

body Language AND HOMOEOPATHY



AJIT KULKARNI

**BODY
LANGUAGE
and
HOMOEOPATHY**
with Clinical Repertory of Body Language

Second Edition

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M.D. (Hom.)



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BODY LANGUAGE AND HOMOEOPATHY

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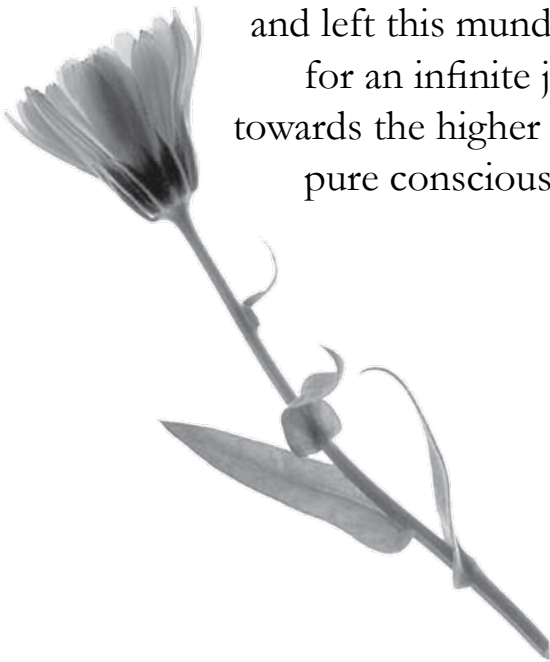
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Dedicated to my Mother

Who sowed the seeds of her efforts in me
and left this mundane abode
for an infinite journey
towards the higher purpose of
pure consciousness...



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My first acknowledgement goes to the pioneering scientists in the field of kinesics who are exploring the language we all speak without words. As I required some basic information on the body language to structure this book for the sake of integration with homoeopathic science, I have drawn material from several sources. The readers are requested to refer to the Bibliography given at the end of the book. I am deeply indebted to all those authors for their valuable writings which has shed light on the intricate science of non-verbal communication.

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November 14, 2009

Dr. Ajit Kulkarni, M.D. (Hom.)

Foreword

Homoeopathy in its evolutionary journey has witnessed many milestones since the innovation by Dr. Hahnemann. It began with the experiment on Cinchona bark. Evolution began right at that moment. Various thought processes, experiments and clinical experiences went on to form a portrait of a science of healing, based on sound philosophy and practice. Homoeopathy is evolving at many levels – case taking, philosophy, materia medica, repertory, miasms, clinico-pathological co-relations, understanding of dreams, delusions, sensations and emotions, the study of personality, etc. Many new avenues of prescribing methods are also evolving and facilitating the application of homoeopathy at bedside. This has helped our homoeopathic fraternity to a great extent, thanks to the technology which has made vast literature of our science easily available to the aspiring students of homoeopathy.

Dr. Ajit Kulkarni opens up a new modelling frontier and explores a whole new world of possibilities and avenues of prescribing through his book on ‘Body language and Homoeopathy with Clinical Repertory of Body Language’. In the first instance, I was astonished to see 10 pages of ‘Contents’, 20 pages of ‘Index’ and ‘Bibliography’ of more than 100 References of this bulky volume that gave me a wide panorama of what I am going to visualize. When I started pondering over the minute details of the work, it was spellbinding and kept me reading late into the night. So much rang in my heart as true that I pondered the sections and sub-sections of the book for weeks. During my normal work day, some piece of the book would pop up in my mind and I’d have to stop and absorb it before moving on.

The book is divided into well-defined chapters which are further divided into easy-to-digest sub-sections. Broadly, there are four sections, Section I deals with ‘Introduction’ through Kinesics as a science, History and Understanding language in general. The theme of Section II is ‘Communication’ where the author elaborates through Body language as communication, Communication skills, Intra-psychic communication, Silence and Characters of body language. Section III focuses on the core elements of

body language viz. Personal appearance, Gestures, Posture and stance, Facial expressions, Eye expressions, Voice and intonation, Space and Distancing, Tactile communication, Vocabulary of body language and Universal gestures. Section IV takes care of 'Homoeopathic perspective' through Relevance of body language to homoeopathy, Basic modes and Materia medica, Kingdoms and body language, Discovering the patterns, Handy tips for a successful practice, Clinical repertory, Learning through cases and Conclusion. Each section is insightful and you can sense the diligence with which the author has worked upon.

What do our symptoms and physical problems tell us about ourselves? The body constantly sends out the messages and we are unknown to their meanings. In this book the author investigates the most powerful and effective communication device, the human body. The author has thrown light over the micro human expressions (the author calls them as 'choreography') and has tried to portray their significance from psychological, philosophical, spiritual and homoeopathic point of view. The explanation of each expression carries an easy understanding supported by relevant scientific observations. The author has not hesitated in quoting the observations of some famous faculties in relation to their studies. I cannot afford to forget the fact that the author has described the homoeopathic perspective briefly at the end of each chapter and this will certainly help the study of remedies as well as rubrics in an interesting manner. The book keeps a lasting impression on the mind and next time when you observe a peculiar expression in your patient, this book will indeed assist you as a desktop guide.

The most useful contribution is the 'Clinical Repertory of Body Language'. It's not just like a customary repertory. Instead of symptoms, you will find cues of body with the index of homoeopathic remedies against them in an alphabetical manner. So, if you want to search for 'pouted lips', this book is the answer to your query. Go into the text material, understand the body cue, interpret it rightly relating with your patient, pick up the related rubric and try to grasp the relevant remedy. Repertory is the very essence of this book and

also a boon for a busy physician.

It is obvious that a lot of efforts have gone into the design of this book, to make it an efficient operational tool. The text is fairly large, illustrations are generous, the images are meaningful and relevant and it overall gives an impression of being crisp, clear, unambiguous and profound. Every day we see lots of things around us but are attentive only to those to which we are sensitive. Indeed this book will make us more sensitive to our daily routine and life. We were following homoeopathy through the books only till now, but how about following it through our bodies also? The study of body language is not only about the ability to create a definitive dogmatic goal of finding the simillimum in the field of Homoeopathy, it is about unfolding of thought process, of dialogue and continuum and this book fulfills this demand to a large extent. The great benefit of this book is that it widens and expands our consciousness at all levels.

The research is well-placed and well-cited. Smooth transitions, a varied vocabulary, a well prepared index and exclusive, awe-inspiring images with touching quotations make the book more enjoyable. The book is an ideal amalgam of the world of ideas and the world of images intertwined to the holistic science of homoeopathy. Indeed, this book will be useful to all-professors, teachers, doctors, psychologists, psychiatrists, executives, artists, actors, businessmen, students, lay persons and all those directly or indirectly related to homoeopathy and concerned with the art of healing.

Dr. Ajit Kulkarni must be complimented for his scholarly work and enlightening discussions! For a different perspective on the world around us, and the world inside each of us, this book is definitely worth reading. He often emphasizes that the art of deciphering the truth through the body language is a skill which needs constant polishing and that there are limitations of body language too.

Here is a book like a prism - shards of light glancing off in different directions, different colours and tones, but grounded by the actual bedside work of years standing by the author and his team. I now appeal the homoeopathic

fraternity to further this work to make the application of homoeopathy more powerful.

Are you ready to dive in and get started? If so, 'roll up your sleeves' and enjoy the incredible work Ajit has offered.

Dr. D. E. Mistry, M.S.

A surgeon and homoeopath
Editor, Homoeopathic Clinical Case Recorder

Prologue

We are immensely pleased and content in offering our humble work on ‘Body Language and Homoeopathy’ to the profession.

A patient is an ‘extra’ human. This sentence may sound abnormal and strange but it is true in its length and breadth. A patient is like a human with all the facets of personality, behaviour, actions, etc. but the only thing that distinguishes him from a human and adds something ‘extra’ is that, all these facets in him are deviated owing to the morbidic energy called ‘disease’.

It is not only the cabin or the consulting room of a physician where the process of case taking begins. It starts getting explored in the waiting room of the clinic itself. The expressions which a patient exhibits in the waiting room are individual, natural and uninhibited and they may direct a physician to the ‘key’ of the case. It is therefore necessary for a physician to keep his clinic ‘receptive’ and ‘sensitive’ to these signals, verbal messages and non-verbal gestures of the patient. A trained and ‘susceptible’ assistant and receptionist who is present in the waiting room can do this job satisfactorily. These initial gestures or messages can then be compared with those given by the patient in front of the physician. It happens very often that a patient who is a dominating and eccentric ‘creature’ to the receptionist turns into a yielding and submissive ‘man’ in front of a physician. The observation of a physician begins at the very moment when he sees a patient. The consulting room is a place where the deeper study of a case has to be undertaken by the physician.

The patient begins narrating the history not only in the form of words but his whole body resonates with whatever he says. His facial expressions, gestures of hands and feet, his postural changes and the movements of his eyes become evident and convey hidden messages to the physician. These messages may reinforce or contradict his spoken words. The patient enters simultaneously into a new horizon of unspoken and spoken language. One can exercise control over his words but not over his bodily expressions, because they are always uninhibited and an evident truth. The body expresses what it

has to, obediently, under the reign of a non-verbal brain. His gestures attain fluidity. This is how inner feelings choreograph the outer expressions. Thus, all parts of the body, may it be hands, fingers, head, eyes, face, or legs start talking the language of within...

Do we pay enough attention to the body language? Do we possess a distinct vision to see it, to perceive it and then to utilize it in our clinical practice? The research in the field of communication has demonstrated the profound utility of body language. It has underscored the fact that 35 per cent of our communication is verbal while 65 percent of it is non-verbal. Are we ignoring this important 65 percent of data which is rich? Do we still boast ourselves as prescribing on the basis of totality? Are we really holistic prescribers or just routine prescribers?

The totalistic and dynamic view propounded by homoeopathy helps us to incorporate, within its domain, all possible angles of holism. Though the structure of homoeopathy becomes complex and multi-dimensional due to varied integrations, it plays a pivotal role in making our science more refined, logical and truly holistic!

Hahnemann formulated the Law of Similars. He blended this fundamental law with the Doctrine of Potentization, Minimum dose, Totality, Individualization and Proving on healthy human beings and carved out a perfect and strong edifice of the healing art from an otherwise imperfect and scattered existing medical science. He gave the final touch to this edifice by adding the concept of vital force. Eventually, a convincing tool of homoeopathy to deal with the sufferings of mankind was formed. Through the concept of totality, he made the science more resilient and suitable to encompass all rational approaches that is, to make homoeopathy ever expanding!

Synthesis is a new creation, through integration. It reconciles the inherent contradictions and grasps the hidden spirit through phenomenological approach. It is linked to the consciousness and therefore, in actuality, reflects the essence.

The whole process of homoeopathy is ‘transcendental phenomenology’

which explores the phenomenon through conscious experience – essential features of experience and the essence of what is being experienced.

Body language is a confluence of mind and body. It represents a living synthesis which integrates the functioning of mind and body in dynamis. The mind dominates because it is powerful in strength and speed. The mind dictates and the body obeys. The body expresses the mind. The body is intelligent. Millions of cells of the body function in perfect harmony and unity, they know their scope and limitation, they know their boundaries – of function, form and structure. They maintain the great human laboratory in the state of health, in homeostasis – right from birth to death. Being intelligent, the body knows when and how to react. It reacts, being sensitive. It reacts, being sensible. It can't stop without being in motion. It has to move – with the feelings, with the emotions, with the energy of stimuli – it has to vibrate, for, it is dynamic, with its specific consciousness. Consciousness moves, it drives to motion and the result is the dancing. Dancing in the state of health, disease and cure has its own staging and remember, all the way, it is individualistic.

Body language is a unique physical discipline and entity in which emotional, psychological, spiritual, intellectual and creative energies are unified and harmonized. Our body feels, thrills, speaks, memorizes, expresses and communicates effectively through various movements. And still unfortunately, body language is one of the least used and least understood forms of human communication.

What is our objective in offering this book? We want you to embark on this limitless and futuristic journey which will take you away from the periphery of this mundane world of words and language into the core and quintessence of the communication – the unspoken language. We want you to delve deep in the interiors of yourself where there are no broken words but a continuous and seamless rhythm of communication, which is the real melody of life. We want you to perceive the subtleties of the movement of consciousness which you can't perceive, otherwise, only with verbal communication. We want you to become a mirror which reflects the true image as it is, without adding the

bigoted notions and prejudices. We want you to update yourself in terms of interview skills and using the techniques which will help steer the patient towards recovery. And finally we want you to become a master observer and a master prescriber as we all earnestly long for!

The author doesn't claim any originality as far as basic information on body language is concerned. However, we have added our own deliberations from the standpoint of psychology, philosophy, holism and homoeopathy.

This exposition includes a repertory on body language. It has emerged out of our vast clinical experience, logical analysis of body language in relation with emotions and personality, Dr. P. I. Tarkas work on repertory, my own additions and the use of the existing repertories. The major work of the repertory contains coining new rubrics and related remedies and adding many remedies to the old rubrics. We request our readers to utilize the repertory and contents of the book in their practice. This book is intended as an operational manual not only for homoeopaths but also for people from all walks of life who want to get acquainted with the fascinating science of kinesics.

This work on body language has been an ongoing research project of ten years duration at our Homoeopathic Research Institute, Satara. It is nurtured with care, strengthened with dedication, quantified with knowledge, authenticated with practice and embellished with elegance.

Your suggestions and comments are welcome.

08 January, 2009

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Publisher's Note

Human beings are the social animals and they cannot live without each other. Communication starts as soon as we are in contact with others. When this happens, we generally make use of written or spoken language. Linguists and philologists focused on the study of this language in the past but now the focus has been shifted again to the study of non-verbal language, the language of unspoken words which the humans are speaking for millions of years.

Body language is the true language of an individual. In fact, it is like a mirror of our personality. We must be aware while communicating because body never lies and body never remains quiet. Someone has rightly said, 'You can play fast and loose with words but it is much more difficult to do with gestures'. It is true that we talk with our vocal cords, but we communicate with our facial expressions, our tone of voice and our whole body. Every small gesture, facial expression, movement of hands, fingers, and legs send an unspoken message to the beholder. Body language breaks the barrier of caste, creed, culture, race, etc. It rises above these limitations and differences and gives a 'universal' projection about our emotions, intentions, motives, comfort, discomfort, rejection, depression and happiness. We may not understand the written or spoken language but body expressions will definitely tell us about the state of mind. It helps in perceiving the real picture of a person which is usually hidden behind the strong fortification of spoken language.

The art of decoding body language is expanding into the art of reading mind with the observation and analysis of body signals. Communication is the resolution to many of the problems that plague our society and us as individuals. Comprehending the subject of kinesics will help project ourselves in this cut-throat competitive world and interact with our fellow human beings with more precision, spontaneity and smoothness.

The potential of utility of body language being known now, there was a need of serious effort to convert this potential into real application on the patients. This wasn't an overnight miracle. Dr. Ajit Kulkarni's profound study

and research over the subject is a welcome addition to the extant literature. It may not be exaggerated if I comment that this work is the first of its kind in the sense of integrating homoeopathy with that of body language.

It is our fervent belief that the new studies on body language will enhance and spread goodwill and understanding amongst all cultures, and we proudly announce the author Dr. Ajit Kulkarni's evident and valuable contribution to this cause.

