

## The Importance of Disease Diagnosis

The etiological notion of diseases and the methodology of treatment varies among the different systems of medicine. However, the mode of disease diagnosis (Nosological diagnosis) is common for all systems. It is a well known fact that the close association between disease diagnosis and remedial diagnosis prevailed in Modern medicine might not be observed in other holistic systems, however, diagnosis is featuring its own importance even in other systems. The mode of treatment might be either holistic treatment, specific treatment, symptomatic treatment and general life support to the patient. Modern medicine gives more importance to the particular treatment, whereas, systems like Ayurveda, Homoeopathy, Siddha, Unani, Chinese medicine, Naturopathy etc. give more importance to the holistic idea of treatment, i. e. remedy selection by taking into consideration the physical, mental and emotional characters and life situation of the sick individual.

However, in these systems also, disease diagnosis is equally important, because, under certain situations, the functioning of the affected organ or the device of the human body needs to be backed up. The individual also may require some specific kind of support, for that your organ remedies should be deployed. After that, disease diagnosis is essential for planning the illness control measures, prognosis, special precautions, to know living threatening situations, prevention of spreading of disease to others. Diagnosis is very essential for statistics, research and also to fulfill the academic interests. Especially, due to some medico-legal reasons, the doctor should know the detailed health status of his patient. Due to all or any these reasons, disease diagnosis is vital, aside from the system of treatment fond of the patient.

Disease diagnosis and remedial diagnosis can be viewed as the two sides of exactly the same coin, hence, both are having equal importance. Disease diagnosis is done by correlating the signs and outward indications of the patients (clinical features) with the info given by the bystanders and the lab investigation reports. On certain situations, there could be some difficulty in building a diagnosis, because, a number of diseases are experiencing almost similar clinical features. Moreover, rarely occurring diseases or a newly emerged disease might not be identified easily, especially by way of a general practitioner. Under such circumstances, a specialist's opinion may be needed. Very rarely, a group of doctors are involved along the way of diagnosis.

It is difficult to name each and every disease we encounter inside our daily practice. Depending on the International Classification of Diseases (ICD-10), a significant percentage of diseases can't be named. Such cases, a diagnosis is achievable regardless of having several health related symptoms in the patient. Since the in-patient is suffering, he has to be treated symptomatically. Some symptoms or conditions are wrongly understood as diseases by the laymen. For example, clinical manifestations like jaundice, fever, vomiting, headache, malaise etc are not diseases; but clinical manifestations of some diseases. The naming of diseases is done on several basis. Most of the diseases are named after the person who invented that specific disease (Buerger's disease, Alzheimer's disease, Weil's disease), some diseases on the cornerstone of area where in fact the disease is common or identified for initially (African sleeping sickness, Madhura foot, Japanese encephalitis), on the cornerstone of some peculiarity of the symptoms (Chikungunya), or on the basis of the organism in charge of the infection (Falsiparum malaria, Amoebic dysentery, Bacillary dysentery), or on the foundation of the affected organ (Myocarditis, Nephritis, Appendicitis), on the basis of cause (Alcoholic hepatitis, Wool-sorter's disease), on the cornerstone of age (Juvenile rheumatoid arthritis, Senile dementia), on the cornerstone of pathology (Mixed connective tissue disease, Mucopolysaccharidosis) etc.

If a group of specific signs and symptoms are found in an individual, it is known as syndrome (Edward syndrome, Down syndrome, Laurence-moon syndrome). Nowadays, we hardly locate patient having just one disease, whereas most of patients are having a listing of diseases such as cardiovascular disease, diabetes, idiopathic hypertension, acid peptic disease, senile dementia, degenerative joint disease etc. Many diseases are classified under certain number of disorders. For example: Degenerative joint disorders, Inflammatory bowel disorders, Psychosomatic diseases, Lifestyle disorders etc. Here, each group includes several diseases, but are grouped together due for some common features such as for example pathological or etiological features.

When a person involves a doctor for initially, immediate disease diagnosis may not be possible as a result of various reasons. However, considering the presenting clinical features and history given by the in-patient, a doctor can come to a provisional disease diagnosis. After doing the laboratory investigations, the final diagnosis is performed by correlating the clinical findings with investigation reports. However the procedure is not kept in pending till the last diagnosis, especially in case there is life threatening diseases such as for instance diphtheria, wherein the treatment has to be started immediately when the disease is suspected, because, if we wait for the lab reports to come, the patient may be critical. Some recent laboratory tests assist in early diagnosis, but unavailability of sophisticated labs doing such tests is a major deficiency faced by many countries.

The development of science and technology has made a revolution in medical science. Now the thought of disease diagnosis done only on the foundation of clinical examination is outdated. It is now underneath the custody of some sophisticated machines and laboratory techniques, a few out of them pose more risk to the health. But, the noteworthy point is, under all lab reports, a disclaimer is written as "correlate with clinical findings", which

emphasizes the significance of case taking and clinical examination done by the doctor. In this era, wherein doctor-patient relationship is disrupted, we come across many patients saying that the doctor has abruptly prescribed the medicine or referred for lab test without asking much questions and doing any kind of clinical examination.

The recent studies conducted at Mc Master university on the illness diagnosis is remarkable. They unearthed that the name of the disease creates more panic one of the patients. As an example, an individual having sour eructation might not feel bad when the doctor says that he has acidity, on one other hand, he may get embarrassed if the doctor tells him that he has Gastro-esophageal reflux disease, which is the medical terminology for recurrent burning eructations. The same thing happens in most of the cancer patients; once the disease is diagnosed as cancer, the patients mental and emotional status starts deteriorating. But, the physician cant hide the illness from the individual due to several medical and legal issues. The greater alternative would be to secretly tell the diagnosis to the bystanders of the patient.

For an exact disease diagnosis, the cooperation from the in-patient and his members of the family is very essential. Each and every problem felt by the individual should be told to the doctor. Some silly matter for the patient can be a vital point for a diagnosis and treatment. Similarly, apparent symptoms of long duration may be ignored by some patients. Purposeful hiding of symptoms can be dangerous. Some patients don't tell a doctor about the therapy he'd taken previously. Frequent change of doctor (doctor shopping) can also cause difficulties. During consultation, patients habits, life situations, characters, food and bowel habits, relationship with others etc must certainly be told. The reports of previous treatment and investigations must be told, that might save the full time required for a diagnosis. Hence always ask for a discharge summary while getting discharged from any hospitals. While consulting a physician, always take one person who knows in regards to the patient. The in-patient also can make a note of his symptoms before opting for a consultation, so that he won't forget to inform his symptoms completely. In this busy life, there's a trend that as opposed to patient likely to a doctor, he sends somebody to the physician for a "consultation ".Also there's a growth of men and women preferring over-the-counter purchase of drugs with no prescription.

When a patient dies or becomes serious during the course of treatment, the next thing is to file a suit against the physician or by attacking the doctors and hospitals, as a result of a mental outbreak and a preconceived indisputable fact that it absolutely was due to medical negligence. Nowadays this can be a common story in all of the news papers. By promoting the doctor-patient relation ship (which is deteriorating nowadays), and also by going back again to the "outdated" family doctor concept, we can solve a lot of the health related issues.

## About the Author

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