

CLASSICAL HOMEOPATHIC PRACTICE

A SCIENTIFIC APPROACH

2nd Revised Edition

Dr Anurag Deshmukh

CLASSICAL HOMEOPATHIC PRACTICE

A SCIENTIFIC APPROACH

- *Case taking • Case processing • Miasmatic diagnosis*
- *Construction of totality • Repertorisation*
- *Simillimum • Potency selection*

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*Dedicated to
my 'Guru'
Dr S. Karnad
and my parents
Shri. G.G. Deshmukh
and
Smt. Radhika Deshmukh*

Who will benefit from this book?

- ❖ A must read book for anybody interested in scientific study of homeopathic practice
- ❖ This book is for students of homeopathy in various universities, especially final year and post graduate students
- ❖ Interns aiming to practice homeopathy scientifically can also get acquainted to various aspects of homeopathic practice and repertorisation
- ❖ It is also intended to prove useful to teachers in homeopathic institutions
- ❖ Practitioners of all levels of experience can benefit from it
- ❖ Book that can serve as a guide in day-to-day clinical practice

FOREWORD

Homeopathic practice in its current form has far deviated from truth. Founded on the eternal law of cure - *Similia Similibus Curentur* and practiced for more than two centuries by homeopaths successfully on the basis of the cardinal principles that have evolved in its application. Today, its image is receiving a severe battering in the hands of none other than its own advocates. It is because the focus has totally shifted from the avowed mission of the practitioners to cure the sick to a more attractive object of making quick money. A glaring example of this is the flooding of market by thousands of pretentious products promising a cure for specific diseases throwing to winds in the process the time tested principles of individualisation and totality. Gone are those days of the stalwarts like Kent, Hering, Allen, Boger, and Roberts among others who sacrificed their lives to hold the truth alive through their unflinching adherence to the law of cure. Their devotion to science and to the cause of human suffering is history. The present genre of homeopaths, the hippocrates that they are, only swear by their name but, when it comes to commercial propositions, sweep under the carpet the rich heritage of knowledge they have left.

To a young entrant to homeopathy there is a perpetual conflict to choose between the values that have been thrust down his throat as a student in the class of *Organon of Medicine*, by his teachers and the diametrically opposite soft option of prescribing patents in his practice when he leaves the institution. Inevitably, the attraction is towards the path of least resistance.

To the few desirous to stay with the science and to know the rational art of healing the road is long and winding. Their quest for knowledge appears a distant dream.

In his work, the author has articulated his own experiences and the pangs of agony he went through in getting an insight into the scientific method of healing. If his experience serves to open the eyes of other budding homeopaths entering the field the object of this work is best accomplished.

I wish him success.

January 12, 2005
Nagpur
India

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Board of Studies in Homeopathy,
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Ex-Director, Institute of Clinical Research, Nagpur.
Founder President, Homeopathic Study Circle, Nagpur.*

FOREWORD

World of homeopathic practice today lies in a total chaos. Clashes between various schools and approaches within homeopathy have further worsened the situation. The obvious reason for that seems to be the difference in interpretation of the Organon and other philosophical texts, the difference in understanding the practical implications of the terms and concepts present in these texts and consequently failure in application. Homeopathy is an applied science and the changes observed in the homeopathic field over all these years are rather disturbing, especially when it comes to application of principles to practice.

‘Classical Homeopathic Practice – A Scientific Approach’ by Dr Anurag Deshmukh is a noble and appreciable attempt and a need of the hour. Abstract of particular topics given in blocks reflects good presentation. Chapter No. 15, The 20 Don’ts of Homeopathic Practice, is very important for every homeopath.

This book is strongly recommended for publication.

Dr Mridula Pandey

PREFACE TO THE SECOND EDITION

The tremendous response to the first edition of this work suggests that the book was able to address the need of guidance in clinical practice. I have received many phone calls and mails, informing me that this work has proved to be a worthy edition to the homeopathic profession in general and homeopathic literature in particular.