Kuldeep Jain

CEO, B. Jain Publishers (P) Ltd.

Non-verbal consciousness...

- Consciousness is the dynamic and creative energy
- Consciousness is the reality that transcends everything and yet contains all of it within its realm
- Without consciousness no synthesis occurs, for, consciousness has an 'organizing principle' within it
- Consciousness is communication between concepts existing within the same interval of awareness
- Awareness is communication between a being and itself at the start and end of an interval
- Awareness emerges as the closed communication system of a being with itself
- Communication between a large number of different beings generates a new level of awareness
- Awareness has multiple layers or levels. It does not exist in isolation at any level. The different layers of awareness get blended to form a whole expression of consciousness
- At the baseline, consciousness puts together the material base of existence (the physical plane). At a higher level, consciousness formulates the life base (the vital plane) and at the highest level, consciousness manifests the mind (the mental plane)
- There is nothing which is 'truly' unconscious. It is an altered state of consciousness
- Consciousness is the process of awakening the inner dancer, the inner choreographer, the inner musician
- Silence is a sublime form of consciousness
- Consciousness is the essence of all existence, for, it is fundamental
- Conscious comes from the Latin word 'com' = with or together, and 'scire' = to know
- Hence the title 'non-verbal consciousness'.....

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Section I

INTRODUCTION

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Chapter 1

KINESICS - THE SCIENCE OF BODY LANGUAGE



BODY LANGUAGE IS ALL AROUND US

The primordial science of body language called ‘kinesics’ is gaining popularity in recent times. This is the result of global research and study being carried out in exploring its usefulness in understanding the behavioural patterns of human beings. The science of body language is developing by leaps and bounds. Scientists all over the world are sponsoring, diving deep in the intricate study of body language to explore the complex nature of human beings in health, in disease, in behaviour and in inter-personal relationships. Let us hope that with the study and research in this subject of ‘kinesics,’ an in-depth exploration of a human being reflecting the psyche, the body and the psyche-body inseparability will be possible in future.

Body language is all around us. It is a fascinating subject and a thrilling experience – to observe the motion of the ‘intelligent’ body and to analyze the context in which it is represented. It plays a significant role in every communication as it is powerful and indispensable.

BODY AS A DYNAMIC CONSTELLATION OF SYMBOLS

The profound mind and the invisible soul stay in the body. A dynamic soul animates the physical body and an intelligent mind executes the actions. The body, right from its inception, is an integral part of our being. Action first translates into the language of the body and this is then followed by the verbal language. Our body gives us a unique identity and we get identified by it. We can't think of ourselves without our body. Body is the reality of our existence and we live within the realities of our bodies: Eating, sleeping, moving, chatting and playing. Sigmund Freud in ‘The Ego and the Id’ writes, ‘The I is first and foremost a bodily I’. ‘We are bound to our bodies like an oyster is to its shell’ wrote Plato, the Greek philosopher.



Fig. 1.1. The I is first and foremost a bodily I

The human body is one of the most complex machines of the universe which stands unparalleled and distinguished above all forms of life. Trillions of different cells, which constitute a single body, function as one unit in perfect harmony and integration. Harmonious functioning of the body is what we call the state of health and homeostasis. It is a state of peace from within and without, a state of dynamic equilibrium. Each cell knows its function, its boundary; it does not encroach upon other's sovereignty. Who can say that the body is not intelligent? Dr A. Alam remarks, 'The body is not a mere corpus of flesh; it is a dynamic constellation of symbolic meanings, deeply enmeshed in human activities.'

Knowledge is acquired, structured, verified and passed on by the humans through their bodies. Hence, the human body possesses a special position in the study of body language.

Nirmal Kumar, in his book, 'The Tao of Psychology' offers some unique thoughts, 'The body is the mother of the psychological self..... To live bodily is to live by its message, its cryptic language of signs and impulses.....Bodily experience is a key to experiencing the whole. Reality, which has a tendency to run abstract, gets caught in the network of bodily experience and can be seen there in its inter-relations, integration of opposites, vertically and horizontally, its immanence and transcendence both.... I found it helpful to begin by understanding first the bodily reality and its language. This helped me out of the dilemma where to begin..... This opened my eyes to the insight of the ancient Indians who maintained that enlightenment was not possible without a human body..... The body provides us the acid test to check whether our thought-process is moving in the right direction.'

COMMUNICATION: THE WARP AND THE WOOF

Communication is the fabric of our lives: The verbal area being the sturdy warp (intricate design of a fabric) and the non-verbal area serving as the essential woof (thread of a fabric).

When we interact with people, the first thing which we look at is the face and its expressions, whether they are reflecting their words or not. The next thing that comes to test is the tone of voice to check if there are any indications of the emotions involved. Carefully listening to the actual spoken words is the last thing which we do. Even if the spoken words are cynical or sarcastic, we will over-look them as a passing comment or a

joke if the face of the person is jovial and happy.

Human being is a highly evolved and perfect design of nature. His spoken language is the most prized possession, but his silence is also nothing less than it and carries equal importance. Hence, it is said that, 'Speech is great, but silence is greater.' It is through communication that a human being SHARES the information and the body, synchronizing with the subconscious mind, gives off varied subtle signs in the form of choreography of various gestures and postures, without the use of words. 'Communication is like a dance,' states Condon, 'with everyone engaged in intricate and shared movements across many subtle dimensions, yet all strangely oblivious that they are doing so.' The wise body opens its gate to an astute observer to fathom inner feelings, emotions, attitudes and ideas.

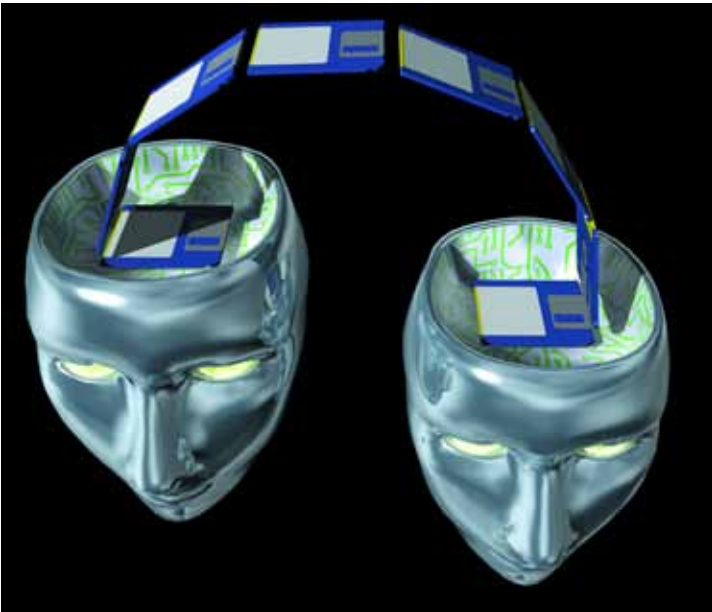


Fig.1.2. Communication is a dialogue

It is believed that a charming person has a pleasant voice, a dynamic person has a vibrant voice and a confident person – an assured voice. Body language is often regarded as a secondary product and its value is underestimated. However, it could be primary, it could project even before words have taken their shape and it could be the only language through which a patient can express himself. **Body language is not**

merely a physical manifestation of the spoken words. In fact, it has its own independent interpretation of feelings, irrespective of the meaning of spoken words delivered therein. Remember, it is easy for some people to lie in terms of the words they use, but the truth ‘leaks’ out through the expressions of body language. In other words, body language is more truthful to the real situation than the selected words that people use. The usual manner of coding is analogic and intrinsic. Hence, a person tends to be less in control of his body language than of verbal utterance, a fact which makes body language a fairly reliable source of information regarding the emotional state. When verbal and non-verbal clues of emotion are incongruent, the latter are regarded as more trustworthy than the former.

KINESICS: THE SCIENCE OF HUMAN UNDERSTANDING

‘Our bodies rarely remain still. Our feet, hands, eyes and heads are moving all the time. Our expressions change. We pull faces, rub our noses, run our hands through our hair and do all sorts of things which, when taken in isolation, seem very odd. However, what is happening is quite straightforward – our bodies are “talking”. We can guard our tongues and control our words but not the unconscious gestures of our body.’

Body language and kinesics are based on the behavioural patterns of non-verbal communication. Although a developing science, kinesics has added a new dimension to human understanding. Of late, body language has become a keen subject of human study all over the world as many investigators are exploring the intricacies of non-verbal behaviour orchestrated by man’s subconscious mind.

Body language is a product of both genetic and environmental influences.

Blind children have never seen a smile but they do smile and laugh.

The ethologist Irenaus Eibl-

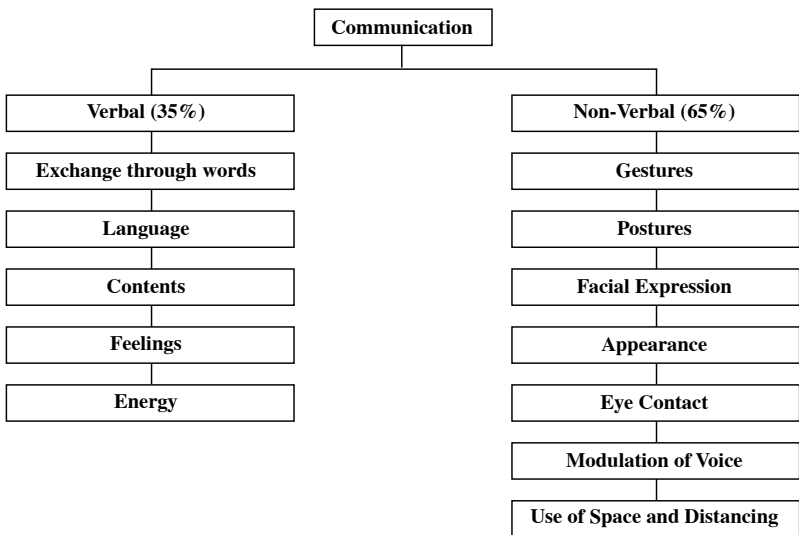


Fig. 1.3. A smile is independent of the eyes

Eibesfeldt claimed that a number of basic elements of body language were universal across cultures and must have been therefore fixed action patterns under instinctive control.

Sigmund Freud observed, ‘He that has eyes to see and ears to hear may convince himself that no mortal can keep a secret. If his lips are silent, he chatters with his fingertips; betrayal oozes out of him from every pore.’

Our bodies are ambassadors of our inner self. They convey more than what our tongues do. Body language can independently reflect a lot of feelings, regardless of whether we keep our mouths shut or open. Our nervousness, dishonesty, boredom and other negative attributes get translated into the unconscious gestures of body language and are reflected without our knowledge. Our attitudes, emotions and personality characteristics are distinctly and conspicuously reflected in our non-verbal styles. Research has shown that 35 per cent of the messages are conveyed verbally while 65 per cent of them non-verbally (Birdwhisstell). Mehrabian put forward that communication is 7 per cent verbal (words), 38 per cent vocal (tone of voice and intonation) and 55 per cent non-verbal (visual). The percentage of non-verbally transmitted information, according to recent studies of some researchers like Fromkin and Rodman (1983), is even higher as compared to previous statistics. They propound that upto 90 per cent of the meaning of a message is transmitted non-verbally.



BODY LANGUAGE AND EMOTIONS

Emotions are basic to human beings. Being emotional is a part of being human. A human being has a rich vocabulary of emotional cues showing how he feels about himself and others. In the realm of emotions, the cues are usually unintentional, involuntary and unconscious.

Body language and emotions are almost inseparable as body movement is central to emotional expressiveness. The intensity of emotions charges the non-verbal brain to dictate its commands; the body obediently follows the commands and presents its choreography on the screen.

In other words, the body points where the emotions want to go.



Fig. 1.4. 'We can't conceal our innocence'



Fig. 1.5. ‘This stress is just killing me’

Owing to the unremitting and unrelenting pace and momentum of life, modern man has fallen prey to over-whelming stress, both physical and mental, in order to keep up with the unending demands of life. Today’s man is always on the ‘go’, to make his life ‘run’ in the race of the world. He always needs to be consistent, so that he does not lag behind in the race and simultaneously he also has to exercise caution at every step so that he does not ruin his life. Chronic time shortage, changing patterns of activity, greater load of information and more active interpersonal relationships have affected verbal communication; which in turn has increased the importance of non-verbal communication.

One of the major aspects of body language is the expression of emotions. Emotions refer to such states as happiness, depression and anxiety and milder ‘moods’ such as feelings of pleasure and displeasure, varying degrees of excitement or drowsiness and the arousal and satisfaction of hunger, sex and other drives. There are three components in each case: A physiological state, a subjective experience and a pattern of innumerable non-verbal signals – in the face, eyes, hands, legs, voice and other areas.

Emotions are recognized from a whole pattern of non-verbal signals. **A human being dances and sings to the tune of his emotions. The non-verbal signals produced provide information regarding the intensity and dimension of the emotions. This pattern of non-verbal signals cannot remain concealed.**

Infants have their own 'language' to express their emotions and moods. A mother recognizes the happiness of her child through facial expressions such as bright eyes, bulging (smiling) cheeks, giggles, squeaks and belly-laughs accompanied by joyful sounds (monosyllabic). Whereas, when a child is sick, his mouth is twisted into a grimace, cheeks droop and he utters grunts and growls.

THE ELEMENTS OF VISIBLE CODE

A human being communicates through verbal and non-verbal language. Exchange through words refers to verbal communication while non-verbal communication refers to all external stimuli other than spoken or written words. The elements which are visually perceived and which perform a role in communication are collectively termed as 'visible code' and they are :

1. Personal appearance
2. Gestures
3. Postures
4. Facial expressions
5. Eye expressions
6. Space and distancing
7. Voice and intonation
8. Haptics or touch



Fig. 1.6. The visible code

Personal Appearance

Everyone wants to be 'in the eye of the beholder'. Everyone is concerned with first impression. Everyone of us has his own aura that vibrates, pervades, permeates and renders its unique message to the outer world.

A physician has to understand how his patient reacts to him: positively, negatively or neutrally. Outward appearance of a person may incite resistance, hostility or a receptive mood in the concerned person. The patient's appearance and clothing need careful observation. A dirty look and crumpled clothes suggest alcoholism, drug addiction, depression, dementia, schizophrenia, etc. Maniac patients may wear bright colours, incongruous styles of dress or appear poorly groomed.

Six components are considered in personal appearance:

- a. Clothes
- b. Footwear
- c. Hairstyle
- d. Ornaments
- e. Make-up
- f. Aromas



Fig. 1.7. In the eye of the beholder

Gestures

A gesture is a sign, signal or cue used to communicate in association with or without the words. A gesture is a verbal or non-verbal body movement used to express or emphasize an idea, an emotion or a state of mind. It is defined as 'visible' bodily action by which meaning is represented (Kendon, 1983). Each gesture is like a word in a language.

Gestures play a significant role in making communication effective.



Fig. 1.8. Talking with gestures

A well-timed gesture can drive a point home. Similarly, playing with a ring, twisting a keychain, or claspng one's hand tightly robs the speaker of the effectiveness of his communication. Sometimes, gestures render elementary and short messages such as 'yes', 'no', 'come here', 'go there', 'be silent', etc. However, all

oral communications are accompanied by gestures such as shrugging off the shoulders, movements of hands and head, etc. In fact, it is impossible to speak without gestures. These gestures add a greater value to what is being said besides exercising a more powerful impact.

