

looks raw in spots, as if denuded of membrane. I have helped this kind of throat, so that the patient wanted me to remember what it was I gave him so that I could repeat the prescription if the trouble returned. I forget to state that it hurt the patient to speak, and there was also hoarseness. This is all I know of this remedy, but I believe it well worth proving and study.

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HOMŒOPATHY AND DIAGNOSIS

The accusation has at times been levelled at homœopathy that its practitioners do not bother to "make a diagnosis." Nothing could be farther from the truth if the homœopathic physician is true to his calling and worthy of his Hahnemannian tradition of tireless toil and meticulous attention to detail.

Making a diagnosis, of course, is not merely a matter of affixing a disease name tag to the patient, and then handing out stock treatment. This is a trap into which the unwary may easily fall be the treatment homœopathic or non-homœopathic. To prescribe any form of treatment without adequate investigation is equally reprehensible whatever be the type of therapy employed.

It is true that many of the diagnoses commonly affixed to cases of illness and so glibly bandied about are either inaccurate or inadequate, or both. Often the "diagnosis" is but a term descriptive of the most prominent symptom, e.g. paralysis agitans (shaking palsy), or hard pad in dogs; or it may point to the organ most obviously involved, e.g. nephritis (kidney disease); or it may suggest the type of infection as well as the part of the body mainly affected e.g. pulmonary tuberculosis.

It is also perfectly true that the provisional diagnosis when arrived at is more often than not only part of the

explanation and not the whole truth. Disease is usually far more widespread throughout the body than the diagnostic term would indicate. As one very eminent physician has put it, "A complete diagnosis must tell us where disease is, what functional disturbances are present and how these have arisen, and only in so far as diagnosis answers all these questions is it complete. . . There are no diseases, only disease," i.e. a sick body.

The difficulty of arriving at a full and complete diagnosis does not, however, absolve the physician from making every possible effort, both by interrogation and by investigation, to discover what is wrong, or at any rate to find out as much as can be discovered about what is wrong.

In point of actual fact the homœopathic physician is under obligation to make an even fuller diagnosis than his non-homœopathic colleague, for he has to go just as far as the latter and then "some further".

In the first place then every endeavour must be made to reach as accurately as possible a *provisional pathological diagnosis*, an estimate of the morbid changes in the tissues responsible for the sick state. The patient may be suffering from some condition that demands surgical intervention, perhaps urgently. There may be present some grave condition of the blood which can only be revealed by haematological investigation. Life may be endangered as the result of severe diabetes, acute beri-beri, massive pleural effusion, tuberculous meningitis or other condition in which the withholding of known curative measures is inexcusable.

No reasonable means should be neglected in the attempt to discover the nature of the inward disturbance that is responsible for the sick state, i.e. what has gone wrong in the body and what is, perhaps, still going wrong. Often, of course, this is extremely difficult, or even impossible, and that is one reason why the homœopathic method of careful and patient interrogation is of special value. For the patient's subjective symptoms may in some measure

be regarded as outward and observable evidence of inward metabolic disturbance and disorder. Though it has to be admitted that grave states of bodily sickness may be present with but little to shew in the way of symptoms.

However, the total symptom picture carefully studied and intelligently interpreted is a very reliable guide to homœopathic treatment when this form of therapy is indicated.

But before arriving at this stage of the case-handling a second diagnosis is called for, namely the *aetiological diagnosis*, the discovery where possible of the cause responsible for the sick state. This is always important especially as it may be found that the cause is still actively operating and may be something that has to be dealt with and corrected if the medical treatment is not to prove futile. An ulcer on the sole of the foot might be due to thromboangiitis obliterans or it might be caused by a nail in the shoe. In either case something would need to be done about the cause in addition to treatment based merely on the symptoms. Again discovery of the *causal factor* may call for drastic alteration in habit of life, or habit of thought, or for some other measure apart altogether from prescribing medicine.

Having thus arrived at these two preliminary diagnoses the homœopathic physician does not call a halt but goes a step, an all-important step, further and seeks to arrive next at a *tentative therapeutic diagnosis*, the diagnosis of the patient's symptoms in terms of the "similar remedy". For this the patient's symptoms must be listened to, *and listed*, and this in minutest detail, for it is often the apparently irrelevant minutiae that count most when it comes to symptom evaluation and the grouping of symptoms of high value for accurate matching with a drug picture in the homœopathic materia medica.

This may suffice, especially in acute conditions, but often further investigation of the individual is called for

in order to arrive at a *typological diagnosis*. The patient must be studied as a whole, personally and not by post or by proxy, and the physical features, the general reactions, the mental and emotional factors in the case all minutely observed and carefully weighed. This will often reveal the need for the employment of a deeply acting remedy in single dose, the remedy corresponding to the patient's "*constitutional type*." Without the intervention of this remedy the prescription based on the more obvious symptoms may fail to cure.

The diagnosis may still not be complete from a homœopathic viewpoint. Hahnemann in his later writings laid great stress on miasms, persisting poisons, within the body as being responsible for the basal state of sickness and ill-health of tissues from which all the more obvious morbid changes stem. It is, therefore, all important to bear this in mind and to make a *toxicotic diagnosis*, assessing the possible or probable type of chronic poisoning or toxicosis present and planning treatment accordingly. The case considered as a whole, including past history and parental history, may well reveal the need for the employment of an antipsoric, antisycotic or antiluetic remedy, or for the use of some other antitoxic remedy in the shape of one of the potentised nosodes.

Experience and expert knowledge are called for at every turn. Disease and sickness are serious matters. A superficial, diagnosis-dodging approach to disease based on symptoms alone, without understanding of their significance, and without the intimate study of the individual as a whole is fraught with great risk. It is not the method of true homœopathy.

"PHYSICIAN"

—*Homœopathy*, May 1953