A word of thanks is due to all the homeopathic practitioners, lecturers and students who have accepted the approach and appreciated the guidelines for practice incorporated in this work.

I thank Mr Kuldeep Jain of B. Jain Publishers Pvt. Ltd. and Dr Mridula Pandey for the encouragement and keen interest shown in bringing out the revised and enlarged second edition.

The necessary corrections have been made. Illustrative cases have been added in order to demonstrate the application of homeopathic philosophy and the various methods and techniques incorporated in the work. Keeping in mind the difficulties faced by practitioners in getting the 'Mentals' a new chapter on 'Knowing Patient's Psyche' has been added which is hoped to further enhance the utility of the book for everyone.

I hope that the readers would find the second edition of 'Classical Homeopathic Practice- A Scientific Approach'

invaluable and more useful throughout the arduous but
incredibly rewarding journey of homeopathic practice.

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PREFACE TO THE FIRST EDITION

Any system of medicine can be called an effective system of treating diseases only on the basis of the efficiency of its followers, the people who profess and practice it. As the victory of the team depends upon the quality of players, similarly, the quality or efficacy of a 'pathy' depends upon the efficiency and quality of its 'practitioners.' Efficiency and quality in turn depends on the successful application of laws, which in case of homeopathy is the law of similars.

Homeopathy is an applied science but the changes observed in the homeopathic field over all these years are rather disturbing, especially when it comes to application of principles to practice. Misinterpretation and total inability to comprehend the 'practical implications of homeopathic philosophy' and lack of scientific approach to practice together with the commercialization of physicians and pharmacists has led to the production of large number of, what I call 'Pseudo-homeopaths', the pathological prescribers and combination prescribers. Capacity to pull large number of patients rather than providing quality treatment has become the measure of a physician's efficiency. Homeopathic medical education has unfortunately failed to produce high quality homeopathic physicians who can put in to practice what they had learnt as a student. Hahnemann, Kent, Boenninghausen, Hering, Boger and numerous other names in the galaxy of homeopathic heroes inspire many to be like them, but in most of the cases, they miserably fail when it comes to actual homeopathic practice. Why? What goes wrong? Answer is obvious; we have failed to bring homeopathic practice to classrooms. Homeopathic students today feel insecure and unmotivated inspite of more than five years of training at graduation level, which hardly

makes them capable to handle all types of cases. The inability of some teachers in making students understand the practical aspect of homeopathy has also contributed to the miseries of homeopathy.

World of homeopathic practice today lies in total chaos, as all the phenomenon described above has given rise to different sections of homeopaths practicing homeopathy in their own way, with some of them practicing in a very bizarre way. Clashes between various 'schools' and approaches within homeopathy have further worsened the situation. The obvious reason for that seems to be the difference in interpretation of the Organon of Medicine and other philosophical texts, the difference in understanding the practical implications of the terms and concepts contained in these texts and consequently failure in application. We have failed to apply philosophy to practice; we are drifting away from Hahnemann's teachings. Consequently the number of true Hahnemannian homeopaths left in the field can be counted on the fingertips. This is because although we know that homeopathic philosophy and homeopathic practice are two sides of the same coin and cannot be separated but, in actual practice, we divide them into separate compartments as we are seldom taught how to translate philosophical laws in to practice. All these observations during my association with homeopathy as a student, as a physician and now as a teacher led me to think of presenting a work to the profession that would emphasize and explain the practical implications of the various concepts in homeopathic philosophy.