Posture

Refers to the way one stands, sits and walks. The movement of the body, the position of hands and legs and other parts of the body reveal an individual's personality – whether he is vibrant, lively and dynamic, nervous and jittery, confident and self-assured. The posture of sitting may reflect optimism or despondency or may indicate a sense of failure or inattentiveness. Walking posture may indicate whether a person is confident, energetic, withdrawn, diffident or nervous.



Fig. 1.9. 'Guess, what message I give?'

Facial Expressions

'The face is the mirror of life.' Our face defines our identity, expresses our attitudes, opinions and moods and shows how we relate to others. Face is our visual trademark and is therefore the most photographed part of the human body. Emotionally, the face is mightier than a word. So closely are the emotions related to facial expressions that it is hard to imagine one without the other.

Our face is exquisitely expressive. Its features are incredibly vivid and florid, more so than any other primate. A smile (friendliness), a frown (discontent), raising the eyebrows (disbelief) or tightening the jaw muscles (antagonism) add real essence to the meanings conveyed by the spoken words.



Fig. 1.10. Face: The mirror of life

A wooden expression on the face may prejudice the observers and it could also be an expression of parkinsonism, schizophrenia or depression. Biting the lips, blinking the eyes or raising the eyebrows at regular intervals often mar the smooth flow of communication. Anxious patients generally have horizontal creases on the forehead, raised eyebrows, widened palpebral fissures and dilated pupils.

Eye Contact

Eyes reveal the intricacies of emotions, convictions and moods to a greater extent. Hess (1975) observes that the eyes give the most revealing and accurate of all human communication signals because they are the focal point of the body and the pupils work independently. Whiteside (1975) describes the eyes as ‘the windows of the soul... and the mirrors of the heart... and the gauges showing fleeting feelings and changes.’ One can see the anatomical importance of the eye as ‘an extension of the brain’. Gazing at someone’s eyes arouses strong emotions. ‘The eye can threaten like a loaded and levelled gun; or can insult like hissing and kicking; or in its altered mood by beams and kindness, make the heart dance with joy’ (Emerson).



Fig. 1.11. The eye as a loaded gun

The eyes can be steely, knowing, mocking, piercing, shifting..... They can level a ‘burning’ glance or a ‘cold’ glance or ‘hurt’ glance or again, they can be wise, knowing, inviting, scary, disinterested, and so on.

Space and Distancing

A fascinating area in the world of non-verbal body language is that of spatial relationships or proxemics – the study of appreciation and use of space. Each person maintains a personal territory around himself. He normally does not allow others to invade it. Space and distancing differs from culture to culture, from individual to individual. The amount of space a person needs is determined by his personality.



Fig. 1.12. ‘We know our boundary’

It is important to observe the way a patient sits in the chair. A puffy, egoistic person having lust for power is not happy with one chair. He may occupy more space by extending his arms. On the other hand, a shy and reserved patient occupies himself in less space.

Modulations of Voice

Tone of voice reflects psychological arousal. Speech is an indispensable means for sharing ideas, feelings and observations, and for conversing about the past and future. A significant number of voice qualities are universal across all human cultures.

Interpretation of Voice

1. Speaking loudly and rapidly = Anger or lack of interest in the other's view. The speaker has run out of logical support for his view
2. Clear, controlled, steady voice = Confidence
3. Lively, bouncy, well modulated speech = Enthusiasm / Politeness

Reading the Mind Through Laughter

Human laughter varies greatly in form, duration and loudness. One can 'read' laughter from the sounds that ensue. (See the chapter 'Facial Expressions').

Speech in Psychiatric Illnesses

Speech may be fast in mania or slow in depression. Depressed patients may pause for a long time before replying to questions and may then give short answers, producing little spontaneous speech; the same type of speech may be observed amongst people who are shy or have low intelligence. Sudden interruptions may indicate thought blocking or may be the effect of distraction. Rapid shifts from one topic to another suggests flight of ideas, while general diffuseness and lack of logical thread may indicate schizophrenia.

Touch

Touch is a powerful non-verbal communication which is beyond words and actually indicates the pattern of action. If used properly, it can create a more direct message than dozens of words; used improperly it can build barriers and cause mistrust. Tactile communication offers a direct impact over the others and even the memory of it can last long as compared to the memory created by the words.

Touching behaviour ranges from kissing, embracing, caressing and holding hands to pinching and hitting. It results from body movement and implies that there is very little distance between the interactants.

Touch represents every emotion and it is powerful enough to invade someone's space and torture him and it could be a risky proposition.



Fig. 1.13. Lifting one eyebrow

DECODING NON-VERBAL MESSAGES: SOME EXAMPLES

Lifting One Eyebrow

Disbelief, shock, surprise, feeling of assault, judgment (of a person, what they said, or the situation they find themselves in).

Pointing the Finger

Emphasis, attacking, assaulting the other person, aggressive move, wants to control the situation between the two people, arrogant, I know more or better than you do.



Fig. 1.15. Flashbulb eyes



Fig. 1.14. Pointer display

Enlarging the Eyeballs

Astonishment, shock, surprise, fear, feeling of assault.

Rubbing the Nose

Puzzlement, wanting time to think or feel more about it, buying time to search for the answer they don't have at the moment.

Shrug the Shoulders

Indifference; I don't care; it's not my responsibility; detachment. It could be double sided: Healthy type – you know it's not your business to stick your nose in, or you should not be involved because it isn't wise to do so. However, if a person is the victim, he may do so to escape or get out of the situation.

Tapping the Fingers

Impatience, hurry up!

Body in Motion

Restless, nervous (legs crossed, flicking the foot back and forth as an example), restless (doesn't want to sit still for one of a thousand reasons), escape! (the person may feel inadequate, threatened, fears the other individual).

We can decode the gestures from an emotional state too.

Stress

Shaking of legs; wetting one's lips frequently.



Fig. 1.16. 'I don't care'

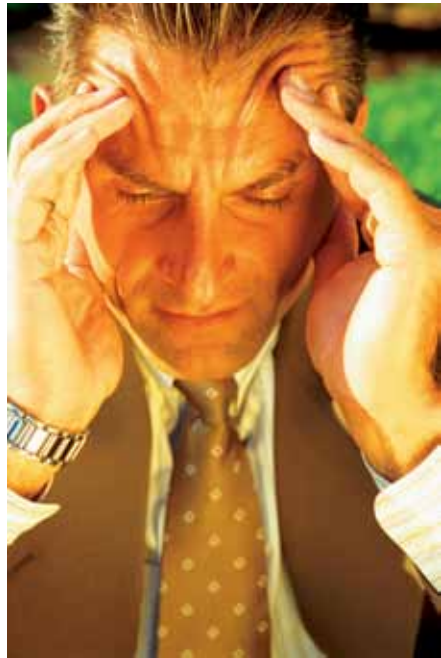


Fig. 1.17. 'It's no way out'

Lying

Touching the face, or putting a hand over the mouth, pulling at the ears, scratching the nose, casting the eyes down or looking downwards to the left, shifting in the seat, also wiping hands on the trousers to get rid of sweat or fidgeting with hands.

(Dr. Alan Hirsch, from the Department of Neurology and Psychiatry at the Rush Presbyterian-St. Luke's Medical Center in Chicago, explained the 'Pinocchio Syndrome': Blood rushes to the nose when people lie. This makes the nose itchy. As a result, people who lie tend to either scratch their nose or touch it more often).



Fig. 1.18. The lying gesture



Fig. 1.19. The rejection

Rejection

Crossed or folded arms, leaning back.

Defiance

Frowning, hands on hips.

Aggression

Leaning far forward or clenched fists, squaring of shoulders, stiffening of posture, tensing of muscles.



Fig. 1.20. An aggressive woman

Anxiety

Massaging temples, change in breathing rate, hunched shoulders, nervous head movements.

Truth

Showing open hands, eye to eye contact.



Fig. 1.21. Massaging temples



Fig. 1.22. Eye to eye contact

It is important to note that a single gesture may convey several meanings. It is necessary to interpret the gesture in the context of the totality of data and individuality of the patient.

MOVEMENTS NEED INTERPRETATION

Both nature and nurture (for example, culture) play an important role in the study of body language. Hence, 'movements' need interpretation. They are highly unique, succinct and individual. They deal with nuance, feeling and degree. One has to recognize them. All movements of the body have meaning. None of them is accidental. The specific meaning of body movement may be different from person to person. Sometimes body language may not coincide with verbal language. Interpretation requires high skill and perspective vision. Hence, it is always better to see body language in conjunction with verbal language and not in isolation; together they comprise a dual dialogue. If they match and are consistent with each other, they strengthen and underscore the meaning.

One swallow does not make a summer and one body language signal need not necessarily convey a complete message. It is estimated that humans are capable of producing more than seven hundred thousand non-verbal signals. These movements have been partitioned into about sixty discrete and symbolic signals and around sixty gestures. Body language, hence, is full of ambiguities. To have clarity, one must focus on the cluster of signals that are persistent, pervasive, repeated and characteristic. A point to be noted is also that words (that is, verbal language) themselves are produced by articulated body movements of the vocal tract.

OPENING UP NEW VISTAS OF PERCEPTION IN HOMOEOPATHY...

Exploration of the science of kinesics opens up new vistas of perception unexplored hitherto. The language of symbols, the language of universal symbolism blends with holistic philosophy of homoeopathy and a homoeopathic physician will miss a lot if he neglects the important information flowing from the cluster of symbols, signs and cues. Hence, the issue of 'non-verbal consciousness' has a great scope in homoeopathic practice. It is a peep hole into the patient's hidden conflicts and feelings which will certainly help a homoeopath in knowing an elusive and indefinable mind. The concept of totality which is central to homoeopathic prescribing will be redefined if we include appropriate appreciation of body language. At the same time, a homoeopath must know its limitations and he should be wary of its exclusive clinical application. Body language must be interpreted with reference to the situation, context and the culture of people involved because there can be variations with all the above dimensions.

A nod. A touch. A folding of hands. Arms crossed throughout the interview. Poor eye contact. No eye contact. Flexion withdrawal. The body closed. Constant movement of hands. References to body language are never just throwaway lines for a homoeopathic physician. They create the body semiotics, useful to a homoeopath in data processing. Non-verbal language comes from the field of anatomy, physiology, pathology, expression psychology, social psychology, sociology, genetics, culture and universal symbolism. All these faculties unite with homoeopathy; they stay in symbiosis with homoeopathy, so also the science of body language.

WHY IS THERE A NEED TO STUDY BODY LANGUAGE IN HOMOEOPATHY?

1. Homoeopathy is a holistic science. It is based upon the sound philosophy of totality, where body, mind and spirit are inextricably connected. The theme is to study, not in isolation but in integration.
2. 'Case taking' in homoeopathy is an intricate process where not only the 'clinical' diagnosis has to be perceived but also the 'person' (individual) diagnosis.
3. The central tenet of homoeopathic prescribing is 'individualization'. No two individuals and identify are alike in health or in disease. One has to individualize and identify a case in order to know the man behind the sickness.
4. Case taking is an exploration of man in all of his ramifications. Skillful elicitation of data is the primary step towards success.
5. Through the interrogation, a homoeopathic physician elicits information where verbal exchange is followed. But 'observation' or 'visible code' also has to be paid attention to as :
 - a. Actions speak louder (and more accurately) than words.
 - b. Every body movement has a meaning.
 - c. The wealth of meaning resides in non-verbal behaviour controlled by a non-verbal brain.
 - d. 'Your words tell me the story but your body tells me the whole story.'
 - e. Non-verbal signs, signals and cues evolve separately as information, apart from the evolution of matter or energy; they are not the secondary products of verbal communication. They may be reflected even before the spoken words.

- f. Body language is a peep-hole into the patient's hidden feelings and conflicts.
 - g. We try to cover the truth with the help of words but our bodies circumvent the spoken words and signal towards the truth. This aspect of body language makes it an interesting subject for a homoeopath.
6. One-sided diseases, owing to the scarcity of useful data, pose a practical problem for a homoeopath because the selection of the most similar remedy becomes difficult. The correct interpretation of 'visible code' adds to the verbal data, making the work of a homoeopath easier in terms of analysis, evaluation and synthesis.
 7. In psychiatric illnesses, body language of the patients is of paramount importance as, many times, they are unable to express themselves through words.
 8. Often, it is difficult to arrive at the final remedy owing to similarity of data. In such cases, the body language serves to unlock the case.
 9. The homoeopathic remedy is like a HUMANOID (that is, an artificial human being) who has been presented to us (as developed through proving, toxicology, clinical verifications, doctrine of signatures, etc.) with its colours and hues. Each homoeopathic remedy has its unique verbal and non-verbal communication. Exploration in the field of body language can be of substantial aid in clinical practice. It can help in enriching and simplifying the intricate study of materia medica and repertory.
 10. Newer technological advances have shrunk the expanse of time and distance and have paralyzed our tongue. We are hardly able to spare some time to talk calmly with people around us. In this situation, it happens many times that, a patient who is not used to talking, often frowns at the physician or his assistants for compelling him to talk about the things which he had never thought of before! Non-verbal cues indeed help us in such instances. The need to pay attention to non-verbal language has, hence, increased.
 11. We need to understand the rationality and practicability of homoeopathic practice through the study of body language.

In the subsequent chapters of the book we will try to understand the nuts and bolts of body language and their role in homoeopathic clinical practice.



Chapter 2

HISTORY OF BODY LANGUAGE



GESTURES FIRST, WORDS SECOND

The history of human body language is very primordial. As a matter of fact, it began simultaneously with the existence of human species. Body language expresses itself right in the first moment of life. The first cry of a child is a perfect amalgamation of the vocal response of a cry (musical rhythm) and the body language.

Man in the primitive era chiefly used body signals for communication. The initial interactions between the primitives were probably just grunts and growls, without specific interpretations for the sounds. Body language probably helped them decipher the sounds into an understandable message. It chiefly helped them to protect themselves from the predators.

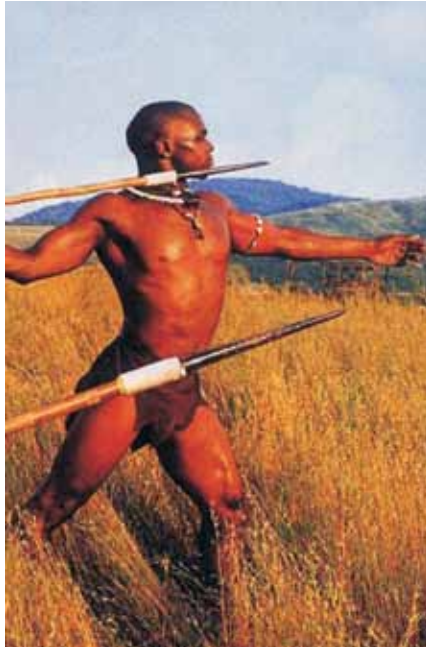


Fig. 2.1. Man in the primitive era

It is believed by many researchers that sign language came before spoken language as we know it today (Zimmer). Spoken language attained maturity in the later phase by the process of gradual evolution.

