WHAT AILS THE PRESENT MEDICAL CARE?

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ABSTRACT: In spite of the vast amount of medical data at our disposal, there are limitations and drawbacks of medical care. This is due to the defective medical knowledge – the restricted narrow concepts of human being, illness, etiology and treatment. This has resulted in undue emphasis on physical aspect of human existence ignoring the mental and spiritual aspects in understanding the illness and treating them. There is

a) Unnecessary medicalisation while the other methods of treatment remain underused.

b) Only symptomatic relief, rather than a cure by removal of the cause, with likelihood of recurrence or syndrome shift.

c) Incompleteness of treatment which tackles only the external cause without rectifying the inherent susceptibility leaving the possibility of recurrence.

d) Overspecialization and unnecessary referrals, and non-individualisation of treatment causing avoidable side-effects.

Introduction

“Doctors use drugs of which they know little, to treat diseases of which they know still less, in patients of whom they know nothing at all”. These words, written by Voltaire more than two hundred years ago, hold true even today. And that too despite the stupendous advancement in the field of medicine over the last two centuries. During this period medical scientists have discovered facts even of the minutes detail by painstaking and meticulous research. With the vast amount of medical research. With the vast amount of medical data available today, we ought to be in the midst of a medical revolution. But delying all such hopes the current state of affairs in the medical field are far from satisfactory. In spite of the voluminous medical knowledge the diagnosis is still speculative and the treatment can best be described as “hopeful”.

What is the cause of the present state of affairs?

Medical practice, as in the case of any practical science, is based upon the theoretical knowledge. If this knowledge is defective, it is bound to be reflected in the practice.
In this article we shall review the present day ideas about human being, about illness, about etiology and about treatment. This will enable us to define the defects in the current medical knowledge and their consequence on medical practice. It must be clarified at the outset that our aim is not to be little the achievements of medical science. Rather, we wish to put them in proper perspective, so as to give a realistic appraisal of the advances made so far. This would help us to delineate the current status of medical knowledge, its achievements, its limitations, its goals for further advancement and the means of achieving these goals.

**Defects in current medical knowledge**

1. **Non – totalistic view**

Medical knowledge today does not have a totalistic view. There is over emphasis on the physical aspect of human existence while the mental and spiritual aspects are ignored. According to the prevalent medical knowledge man is believed to consist of only the physical body. Illnesses are believed to be produced by physical factors and are understood in terms of physical factors and are understood in terms of physical abnormality caused by the physical agents. The various examinations and investigations are directed towards detecting such physical causes and physical pathology produced by them. The therapeutic armamentarium consists mainly of physical methods – chiefly drugs and surgical procedures – of correcting the physical abnormality.

This holds true even in the case of mental illness which are sought to be explained in terms of physical abnormalities like biochemical changes or genetic influence and are managed by physical methods of treatment like psychotropic drugs, electro – convulsive treatment (ECT), insulin treatment etc.

Even the psychological theories of causation of mental illnesses (e.g. psychoanalytical theories) and their treatment by psychological means (psychotherapy, behavior therapy) are incomplete, for they exclude the spiritual aspects from any consideration. The same reason applies to account for the inadequacy of the psychological theories put forward to explain the contribution of mental factors in the causation of physical illness like psycho physiological disorders.

Possibly, lack of unanimity about the structure and functioning of the mind and vagueness of the knowledge about spirit, are responsible for their exclusion from any consideration by medical personnel. But such a stand is not justified. Rather there is all the more need to develop and systematize the knowledge about mind and spirit so that it can be of practical use. There is an urgent need for such efforts, for the malfunctioning at the physical and mental levels cannot be properly understood without taking into consideration the working of mind and spirit as well. Supplementing the extensive knowledge about human body at the physical level with the knowledge about human mind and spirit will bring about a new orientation – a new way of looking at the physical and mental illnesses. This will bring about a better understanding of these illnesses and enable us to manage them in a better manner than hitherto.

2. **Overspecialization**

Even at the physical level the patient is not considered as a whole but in a piecemeal fashion. Though inevitable and necessary such specialization has serious draw backs. It has moved the physician away from the
person he is supposed to be treating. The specialist physician concentrates more and more on the disease and less and less on the patient suffering from it. There is lack of total care. The physician is unable to understand the intricate body–mind relationship and their reciprocal effects on each other. Many times he is helpless if the patient under his care develops symptoms not covered within his speciality and has to refer the patient to another specialist. In many cases the new symptoms are the new manifestation of the same disease process and have occurred due to suppression of the original manifestations by his own treatment. Inability to recognise this iatrogenic syndrome shift, results in the patient being referred from specialist to specialist. The fate of the patient suffering from such a succession of “specialised diseases” can be well imagined. William McDoughal in his essay “Anthropology and History” has suggested that the proper antidote for these drawbacks is to view the specialised knowledge against the background of the total knowledge, so that the detailed knowledges fall into their true perspective as fragments of the great whole of living knowledge and derive their worth in relation to this whole.

3. Faculty Concept of Disease

The restricted concept of human beings is bound to influence the idea about illness; its causation and its management.

Today, the disease is not understood in its entirety; the physical and mental symptoms and signs are believed to constitute the illness. In actuality they are only the end products of a disease process initiated by the cause. The same manifestations may be produced by different causes and the same disease process may manifest variously in different individuals. It is therefore imperative that treatment must be aimed at the removal of the cause rather than the removal of manifestations. The former effects a cure while the latter provides mere relief from symptoms.

But when the disease is considered to be mere collection of signs and symptoms the treatment will be directed towards their removal only. Such a symptomatic treatment will only suppress the manifestations temporarily. On withdrawal of the suppressant drugs they will reappear. Alternatively, if the drugs are continued indefinitely or the manifestations have been removed by a surgical intervention the cause remaining active, the disease process will produce a different set of manifestations. Thus, with mere removal of manifestations without correction of the causative factors there are high chances of recurrence or of syndrome shift.