This book is not intended to be a textbook, but would be of great help to the students and the beginners in practice, in understanding 'what homeopathic practice is all about' and getting oriented to it. This book discusses the implementational aspects of homeopathic practice. Through this book I have tried to demonstrate the application of homeopathic principles to practice. The chapter on homeopathic physician will make the reader, especially fresh homeopathic graduate, aware of the

attitude and the type of clinical training necessary for scientific homeopathic practice and the qualities that need to be cultivated if he wishes to be a successful (Hahnemannian) homeopath. It will also introduce him to various means of acquiring clinical knowledge. How to conduct case taking? This is a frequently asked question. Therefore, chapter on case taking deals with practical aspect of case taking, and is full of practical tips and hints. Case processing is another important part of homeopathic practice and I have tried to simplify the complexities involved in it. Clinical implications of the concept of totality have been focused upon in the chapter on totality. Choice of the right remedy is one of the most perplexing dilemmas, especially for a neophyte and hence it has been addressed in as clear terms as possible in the related chapter. The matter of *Potency Selection* has been dealt with scant attention in most of the homeopathic literature till now. As a result many students and beginners are in total dark with regards to various factors that need to be considered while selecting potency for any given case. I have tried to explain the basic principles and the various criteria on which potency selection should be done if one wishes to have a scientific basis to his potency selection. All the teachings in homeopathy focus mainly on what should be done but what should not be done in homeopathic practice is seldom taught; considering this fact, I have also dealt with the don'ts of homeopathic practice in one of the chapters. I have tried to make the subject as transparent and as comprehensive as possible. In spite of the rich and varied homeopathic literature, as a student I always felt the need for something more than classroom talks, something which would give me practical hints for practicing homeopathy and applying its principles. This book is my small endeavor directed towards this end.

A book is no replacement for the experience which is the best teacher as far as practicing homeopathy is concerned, but I would feel rewarded if the book is able to fulfill, at least up to some extent, the long felt need of practical guidance in

homeopathic practice. I hope it will serve as a bridge to the continuously increasing gap between theory and practice.

I am blessed to have been guided by my guru Dr S. Karnad who taught me through clinical study, an 'applied homeopathic philosophy' and helped me in my efforts to become a 'Scientific Prescriber'. Without his teachings I would not have been in a position to even think of creating any such work. I also acknowledge the help I received from my brother Dr Rashmin Deshmukh who took the pains of going through the manuscript and offered valuable suggestions. My parents and my wife Tanisha were a great source of encouragement when I was working on the book. I would also like to put on record my sincere gratitude to my students who inspired and motivated me to undertake this work.

I cannot claim this work to be perfect and would humbly welcome all your impressions, comments and suggestions about this effort.

March 6, 2005
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Anurag Deshmukh

ABOUT THE AUTHOR



Dr Anurag Deshmukh was born on 8 June, 1972 at New Delhi. Author's parents were keenly interested in study of Homeopathy and used to prescribe homeopathic remedies to acquaintances and relatives for day-to-day ailments. Thus, born in an environment conducive to homeopathy, he was inclined to opt for homeopathy as his career. He completed his studies in homeopathy from Ahmednagar Homoeopathic Medical College, Ahmednagar in the year 1993. As a student he was among the toppers in both academic accomplishments as well as extra curricular activities.

With a view to gain wide experience in Homeopathic practice he worked with various reputed homeopaths. He also had the privilege of working as an assistant physician with Dr S. Karnad, a legendary figure in homeopathy in India. After developing his skills in classical homeopathy, he has been devoted to fulltime homeopathic practice since more than a decade and has a wide experience of treating complicated cases with classical homeopathy.

He functioned as the lecturer and incharge of department of Case taking and Homeopathic Repertory in Antarbharti Homoeopathic Medical College and Hospital, Dabha, Nagpur during the years 2001 and 2002. He is not only a strong advocate of practicing homeopathy in accordance with the principles and philosophy of homeopathy but is also

uncompromising wherever principles are involved. His affection for students prompted him to create a work that would bridge the gap between theory and practice, the need for which is usually felt by fresh graduates, as a result, this book was born. The book is an expression of his strong desire and zeal to propagate a scientific approach to Homeopathic practice.

He has delivered talks and given case presentations on wide ranging topics in both local and national level seminars and conferences. Recently he had the privilege of guiding the participants at the P.G.workshop on 'Selecting the Simillimum' which was appreciated due to its 'case-centered' approach. His seminars are always full of practical tips and hints which make them more practical and interesting for the audience.