For primitive man, the only medium of communication between different races was the 'body language'. On the dimension of time, the phase of spoken language is a small period. This primitive period became

a fertile soil on which complexity and effectiveness of body language evolved to its maturity. In the absence of spoken language, a variety of secondary or supporting gestures – reinforcing the message of a primary or principal gesture, evolved with the time which increased the meaningfulness of body language manifold.

Today, these non-verbal skills are as important as they were before the development of spoken language.

THE WRITINGS ON BODY LANGUAGE

The first writings about gesture, speech and their connection are found in Greek and Roman times. For Demosthenes, the Athenian statesman and orator, the delivery of a speech was at the very heart of oratory. Delivering the speech involved the whole body especially co-ordination of hand movements with the speech. According to Roman statesman and philosopher Cicero, the ‘action of the body’ expresses ‘the sentiments and passions of the soul’. Cicero stated that ‘nature has assigned to every emotion a particular look and tone of voice and bearing of its own and the whole of a person’s frame and every look on his face and utterance of his voice are like the strings of a harp, and sound according as they are struck by each successive emotion’. ‘The body, according to Cicero, is like a musical instrument with the delivery or action being a sort of eloquence of the body, since it consists gesticulations as well as speech.’

The earliest surviving essay, written in 3000 BC consists of advice on how to speak effectively. This essay was inscribed on a fragment of parchment addressed to Kagemmi, the oldest son of Pharaoh Huni. Similarly, the oldest known book, Precepts, composed in Egypt in 2678 BC by Plat-Hotep is a treatise on effective communication.

In ancient civilization and during the classical and medieval times, ‘Rhetoric’ held place of pride as a medium of communication. As expected, several hand books laid emphasis on the non-verbal behaviour of the orator or public speaker.

Mona Lisa, painted by Leonardo da Vinci in the early fifteenth century, is one of the most mysterious and debated images of all times. For centuries, scholars have argued over her smile – whether it’s a genuine or fake, whether the smile is an indication of love or of a patient smirk, etc. What is important for us is that, the artist recognized the power of facial expressions and he knew, even then that, a smile can convey or

disguise different emotions – hundreds of years before Darwin made his contribution.

In the seventeenth century, Francis Bacon wrote in one of his essays (published in 1605) that ‘as the tongue speaketh to the ear, so the hand speaketh to the eye,’ thereby recognizing the value of gestures as a medium of communication. Inspired by this, several studies were made in the field of Chirolgy – the language of the hands – to examine its value both as rhetorical and natural language form (J. Bulwer, Chirolgy 1614).

In the 18th and 19th centuries, scholars debated and established that the natural languages of emotional expressions and gestures most definitely enhanced the further refined artificial verbal symbolic communication. Hence, body movement as communication has been a subject of wide and enduring interest on account of its resemblance to verbal language.

In the 20th century, Wilhelm Wundt published ‘The Language of Gestures’. He concluded that gestures were a ‘mirror’ into the emotions and inner world of a speaker.

CHARLES DARWIN AND OTHER RESEARCHERS’ CONTRIBUTIONS

Charles Darwin’s Contribution

Modern studies on facial expressions and body language got scientific momentum after Darwin’s theory of evolution. Studies now range across a number of fields, including linguistics, semiotics and social psychology. Many of Darwin’s ideas and observations have since been validated by modern researchers around the world. Now, almost a million non-verbal cues and signals have been recorded by researchers.



Fig. 2.2. Darwin’s Theory of Evolution

Other Researchers

Professor Albert Mehrabian's work in 1971, titled 'Silent Messages' put forward figures regarding the use of communication for the first time. He quoted similar figures for 'verbal liking', 'vocal liking' and 'facial liking'.

Mario Pei, an expert in communication, estimated that humans can produce up to seven hundred thousand different physical signs. Researcher M. H. Krout identified five thousand distinct hand gestures that he believed had verbal equivalents while another researcher in kinesics, G. W. Hewes, has cataloged a thousand different postures and their accompanying gestures.

Darwin began the study of body language in the eighteenth century; a ballet dancer-turned-anthropologist Ray Birdwhistell (1918-1994) picked up the ball in the 1970's and ran with it. He coined the new word 'kinesics'. One of Birdwhistell's theories states that while you are talking to someone, you don't make a conscious note of a person's gestures and yet you subconsciously register the meaning of non-verbal cues. He estimated that :

1. An average person speaks words for a total of ten to eleven minutes a day.
2. An average sentence takes about 2.5 seconds.
3. We can make and recognize around two hundred and fifty thousand facial expressions.

ARE BODY LANGUAGE GESTURES INBORN?

Eibi-Eibesfeldt (1973) observed that children who are born deaf and blind do smile. This shows that smiling is an inborn gesture. Other researchers like Ekman and Friesen, on studying the facial expressions of people of widely different cultures found that each culture used the same basic facial



Fig. 2.3. Albert Mehrabian



Fig. 2.4. Yes, a newborn smiles!

gesture to show emotion, thus leading to the conclusion that these gestures are inborn (Pease, 1993).



Fig. 2.5. Blind child

According to Givens (1973), the pattern used from ancient times is reflected on our faces today. For instance, infants react to a bitter taste by lowering their eyebrows, narrowing their eyes and sticking their tongues out.

We usually cross our arms in the way we find most comfortable and we follow the same pattern repeatedly. Researchers suggest that this gesture is inborn.



Fig. 2.6. Reaction to bitter taste

ARE BODY LANGUAGE GESTURES INHERITED?

Yes, there is a definite role of heredity in expressing body language. Studies have shown that the brain has been programmed to express various emotions through non-verbal behaviour. For instance, happiness is expressed by turning up the corners of our mouth and unhappiness by turning them down.



Fig. 2.7. Corners of mouth: Turning down and turning up

We 'inherit' several gestures and behavioural traits from our relatives or people who influence us. We tend to copy their gestures and eventually personalize them. Our trait of imitating others is meant for the expression of gestures.

In a word, our body language is:

1. Partly due to our instincts
2. Product of our learning
3. To some extent, the fruit of our own initiative

ARE BODY LANGUAGE GESTURES INGRAINED?

Yes. Since primitive period the use of body language has translated it in the form of hereditary information in the genes, which is being carried over and continuously modified over generations and it will continue to do so till the end of human race.

The genes contained in DNA are expressed as they are programmed. With the evolution of spoken language, many primitive gestures have been wiped off. However, some of them still find their way to present times since they remained unmodified.



Fig. 2.8. Raised hand signaling joy

ARE BODY LANGUAGE GESTURES LEARNED?

It is interesting to note that babies less than a year old develop a true language that includes sounds and gestures, which parents (and those close to them) understand. For instance, they begin pointing and touching, first with their fingertips and then with fully opened hands. They also begin to understand the ‘pointing’ gestures of others.



Fig. 2.9. ‘Understand me’

Babies everywhere express their moods in similar ways. When happy, a baby's face displays bright eyes, upraised facial muscles, bulging and smiling cheeks. It expresses the happiness with a variety of sounds like giggling, squealing, belly-laughing and bouncing its whole body. When sad, a baby's mouth appears twisted into a grimace, the facial muscles droop and the baby grunts and growls.



Fig. 2.10. Bulging and smiling cheeks

FURTHER EVOLUTION

The significance of body language was masked with the development of spoken language and progress of civilization. The supremacy and effectiveness of body language started losing its foothold. The importance of gestures was confined to the dramas where it played a vital role. Artists spent a valuable part of their lives perfecting expressions and gestures. An Indian classical dance – Bharatnatyam, which focuses on the epics Ramayana and Mahabharata – is a perfect blend of music with expressions and gestures.

The period of silent movies added a new dimension to body language. Everybody liked Charlie Chaplin's antics and slapstick actions. Charlie Chaplin and Laurel-Hardy are perfect and unparalleled examples, who entertained people with the astuteness and shrewdness of their unspoken expressions. Watching their talent still makes us laugh heartily. It was almost like the replay of a Stone Age scene.

Amongst modern researchers on body language, the names such as M. Argyle, P. Ekman, E. T. Hall, Allan Pease and Barbara, D. Morris, A. Kendon must be mentioned. Desmond Morris, a British anthropologist, published a wonderful book titled, 'Man Watching' in 1977. He followed it with 'Gestures' in 1979 and in 1994 he authored 'Bodytalk'. Specific studies continuing to look at the meaning of different gestures have most recently been published by psychologists such as Peter Collet and Geoffrey Beattie. David Given needs a special appreciation for his grand contribution of Non-verbal Dictionary.



**Fig.2.11. Bharatnatyam:
An Indian classical dance**



Fig. 2.12. Who will forget their slapstick actions?

Now the importance of gestures and other expressions is increasingly recognized in all walks of life.



Chapter 3

ON LANGUAGE...



CAN THERE BE A WORLD WITHOUT LANGUAGE?



Fig. 3.1. Every object has a language of its own!

As the word implies, body language means the ‘language of the body’. But before exploring the fine intricacies of the meaning of body language it is essential for us to know what the word “language” means.

Language is the only means which connects us to the outer world; whether it is verbal or symbolic. It is the way through which we reach the people around us. Language comes next to food. In other words, language is what breathing is to us – it is the foundation of life but still we are unaware of it consciously. Language has inseparably blended into our daily life to such an extent that, we hardly notice what we speak in words and what we express through our bodies. Language is a tool which is shared not only by human beings, even animals and birds have their own language.

Can we imagine the world without language?

DEFINITION OF LANGUAGE

The dictionary defines language as ‘a systematic means of communicating by the use of sounds or conventional symbols.’ Language also means ‘a system of words used in a particular discipline.’

O. Jespersen: Language as a ‘set of human habits. Its purpose is to give expression to thoughts and feelings and impart them to others.’

Edward Spair: ‘Language is a purely human and non-instinctive method of communicating ideas, emotions and desires by means of a system of voluntarily induced symbols.’

Sweet: ‘Language is an expression of ideas by means of which speech sounds are combined into words which are combined into sentences and the combination of sentences in turn gives answers to ideas and thoughts.’

Michael Girsdansk: ‘Language is a set of arbitrary symbols which are placed in orderly relationship according to conventions accepted and understood by the speakers, for the transmission of messages.’

Bloch and Targer: ‘Language is a system of arbitrary vocal symbols by means of which a social group cooperates.’

LANGUAGE OF HUMAN BEINGS

Human beings belong to the mammalian species *Homo sapiens* (Latin ‘wise human’ or ‘knowing human’) in the family Hominidae (the great apes). Humans have gained distinction from other species through the ability of reasoning, language, introspection and intellect. Adding a new feather to his qualities is his erect posture which has changed his way of interacting with the environment. He has gained freedom to use his hands for performing fine movements and skillful work.



Fig. 3.2. One of the first samples of ancient writing

His raised head with an intellectually studded modern brain has attained new heights which no one has conquered yet. DNA evidence indicates that modern humans originated in Africa about two hundred thousand years ago and they now inhabit every continent, with a total population of over 6.6 billion as of 2007. However, no one yet agrees as to when language was first used by humans. Language has evolved simultaneously with the process of evolution of humans. Language didn't evolve in one fell swoop. It probably came in bits and pieces. Each little bit of language that humans acquired has affected the subsequent process of evolution. In that sense, 'language' has affected its own evolution. Each new element of language developed amongst the humans with time has changed the entire expression of language.

Humans are social animals and are adept in utilizing different ways of communication for self-expression, the exchange of ideas and thoughts. They create complex social structures composed of co-operating and competing groups, ranging in all scales from small families to species-wide political, scientific and economic unions. Social interactions between humans have also established an extremely wide variety of traditions, rituals, ethics, values, social norms and laws which form the basis of human society. Humans also have a marked appreciation for beauty and aesthetics which, combined with the human desire for self-expression, has led to cultural innovations such as art, literature and music.

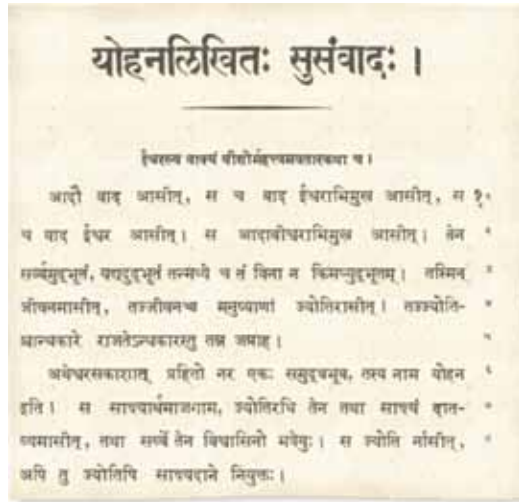


Fig. 3.3. An ancient Sanskrit writing

LANGUAGE AND BRAIN

Human brain is the fountainhead of all the higher processes ranging from emotions to fine motor movements. Expressions of higher purpose of existence like the power of reasoning, logic, emotions and intellect of

Language involves retrieval of information from many brain areas

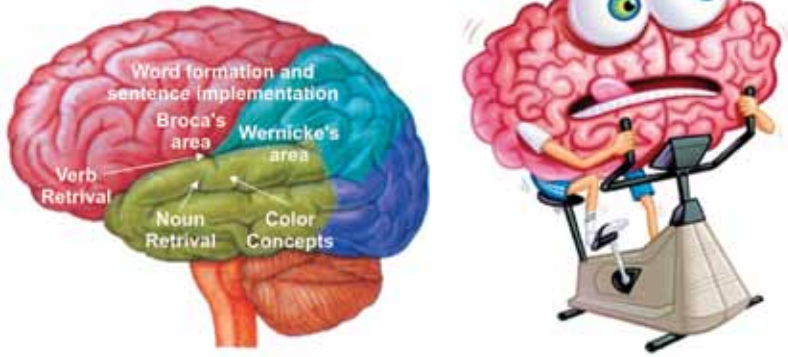


Fig. 3.4. Human brain-the fountainhead of higher processes

the human brain have stolen a march over the brains of other species. The human brain constantly interacts with the environment through special senses and this helps him to modify or mould himself according to his needs. Unending newer inputs from the special senses coupled with the power of reasoning and logic has made the human brain more multifarious and complex. Some of the areas of the brain involved in language processing are Broca's area, Wernicke's area, supramarginal gyrus, angular gyrus and primary auditory cortex. These areas work in close integration along with the auditory cortex, visual cortex and limbic system (emotional system in the brain). What we see are not merely light waves that generate electrical impulses after falling on the retina. They also generate a feeling and impression in the limbic system. For example, when you see a circle it is not only its shape which you consider but you also form a 'concept' or understanding of a circle. The same is true for hearing. When we hear something, it is not only the sound waves that get transformed into electric signals after falling on the tympanic membrane, but when you listen to a specific sound, you hear it and feel it. That is because of the connection between the auditory cortex, visual cortex and limbic system that is, between what we hear, see and feel.

Jürgens writes, 'Words are the natural evolutionary product of the functioning of the brain. The forms of individual words are not arbitrary but directly derived from and related to the meaning of the words.'

‘Speech is the result of an evolution, the establishment in humans of a direct connection between the cortical motor control system and the articulatory apparatus.’

THE ‘LIVING’ LANGUAGE: KNOWN AND UNKNOWN



Fig. 3.5. The living language

Each living being communicates with its counterparts in its own language. Ants communicate with the help of chemical signals. Birds have a variety of sounds as their communicating tool. Humans first interacted with one another through body language, then symbolic language and lastly through spoken language. Now we use all these languages to communicate with each other. Human languages are usually referred to as natural languages. Languages keep on evolving in their form, from time to time with variations in places and people. Evolution of a language is directly proportional to the mass of people speaking that particular language. Larger the mass of people speaking a language, more refined and evolved a language is. A language which ceases to be spoken gradually begins to stagnate and finally becomes extinct.

