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EDITORIAL

EVALUATION OF SYMPTOMS

Evaluation of symptoms manifested by a sick person is a technique peculiar to the homœopathic art of healing and implies the principle of grading or ranking of different kinds of symptoms in order of priority, which are to be matched with the drug symptoms in order to cover the totality of symptoms in a natural disease-condition with that of the drug-disease.

Homœopathy is based on individualisation of the patients and that of the drugs. An individual is characterised by some unique features which serve to denote that particular individual from other individuals belonging to the same class or group.

In a diseased condition we find symptoms of the following orders:—

(1) Symptoms referring to a disease of particular nosological type;

(2) Symptoms referring to the particular tissues and organs of an affected person;

(3) Symptoms referring to the individuality of the patient, which modify or qualify the symptoms of the disease he is suffering from.

In Homœopathy we do not stop with the diagnosis of the disease but go further to diagnose the patient as well.

The disease diagnosis is a double process and consists in disease determination and disease individualisation. "It is the Alpha and not the Omega of Diagnosis"; it is only a stage of diagnosis and not the whole diagnosis, but it is an indispensable stage and without it no complete diagnosis is possible. The placing of a nosological label will help us to utilise in full our knowledge of clinical science, of the natural history of diseases and it is through the fiction 'diseases' that we shall better appreciate the reality, the individual patient. Clinicians who have disregarded disease diagnosis and grasped immediately at the "individual physiological diagnosis" have fallen into chaos and error. On the other hand the limitation of diagnosis to this disease determination is equally erroneous and leads to theraputic sterility.

Disease determination can be made through the analytical process or through the intuitional process; usually the two are combined. It presupposes in both a great knowledge of clinical science acquired at the bed-side and in books. *In the rational process* the patient is thoroughly and systematically examined from head to foot. The critical mental faculty allows separation of the essential from the non-essential symptoms. Every symptom detected is considered in frame of others and its diagnostic significance assessed. Like an architect the clinician builds his diagnosis stone by stone into a harmonious whole. Here, also, a certain intuition intervenes, filling the gaps and vitalising, accelerating the whole process, but the analytical process remains the safest method of diagnosis. In the *intuitional process* the impressions received from the patient are more rapid and more complete, the critique and syllogism occur deeply in the subconscious more rapidly and more dynamically. Gaps are quickly filled. The result emerges into consciousness as a sudden inspiration. In other cases this process consists in comparison of the

picture shown by the patient with other disease pictures that are in the subconscious but emerge rapidly. It is probable that many comparisons and rejections are made subconsciously or that compartments in the subconscious mind exist and the clinician knows subconsciously, immediately which compartment he has to open. Such intuitional diagnosis are given to clinicians of long study, rich experience and great artistic ability. However, in general, even such clinicians control their results by studying the patient more analytically.

But this is but the first step: *We have to individualise disease.* Disease individualisation consists in determining the individual features that the disease phenomena, *e.g.* pneumonia, gastric ulcer, etc., show in our particular patient. In every patient the 'disease' as listed in our nosographies shows *special features* in the individual patient considered and these should be determined.

Here disease individualisation should not be confused with the diagnosis of the person. Disease individualisation is the answer to the question: What particular features the disease, say, pneumonia or gastric ulcer, shows in our individual patient? The diagnosis of the person is the answer to the question: What kind of a man is our patient who has developed pneumonia or gastric ulcer, thus independantly of his actual disease?

Thus we come to the third phase of Diagnosis, *i.e.,* the diagnosis of the 'person' (or the constitutional individually) of the patient. To understand this, independently of his disease, three things have to be investigated:

(*a*) his actual psycho-physical construction;

(*b*) his development, i.e., the phases through which the patient has passed to reach his actual psycho-physical constitution or personality—including the hereditary investigation.

(c) his environment and his reciprocity with it through actions and reactions manifesting themselves in and through the living organism.

The individual constitution of a person is

three-dimensional { (1) actual constitution; (2) development; (3) environment.

The complete diagnosis of the individual sick person resolves into:

(1) Disease diagnosis { disease determination / disease individualisation

(2) Constitutional diagnosis { actual constitutional diagnosis / developmental constitutional diagnosis / environmental constitutional diagnosis

The whole process of diagnosis of the patient occurs in three phases:

(*a*) A phase of initial synthesis (perceptual)
(*b*) A phase of basic analysis (conceptual)
(*c*) A phase of terminal synthesis (intuitive)

(1) The first initial synthesis is of the greatest importance, because we must have a view of the whole before we examine the parts and because the parts can only be considered in the light of the whole. The first 'impressionistic' synthesis as obtained through our sense-perception should not bind us and *should be a support and not a chain.* It shall be corrected and completed with the rest of our examination but it must be there at onset.

(2) The next phase, that of basic analysis, is essentially rational, although intuition intervenes to make it more rapid and to vivify it. It is at that phase that we proceed analytically in disease determination, disease individualisation, 'person' determination, using the various methods of clinical explorations, and, principally at onset, the historical and physical exploration.

(3) The third phase, that of terminal synthesis, is rational and intuitional.

On the basis of our analytic exploration we proceed to understand the patient as a whole, as a total reaction. Intuition completes our perceptual and conceptual procedure.

From the Homœopathic point of view the complete diagnosis of a case includes complete symptomatology of the disease and the characteristic features of the person suffering from the said disease. And it is the patient's individualising symptoms that serve to individualise the case. The symptom-totality of the drug-proving is to be considered from the same light so that the individual personality picture of the drugs are to be ascertained. In the art of covering the symptom-totality of the patient with the symptom-totality of a drug those symptoms which indicate the individual personality of the patient and the drug are to be matched first and given the highest order of priority in choosing the homœopathic similimum for a case.

Therefore the symptoms (mental and physical) which refer to the patient as a whole receive the first consideration. Next come the strange, rare, and uncommon symptoms which can neither be accounted for physiologically, anatomically or pathologically, which are unique and consequently, expressive of the individuality of the patient. Thirdly, come the particular symptoms referring to the particular parts, tissues or organs of the patient. Here the particular symptoms are made complete when they are studied in relation to their locality, sensation, modalities and concomittants. Next and last come the common symptoms which are merely diagnostic symptoms (from the nosological point of view), i.e. common to all diseases belonging to the same nosological type and corresponding to the common symptoms observed in various drug provings.

In short the more a symptom possesses the indivdualising feature the higher the place it occupies in the evaluatory gradation. As the mental symptoms and physical general symptoms are individualising in the highest

degree—the homœopathic similimum drug must cover those symptoms. And it must also be noted here that the general principle is that the general symptoms will always rule out the non-agreeing particulars in the task of ascertaining the totality of symptoms which is not merely a numerical aggregate of symptoms but relates to the synthetic comprehension of a concrete individual whole picture of disease through the logical or rather a-logical combination of peculiar, individualising symptoms and the particular symptoms in the setting of the general symptoms, both mental and physical *i.e.*, those symptoms which are predicated by 'I and My and Me', *i.e.*, referring to the organism as a whole.

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VIRUS INFECTIONS

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Although viruses are the smallest of our infectious agents, even these may be of varying shape and size. From the largest, as exemplified by a type like vaccina, to the smallest, such as foot and mouth disease. They are always parasitic in the living cells, be they animal or bacterial. In the latter case they are known as bacteriophages. Viruses are responsible for many tropical fevers and diseases of plants and animals, as well as common clinical conditions seen in every day practice in the temperate zone such as the common cold, influenza, poliomyelitis, infectious hepatitis, infectious mononucleosis, atypical pneumonias and numerous other obscure fevers of limited territorial distribution.