He is currently the Hon. Director of '*Systematic Homoeopathic Practice Orientation and Training Programme*.'(SHOT) Nagpur, India. This programme aimed at giving practical training to budding homeopaths, was designed by him in the year 2005. Since then, inspite of his preoccupation with busy practice he finds time to provide guidance to interns and fresh homeopathic graduates who face numerous difficulties while practicing homeopathy. He is also the Jt. Secretary, Homoeopathic Study Circle (HSC) and takes active interest in organizing academic discussions under the aegis of HSC established in 1965 (one of the oldest organizations of homeopathic physicians in central India). He had organized the Scientific Seminar in April 2002 at Nagpur, as part of the Hahnemann birth anniversary celebrations. The seminar got an overwhelming response from Homeopathic fraternity from all over Vidarbha. He is also a resource person and Hon. Advisor to Orange City Homoeopaths Association, Nagpur.

Besides, he is a freelance writer and has to his credit many articles on homeopathy and other subjects which have been published in prominent newspapers and magazines of English as well as vernacular languages.

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CHAPTER 6

CLINICAL DIAGNOSIS

The term diagnosis consists of 'dia' which means through and 'gnosis' which means recognizing. Thus diagnosis means the art of recognizing the disease the patient is suffering from, or it simply means labeling of a 'disease.' Famous German philosopher Immanuel Kant (1724-1804) once remarked sullenly, "Physicians think they do a lot for a patient when they give his disease a name." Similarly Hahnemann too criticized mere labeling of diseases and emphasized the study of individual suffering from disease. He has repeatedly stressed on the symptomatological basis of homeopathic prescription in his Organon of Medicine. Thus since the time of Hahnemann it got firmly implanted in the minds of majority of homeopaths that the choice of remedy is decided upon by the symptoms outside the diagnostic sphere. As a result we still find a section of homeopaths and lay practitioners totally neglecting the nomenclature of the disease and the pathology involved with it. But a homeopath cannot afford to part with diagnosis. Homeopath like any other physician is a diagnostician too. The difference is that his concept of diagnosis is wide ranging. He has to diagnose multiple phenomenons.

Components are:

- Pathological diagnosis.
- Remedial diagnosis.
- Miasmatic diagnosis.

First comes the disease diagnosis, which relates to the pathology, then the remedial diagnosis and last but not the least miasmatic diagnosis which deals with 'Hahnemannian pathology' i.e. the miasms.

VALUE OF DIAGNOSIS

DIAGNOSIS HELPS THE HOMEOPATH IN :

- Identity of disease.
- Selection of cases.
- Disease curable or incurable.
- Predicting the time required for recovery and prognosis.
- Prevention.
- Advising diet and regimen.
- Taking prophylactic measures.
- Knowing the seat of disease.
- Staged disease.
- Issuing sickness certificates.
- Proving that homeopathy is scientific.
- Maintaining statistics.
- Differentiating disease symptoms from patient's symptoms.
- Remedy selection.
- Indicating the contraindications for certain type of remedies.
- Potency selection.
- Recognizing dominant miasm in the case.
- Second prescription.

Although the art of labeling diseases has always been subservient to the art of individualizing and selecting the simillimum, still a homeopath should not neglect it. Diagnosis has multitude of advantages in store for a physician who does it correctly. Diagnosis establishes identity of the disease, which is the first step towards establishing the individuality of the patient, which the homeopath wants to accomplish. Patients in general recognize the diseases by their names; therefore, the patient who seeks our consultation wants to know the name of the disease he is suffering from. He also wants to know whether his disease is curable or not? What things he should avoid indulgence in for a faster recovery from his ailment? The approximate period required to relieve him completely. A physician is expected to know answers to all these questions after he has thoroughly examined the patient both physically as well as through clinical interview. The answers to all these questions lie in physician's ability to diagnose the diseases accurately.