The capacity of humans to transfer concepts, ideas and notions through speech and writings is unrivalled in the known species. Human language is far more open and has an inherent variety in different situations. The faculty of speech is a distinct feature of humanity. Language is central to communication and to the sense of identity that unites nations, cultures and ethnic groups. Now, with the latest technological gadgets,

language is getting evolved very rapidly. It will not be wrong if I write that humans have become the conquerer of space and time through language. This implies that language has emancipated the humans from local area and time. To illustrate, if we say the word ‘penguin’, it transcends geographical location and we have before our vision the vivid image of the bird. Similarly, when we talk about the coronation of Lord Ram or the freedom of India, there is a conquest of time.

Are humans the only species to devise an elaborate system of language because of their unique evolutionary lineage, or is language the reason for our distinctively different evolution from the Proto-hominids?

Learning a new language is like perceiving a new soul; it is as if you have been reborn to perceive subtle dimensions of human species hitherto unknown to you.

THE LINGUISTIC DIVERSITY

Till now, there are 6,912 known living human languages. A ‘living language’ is simply one which is in wide use by a specific group of living people. The number of known and unknown living languages will vary from five thousand to ten thousand, depending generally on the precision of one’s definition of “language” and in particular, how one classifies dialects. There are also many dead or extinct languages.

IMPORTANCE OF LANGUAGE

The importance of language in the life of a human being cannot be gauged. We cannot imagine a society without language. Language is the basis of human progress. It is the flesh and blood of human culture. Without language, human civilization neither could have (hardly) begun nor could it have attained its higher forms. Human beings communicate with each other through meaningful noises (spoken words) and evocative scratches (written words). Language plays a pivotal role in social interaction and its control. According to Dr. D. D. Jyoti, ‘The function of language is two-fold; it is social as well as non-social. Socially, it is used for expression and communication while it is used non-socially in the inner life of an individual, purely for the sustenance of thought. It is an aid to the thought and serves the mental faculty. It permeates our life completely in an absolute way. It is used in satisfying the immediate needs and it forms the foundation of the lofty flights of our imagination and achievement of reason.’

Language serves many functions.

1. **Experience:** It is a summary, evaluation of objects, things, relations, feelings, events, etc. To illustrate, every Indian felt exhilarated on August 15, when India got its freedom.
2. **Idea:** It is conceptualizing or expressing a reality with brevity. Examples : ‘Time and tide wait for none’ , ‘The earth moves round the sun’, etc.
3. **Inference:** It is a logical conclusion based on the given premises or assumptions. We know that a man alone lights a lamp. If you see a lamp in a hut in the jungle, the inference will be that there must be a man living in that hut.
4. **Command:** It is an order to be complied with. Examples : ‘Don’t waste your time’, ‘Do not smoke’, etc.
5. **Question:** An interrogative statement that expects an answer. Who invented the universe? How old is this building? Why is the sky blue?
6. **Explanation:** It strives to supply the correct meaning of premises or assumptions. ‘I feel sick. So I will not attend class today.’
7. **Enquiry:** It is probing into the probable causes. ‘Do you feel that ultrasonography of the abdomen is essential?’
8. **Decision:** It is a resolve or verdict based on the evaluation of alternatives.
9. **Agreement:** It is the acceptance of the proposition. Examples : Sincerity pays. Uneasy lies the head that wears the crown.
10. **Disagreement:** This is a logical syllogism where the first part of the statement is agreeable, but the next part disagrees with the first one. To illustrate, mothers are women, but all women are not mothers.
11. **Assessment:** It is a quick summarization of the given situation. Example: Today information technology has dwarfed all other technologies.
12. **Remark:** A remark is a temporary evaluation of the situation. Subsequently it can be changed also. Example: Hasty eating is injurious to health.
13. **Judgement:** It is a valid inference based on the available and considered proofs. To illustrate, all evidences of pathological tests show that the patient is suffering from adenocarcinoma of the lungs.
14. **Opinion:** It is the contention of person(s). Gandhiji strongly held

that non-violence is the only way of peaceful co-existence.

15. **Process:** It describes the step-by-step happening of an event. The process of erecting the conceptual image of a sick individual is multi-dimensional and complex and it involves many steps of interrogation.
16. **Purpose:** Purpose is an intention to achieve a goal. Examples : Nobody knows why God created the universe. In homoeopathic case taking, the purpose of asking the question should be clear in the mind of the homoeopath.

RESEMBLANCE AND DISTINCTION BETWEEN BODY LANGUAGE AND VERBAL LANGUAGE

Resemblance

Body language resembles verbal language in many ways and forms. Verbal language is formed by words, sentences and punctuations. Similarly, body language is formed by individual gestures (“words”) which can be grouped together into a logical cluster (“sentence”) to give meaning to a particular behaviour of body movements, where individual gestures and postures may ‘punctuate’ others by vocalizations or pauses while one speaks (“punctuation”). Remember the sentence, “There is a lexicon of actions from which the lexicon of words is derived.”

Like the written or spoken word, each gesture may have several meanings. Only when gestures are fitted together in a cluster (like words in a sentence) can we deduce meaningful conclusions about attitudes and feelings.

When communicating, non-verbal messages can interact with verbal messages in five ways: Repeating, conflicting, complementing, substituting and accenting/moderating.

Distinction

Most researchers agree that we use verbal language primarily for conveying information and non-verbal language for negotiating interpersonal attitudes and in some cases, as a substitute for verbal language. Though our vocal organs are the primary source of verbal speech, our entire body participates in our interactions.

Hamlin (1988) summarizes certain distinctions between words and body movements.

1. Words are on the head level. They are the symbols which are translated mentally into meaning.
Non-verbal language is a feeling at the gut level. Its meaning is absorbed instinctively. We *feel* its meaning rather than *think* about it.
2. Words can be edited and controlled through training. We choose what we wish to express. We make necessary modifications and scan our words before speaking; to form a pleasing, meaningful and non-offensive speech. Body language posture, gesture, movement is unedited, unconscious and spontaneous. Hence, its message is more credible and genuine.
3. Words are specific. As symbols, they call forth the same images for all of us; for instance, 'nose' is nose, 'window' is window. Words express concrete ideas and facts.

Body language needs interpretation. A person may use only posture and gesture and no words to indicate 'Oh, I'm late!' or 'Finally!' Though the posture and gesture contain elements that are universally understood, they comprise certain elements that are coloured by culture and individual personality.



Fig. 3.6 'Oh, I'm late!'

4. Words can be abundant. It is convenient to describe and explain things with words, but it is not possible to comprehend the depth or feelings through words alone. Many a times words fail to describe the sensations, feelings or experiences.
Body language is diverse and encrypted. It expresses all the dimensions of our feelings in the shortest possible way. It is more direct and eloquent than verbal language. It evokes an immediate response.
5. Words are ambiguous and confined into the boundaries of nations, cultures etc. Their vocabulary and pronunciation define class,

culture, places, status of development, education and social status. Body language shares common meaning of gestures and postures among different places and time. Culture, however, does affect body language.

6. Verbal language deals with external realities, while non-verbal language reveals inner realities.
7. Words are the puppets of deception and manipulation. We can modify them as per our needs and intentions. We can exercise full control over our speech. Body language flows in an uninhibited way. It exhibits itself in an unmodified and undistorted way. It is difficult to exert control over it.

LANGUAGE AND GESTURE – A SINGLE INTEGRATED SPECTRUM

Most theories suggest that verbal and non-verbal communication operate independently of each other. However, one theory holds that language and gesture is a single, integrated system. In other words, no separate gesture language exists besides a spoken language—a supposition that David McNeil, a University of Chicago professor of linguistics and psychology, explores in his book ‘Hand and Mind’, ‘What Gestures Reveal About Thoughts’ (University of Chicago Press, 1992). ‘Just as binocular vision brings out a new dimension of seeing, gesture reveals a new dimension of the mind,’ McNeil writes. He also theorizes that gestures do not simply reflect thought, they also affect thought. Gestures occur, he says, because they’re part of a speaker’s ongoing thought process and without them thoughts might be altered or incomplete.

THE ‘SCRIPT’ OF BODY LANGUAGE

We communicate with each other verbally as well as non-verbally. We make gestures with our hands or eyebrows, look at somebody and then look away or fidget in a chair. We take for granted that the behaviour or movements are random and natural. Researchers, however, have discovered that there is a system in behaviour and movement which is almost as consistent and comprehensible as spoken language.

When we converse with someone, our words aid our facial expressions, gestures, postures and tone of voice. These non-verbal displays often follow like an unspoken ‘script.’ The strange part is that, describing how

we understand this script is very difficult and often we fall short of words in doing that.

Let us take an example of sarcasm. Sarcasm has been termed as the language of the devil. It means mockery, sneering, jesting or mocking at a person, situation or thing. It is usually associated with concealed anger or annoyance. One often passes deriding remarks characterized by words that mean the opposite of what he seems to say and are intended to mock or belittle someone or to ridicule him in an insulting way.

For example, passing a sarcastic remark at a person who is always late at the appointment, ‘Oh, you’ve arrived exactly on time!’ or telling ‘Great job!’ or ‘Congratulations!’ to someone who has completely ruined something.



Fig. 3.7 ‘I express myself without words’



Fig. 3.8. The gesture-cluster of sarcasm

Sarcasm is expressed through vocal intonations such as over-emphasizing the actual statement or particular words. The script for sarcasm requires a number of specific non-verbal actions, perhaps of raising both the eyebrows in an exaggerated manner or speaking very slowly or changing the tone of the voice and placing undue emphasis on the target word. Unless the elements of body language are taken into account, sarcasm with its typical energy form will not be understood.

PARALANGUAGE

Paralanguage is the technical term for ‘voice cues’ which are not body language or something you see. But they are non-verbal and they certainly change the meaning that is derived by you,’ explains Walton (1989). Paralanguage, in brief, is a non-verbal code of the ‘way’ we say something rather than for ‘what’ we say. It is usually considered as having four parts:

1. Pitch of voice.
2. Vocalization, such as groans and sighs.
3. Vocal segregates, such as pauses, fillers and other hesitation sounds.
4. Silence as an aspect of paralanguage that conveys meaning.

The range of vocal behaviour includes laughing, crying, groaning, moaning and yawning, and intonation, voice quality and emphasis, which are commonly used to reinforce verbal meaning.

Whistling could fall within this category. It indicates a variety of feelings; there is normal whistling of melodies for pleasure or whistling to draw somebody’s attention. But here we are concerned with unconscious whistling. When a person finds himself in a really tight spot, he may resort to whistling as his displacement of sound for comfort. A person may ‘warble’ when he is frightened or apprehensive and is trying to build up his courage or confidence.

Researchers have found that the tone, pitch, quality of voice and rate of speaking convey emotions that can be accurately judged regardless of the content of the message. The important thing to gain from this is that the voice is important, not just as the conveyor of the message, but as a complement to the message.

BODY LANGUAGE IN RELATION WITH PARALANGUAGE

Para-linguistics take into consideration certain ‘expressions’ that accompany speech which are not actual words; for example, ‘um,’ ‘ah,’

a splutter, giggle, etc. Some of these signals, however, do have clear meanings; 'um,' for instance, is usually a sign of agreement and can be a highly useful reinforcement. Other signals seem to be ambiguous; for example, hesitation.

More specifically, vocalizations such as uh-huh and similar grunts serve as listening signals and help in facilitating the conversation. The tsk sound is usually made to communicate astonishment or disgust when things are not in good order. The cluck sound is made by the tongue being raised to the roof of the mouth and then released to drop quickly. This sound is usually associated with self-satisfaction. At times, it is accompanied by snapping of the fingers. The 'whew' sound is often used as an expelling gesture. This expressive sound is used when people wish to communicate relief after some task is done or obstacle overcome or to signal the termination or easing of a somewhat difficult situation. It could be an entirely unconscious sound.

Ahs, hums, hesitations and pauses are a part of our conversation. They are used for thinking, feeling, reflecting and providing space in conversation. They are used for advancing or even for ending the conversation. Sometimes, a conversation doesn't run in a smooth way and the usual exchange of spoken words doesn't help. Then unconsciously, these come up onto the surface.

Some gestures are reinforced with the sound effect, for instance, taking short breaths and expelling the air through the nostrils in spurts similar to snoring. In a state of sorrow, highly emotional people take deep breaths and expel the air slowly, making long sighing sounds. Breathing also plays a prominent part in expressions of frustration and disgust. For instance, people often take a deep breath before issuing a threat or warning.

NEURO-LINGUISTIC PROGRAMMING (NLP)

Richard Bandler and John Grinder, with contribution from others, brought together the disciplines of linguistics, psychology, programming and modeling to form the basis of NLP. NLP involves taking in information through the senses of sight, sound, touch, smell and taste, interpreting the information and acting on it.

The 'neuro' element refers to nerves that receive information from the environment and transfer messages to and from the brain and includes the memory cells that store the memories.

The 'linguistic' element refers to the language which is used to understand and interpret the world, communicate with self and others through speech.

The 'programming' element refers to the internal programs created in the mind and body that causes a person to respond to similar stimuli in similar ways. The programs are learnt through life's experiences. They are outside conscious control and they form the regular patterns of behaviour.

THE INCOMPLETENESS OF WORDS

Language encodes the common experience of many people, of past and present and has been sculpted mainly to communicate our everyday needs. Ordinary language is certainly not a product of the critical investigation of concepts. Even the scientists learn, think and communicate through ordinary language. Ordinary language is therefore an unavoidable tool — rich and powerful, but also imperfect. Verbal communication is organized by language; non-verbal communication is not.

There are experiences and facts which can't be expressed through words. 'Whereof we cannot speak thereof we must pass over in silence', said Ludwig Wittgenstein.

One scientific imperfection of language is its incompleteness. For example, there are no common words for several of the most central concepts of science, like, quantum theory. This is not only true of scientific or academic language but even of common day-to-day language.



Fig. 3.9. 'I have no words to express my joy'

Many common words are used, but in an uncommon way and very often they defy the exact meaning and essence. Many unusual words are used and their literal meaning is misleading. A single word may have many meanings and if it is not understood in the context of the situation, it can send a wrong message. Words also fail to give a coherent concept and an element of reality. More pervasive the word, more difficult it is to evade its spell. To truly understand the words, we have to view them in the broadest context which includes much more than where the words fall within a sentence like when, where, why and to whom they are spoken. There is nothing more potentially misleading than interpreting words that were spoken in one context and transplanting them into a different context.

Our lives are limited by our language. Parents often feel frustrated when they see that their children are not able to express their feelings verbally. Children of old people feel a similar frustration when stumbling senile words are not understood. In spite of all such disparities, we often over-look the shortcomings which we encounter; where we don't find any word to say what we want, or when we substitute a wrong word for the thing we want to say, or when we simply give up finding an appropriate word and don't share our emotions or feelings at all with anybody.

BLOG DISCUSSION

From 'About Life's Absurdities' - blog discussion:

'I think language captures our common experiences, but may never be able to capture our individuality. It is just possible that I feel or I am aware of something that others are not. There maybe no word for it. Unless others have also experienced it, are capable of experiencing it or realizing they do when I have explained it, there may be no way or means to convey such an experience. It will be lost and forgotten with you unless you can.'

