

KNOWLEDGE OF DISEASE

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We all know, in the aphorism 3 of the *Organon*, Hahnemann lays the solid foundation of the whole superstructure of medicine with four indispensable supporting pillars viz:

- (1) Knowledge of disease.
- (2) Knowledge of medicinal powers.
- (3) Knowledge of how to adapt the clearly ascertained curative powers of individual medicines to the definitely elicited and perceived indications of the individual cases of disease, *according to clearly defined principles*, with all its technicalities.
- (4) Knowledge of obstacles to cure and how to remove them.

Of these four pillars the most important is the number one, i.e. knowledge of disease; because without a thorough grasp of this pillar, all other pillars will be of no use. The sole object of the science and art of medicine is to cure the *disease* in individual cases. So, if there is any flaw or lag in the knowledge of any aspect of this sole object of treatment, no other knowledge can be dependably and efficiently applied.

Here, we must remind ourselves of the tautology that, in order to thoroughly assimilate the teachings of the *Organon* and apply them in practice, each of the aphorisms must be perused in the context of all others, and each phrase, word and punctuation is to be thoroughly weighed and apprehended.

Thus, if we analyse the relevant portion of the aphorism we get the following teachings:

A physician who wants to treat his cases judicially and rationally and likes to be taken as a true practitioner of the healing art, must at the outset *clearly perceive* what is to be cured in diseases, that is to say, in every individual case of disease.

Now what is to be cured in every individual case of disease, is always manifested to the physician only by some *indications* or symptoms which are felt by the patient himself (the so-called subjective symptoms) and signs observed by the physician with all his senses and faculty of perception, with or without the aid of various instruments and technical investigations (the so-called objective symptoms). These indications, to be depended upon for the purpose of cure and management, must not be merely sensed and observed superficially, but clearly and fully perceived, that is, apprehended with the real meaning, nature and quality of each of them, with respect to its sensation, location, modalities and concomitants. The totality (not mere conglomeration) of these symptoms, indicates or represents the true and

whole picture of the disease in the individual case, that is, what is to be cured in the case.

If we further scan these indications, we find many which indicate only the morbid or pathological changes which are common to many cases of similar type and often bear a disease name, like influenza, measles, small pox, pneumonia, typhoid or any other acute disease or amoebiasis, colitis, gastritis, peptic ulcer, cancer, tuberculosis, or any other so-called chronic disease. These common indications help us in clearly apprehending the real nature of the case. For example, a pain in epigastrium with anorexia and some other symptoms, may be due to simple dysfunction, inflammation, peptic ulceration or cancer of the stomach; or a case of leucorrhoea may be due to a general debility with anaemia, unhygienic condition or dysfunction of the female genitals, or a catarrhal or inflammatory condition or even cancer. Thus we see that the proper apprehension of these underlying pathological conditions with their indications makes a large gulf of difference in the significance and implications of the superficial symptoms, however valuable and qualitatively complete with their location, sensation, modalities and concomitants they may be. Clearly apprehending these underlying morbid changes is known as *pathological or nosological diagnosis*.

This pathological diagnosis of the disease is essential for ascertaining the prognosis of the case and help greatly, though indirectly, in the rational management and even actual medicinal treatment of the case (particularly with respect to potency, dose, method of administration, to wit, ingestion, olfaction etc., of the indicated remedy like, Hepar sulph., Silicea, Sulph., Phosphorus, etc.)

Moreover, these morbid changes do not at all fall outside the purview of what is to be cured in the case of disease.

So, those homoeopaths who assert that pathological diagnosis is not at all necessary in Homoeopathy, do not at all fully appreciate the teachings of Hahnemann. And as a matter of fact, our Master never accepted anybody as his student, who has not some knowledge in general medicine and pathology. And most of his able followers like, Hering, Dunham, Farrington and others emphatically expressed similar views. Even Kent, who often apparently bantered pathological diagnosis, took the same into consideration in his *Materia Medica* and *Repertory*. What he actually opposed and that quite rightly was prescriptions based merely on common pathological indications.

One point must be made clear. Most of these pathological changes with their subjective and objective indications bear some disease names. These simple disease names are of little value to us, as they are generally too abstract and vague, covering large number of cases of similar nature with little hint of the actual morbid changes in the particular individual case. For example, a case of simple small pox with full regular eruption is of far less serious import than a case of small pox with tardy eruptions or haemorrhagic type of eruptions, a case of scirrhus (psoro-sycotic) type of cancer or

tuberculosis in the skin or glands are of far less serious prognostic value than a case of degenerative (psoro-spyhilitic) type of the same disease affecting the vascular regions of lungs or other vital organs. What a rational physician should be interested in, is the real pathological and miasmatic nature of the morbid lesion and its precise location rather than the mere name of the disease. For this, of course, sufficient knowledge in anatomy, physiology and dynamic pathology is indispensable.

Now we come to the most vital type of indications: However may be the importance of the pathological indications as discussed above, they are of little value for the most essential task of the physician, viz. finding the curative remedy. For fulfilling this basic task, the physician can depend the least on the pathological indications (i.e. signs and symptoms indicating the pathological condition) which, by their very nature, are more or less common to all cases having similar pathological lesion. For spotting out the curative remedy for the whole case of disease, the physician has to ferret out and perceive clearly and precisely those indications which definitely pertain exclusively to the individual case in hand as distinct from all other cases of similar type. For example, any case may be labelled as lobar pneumonia only provided it has a series of characteristic changes in one or more lobes of the lungs with sudden onset of high remittent or continued fever, peculiar cough, pain in chest, etc. But none of these indications, however characteristic of classical lobar pneumonia, can help in individualising the case from other cases of lobar pneumonia, unless and until we can complete each of the symptoms with respect to their sensation, location, modalities and concomitants. For instance, in the particular case of lobar pneumonia in hand, with respect to the fever (sensation) we have got to ascertain whether it is characterised by chill, heat or sweat, coldness or heat of particular parts (location), conditions of aggravation and amelioration—particular time, heat, cold, etc. (modalities) and accompaniments like thirst, quietude, restlessness, taciturnity, irritability, delirium, with their respective modalities (concomitants).

Each of the indications, like, pain in chest, cough, etc. has got to be scanned in the same way. And then by collative summation of these definitely, precisely and completely traced out data, we shall be in a position to get a definite picture of the disease the particular individual is suffering from at the particular time. And simultaneously, the definite picture of the curative power of the exactly corresponding individual remedy will present themselves to the physician, as if these individualising indications will loudly call out its appropriate remedy from the big armamentarium of *materia medica*.

Naturally it is this type of indications which characterise the particular individual case, distinctly from all others of similar type, which are most essential and indispensable to the physician for the purpose of cure. As a matter of fact, it very often so happens, depending only upon these individualising characteristic indications the physician cures the most fatal case

without knowing or even caring to know the nature of the underlying pathological indications. The catastrophe due to the ignorance of the underlying pathological lesion occurs only occasionally, and not at all very frequently. But a responsible, dependable and true practitioner of healing art cannot conscientiously afford to take that chance by neglecting the pathological indications.

Thus we see knowledge of disease means knowledge of the *indications* in a particular individual case of disease, depicting

- (1) THE PATHOLOGICAL OR NOSOLOGICAL DIAGNOSIS.
- (2) THE THERAPEUTIC DIAGNOSIS definitely pointing out the *similimum* of the case in hand at a particular time. This last is, of course, the most important and vital.