

THE REAL MEANING OF THE TOTALITY OF SYMPTOMS*

DR. PUSHPINDER SAPRA, New Delhi

In illness the whole person is ill and in trying to understand the cause, onset, progress and treatment of the illness it is logical to look at the person as a whole. Man is a complex being. Besides anatomical and physiological disorder, a physician needs to know the disturbances of thinking and feeling. A physician needs to know his patient not as a mere collection of organs but as a person with roots in the past, dealing with the present and having hopes for the future, meeting and interacting with those around as he lives. To understand a patient, it is necessary to take his symptoms in toto. That means a physician must consider all that is essential not only of the disease but of the diseased person. This cannot be done unless along with the physical, intellectual, emotional, social, cultural and genetic aspects are considered. It is neither logical nor scientific for a physician to consider only a small part of the available evidence and ignore the rest. This does not mean more laboratory investigations and x-rays. Investigations are useful and may be essential. But laboratory tests are not always the best way to obtain a better understanding of the origin of a patient's disorder. A better way is to take more complete history at the start. From this, laboratory investigations may be logically derived or may prove unnecessary.

For taking history two individuals need to be prepared—patient and the doctor. Of these two it is the doctor who can understand and appreciate the situation in a better way, but then patient's co-operation is equally needed. So the interrelationship between the patient and the physician is very important. So the ability to put the patient at ease must be cultivated by the physician to have better understanding of his patient. He must take his patient into confidence so that he vomits out everything—important or unimportant (what is unimportant for a patient may be important for the physician). Thus tactfully a physician can have every symptom out of his patient to utilise his abilities to the most.

In case the physician desires to have a complete picture of the patient he must gather information on each of the following important aspects of his patient: (a) somatic (b) intellectual (c) emotional (d) social (e) genetic (f) environmental (g) atomic.

These are interrelated and none can be ignored if a complete picture of the diseased person is to be obtained.

* 4th Homoeopathic Scientific Seminar, First Session held at Belgaum in July 1976 under the auspices of All India Homoeopathic Editors' Guild.

SOMATIC ASPECT

In this aspect a physician considers the patient's anatomical and physiological state (or physiopathological where pathological change has already occurred) and his functional state.

INTELLECTUAL ASPECT

A physician in addition to clinical examination must always make evaluation of patient's intelligence as intellectual impairment may lead to bodily symptoms.

EMOTIONAL ASPECT

Emotional and bodily reactions are interwoven and interdependent to such an extent that it is extremely difficult to isolate one from the other. So the symptoms may be emotional in origin or emotional factors may have contributed to the disturbances and influence progress as well as treatment. Many bodily symptoms arise from exaggeration of reactive patterns that occur in ordinary people in everyday emotional situations. For example, taking examination produces diarrhoea or dryness of mouth. This individual pattern of reaction is the result of interaction between his inherited tendencies and his own experience and stresses. These emotional factors are considered to make prominent contribution to the origin of bodily symptoms (psychosomatic diseases). These emotional changes lead to physiological changes which if persistent will lead to somatic changes.

To elicit emotional disturbances the patient and his family members should be interviewed separately. This may bring to the surface psychological factors like fear, shock etc. which may be unnecessary for the patient but important for the physician.

SOCIAL ASPECT

A physician has no cure for poverty but if he is aware of the part played by socio-economic status in a patient, he may be able to do something useful to ameliorate them. Lower socio-economic status is associated with defective housing, overcrowding, increased exposure to infection, inadequate nutrition and clothing, and poor care of infants. Physical violence, family tensions and emotional deprivation, though they are not limited to the poor class are common in such families. In other words, they are deprived of basic necessities of life.

GENETIC ASPECT

In the last 20 years or so interest in the study of genetics is increasing. It has been found that the death rate of genetically determined disorders is increasing because of decline in the number of deaths from other causes. Doctors should keep in touch with the latest developments in this field of genetics so that they are able to appreciate the implications of inherited pre-

disposition to certain disabilities. This knowledge will help them not only in early recognition of the disease but also advising patients who themselves have some genetic disorder about the danger of transmitting this to their children. Most of the enquiries come from parents who already have an abnormal child, e.g. Mongol, and wish to know the chances of subsequent children being affected. (Nowadays it is possible by blood culture, of both father and mother, to predict the chances of subsequent children being affected by a particular inherited disorder). Although it is not possible for a doctor to know all the conditions yet he should at least be aware of those common disorders that involve greater or serious genetic risks.

ENVIRONMENTAL ASPECT

(i) Family: The immediate physical environment of the patient is his family. So a physician needs to assess not only the patient's socio-economic status but also his family. In all cases where the disease is psychosomatic—not only is the patient to be treated but the whole family—that may not necessarily need medical treatment but only psychological treatment may do. This has been observed that family members become more concerned about the diseased person that aggravate his condition. So reassurances must be given to the family members. But reassurance does not mean the use of the phrase 'there is nothing wrong'. This will make things worse.

(ii) Society: More attention should be given to the changing pattern of the society like higher education, less job opportunities, increasing trend towards nuclear family and broken homes, more frustrations and family tensions.

ATOMIC ASPECT

In this age of atom, radioactive isotopes are being used for diagnostic as well as for curative purposes. Its increasing demand in everyday life might one day pose serious problems for medical men in terms of 'atomic diseases'.

Knowledge of all these must be applied while treating the patient. Too little attention to the patient's personality invariably may result not only in imperfect diagnosis and prognosis but also in faulty treatment. Moreover, new ailments may appear and develop against the background of patient's neglected psychic condition, so that instead of being a healer, the physician becomes the cause of a disease. So the physician who denies due importance to the above mentioned aspects may himself become responsible for aggravating the diseased state of the patient in never ending effort to find physical cause for it. So what the physician achieves should stimulate him not to limit himself to these resources but to complement them. An inclusive approach makes practice of medicine more interesting and satisfying to the physician for diagnosis and treatment become more effective and rewarding.