'However, I think, where the scope of our language ends, our inherent art of expressions begins. We require poetry of all kinds, ways of communication that do "transcend" the limits of literal explanation because they are themselves "symbolic."

Our art and poetry is our means, one means, of saying those things which "cannot be said," or at least, said in quite that way. A picture is worth a thousand words, and maybe much more than it, because the picture, though vague (does not say what you are "supposed" to see, and

“expected” to understand) is specifically what the artist wishes to talk about and his message is such that it cannot be narrated in words. “This is what I really mean,” the picture says, “let me just show you.” And, I would say, it is in our art that new symbols are created for us. In art we can often discover that others notice what we have noticed, and may experience what we have experienced . . . even though we could not express it as they have. When someone has something they wish to communicate and convey, they will find a means to do so. Words are the clearest and best and most specific, but they do have limitations.’

‘Still, I’m of the opinion that, until a concept or an idea or any thought can be put into words, expressed and communicated to another, it is not complete. It is vague and struggling for an expression. No idea can be retained and remembered specifically unless it is embodied in words (or some other even more precise expression). Art is not a precise expression, but it does allow us, some of us, to put into concrete expression something we can find no words for, no better words, not quite adequate words, that can express what we have experienced.’

‘A few words by Tom precisely convey the message, “Is there thinking without the word?” **When the mind is not cluttered up with words, then thinking is not thinking as we know; but it is an activity without the word, without the symbol; therefore it has no frontier, no boundaries—the word is the frontier.**’

‘The word creates the limitations, the boundary. And a mind that is not functioning in words has no limitations; it has no frontiers, it is not bound. Take the word love and see what it awakens in you, watch yourself; the moment I mention that word, you are beginning to smile and you sit up, you feel. So the word love awakens all kinds of ideas, all kinds of divisions such as carnal, spiritual, profane, infinite, and all the rest of it. Surely, sir, to find out what love is the mind must be free of that word and the significance of that word.’

LANGUAGE AS AN EMBODIED EXPERIENCE

The New Scientist quotes a statement, ‘Language acquisition is an embodied experience and consists of visual and auditory parts.’ Language has no separate identity. It is indivisible from the experience and the real substance of experience should not be undervalued only because it is not expressed by words. Language is merely a means to reach the roof. Once a person has reached the roof, it is no more necessary.



Fig. 3.10. Language: An embodied experience

Beyond the language, there is an individual experience and it is difficult for an individual to share every experience through words. The inner reality of self is a pure energy, having no form, no shape and no words but yet it has its own existence. Sickness is also a personal experience which personifies the inner reality of self. Sickness brings out the stupidity and insanity onto the surface and for some individuals, sickness is a lesson to improve themselves in their behaviour.



Section II

ON COMMUNICATION...

- Body Language as Communication
- Communication Skills: A Practical Approach
- Intra-psycho Communication (IPC), Body Language & Homoeopathy
- The Musical Melody of Silence...
- Characters of Body Language

Chapter 4

BODY LANGUAGE AS COMMUNICATION...



WORLD AS A SENSORY DIMENSION



Fig. 4.1. Non-verbal world is “nerves evolved” to grasp its features

Communication deals with two processes – sending and receiving a message. Transmission of the message requires a medium. When I send a message, I become a sender and the one to whom the message is sent becomes a receiver. The message is the dynamics of communication. For the sake of this dynamics I usually take the help of words. **It is important to note here that words are not the message but only the carriers or the transmitters.** In our day-to-day life, we ‘encode’ and ‘decode’ our messages, mostly in words.

We describe the objects that surround us through words and we also use symbols to describe them. The symbols indicate the unification of the world of ideas and images. Our world is a concrete example of how we develop the vision and perception based on our individual interpretation. We take the help of symbols to build the meaning of an object, which we ascribe to it. But a symbol is not a word, it has its independent existence and it needs no obligation of words. A symbol could be a graphical representation that contains the basic characters, the nucleus and it could be adequate enough to define its identity in its fullest term without the use of words.

The world did exist before words came into operation. It has been in existence even before humans. The world is a domain of social, emotional and cognitive signs, established millions of years before the advent of speech and it is a giddy montage of vivid gestures – rivers, trees, mountains, traffic police, teachers, schools, children, shops, etc. Every object in this prodigal world has its own language represented through forms, symbols and metaphors. Without gestures, our world would become static and colourless.

Givens has cast his views beautifully over the non-verbal world. ‘World is a hidden, sensory dimension, much deeper and complex than it is defined by the spoken words. It is often an unconscious medium, between reflex and reason, governed by the oldest parts of our vertebrate brain.’

‘Non-verbal world is a landscape without language, billboards or sign posts, a realm without writing or symbols of any kind. It is a place where information consists of colours, shapes, aromas and sounds untouched by narration.’

‘Non-verbal world is ‘nerves evolved’ to grasp its features. It is a sensory apparatus that speaks out relentlessly without words, that dances without verbal notes.’

Chart showing the relation between the central nervous system and the field of body language

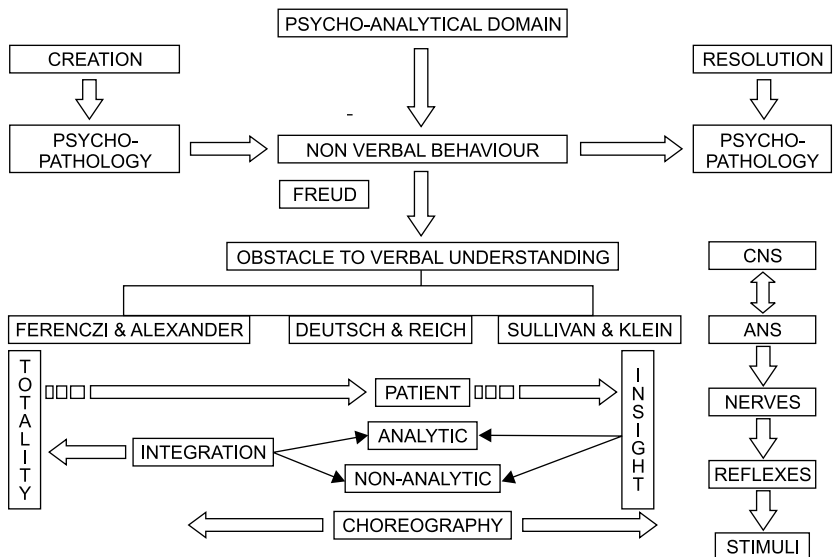
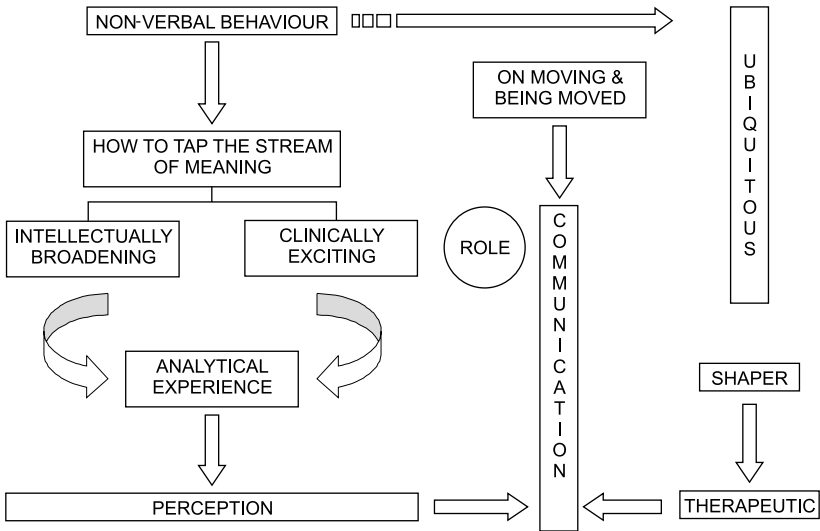


Chart showing intellectually broadening and clinically exciting field of body language



PROBLEM WITH WORDS

As words become close to us, we start using them not only in describing the external world, but also in expressing our inner experiences and emotions. It is easy to confine the description and meaning of external world by using words because it is a virtual reality and the symbolic language of external world has been imprinted on our mind by the previous generations of our ancestors. However, words alone cannot adequately express our deep feelings or inner conflicts, or even our



Fig. 4.2. Are we satisfied with words only?

interpersonal attitudes.

Often, in our daily practice we confront a situation where a patient describes all his physical complaints in a lucid and fluent language giving every fine detail. But as the interview advances into the life of the patient, he starts stumbling and falls short of words in describing his inner emotions. **When a physician probes still deeper, perceiving the genuine feelings and sensations becomes a difficult task. The patient doesn't find the appropriate words. Then a point comes when in the absence of appropriate and correct words, the body of the patient starts expressing the inner feelings in the form of a variety of gestures, postures and cues.** The self-revealing gestures like 'shrugging the shoulders', 'yawning', 'tapping the fingers' or 'clapping' are then thrown on the screen.



Fig. 4.3. Yawning Tapping Shrugging

ALL BEHAVIOUR IS COMMUNICATION

There is no such thing as non-communication. Non-communication does not exist. Communication is a building block over which the structure of the universe stands. Communication is omnipresent. The main purpose is to discover what is being communicated.



Fig. 4.4. Does non-communication exist?

We are unaware of the vital role our body movement plays in our day-to-day conversation. Interacting with others without body movement is virtually impossible.

We must note that communication takes place in a multi-process manner. Moreover, each of us provides a unique dimension to this process. Our emotions, relations, mannerisms, habits and gestures are separate and distinct from those of the next person. It is here that individuality of a patient plays a unique role!

Research Report

Watzlawick et al. (1967) make the important declaration that all behaviour is communication. Lewis and Pucelik (1990) distinguish two kinds of communicative behaviour. The first comprises of observable patterns of behaviour like speech and overt gestures and the second, of internally experienced communication. Both types affect a person in observable ways.

BODY AS A TRUE MEDIUM

The 'medium' of body language is, of course, the body and it is, undoubtedly, the most compact, supreme and complex machine ever built. The 'body' of human beings is an extremely 'wise' instrument created by the Almighty. Osho writes, 'Your body has its own wisdom it carries the

wisdom of the centuries in its cells.' In the book 'Know Your Body', published by Reader's Digest, the 'Cell' talks with you, 'I am something like a big city. I have dozens of power stations, a transportation system, and a sophisticated communication setup. I import raw materials, manufacture goods and operate a garbage disposal system. I have an efficient government – rigid dictatorship, really – and I police my precincts to keep out undesirables.' Communication through body language, hence, has an intellectual base of the body. Body language can include any reflexive or non-reflexive movement of a part or parts of the body to communicate an emotional message to the outside world. It is the basis from which we draw our non-verbal conclusions.



Fig. 4.5. Human body: The greatest laboratory

Often some assumptions are made about people by observing their body posture, height, weight and skin colour. Sometimes, we operate on certain biases and prejudices and draw conclusions like, tall people make good leaders; fat people are sloppy but friendly, and so on. Physique, though inherited to a large extent, can be modified by diet and exercise. For example, apparent height can be increased by high-heeled shoes, by standing up straight or by grooming the hair to stand high. Instead of

drawing wrong conclusions, it is better to concentrate on verbal language as the contents of words may be more reliable.

ROLE OF FEEDBACK

Feedback is a process of sharing observations, concerns and suggestions between persons or divisions of the organization with an intention of improving both personal and organizational performance. Negative and positive feedbacks have different meanings in this usage, where they imply criticism and praise, respectively. Feedback is a judge who defines right or wrong. Feedback plays a major role in the total communication process. Gesture clusters are important components of feedback. They indicate from moment to moment, and movement to movement, how individuals and groups react in a non-verbal manner.

Through non-verbal behaviour, a physician receives the feedback from a patient in a positive or negative manner. Such feedback can warn us that we need to change, withdraw or do something in order to obtain the desired result. If we are unaware of the feedback, there is a strong possibility that we may fail to communicate effectively with the patient.

INSIGHT THROUGH AWARENESS

An awareness of non-verbal behaviour, both of our own and of others, serves as an advantage in gaining a greater insight into what a person is really thinking, feeling or meaning. Even though a person may try to conceal or control his body language, it is not easy to do so. There are several uncontrollable ways in which it surfaces, thus giving the observer an indication of what is going on in a person's mind. One who is adept at interpreting body language will take note of even the slightest nuances of non-verbal behaviour and will be able to gauge a person's attitude and depth of his feelings.

On the personal level, non-verbal feedback can help us discover our own selves. Whether we are in company or alone, our body is always sending out 'messages'. If we become aware of them – consciously and carefully – we will gain insights into our general attitudes, moods and behavioural patterns. By understanding our body language we can work with our own non-verbal patterns, rather than contrary to it. Consequently, we will increase our effectiveness in several areas. Instead of ignoring or suppressing our body signals, we can use what they are telling us. For instance, when we feel we are not working at our best, we can 'consult'

our body and let it 'tell' us how to solve our problem.

Body language, thus, has the potential of working as a medical therapy. For instance, Indian 'Pranam' of showing respect towards others is well known in the world. The experience is that it is difficult for an angry person to express his anger in the posture of 'Namaskar'.

The role of mind in controlling our body is well known in medical and spiritual science. Every thought in our mind has its own power. Our thinking controls our physical state: Our bodies follow our minds. For instance, if we make up our mind to accomplish a task at any cost, our body will gear itself up for that challenge.



Fig. 4.6. 'I salute that source in you'- Mahatma Gandhi

REPRESENTATIONAL SYSTEMS

Individuals differ. They differ because each individual person is unique in his own way. They differ because there is structural and functional variation. Each individual has his own perceptual filter of life and living. The expressive manifestations based on structure and functions differ. Each individual approaches and processes the world with his direction and ways and there is a definite role of predilection. Broadly, there are three representational systems based on individual preferences:

1. **Visual:** Seeing pictures and images.
2. **Auditory:** Hearing sounds and noises.



Fig. 4.7. Thought feeds itself with its own words and grows

3. **Kinesthetic:** Experiencing tactile sensations and emotions.
 - a. Visually oriented people often use visual words in their language such as: Appear, aspect, bright, clear, distinguished, focus, illustrate, insight, look, observe, outlook, perspective, reveal, scene, scope, see, show, sight, survey, vague, view, visualize, watch, witness, etc.
 - b. Auditory oriented people often use auditory language such as: Amplify, articulate, ask, audible, chord, communicate, compose, discuss, divulge, enquire, harmonize, hear, listen, loud, noise, report, ring, rumour, shout, sound, speak, talk, tone, vocal, voice, etc.
 - c. Kinesthetic oriented people often use kinesthetic and emotional language such as: Active, affected, carry, cold, concrete, emotional, feel, flow, grasp, handle, hassle, hold, impact, motion, pressure, smell, strike, support, tangible, taste, tension, touch, unsettled, warm, etc.

CHRONEMICS

Chronemics is the study of use of time in non-verbal communication. The way we perceive and manage our time and react to it helps us in the process of communication. Time perception includes punctuality and willingness to wait, the speed of speech and how long people are willing to listen. The timing and frequency of an action, as well as the tempo and rhythm of communication within an interaction contributes to the interpretation of non-verbal messages.

