Diagnosis, Criticism and Possibilities

JULIO CÉSAR PAYÁN DE LA ROCHE *

DIAGNOSIS HAS BEEN considered as one of the most important steps in the doctor-patient relationship and its future is in a big way going to depend not only on the doctor but also on the patient.
Is such a step highly important? or is it just another element in the clear abyss that exits between doctor and patient and between the former and reality?
Let us briefly analyse the meaning of the act of diagnosis, which to me is of utmost importance. I feel that just a slight insight would enable us to unmask another of those lies which we undertake on a daily basis, lies that ultimately become true thanks to a constant repetition.

The Meeting
The patient approaches the doctor's clinic charged with a lot of hope, problems, pains, fears, knowledge and experiences which he expresses as complaints using his own symbology and beliefs. He is neither familiar with the code used by the doctor, nor does he have any notion of the symbols and codes which are a routine for the professional. The patient encompasses his illness into a WHOLENESS, that is to say, he relates his pains to his lack of harmony, to difficulties in his interpersonal or working relationships, frustrations, sensations and feelings that he expresses through an illness. Moreover, in the Western culture, he often carries a feeling of guilt since disease has been considered a punishment for trespassing the religious or natural laws. Confirmation of the above can be had by looking back on the case of syphilis during the previous century (if you do not fear God, fear Syphilis) AIDS in the present day, leprosy, cancer or genital diseases.
The doctor's task consist of assessing the complaints in order to adapt them to a previously devised disease model, such as the diagnosis. Science, books, magazines and the pseudo-medical consumer society have not only sold doctors an ideal health model but also that of an ideal disease (pure arthritis, pure asthma, pure gastritis, pure miasma, pathognomonic symptoms, etc.), these models comprised of associated analysis and confirmation tests make up what is known as the diagnosis, within which the doctor will try to literally "fit" the patient in, and this is literally what happens to the patients.
While the patient considers that all HIS systems are related to HIM as a whole entity, the doctor classifies the systems according to his knowledge of the predominant disease-diagnosis model established. Thus, in order to fulfil this highly classifying purpose, he disregards all that he considers of little value or meaning, or even bestows a greater importance to other things disregarding the patient's feelings, who is considered to be a completely passive entity, carrying within him a series of problems which need to be some how framed within something called diagnosis. Moreover, in some cases when both the patient's complaints and the patient himself are difficult to fit known diagnoses, there arises the possibility of taking him into the realm of mental diseases, thereby converting him into a permanent stigma via such a diagnosis.
Graphically this can be compared to the traveller who after closing his suitcase realises that some parts of his clothing are sticking out the suitcase and rather than rearrange them to fit in neatly, uses scissors to cut the pieces sticking out, feeling content with his action. Logically, when he unpacks his suitcase he cannot recognise its contents. This is similar to the doctor disregarding the patients symptoms and complaints with the sole view of fitting him inside a type of suitcase called diagnosis.
Moreover, these being descriptive models, they many a time simply translate the patient's complaints into the scientific language, thus diagnosis becomes another way of masking ignorance, or what others have called the refinement of ignorance[1], as these are mere descriptions that do not carry with them the dynamics or the process which produced the specific medical case in that individual.

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* Julio César Payán de la Roche. Surgeon, gynaecologist - obstetrician at the Universities of Cauca and Antioch. Author of La Medicina Biológica: una medicina no comprometida (Biological Medicine: non-compromising medicine) and has published many articles in America and Europe, and has been a co-author of books published in Colombia, Mexico, Ecuador and Spain. He has spoken at Conferences in many countries in America and Europe. Director of CIMA and Head of the FUNCOP Health Programme.