Physician should be precise in diagnosis. Kent has also stressed on the importance of correct diagnosis in homeopathic practice in his lectures on homeopathic philosophy. He says that, *"Diagnosis is something that a physician cannot be foolish about. He cannot afford to be a blunderer; he cannot afford to go around calling scarlet fever measles and measles scarlet fever. He must know enough about the general nature of diseases that after the prescription has been made and the patient settled as to that, and the mother wants to know what is the matter with the child, to tell her, for in that instance, she has a perfect right to know that is a case where the family must be protected. Where outsiders must be protected, the physician must decide whether it is proper for the child to go to school or whether it is not proper."* Kent also gives some practical implications of diagnosis. He states that name of the disease is important because, board of health expects a doctor to mention the particular disease patient died from. Recognizing

disease is necessary when a physician comes in contact with the world.

Several other advantages lie inherent in diagnosing the disease, apart from those mentioned by Kent. Diagnosis considerably augments physician's potential to handle various cases skillfully. A true homeopath never tries to play god and never makes false claims; he selects his cases before treating them. He knows what is curable, what needs palliation, and what falls out of the range of operation of homeopathy. Only a physician who is fully conversant with diagnostic and pathological aspect of disease is able to do this. Selection of cases is most important to avoid pitfalls in practice. Diagnosis helps the physician to select his cases; it also makes him capable of advising the patient with regards to prognosis of the disease, the restrictions regarding the type of diet and mode of living. Therefore, it helps the physician in removing the obstacles in the way of recovery.

Diagnosis also serves as a 'filter' of symptoms; with diagnosis one is able to discard common symptoms keeping only uncommon symptoms, which are of prime importance in remedial diagnosis. It also helps the physician in guiding the community as regards to prophylactic measures in case of epidemics. It also plays a vital role in indicating the do's and don'ts and contraindications as regards to choice of potency, for example, in cases of advanced pathological changes, deep acting drugs in high potency and frequent repetition are strictly contraindicated. A physician who neglects this might land into serious trouble as improper selection of remedy and potency in case of advanced pathological changes can lead to disastrous results.

At times the symptoms which seem to be very peculiar, might be the result of some mechanical causes, as in case of pressure symptoms due to tumors etc. and in such cases diagnosis of the ailment will make it clear that these symptoms are not worth

considering for homeopathic prescribing. Diagnosis is also necessary for knowing the exact seat of the disease. Although location is of secondary importance in homeopathic prescribing it may guide at times in indicating a remedy, as certain remedies have a special affinity for certain organs or locations and thus are frequently indicated in disease conditions affecting those organs. Similarly, certain medicines come into consideration in certain stage of the disease, for example, Pulsatilla is never indicated in first stage of coryza. Disease diagnosis also helps the physician in proper interpretation of the results after first prescription is made by making him able to differentiate the symptoms due to natural progress of the disease from those symptoms, which are due to action of the prescribed remedy. Thus, indicating as to the correctness of the prescription.

Diagnosis may prove helpful in repertorizing cases with advanced pathology, as the characteristics are deficient in such cases due to the gross pathological changes. Pathological generals are used to repertorize such cases using Boger-Boenninghausen's repertory. Apart from those mentioned earlier diagnosis serves many miscellaneous purposes such as maintaining statistics of type of diseases successfully treated with homeopathy, for research work and case presentation. It is necessary to mention the name of the disease while issuing sickness and death certificates; nomenclature of disease comes handy here too.

A physician should not hesitate to advise the patient to undergo laboratory investigations and pathological tests prior to treatment and after the complaints are ameliorated, whenever necessary. Pathological tests carried out before beginning the homeopathic treatment and after the patient reports disappearance of symptoms during the course of homeopathic treatment serve as a means of establishing the scientific approach and efficiency of the treating physician and homeopathy as well. We can conclude that nomenclature of disease has multiple advantages for a homeopath

and therefore in spite of the fact that the study of the individual is more important for a homeopath, still he can't neglect diagnosis which is complementary to the study of the individual.