Gordon Wainwright in his book 'Body Language' has mentioned twelve techniques, drawn from chronemics, for effective use of time.

1. **Increased Flow Rates:** An activity is timed and subsequently speeded up until it can't be speeded further. Times on equivalent activities are recorded in a notebook.
2. **Deadlines:** An activity has to be completed in progressively shorter times until further improvement can't be made. Results are again recorded.
3. **Flexible Performance Strategies:** A systematic approach to an activity is devised and used.
4. **Anticipatory Scanning:** Before a task is completed, you think ahead of the next and plan how to tackle it.
5. **Selective Perception of Cues:** This means being able to identify those cues that are more important than others.

6. **Accurate Feedback:** This is obtained from record keeping and helps you to avoid repetition of errors.
7. **Adequate Incubation Periods:** Some time has to be set aside to allow what is learned from using these techniques to mull over in the mind.
8. **Allowance for Imaginative and Intuitive Responses:** When you just know the best and quickest way to do something.
9. **Critical Incidents and Learning Periods:** This means doing things when you are in the most productive frame of mind.
10. **Timing and Synchronization:** This mean doing things at the most propitious moments and moving smoothly from one activity to another.
11. **Slippage and Down Time:** Having a kind of ‘reserve bank’ of activities for spare odd moments or for when unexpected delays occur.
12. **Critical Analysis of Performance:** To analyse and evaluate a record and see where further improvement can be made.

CATEGORIES OF NON-VERBAL COMMUNICATION

G.W. Porter divides non-verbal communication into the following categories:

1. **Physical:** Personal type of communication. It includes facial expressions, tone of voice, sense of touch, sense of smell and body motions.
2. **Aesthetic:** Communication that takes place through creative expressions like playing instrumental music, dancing, painting and sculpturing.
3. **Signs:** Mechanical type of communication, which includes the use of signal flags, the twenty one gun salute,



Fig. 4.8. Is anyone free from gestures?

horns and sirens.

4. **Symbolic:** Communication that makes use of religious, status or ego building symbols.

TELEGRAPHY OF BODY LANGUAGE

Body language is the communication of personal feelings, emotions, attitudes, thoughts and intentions through body movements – gestures, postures, facial expressions, walking styles, positions and distance – either consciously or involuntarily, more often sub-consciously and accompanied or unaccompanied by spoken language.

In other words, body language is the way people unconsciously telegraph their private thoughts and emotions through body movements, the way in which they fold their arms, cross their legs, sit, stand, walk, use their hips, eyes and even in the subtle way move their lips. Certain gestures like touching the nose, rubbing the eye, clearing the throat, pausing while speaking, even the clothes and perfume one wears, ‘speak louder’ than words.



Fig. 4.9. Symbol: Identity without words



Fig. 4.10. The unconscious telegraph of emotions

Albert Mehrabian (1971), one of the foremost experts in non-verbal communication, conducted a study on the relationships amongst the three main elements of communication – the verbal, the vocal and the visual. Verbal refers to the words that are spoken, the message. Vocal refers to intonation, projection and resonance of voice through which the message is conveyed. Visual depicts non-verbal behaviour while speaking.

Visual is the most controllable and unconscious element of the message. If the message is consistent, all three elements combine effectively. There is excitement and enthusiasm in the voice, correlated with an energetic, lively face and body that exudes confidence and the conviction of the message.

THERAPEUTIC FUNCTIONS OF BODY LANGUAGE

In reality, we speak volumes even before we open our mouth. Our facial features, actions, attire and other non-verbal cues give an impression often more powerful than words alone can create. A striking example of this is that of the first impression. When two people meet for the first time, their initial reaction is to size up each other by observation. This initial pre-occupation creates an ‘information over-load’. To process all visual behaviours then becomes a difficult task.

We are constantly transmitting non-verbal signals. According to Walton (1989), ‘You cannot not communicate, even if you try... Sometimes you’ll see people let a gesture slip out that contradicts what they’re saying.’

Non-verbal messages can serve four functions:

1. **Emphasize:** For instance, we say ‘Yes’ and nod our head at the same time to project a strong affirmative. In other words, body language is corroborative to spoken words and it gives strength to verbal communication.
2. **Regulate and Control:** Our actions serve as treatment tools. The importance of yoga, mudras, aerobics and other exercises have to be understood from this angle.
3. **Repeat:** We admonish a child not to do something. If the warning goes unheeded, without saying anything more, we may waggle out fingers as a repeated caution. It can thus display effect or emotion. We can thus avoid words and speech and conserve our energy.
4. **Substitute:** Without speaking, we may use a gesture alone to transmit a message. This shows that a gesture can have its independent existence.

SCIENTIFIC BASIS OF BODY LANGUAGE

There are several scientific experiments that explain intricacies of the basis of body language. Hersch (1986) has detailed the research of psychiatrist William S. Condon (1966). Condon devised a method of micro-analysis using a film to see what the naked eye cannot. He studied thousands of films of people talking, displaying the film on a time-motion analyzer. ‘Sound-film microanalysis,’ he explains, ‘which can cover the range from 1/96 (of a) second up to and including 2 or 3 seconds, provides a ‘microscope’ to study the complicated organization of normal or pathological behaviour.’

Looking at the films, frame by frame, over and over again, he discovered that when people speak they are in constant movement and that these micro-movements are in perfect synchrony with the micro-units of speech. For example, the word ‘ask’ on one film shot at 45 frames per second is seen to last a fifth of a second. During this period the word breaks down into four sub-syllables, ae / E / S / K, and the body moves to each

syllable. During the 3/48 second duration of / ae / the speaker’s head moves left and up slightly, while the eyes hold still. The mouth closes and comes forward. The four fingers begin to flex and the right shoulder rotates slightly inward. All these movements continue as a single flow until the end of the sound. With the beginning of the second sound / E/, another distinct cluster of movements begins. These movements are neither conscious nor for emphasis, but are integral to speech itself.

Ray Birdwhistell (1952), a researcher in body motion and a pioneer in the field of non-verbal communication, coined the term ‘Kinesics’ – a science that analyses individual gestures by considering their component parts. He developed an elaborate notation system to record both facial



Fig. 4.11. Kinesics: The science of body motions

and body movements, using an approach similar to that of the linguist who studies the basic elements of speech. According to Birdwhistell (Fast, 1970), 'All movements of the body have their own meaning and none is accidental.' Students of kinesics look for a grammar of body movements, facial expressions and gestures, in the same way the descript linguists formulate the grammatical structure of words (Givens, 1999).

Research Report

1. Like William Condon, kinesicists Schelfen (1972) and Kendon (1975) also filmed people interacting. These researchers studied actual motion pictures of men and women in common, ordinary, everyday situations, as well as of interviews of patients who had come to their clinics for personal counselling. They ran the films over and over again, often at reduced speed for frame-by-frame analysis, so that they could observe even the slightest body movements not perceptible at normal interaction speeds. Every body movement was studied step-by-step, through the pictures on the strips of the film. Each position of the head, brows, chin, eyes, and other parts of the body were studied, regular recurring combination and various silent, unspoken, hidden messages were noted.
2. One area of scientific investigation called 'pupillometry' examines changes in pupil configuration as a function of emotional arousal. Eckward Hess (1975), a psychologist at the University of Chicago, was the first to conduct systematic studies of the pupillary reflex. In one experiment he slipped some pictures of nudes into a stack of photographs that he gave to his male assistant. As he went through the photographs, Hess observed his assistant's pupils; he was able to tell precisely when the assistant came to the nudes. In other experiments, Hess retouched the eyes in a photograph of a woman. In one print he made the pupils small, in another large; nothing else was changed. The people who were given the photographs found the woman with the dilated pupils much more attractive.

Emotions, gestures and facial expressions are linked up in the brain. Cognitive psychology, neuro-psychology and brain imaging methods are used for making experiments for audio-visual integration. This type

of research has been rapidly expanding in the last decade as ‘cognitive neuroscience’. It is directly linked to problems in language studies, in particular the use of prosody that is, specific auditory cues (intonation, tempo, voice quality and pausing) for marking dialogue phenomena. Recent research has shown, for example, that the resolution of ambiguously definite descriptions in spoken dialogue depends strongly on the visual information. Ambiguity largely vanishes when interlocutors take this non-linguistic knowledge source into account.

PRODIGIOUS COSMIC FORM OF LORD KRISHNA

I end this chapter with the Holy Scripture - The Bhagvad Gita, the Hindu’s Holy Testament. It is the scripture where an immortal dialogue between the soul and spirit is represented on the eve of a fearsome war. Here Krishna (God) tries to convince Arjuna (disciple) about his Godly qualities. But for Arjuna they are mere words. Ultimately, when Arjuna’s queries do not end, Krishna reveals His prodigious cosmic form. Once Arjuna visualizes it, he is fully convinced of the true nature of Krishna. What was not achieved through words was finally achieved by form. Body language as a form is objective enough to reveal the true quintessence of a person.



Fig. 4.12. Cosmic form of Lord Krishna



Chapter 5

COMMUNICATION SKILLS: A PRACTICAL APPROACH



"In every art there are few principles and many techniques."

- Dale Carnegie

COMMUNICATION: A CRITICAL COMPONENT

I am going to share some fundamental points on an important subject – communication with the patients. Curriculum of a degree course or even post-graduate course in homoeopathy, at least in India, does not have a separate subject on communication, although some of its points are considered while teaching the process of case taking. Case taking in homoeopathy is a multi-dimensional complex process, which demands the full exploration of a human being in its totality. It is not merely a gathering of some symptoms here and there through a certain frame of questions. Frankly speaking, I was totally unaware of the intricacies of the process of case taking when I began my homoeopathic career. Implementing the communication skills in the process of case taking was too far away from my reach at that time. My way of case taking in my initial days was entirely monotonous and I used to bombard my patients with stereotype questions in quick succession, a kind of rapid fire approach. Getting answers was my target and I was behind it all through the interview just like a bowler in the game of cricket who is always behind getting the wicket. I lost the essence of the case many a times in this game of hitting the target. In spite of doing this ‘strenuous’ and ‘serious’ exercise with ‘dedication’, I met with numerous failures which made me introspect myself in terms of ‘is there anything wrong with my technique of case taking? Am I not able to find the correct simillimum? What are the reasons behind all such failures?’



Fig. 5.1. ‘Inter view’: Search for ‘Inner View’

After scrutinizing and analyzing myself retrospectively, I found that communication skills play an important role in the physician↔patient interaction. Now I realize that communication is a critical component of all medical interactions, it is not ‘just talking’ but the keystone in establishing a rapport between the physician and the patient.

The field of communication is developing by leaps and bounds. The ever expanding population, endless resources of information and cut-throat competitiveness are important factors of today’s world. Hence, the need for appropriate communication has tremendously increased.

COMMUNICATION: MEANING



Fig. 5.2. Building trust

Communication can be defined in simple words as ‘a connection allowing access between persons or places’ or ‘a relation between things or events or persons’. We see different forms of communication in our daily lives right from billboards to encyclopedias; from television to radio; from saying hello to holding hands – all is communication. However, only an exchange of words doesn’t constitute ‘communication’. The word ‘communication’ originates from the Latin term ‘communicare’ or ‘communico’ (communicare – infinitivum of the verb, comunico – first person) which means ‘TO SHARE’ (well, other meanings of this verb are

to take part, to inform, to speak, to connect, or to add). When a patient communicates his grievances, his complaints, his painful experiences from his life, he is actually SHARING them with the physician. SHARING involves a deeper process of human interaction and relation.

However, it is to be remembered that effective communication involves much more than sharing. It is about building trust and trust-enhancing communication skills. Karl-Erik Sveiby writes, 'Trust is the bandwidth of communication.' One benefit of trust is that it simplifies communication.

The Webster dictionary defines communication as "the interchange of thoughts or opinions." Interchange means to inform, tell, express or show in order to get a reaction or a response. It also means to listen, understand, weigh or evaluate. Charles Estes defines communication as "..... the reception, digestion and transmission of meanings, attitudes and feelings through words, gestures and symbols."

Communication has a basic attribute of enlargement of feelings, facts, attitudes and ideas. So when a physician starts interrogating, the patient is unearthed, unfolded and he appears as a living vibrating individual; his facts are known, his inner feelings, emotions and sensations are brought on the surface, his attitudes and inclinations are understood and his ideas, beliefs and values are known.

The system of communication is commonly owned, accepted and recognized by the concerned individuals. It enables them to acquire, exchange, store, retrieve and process the information. It is a network of interactions and both the physician and the patient keep on changing their roles.

Communication is not a momentary event; in fact, it is a momentary intensification of a continuing, cumulative process that starts even before actual communication takes place and continues even after it has occurred. Communication is not merely the transmission of meaning from one person to another through symbols. It involves the pathway: Source → Sender → Sent → Received → Receiver → Result. **The success of communication is measured not only in terms of the effective transmission of the message but also the achievement of the intended result.** This sentence indeed is the crux. The physician shouldn't feel relaxed only on sending the message; he must also concentrate on what is the net result of the communication. This net result is the feedback which every patient gives to a physician.

The ways in which a physician communicates with a patient significantly affect:

1. Adequacy of the clinical interview.
2. Accuracy of detection of the 'problem'.
3. Patient's understanding and compliance with the physician's advice.
4. Patient satisfaction.

CRITICAL SKILLS

There are two critical skills :

1. Active listening
2. Feedback

Active Listening



Fig. 5.3. 'I respect you through listening'

Listening is the most important component of communication. Seemingly it gives an impression of being passive and hence it is often over-looked. It is wrong to consider communication as a mere verbal exchange of words or ideas. It is paradoxical that we talk with one mouth but listen with two ears. Most of us are poor listeners. Communication is not at all confined only to verbalization. But the misconception that

‘talking means communication’ has clouded our intellect. Hence we always focus on the quantity of data in the form of ‘symptoms’ and ‘stories’. A homoeopathic physician who deduces the totality of a case with a holistic mind has to focus his attention over emotions, movements of the body, postures, physical appearance and speech modulations and for this he has to be a good listener – not one who only hears with ears. Remember, a good listener only can be a good observer and an evaluator.

The basic difference between ‘hearing’ and ‘listening’ should be understood first. Hearing alone is not listening. Hearing is merely picking up sound vibrations while listening is making sense out of what we hear. Hearing is related to ears while listening is related to ALL senses. Hearing is conscious or unconscious receptivity of sound; listening implies conscious attention to sounds for the purpose of identification and cognition. We may hear a sound without consciously listening to that sound. Hearing is a mechanical and physical process while listening is a specialized mental perception process. Listening is a deeper and onward process after hearing. Anilla Mary writes beautifully, “Listening is a difficult process of thinking; a process by which what is heard is weighed, analyzed, sorted, related, classified, evaluated and judged.”

The Stumbling Block

The greatest stumbling block to real communication is one-sided conversation. Conversation should take place actively from both sides. It shouldn't be a monologue. It should be a dialogue. If you listen with undivided attention, you get more value from listening than from talking. Talking can show how smart you are. It can convince others of your views and can help you clarify your own thinking. But talking only rarely gives you something new. Listening, on the other hand, can give you new ideas which may be useful for data processing. Even when the patient is venting, it is better to keep quiet and let him get it off his chest – the physician will learn a lot from this. He can go back later to correct, challenge or dispute the patient – or, who knows, may be even agree with him. Besides, the patient is more likely to listen to the physician's point of view after he has let off some steam.