A process of disqualification and disarticulation of the patient then begins. The patient is divided into sectors, organs and tissues so that his WHOLENESS gets divided into different chapters for the doctor's micro-investigation. The doctor will then progressively reduce him to different minimal expressions, in the firm belief that by putting them together again he would be able to reconstruct the patient as a whole under the false belief that through the integration of the parts one can understand the whole. The human being can then be classified, grouped, and statistically moulded through such procedures.
The physical tests and the laboratories will strengthen this practice, as we will see later on.
At the end is a list of possible diagnoses, which never reflects the true patient, but rather are static descriptions of the state of his viscera and tissues based on a cadaverous anatomy. If we look at the majority of the so-called diagnosis they are simply mere inanimate descriptions of the vital processes which have been unknown or disqualified due to the medical community's classification fad. On many occasions the different diagnoses of a patient bear no relationship with each other.

The Specialist's Diagnosis

Should the doctor be a specialist or a so-called super specialist, he would surely be unaware of the complaints or symptoms that are not in line with his knowledge. At this stage kindly permit me to make a passing reference to clinical history. Any type of history shall always be one that contains no details[2], that is to say, it is incomplete, since it can never contain all the necessary details neither of the patient nor that of his environment as a whole, bearing in mind that this is a biological system which is thermodynamically open, with entropy and negative entropy mechanisms. Therefore, the resulting diagnosis that emanates from such a clinical history and from all of its complementary examinations, which incidentally also belong to the non-detailed category, should be considered solely as an approximation or probability of the living being and should not be considered as definite and foretelling of the future, as is presently the case.
An incomplete history with or without its diagnoses cannot provide a sure individual prognosis, although one cannot deny its greater value from a statistical point of view.
But each time one advances further up the ladder of medical specialisation, the history becomes more incomplete, since the specialists now limits the interrogations, findings, laboratories and in general, the patient's view to his narrow field of view[3]. As Bernard Shaw once mentioned, we know more of less with every passing day until we get to a point where we get to know a lot about nothing.
In this process, the patient has ceased to be the owner of his body and is passed on to the medical diagnosis freezer, drawing cold looks from pathological anatomy, which via pieces of inert, frozen and dead material shall issue a final verdict, thus establishing a triumph of the static and dead over the vital and dynamic.
The diagnostics are followed by laboratory examinations and rigorous tests whose mission is to confirm the declared tendency. As Luis Carlos Restrepo[4] stated when citing M. Balint: "The patients elimination begins via appropriate examinations", an elimination that is constant throughout the process.

And Where is the Patient?

The real patient disappears to give way to a para-patient or a virtual reality, produced and fed by a prevailing medical model, which shall finish off by the conversion of this latest illusion into a unique certainty and validity. The whole thing worsens because all of the present day medical knowledge has been constructed based on this virtual reality, para-patient or illusion called the diagnosis. Medical science feeds itself on diagnosis, transports it to the realm of statistics, subjects it to further classification and theorisation, feeds it so that it grows, thus converting such ghosts into realities whose mere name horrifies doctors and patients alike, on which many treatises and articles are written, which ultimately benefits the drug and instrumentation industries, who iatrogenically produce even more diagnoses such that doctors, as faithful reproducers, repeat the unending history echo over and over again. This is the monster that opens its jaws to feed upon its own fruits.

A Communication Problem

While doctors, laboratories, pathologists, nursing personnel, etc., speak a language which to them appears efficient and significant, the patient and his/her family members use a different code thus, there appears another factor which augments the already existing abyss between medicine and the patient's reality. The catastrophe is yet to be finalised and once completed the technicians arrogance imposes itself upon the patient's reality. From thereon, the patient shall become converted into a "passive collaborator in benefit of a magic personality who concentrates his/her curative power and makes the patient an accomplice of a significant expropriation", as explained by Luis Carlos Restrepo in his work cited earlier.

Anatomical proposal

Since Galen's times, medical anatomy has been of the cadaver type, descriptive and statistical and this vision is what gives rise to diagnostics of the type put forth following similar characteristics.
In alternative medicine and specifically in Neural Therapy, one has to review the anatomical knowledge that has governed the vision of western orthodox medicine because our action is not based on the conventional diagnosis.

