

PRACTICE OF HOMOEOPATHY ON CLINICAL POINT OF VIEW

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The aim of clinical examination of a patient is twofold for the homoeopathic physician. One is diagnosis of the disease and the other is diagnosis of the homoeopathic remedy. The techniques used to achieve these two ends are entirely different.

The diagnosis of the disease by modern methods is based, to a very large extent, on physical signs, tests and reactions, which involve the use of many instruments of precision. In these methods of investigation of the disease, the patient takes no active part, nor has he any knowledge of them.

The subjective, conscious experience by the patient of the disease and the deductions drawn therefrom, to a very large extent, influence the construction of the totality of the symptoms, upon which the diagnosis of the remedy depends.

Nearly all those objective phenomena of the sickness possessing value from the standpoint of homoeopathic therapeutics are discernible to the physical senses and ordinary observation of the patient by his attendants or the physician himself.

Examination of the patient for the purpose of pathological study and diagnosis are necessary and important inasmuch as they have a bearing on the prognosis, hygiene, physical therapeutics, dietetics, general management etc., and in cases of poisoning for determining the physiological and chemical antidotes, and the mechanical methods of expulsion of the poisonous ingesta; but from the viewpoint of prescription of homoeopathic remedy or strictly speaking the remedy '*homoeopathic*' to the case in hand, their importance is relative, but not absolute. For example, diagnosis, to some extent, influences the selection of potency and the drug also in certain cases, e.g. in cases of established T.B., syphilis etc., where there may be advanced internal destructive lesions, drugs like Phosphorus, Silicea, Sulphur and Kali carb. etc., though and if indicated, on the basis of the totality of symptoms, may have to be administered with very great caution.

The most important thing to be remembered in examining a patient for a homoeopathic prescription is that the *characteristic symptoms* for the remedy are to be found. The physician having noted pages after pages of sufferings as narrated by the patient, when he fails to ascertain the totality of each symptom, the location, sensation and modality (if present, extension and concomitants), the result is that there is no *case* upon which to base the prescription. In such a record, we find only the common symptoms, causes and the like. The most valuable indications for the remedy generally consist of:

(1) the "subjective morbid sensations and phenomena, which come within the sphere of the patient's own experience and are perceptible to him alone", and

(2) the "objective signs of disease which are perceptible to the *unaided* or natural senses of ourselves, the patient or others".

For the first category of the indications, we have to depend entirely upon the statements of the patient himself.

The findings of the thermometer, the stethoscope, the microscope and the various other relevant investigational and diagnostic data do not supply the physician with any direct evidence for the indications of the drug. Their principal function is to aid the physician in determining the diagnosis and pathology of the case inasmuch as they have a bearing upon the prognosis and general auxiliary treatment. They also aid the physician to define accurately the anatomical basis of the prescription and to correctly localize the symptoms.

The correct evaluation of symptoms depends upon the knowledge of what is uncommon, peculiar, queer, rare or strange in a given case, which in turn depends upon the knowledge of what is common or pathognomonic in the given case.

It follows, therefore, that the physician must endeavour to exhort the patient to reveal frankly all the circumstances and conditions that the patient thinks to be the ones which have culminated in the development of the present illness. It is well to bear in mind that the patient, especially if it is his first visit to a homoeopathic clinic, should be properly oriented to the routine regimen and working of a homoeopathic hospital or clinic.

Generally patients seek homoeopathic treatment after they have lost every hope of permanent relief of their sufferings in non-homoeopathic systems of medicine.

The new patient must be informed as to how the homoeopathic examination differs from the ordinary examination, especially the value of mental and subjective symptoms or 'sensations as if which go a long way in providing valuable clues, enabling the physician to correctly perceive the image of the sickness in every individual case.

As homoeopathic treatment is specific to the therapeutic needs of the individual patient, his individual reaction to the disease is taken more into account.

This vital step necessitates, to a very large extent, hospitalization compulsory in the acute as well as chronic diseases inasmuch as thorough and repeated observation of the patient becomes part and parcel of homoeopathic treatment.

For example, the position of the patient, the colour, consistency, odour, the nature of flow of various excretions, secretions and discharges from body; the rhythm, the pace, the order or sequence of the symptoms during either evolution of the disease or its cure, and all other signs of disease can only

reveal themselves to the unprejudiced observer, upon close and keen observation of the patient.

'Observing without being observed', apart from its value in the investigation of cases of mental illness, or cases of malingering, will provide the physician with valuable data, e.g. the peculiar and odd postures like the knee-chest position, the patient adopts during the exacerbation of the pain or other discomforts, which helps considerably in determining the simillimum.

Next follow a few points on the value of the diagnosis.

The fact that diagnosis of disease determines the nature of treatment cannot be too strongly emphasized.

A mistake in this vital step may, on the one hand, at times, wreck the reputation of the physician and on the other, at all times, jeopardise the welfare of the patient because of inappropriate treatment. It leads to confusion in the proper evaluation of the symptoms and lesions. For example, cough and aphonia resulting from pressure, on the left recurrent laryngeal nerve, by an aortic aneurysm, are nothing but secondary symptoms due to mechanical pressure on the nerve, and as such these symptoms do not indicate the remedy, or the presenting symptom may be a spasmodic paroxysmal pain in the abdomen which we call colic, it may be intestinal, biliary, renal or appendicular colic. The character and distribution of pain, associated symptoms, the age and sex of the patient would guide the physician regarding the diagnosis of the condition upon which depend the answers to the question relating to the various aspects of prognosis and the probable course of the disease and its complications and the possible outcome and duration of treatment etc. However, the selection of the remedy *homoeopathic* to the given case will be based entirely on the totality of the symptoms of the individual case but never upon the diagnosis.