Of course symptomatic treatment does have a role to play but only as a temporary measure. As the curative treatment is time consuming suppressive drug therapy for providing immediate symptomatic relief can be resorted to but its true nature as a temporary measure must be recognized. The treatment may start with it but not stop at it. After initial relief from symptoms has been achieved, the cause of the disease must be sought and rectified. This is possible only if we have a complete knowledge about etiology of illness. But today such a knowledge is lacking.

4. Faulty Concept of Etiology

As stated earlier, there is greater emphasis upon physical etiological factors while psychosocial and spiritual causes are not considered at all. Possibly many so called physical causes may actually be the effects of psycho social and spiritual factors.
Another drawback in the consideration of etiology is that attention is mainly focused upon the precipitating factors while the inherent factors which determine the susceptibility of the patient to the precipitants are ignored. Today, microorganisms, vascular disturbance, hereditary inheritance, new growth, degenerative process, metabolic disturbances etc. are singled out as the causes of illness but there is no explanations as to why only certain individuals are susceptible to these etiological agents. It is common knowledge that not all people exposed to the identical conditions develop the same illness. Cure can be provided either by removal of the precipitating agent or by correction of the susceptibility. Possibly some schools of medicine like Homeopathy are able to effect a cure by strengthening the resistance of the patient rather than attacking the external causative factors.

The knowledge of personal factor which determines the susceptibility of the person to external precipitating causes is very important in providing permanent cure. For, in the absence of such knowledge no attempt is made to detect and correct the susceptibility of the patient. The susceptibility remaining uncorrected there are more chances of chronicity or recurrences. The constitutional remedy in Homeopathy is directed towards correction of this susceptibility.

The knowledge of factors which determine individual susceptibility would also enable the physician to institute appropriate preventive measures against the occurrence of illness to which the individual is prone.

5. Non-individualization

The personal factor which accounts for differences in susceptibility may also account for the variation in the manifestation, course and outcome of the same illness in different individuals, as well as differential response to the same therapeutic measures.

But today, though it is recognized that there are wide differences among individuals, this recognition does not find application in clinical practice. For all practical purpose, all individuals are considered alike, and treated by the same therapeutic tools for a given illness. This is primarily because statistical norm dictates the present day concepts about human being and illness, the differences among individuals being ignored.

As ‘One man’s meat is another man’s poison’, there is need for individualization of treatment. This is possible if the significance of individual differences is understood and this understanding is utilized in the selection of appropriate treatment measures.

But no such systematic knowledge which explains all the individual differences exists today. It is true that several investigators have attempted to study these differences and tried to formulate a classification of human types on theis basis. The very fact that there are a variety of such classifications underscores their incompleteness. Each classification emphasies and adopts as its basis certain of the differences but do not account for all of them. Thus, these classifications reflect a partial view. Furthermore, they do not take into consideration all aspects of human existence. They have concentrated upon the differences at physical and mental levels but failed to recognise the differences in spiritual level altogether.
The inadequacy of the available classifications of human types may be responsible for their non-utilization in clinical practice. Of course, in some schools of medicine like Homeopathy individualisation of treatment is given due recognition and the particular or special symptoms are of paramount importance as guides to specific remedy. But this data is not systematised so as to allow its complete understanding. Attempts at organisation by preparation of repertories have not solved the problem. Consequently the data is too unwidely and generates more confusion than clarity.

We need to develop a comprehensive, systematic, organized body of knowledge about the factors responsible for all the differences among individuals in the physical constitution and functioning, mental capacities and their modes of functioning, the subject’s temperament, propensity and inclinations and his values determined by his evolutionary status. Such a classification will enable us to select treatment measures appropriate to the requirements of the individual patient.

6. Faulty Concept of Treatment

As a result of faulty ideas about the nature of human beings, illness and etiology, treatment meted to the patients is also faulty.

1. There is overemphasis on physical methods of treatment particularly drugs and surgery, while other therapeutic measures like psychotherapy and divine healing are neglected. All the three types of therapy aimed at correction of faults at the three levels of existence have their legitimate use. But, in the absence of a totalistic view point there is improper use of these three methods of treatment. It has resulted in unnecessary medicalisation of psychosocial and spiritual problems and improper use of counselling and divine therapy. The last two are scarcely used or recommended by medical personnels.

2. Narrow concept about illness restricted to only the manifestations without taking into account the entire disease process is responsible for the symptomatic treatment. This provides only relief but not cure. Consequently, there are greater chances of recurrence or syndrome shift.

3. Also as the role of personal factors in the cause of illness is not recognized there is not attempt to identify and rectify the susceptibility of the patient by corrective measures like dietary regime, counseling regarding personal conduct, propitiatory rites, prayers etc. As a result the chances of recurrence or chronicity are high.

4. In the absence of a systematized knowledge of all factors responsible for individual difference there is no individualization of treatment resulting in avoidable complications, and ‘treatment failure’ due to improper selection of remedy.

Recommendation

If we wish to improve the present standards of medical care, we must begin by rectification of the defects in the medical knowledge which have been discussed in this paper. We need a thorough revision of the theoretical foundations of medical practice. We need to shift our view-point and consider human beings, illness, etiology and treatment from a wider perspective taking into account all aspects of human existence viz. physical, mental, and spiritual. We need to supplement the available
medical data which concentrates mainly upon the physical plane, by a systematically organized body of knowledge about human mind and spirit. Such a holistic knowledge will allow meaningful interpretation of illness and their proper management.

Can the present day medical research help us to achieve the goal set above? If not, what is the alternative approach we must adopt? These issues will be discussed in a subsequent article.

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