STEPS IN DIAGNOSIS

A methodical approach, involving step-by-step evaluation of the patient from diagnostic point of view is necessary for accuracy in diagnosis. The main steps in disease diagnosis accepted by all the medical sciences are as follows:

1. Interpretation of clinical features.
2. Physical examination.
3. Investigations.
4. Differential diagnosis.

1. INTERPRETATION OF CLINICAL FEATURES

Its components include:

- Disordered function and structure.
- Pathology.
- Diagnosis.
- Seat of disease.
- Modalities of disease.
- Sensations.
- Etiological factors.

The first step in labeling the disease process is the interpretation of clinical features in terms of disordered function and structure and in terms of pathology if the latter can be demonstrated. Every disease has its own characteristic clinical features like the remedies in materia medica which have their individual characteristics. Many a times these characteristics of the disease can directly point to the diagnosis if properly interpreted

with reference to organ or system involved. Rational interpretation of clinical features demands knowledge of clinical medicine (which Hahnemann described as knowledge of disease in the third paragraph of Organon.). The complaints of the patient can belong to the organ or system affected due to disease or sometimes the complaints belong to other systems or organs away from the system which is affected. All this must be kept in mind for accurate interpretation of symptoms or clinical features. For example, pain during micturition and changes in colour of urine point to the urinary system. Whereas sometimes the patient comes with drowsiness, persistent nausea and vomiting which may be due to uraemia but here the symptoms belong to other systems. The modalities also need to be taken into consideration during interpretation of clinical features. Like the remedies which have characteristic modalities the diseases too have modalities which characterize them.

Some examples are as follows:

- A pain in center of chest which is aggravated after exertion or climbing stairs is almost certainly due to ischaemia of the heart (angina). A similar pain which is aggravated after eating is probably esophageal.
- Pain in abdomen which is promptly relieved by eating is characteristic of duodenal ulcer.
- Headache of migraine is made worse by jolting or movement and bright light, whereas a psychogenic headache is likely to be increased by emotional stress or mental fatigue. Lying down position makes the headache of sinusitis more intense but subsequently it subsides.

The location or site of the complaint also gives idea about the organ or system involved and contributes to diagnostic evaluation. For example, pain in upper abdomen suggests diseases of gastric or duodenal origin. Pancreatitis and cholecystitis also

come into picture. Pain in right iliac fossa is commonly due to appendicitis. Lower abdominal pain points to diseases of bladder and prostate and in females it might be due to diseases of female pelvic organs. Sometimes the site of the disease is a sure indication of the diagnosis. For example, pain in single joint is probably due to infection, hemarthrosis and psoriatic arthritis. In rheumatoid arthritis, there is symmetrical involvement of joints, while in osteoarthritis or gout the joint involvement is asymmetrical.

The sensations cannot be explained on the basis of pathology for remedy selection. The physicians should take a special note of 'sensation as if' and peculiar, strange and queer type of sensations. He also has to take into consideration the type of sensations from diagnostic point of view. Sensations sometimes assume an important place in disease diagnosis.

Here are some examples:

- A spasmodic type of pain in abdomen suggests a renal background or it might be due to abdominal infection and in females due to uterine contractions as in dysmenorrhea.
- In peritonitis the pain does not wax and wane but is of steady type.
- Burning pain in middle of chest is often due to hyperacidity and is of gastric origin, whereas a sensation of constriction or a band-like sensation in the middle of chest suggests cardiac disease or angina.
- The cardiac pains usually extend to left arm and may be associated with tingling sensation and numbness of fingers.

Thus, we can conclude that the location, sensations and the modalities play a vital role in remedial diagnosis as well as the disease diagnosis.

The past history and family history may hint at the probable etiological factor, therefore needs to be looked into along with clinical features.