The disturbances in the state of health may be due to various causes which may be broadly classified into (i) mechanical (ii) chemical and (iii) dynamical.

Under the head of mechanical causes generally the following conditions come: Injuries and destruction of tissues resulting from physical force, foreign bodies, congenital anatomical defects, deficiencies, excesses or absent organs or parts, prolapsed or displaced organs etc. These conditions may be primarily relegated to surgery, physical therapeutics and hygiene. However, a great many of the simple injuries like contusions, sprains, punctured wounds etc. may be better amenable to the homoeopathic therapeutics. The post-operative conditions like the 'phantom limb pains' after amputation may be beautifully relieved by a few doses of *Allium cepa*. The use of *Ledum*, *Arnica*, *Hypericum*, *Rhus tox*, *Calcarea carb.* in traumatic conditions is too well known to require repetition here.

Under the head of chemical causes one may include the ever increasing wide-spread abuse of drugs (one of the major health problems the world over) besides the acute and chronic poisonings, overuse of stimulants, the

iatrogenic disorders etc. Such of these conditions primarily require stopping forthwith further ingestion of the offending substances and the administration of appropriate chemical or physiological antidoses, combined in some cases with measures aimed at physical expulsion of the poisonous ingesta. Homoeopathic treatment may be needed if functional derangements remain or follow after the exciting causes have been removed.

The disturbances of health occasioned by intangible or dynamical causes are the chief concern of Homoeopathy. It directly deals with the disease *per se* "the outwardly reflected picture of the internal essence of the disease" or the morbid vital process in terms of perceptible signs and symptoms.

These above considerations are of paramount importance inasmuch as diagnosis of 'what ails the patient' influences the nature of treatment the individual needs. At this juncture it may do well to point out to those who entertain many a misconception about the relationship between Homoeopathy and surgery that a fair knowledge of principles of the latter is indispensable for the homoeopathic physician for two obvious reasons: (1) Not to erroneously send the patient to a surgeon when he can be benefited better by homoeopathic treatment, thus obviating much of needless and unnecessary surgical intervention and (2) not to keep the patient under homoeopathic treatment, when the patient's condition actually demands emergency surgical intervention as the only single life-saving measure, as in strangulated hernia. Thus, the physician is required to distinguish between the so-called surgical cases and the strictly surgical ones.

Not a few chronic cases will, in their incipient stage, cause a disturbance in the state of health sufficient to compel the patient to seek consultation. The reactions, when confronted with such a case, of the homoeopathic physician and the physicians of the other schools of thought merit comparison. The homoeopathic physician, by virtue of his knowledge of the Hahnemannian concepts of life, health, disease and cure perceives that the individual is sick as a whole and that the sickness is nothing more than a deviation from his former state of health measured in terms of altered sensations and functions. For all practical purposes, this he considers to represent the disease *per se* and he can institute the appropriate similimum at this pre-localization period of illness when no diagnosis (in the traditional sense of the term) is possible and nip the disturbance in the state of health in its bud, ensuring complete restoration of health to the patient.

The non-homoeopathic physician, being trained 'to see the disease' finding no objective evidence thereof, perforce concludes 'the disturbance in the state of health as 'vague' and perhaps puts the patient under expectant treatment.

So what appears to the non-homoeopathic physician as merely vague constitutes a 'distinct deviation from a former state of health' from the Hahnemannian concept of human illness which can be reversed to the former state of health with the help of the remedy *homoeopathic* to the case. Such

of these 'vague' illnesses, if neglected, would, over a period of time, develop into the so called, 'disease' bearing the stamp of a diagnosis in the traditional sense of the term.

At this stage the illness drifts into the physical plane localizing itself in certain organs or systems in the body. Forgetting this sequential order of the phenomena naturally leads one to the delusion that the patient suffers because of the disease of the particular organs or systems. The truth is that the individual is sick prior to the localization of the disease. These distinctions as regards the evolutions of a natural disease must be kept in view lest the homoeopathic physician makes a fetish of the diagnosis.

In general, it may be said that as more and more pathognomonic signs and symptoms of disease appear at the forefront, the 'characteristic symptoms' indicative of the similimum may recede to the background. This is not infrequently the case with cases characterised by chronicity associated with the ravages of suppressive forms of drug and other therapies. In such of these cases, despite the ease of spot-diagnosis, the mental and physical generals will in general, be conspicuous by their absence. This fact indicates to the physician the marked probability of incurability and incidentally puts a brake on the free use of deep-acting remedies and higher potencies. (The value of clinical diagnosis here is supreme).

The presence of generals in these cases, abounding in myriads of pathological changes, perhaps of irreversible nature, cannot negativate, by any means, the probability of incurability. On the other hand, it indicates the feasibility of excellent and peaceful palliation.

In the light of the above facts, it would be obvious that the clinical examination of the patient, diagnosis of the disease and hospitalization of the patient are of greater practical necessity in the practice of Homoeopathy than in that of the contemporary system of medicine.