For practical purposes, we have to base it on surface anatomies or that of their dynamic interaction planes. I shall try and throw some light on this point of view:
According to Einstein's Unified Field Theory[5]; "Unus Mundus" by Jung The Basic Bohm Energy[6] or Sheldrake's Morphic Resonance[7] in modern times but enunciated since olden times[8,9], we should view the human being as a product of the entire Cosmos, which apart from being formed from its energies, transforms the very same energies, thus becoming a part of a constant unceasing change such as can be seen during the formation of the primordial cells, wherein the primordial soup which gave rise to the first organelles was in turn modified by the organelles themselves to make it suitable to their needs, or by way of chance, to evolve even more complex organisms.
Therefore, the anatomy as we perceive with our five senses or by means of magnifying screens or high resolution microscopes, is just a small part of a huge dynamic process (note that I say part of and not the result of), which is evolving at every moment: with the singular properties characteristic of the human being; thermodynamically open, with an entropic relationship with the cell as a basic organ, each of which has 560 million enzymatic molecules, with an average of 30,000 reactions per second, which themselves have other organs such has mitochondria, membranes, information systems, enzymatic mechanisms, etc. and which follow principles of quantum physics in an organism that presents a set chaos within highly complex biological systems[10]. A static anatomy does not fit in with the dynamic vision put forth because everything is in motion and everything is changeable like in Heisenberg's uncertainty principle.
There is therefore a need for an anatomy that relates us to the Cosmos that presents the body and the living being as a densification of the universal energetic process, and which permits quantum-gravitational dynamics on a macroscopic anatomic plane.
The relationship between the Cosmos and the body has been put forthright from ancient times, not forgetting modern times as has been explained in the preceding pages. It would thus suffice to get back to ancient teachings about the different energetic states of the human being (causal, mental, astral, ether and physical), which becomes consolidated in the Chakras, and thanks to and through the nervous system, densify to specialise and form the different tissues, like part of an unending process, because these tissues will also act on the energetic state, just like the cells do with the primordial soup, thus giving rise to a complex bio-cybernetic process.
This characterisation takes place on surfaces and not on complete organs as mentioned earlier that it is just a part of a process and not the end of the process, therefore, we would have sets of surfaces, areas or systems such as serous, aponeurosis, bony, cartilaginous, covering epidermis, membrane, cartilaginous, haematological, muscular, endothelial, etc., which function both gravitationally and on a quantum basis via the articulation of chemical reactions.
The quantum basis is related to the entire energy process, which according to the Law of Correspondence, upon addition, passes on to the gravitational field where the different systems, surfaces or areas, occur.
Hence, we establish a surface anatomy composed of frequencies, that constantly exchange energy with bio-cybernetic mechanisms, unlike that of complete organs that has been accepted up to now. We now come closer to the vision of the Five Acupuncture Elements and to the image of the human being where both the quantum and gravitational basis play a part, within an universal undulating and flowing field.
From the Neural Therapy view point, an irritation or an interference field on one surface or system brings about a repercussion in the entire system or analogous or like surface, just like a diapason makes objects vibrate that are at the same frequency as itself (This was one of the items that most attracted our attention in the first years of Neural Therapy in Colombia, with Germán & Jorge Alberto Duque, I think the example is still valid).
This start up takes place thanks to the phenomenon of the nervous system being cortex like[11,12].
We then have an approximation to an anatomy of surfaces as a part of an universal energetic and dynamic process which permits an exchange between energy and matter, or between body and mind, or between the psyche and the soma, thus converting these concepts into interchangeable manifestations of the same being, as against the Cartesian theory which has created strong divisions between them.