2. PHYSICAL EXAMINATION

Homeopathic practitioners in general seem to be ignorant about the physical examination, although Hahnemann and other stalwarts never said that a homeopath should not do physical examination. It is as important for a homeopath as it is for an allopath. Physical examination provides important information regarding functioning of organs and structural changes if any. Physician uses his senses of vision, touch, hearing and smell in order to compare patient's structure with the normal and to assess his body function. A physical examination from head to toe may not be necessary in every patient that comes to us. The nature of examination should be decided considering the type of complaints.

It is a common misconception that physical examination begins when the patient is laid on the examination table. But it begins from observing the patient. Apart from routine examination which involves measurement of pulse, B.P. auscultation and percussion, the observation of the patient is also necessary. His appearance, postures way of standing and sitting, etc. should be taken note of. This is also an integral part of physical examination and may point to disease as well as the remedy. The characteristic facies of various diseases like hypothyroidism, thyrotoxicosis, acromegaly, third and seventh cranial nerve palsy, etc. are examples of observation of patient's face leading to diagnosis. The parotid swellings are obvious on inspection of face in patient of mumps. The examination of skin also at times indicates the probable disease, as in hemolytic jaundice the skin looks yellow. The dry and inelastic skin of dehydration is also well known. Cyanosis suggests imperfect oxygenation of blood. Presence of bony nodules in finger joints is typical of osteoarthritis. Many such examples can be given to highlight the importance of observation in diagnosis.

Procedures like auscultation and percussion give information about the bowel sounds, heart sounds, and murmurs and thus aid

in diagnosis. Even a homeopath must learn these methods in his internship period, as it would prove beneficial in diagnostic evaluation of patients in his private practice. In severely ill patients a good physical examination reveals to the physician, whether the patient can be treated homeopathically or he needs immediate hospital care.

3. INVESTIGATIONS

The investigative procedures have progressed a great deal in recent years. There is growing tendency to depend upon investigations for diagnosis amongst allopaths for which they are criticized. The cost of investigations has increased by leaps and bounds. An average patient cannot afford costly tests; therefore, he might come to a homeopath expecting him to be in a position to treat without laboratory investigations and tests. However, a homeopath also sometimes requires certain pathological tests in order to assess the patient's condition and to diagnose the disease. A homeopath has to be rational in his approach towards advising investigations to be done. He must know what investigations and their necessity to request in given circumstances. The discomfort and possible risk to the patient of an investigation also needs to be looked into. The approximate cost in time and money must be kept in mind before asking the patient to do a certain test.

The result of any laboratory investigation is only one part of the information required to make diagnosis. It may have as much or as little significance as any other physical finding.

The type of investigations has to be decided from facts obtained through case taking and physical examination. The tests should not be repeated frequently without good logical reason. While referring the patient to pathologist or radiologist, the complaints of the patient and probable diagnosis should be stated in the reference letter. Any therapy or drugs that might influence

biochemical investigations should also be recorded. It is advisable to write patient's full name in the reference letter so that the confusion arising out of similar family names is avoided.

Interpretation of any investigation depends on the relevance of the test to probable diagnosis. It is also largely dependent upon the physician's knowledge of pathology, biochemistry and physiology. Pathology today is a specialized subject, new investigative procedures are emerging everyday. A homeopath is expected to be familiar with them although he cannot be expected to have a detailed knowledge of each.

4. DIFFERENTIAL DIAGNOSIS

The most important step in diagnosis is the differentiation between similar clinical pictures. It is somewhat like the one done for remedy selection where the characteristics of remedies are differentiated. Differentiation of similar clinical pictures is possible only when the physician knows the details of each disease in question that resembles the patient's diagnostic symptoms. A careful student of clinical medicine always emerges a winner, if he is able to spot the hallmarks of the disease. Diseases express themselves through typical symptom presentation and clinical findings characterize them.

Few examples are :

- Absence of koplik's spots rules out measles. Typical distribution of eruptions and the 'teardrop' vesicles typical of chickenpox differentiate it from other eruptive diseases.
- Fever of malaria can be differentiated from typhoid by its pattern. Malarial fever declines and touches normal where as the typhoid fever shows remissions but never touches normal and also there is a stepladder rise in fever.

