dig., dor., equis., erig., ferr., ham., hep., hydr., ign., kali-bi., kali-s., kreos., lac-c., lach., lact., lyc., med., merc., merc-c., mez., mygal., naphth., nat-m., nat-s., **Nit-ac.**, nux-v., ol-sant., petr., petros., phos., pip-m., plat., plb., pop., psor., **Puls.**, rhod., sabal., sabin., salol., salx-n., sars., sep., sil., sil-mar., staph., still., sulph., tarent., ter., thuj., tus-f., tus-p., vesic., zinc.