Getting back to diagnostics

With the above arguments explained, the static diagnosis, to which we are accustomed to and subject to, and which is sometimes referred to as "common sense", is nothing but a vision of the gravitational non-dynamic part, of organs rather than of surfaces, therefore is incomplete, and this is the source of our criticism in this review.
The patient's approach changes substantially when confronted with the anatomy of surfaces or areas. We do not approach the patient with an unchangeable and fixed diagnosis, but with a dynamic vision by carefully placing unspecific impulses at specific sites learned over time and awaiting his response such that the therapy can continue based on such a response. It means opening a dialogue with the patient within new paradigms and possibilities, that is, with new conceptions which are not only related to the patient but with life itself[13-15].
On the one hand we thus have a conventional diagnosis and on the other, we have a dynamic approximation. The former has been taught to us in the Universities while the latter which is as valid as the former, would be the one that permits us to act in an alternative manner, that is bio-energetic or whatever you may wish to call it. We can now see that the problem is not one of tools but that of concepts towards life itself.
I would like to insist that my criticism towards the orthodox diagnosis is not against its very existence but against it being the only applicable method, which is accepted and recognised officially and that if one proceeds solely by

orthodox diagnosis, then one is unaware of the capabilities and possibilities of the human being as a universal entity.
So, it is therefore possible to improve on "illnesses" classified or diagnosed as incurable or even cure them, using alternative therapies on patients that have the vital capacity for such treatments. And the only way to know about this second possibility is by asking the patient's being and by awaiting his reply.
In Neural Therapy, the patient is asked this question through an interrogation of his Nervous System using a needle charged with procaine.
If we are able to understand and look at these view points in introspect, everything flows in an easy manner, AIDS, Cancer, lupus, flu, tonsils, diarrhoea and thousands of other illnesses acquire a new dimension and we give patients and ourselves a new opportunity.
However, it is sad to see that alternative medicines also go down the very same omnipotent route, namely, that of the cadaveric diagnosis, bowing before it and becoming denaturalised in the search for the vade mecum which welcomes it under its mantle, thus finally getting converted into another record of the medical nemesis.
The classical diagnosis is very important from an orthodox viewpoint, however, from a renewal point of view of alternative medicines, which is rather old, sees classical diagnosis as an anchor that fixes us to an order that we would rather wish to change.

References

1. La Plenitud del Vacío, Jean Bouchart d'Orval. Edicomunicaciones, Barcelona 1991.
2. The Quark and the Jaguar. Adventures in the Simple and the Complex. [El Quark y el Jaguar. Aventuras en lo simple y lo complejo. Tusquets 1995] Murray Gell-Mann.
3. Peligro Mortal, Efectos de la Prescripción de Fármacos, Arabella Melville y Colin Johnsons. Planeta 1984.
4. Semiología de las prácticas de Salud, Luis C. Restrepo. Centro Editorial Javeriana, Bogotá 1997.
5. Essay in Science, Albert Einstein. Philosophical Library 1934.
6. La Totalidad y el Orden Implicado, David Bohm. Kairós 1992.
7. Siete Experimentos que Pueden Cambiar el Mundo, R. Sheldrake. Paidós 1994.
8. El Kibalion. Orion 1997.
9. Your Electro-Vibratory Body, Victor Beasly. University of the Trees Press, California 1978.
10. "Complejidad en la frontera del Caos", Solé, Bascomte y otros. En Investigación y Ciencia1996, 236.
11. La Doctrina de Pavlov sobre la Actividad Nerviosa Superior, E. G. Vatsuro. Vergara 1959.
12. "Acción Central de la Terapia Neural", Julio C. Payán. En V Coloquio de Medicinas Alternativas y Sociedad. Popayán, Colombia. Y en Medicina Holística 39. Madrid.
13. "Ciencia, Tolerancia y Medicina", Julio C. Payán. En Natura Medicatrix 1995-96, 42.
14. "El Acto Médico ante las Concepciones Holísticas", Julio C. Payán. En Medicina Holística 35.
15. "Posibilidades para un diálogo de saberes", Julio C. Payán. En Medicina Holística 42.