Getting the Most Out of Listening

The benefits of listening are manifold. Establishing a rapport and

building a relationship are the outcomes of good listening. Listening is an act of giving and as such demands a temporary aloofness with self. See, there must be objectivity in listening. The result of lack of objectivity is a distorted portrait. Listening establishes a path towards objectivity. It is a sign of affirmation and it promotes self-esteem; the opposite usually occurs if there is a breakdown. Remember, total quietness can be very disconcerting to the patient and a patient may hate an awkward form of silence.

A homoeopathic physician must be a good listener. He should play the role of a mirror that throws back a reflection of the patient, giving him a chance to see and listen himself in a way that might not otherwise be possible. A mirror doesn't add anything of its own. It only reflects as it is! Hahnemann's requisite of an 'unprejudiced observer' is analogous to the concept of a physician acting as a mirror.

Listening is an active pursuit and an eloquent silence. The physician can work better as a hunter of simillimum through the process of listening. It is demanding and it is also the result of hard work. **Nothing facilitates human transaction better than listening does. Listening may be termed as the 'life blood' of relationships.** Just not speaking and sitting quietly doesn't necessarily mean listening. Rogers and Farson offer, "Active listening is an important way to bring about changes in people. Despite the popular notion that listening is a passive approach, clinical evidence and research clearly shows that sensitive listening is the most effective agent for the change of individual personality and group development."

Learning to listen is more difficult than learning to ask questions. Sticking to a line of questions deprives the physician of looking for an evasive answer or an important clue which the patient drops. Further, a question can interrupt and derail the patient and by the time the patient gets back on track and moves forward again, the spontaneity and rhythm of the conversation may be lost for good. Remember, any distraction is a potential interruption and interruptions are fatal to meaningful conversation. For a candid conversation, it is always better to resist the urge to correct, criticize or gloat. The physician should ask a question to himself, "Is there any sense in talking to a person who has stopped listening?" In other words, "If you do not want to listen to anyone else then why should anyone else want to listen to you?"

Skills for Active Listening

Active listening requires a lot of concentration. To master the art of listening, the following skills will help a homoeopathic physician :

1. Look at the person; be patient.
2. Listen openly and with empathy to the other person.
3. Stay in an active body posture to pay attention to listening.
4. First and foremost, don't interrupt the patient.
5. Avoid distracting actions or gestures.
6. Exhibit affirmative head nods and appropriate facial expressions.
7. Ask questions. They show attention and interest.
8. Paraphrase.
9. Make smooth transitions.
10. Avoid over-talking.
11. Attend to non-verbal cues, body language, not just words; pay attention to both emotional and cognitive messages.
12. Maintain the self-confidence and self-esteem of the other person.
13. Use examples during conversation.
14. Avoid making pre-judgments.
15. Repeat back.
16. Be alert to language manipulation.
17. Try not to be defensive.
18. Keep your mouth closed but mind open.
19. Use all senses.
20. Ask the other for his views or suggestions.



Fig. 5.4. The use of eyes in listening

Effective listening can occur at a rate of 500 words per minute but normal speech occurs at 125-250 words per minute. This allows the listener to focus on many other things like attitudes, biases, personal needs, etc. The way we use this “free time” gives us more insight into a major aspect of communication. Listening is a means for – breaking down the barriers to interaction, achieving mutual understanding, resolving conflicts and relating to each other on a more meaningful level. Further, listening paves the way for improving language facility.



Fig. 5.5. Evaluation gesture in listening

Feedback

The second critical skill is feedback. Feedback taps basic human needs – to improve, to compete, to be accurate and competent. The process of interview evokes innumerable responses from a patient. Some responses may not be acceptable but a physician has to keep his mind balanced.



Fig. 5.6. The influence of feedback

<p>Skills for Feedback</p> <ol style="list-style-type: none">1. Focusing on specific behaviour2. Keeping feedback impersonal3. Keeping feedback goal-oriented4. Making feedback well-timed5. Ensuring a positive feedback6. Directing forward behaviour7. Using humour in interaction
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Focus on Specific Behaviour

There are 3 questions – why, how and when of feedback. Let us take an example :

When a patient engages in flattery, praising the physician for his knowledge and astuteness and tries to inflate the physician by injecting a feeling of exhilaration and euphoria, a physician should not get carried away by all such appeasements. A physician should rather focus on the attitude of the patient and take an important rubric ‘flatterer’ into consideration. This rubric may open a new dimension of inquiry during the process of case taking.

Keep Feedback Impersonal

A physician should be able to exercise a fine balance between his personal affairs, subjectivity, emotions and profession. He should be able to look at the patient as he is. An unprejudiced approach – what Master Hahnemann calls for, comes into play at this juncture. In the above example of flattery, a physician should not feel himself great and get excited. He must look at it impersonally. He should not get influenced. Keeping the feedback impersonal is



Fig.5.7. Be unprejudiced

reflective of maturity on the part of the physician. Finally his goal in practice is to heal the patient and this goal should not be forgotten.

Let us take another example of a patient who starts abusing the medical profession in the beginning of the interview and impeaches all the doctors as ‘blood suckers’. This is a peculiar situation where the physician has to remain calm and peaceful, and intelligently inquire into the cause of the patient’s hostility towards medical profession. The physician should not lose his mental balance. He should look out for the disposition of the patient. For the selection of a simillimum, it is necessary to find the personality characters.

Keep Feedback Goal Oriented

The goal of the interview is to seek A^2 that is, Accurate and Adequate data. Nothing is more important than our goal which the first aphorism of Organon states, 'The physician's highest and only calling is to make the sick healthy, to cure, as it is called.'

The way of achieving the goal is difficult and full of hurdles. There are numerous factors which deviate the physician away from his goal. A physician should be persevering in achieving his goals. This task naturally becomes easy with training and experience for a physician who has a clear understanding of the totality of a case.

Make Feedback Well-timed

Let us take an example of a patient who had taken an appointment with the physician well in advance but due to unforeseen circumstances, the physician could not turn up to his clinic for a long time and the patient had to wait for him. Now, if during case taking, the patient expresses his resentment about being kept waiting for a long time, the physician should take his comments into consideration



Fig. 5.8. Appointments once made, become debts

and honour the punctuality of the patient and the physician should follow the appointment time in subsequent follow-ups.

During continuous flow of the conversation, many a times, the patient renders some remarks that point to physician's lacunae. Here a physician should not give his remarks immediately in an emotional over-tone, but through reflective coping. In short, he should control himself as far as time factor is concerned. It is the awareness of a physician that makes the feedback well-timed.

Ensure Positive Feedback

The physician must ensure a positive feedback. Giving a positive feedback

portrays the physician as a learner, a care-taker and a trustworthy man in the patient's mind. **A physician must remember, 'Positive feedback is more readily and accurately perceived than negative feedback.'**

Let us take an example of a complex and intriguing situation where a physician has come across two unstable atoms of a family, mother-in-law and daughter-in-law. If during the interview, they lock horns with each other on some household matter and mother-in-law turns furious and goes out of control and threatens her daughter-in-law to knock her out of the house. This becomes a baffling situation to tackle. In such an event if the physician tries to pacify the mother-in-law by telling her not to take such an extreme step and the mother-in-law sarcastically replies to the physician that 'it is easy for you to give advice by sitting on the chair', then he should take these remarks lightly. He should try to understand the dynamic relations, try to explore the personality profile and in the subsequent follow-ups should make a statement in a laughing tone, "I am giving you an advice just by sitting on a chair."

Direct Forward Behavior

A physician must be greedy in eliciting the data. A patient often becomes disorganized and starts wandering here and there, out of the way and fails to stick to a specific issue and does not narrate the totality. It is here that direct forward behaviour has to be followed.

The reflective technique of communication as well as resonant body language is very useful in forwarding the interview in the right direction.

Using Humour in Interaction

Humour helps in winning the heart of the patient because genuine humour springs not from the head but from the heart. Its essence should be compassion and not contempt. The humour with a presence of mind eases the stress in interrogation and allows the patient to talk freely. Sometimes, a timely humour can act as a powerful psycho-therapeutic stimulus. 'Good humour is one of the best articles of dress one can wear in society,' said Balasaheb Thackeray, one of the distinguished personalities of India.

Guidelines for Receiving Feedback

1. Taking criticism as advice
2. Summarizing the criticism accurately and succinctly
3. Leaning forward in conversation
4. Smiling at appropriate time

5. Asking for specific suggestions of ways to improve
6. Thanking a person if you feel the criticism or advice useful
7. Always being a learner

Communication skills are not innate or fixed. They can be learned or improved and consequently the physician can improve the health outcomes.

ADHERENCE

Some physicians do feel insecure. Whether my patient will continue with my treatment or leave me? Insecurity hovers around every time. If it transforms into heightened anxiety, the physician starts feeling that ‘today’s patients do not adhere.’ **Remember, ‘Poor adherence is attributed to patient’s characteristics’ is a myth. In fact no consistent relationship is seen between adherence and:**

- Age
- Gender
- Social / Economic status
- Marital status
- Personality traits

Then what affects adherence?

Patient’s adherence depends on the following factors:

- Patient’s perception of seriousness of the disease
- Patient’s perception of efficacy of treatment
- Duration of treatment and illness
- The complexity of the regimen
- The relationship with the physician

Skills for Improving Adherence

1. Demonstrate compassion.
2. Communicate:
 - Personal concern for the patient .
 - Personal interest in the patient’s well-being.
 - Cultivate patient’s motivation.
 - Share responsibility with the patient.
 - Discuss the patient’s beliefs.

BARRIERS TO COMMUNICATION: ‘NOISE’

In the initial days of my practice I was unaware about the ‘barriers’ to

communication. In many instances I was not able to communicate with the patients freely. I had also come across some instances where the selection of a remedy, potency and repetition were correct but I failed to establish positive communication with the patients. Subsequently, I understood that, good communication skills are required not only in the first interview but also in subsequent follow-ups. The dropouts in my practice have taught me to see the barriers, which are collectively termed as ‘noise’.

Patient needs undivided attention. When the distractions are removed, you clear the stage for a candid, uninterrupted dialogue. Good conversation should flow like a river. It twists and turns but is never broken. The interruptions are like the dam on the river. Once the dam is up, the dialogue doesn’t flow freely again.

Now let’s focus on the factors which produce ‘noise’ and try to prevent them to ensure that the communication is smooth and free from any barriers.

Noise

1. Absence of a common frame of reference.
2. Badly encoded messages.
3. Disturbance in transmission channel.
4. Poor retention (especially in face-to-face communication).
5. Inattention by a patient or a physician.
6. Premature evaluation of the message.
7. Unclear assumptions.
8. Mistrust between a patient or a physician.
9. Different perceptions of reality.
10. Semantic difficulties.
11. Vagueness about the objectives to be achieved.
12. Misinterpretation of the message.
13. Clash of attitudinal nuances of the patient and physician.
14. Psycho-physical factors.
15. Selection of wrong variety of language.
16. Concept of self.
17. Roles, status and credibility.
18. Emotions.
19. Combative attitude.
20. Poor confrontation skills.

EXPLANATION OF SOME TERMS OF NOISE

Absence of a Common Frame of Reference

Frame of reference is related to the environment, the setting in which the interview takes place. This must be congenial for the physician and the patient as well. The patient should feel free and comfortable in narrating his illness and the physician should be at ease in receiving the data. Environment should be such that both the physician and the patient should be able to focus on the conversation and the exchange of ideas between them.



Fig. 5.9. Congruent sitting posture, facing each other

A few points regarding the frame of reference:

1. The physician and the patient should have a congruent sitting posture facing each other.
2. The consulting room should have a refreshing and pleasant odour.

Incongruent sitting posture would create a barrier and any unpleasant smell around would be irritating to the occupants of the consulting room. The word 'common' indicates the least prescribed notions of the expected environmental settings.

Badly Encoded Messages

The information which a physician conveys should be clear and simple for the patient to understand. To obtain all necessary information about

the illness is the fundamental right of a patient. Many physicians have the habit of talking rapidly or in a muffled tone which the patient is hardly able to hear or understand. The expressions of confusion on the face are enough for an alert physician to recognize that his message has not been received by the patient in an understandable way.



Fig.5.10. 'I don't understand what you say?'

Disturbances in Transmission Channel

This relates to the interferences that are from various sources. Common examples are frequent ringing tones, vehicles on the road, television or radio in the clinic making a big noise, interruption by a receptionist, the students asking questions in between, etc.

Any distraction is a potential interruption and interruptions are fatal to meaningful conversation.

Semantic Difficulties

Although an invaluable possession of a human being, language is a complex way of communication. Each word has multiple meanings and both, the patient and the physician, must have at least working knowledge of words. The semantic difficulties relate to the use of ambiguous expressions or highly specialist vocabulary which is inappropriate to the

situation. The physician should not frame questions in the over-intellectual and technical ways. Language is the most widely used instrument of communication. It acts as a repository of wisdom, a propeller for the advancement of knowledge and a telescope to view the vision of future. Selection of a wrong variety of language results in a poor rapport. It is always better to speak in the language of the patient as it gives a feeling of closeness. This has relevance also to the Law of Similars.



Fig. 5.11. At least working knowledge of words is necessary

A simple example is a patient from Tamil Nadu of a state in India who can speak only in Tamil language. He approaches a physician who does not know Tamil. This is the semantic difficulty experienced by the physician. The semantic difficulty can be overcome by having a good translator. If a physician is equipped with the knowledge of body language, it is an additional tool.

Differences in Attitude

The differences in the attitude of the physician and patient may result in disagreement and consequently the communication may suffer. A generation gap between the physician and the patient, the urban and village culture, experiences in upbringing and sanskaras (value system), etc. are responsible for differences in attitudes.

The physician should not look at the patient from his glasses but should try to see through his patient's glasses. This is what Hahnemann expected to become 'unprejudiced observer'.

Psycho-physical Factors

These relate to mental or physical states like fatigue, previous unpleasant experiences, inability of the patient to tune himself with the physician, etc.

Concept of Self

The major barrier to communication is the concept of self. We know that

an individual clings to his notion which he possesses about himself, overlooking the data which is not congruent with it.

The physician with a delusion of grandeur may look at the patient in a contemptuous way or the physician possessing the disposition of inferiority complex may be unable to elicit the data in an efficient manner.

Roles, Status and Credibility

Another major barrier to clear, undistorted communication unfolds from role relationships or status differences of individuals involved in inter-personal communication. Credibility of the source also affects communication. Generally speaking, individuals of high status are accorded greater credibility. Usually, we believe people who we define as 'experts'.

Emotions

No communication is free from emotions, either on the part of a patient or a physician. Emotions form a part of the 'modifiers system' that screens transmissions and inputs. A physician has to balance between his emotive field of operation and professionalism.

'Emotions often follow on from prejudice and stereotypes. When a person uses adjectives such as lazy, honest, useless, careless, dangerous, it suggests that the opinion is very emotional. If you remove these adjectives from the opinion then the opinion collapse. The opinion is therefore just a vehicle for the emotions', these words of Edward De Bono convey the relation between emotion and opinion.

Combative Attitude

Combative rather than collaborative attitude is the greatest barrier that comes in the way of rapport. When you collaborate or co-operate with your patients, you value meeting their needs as well as your own. To illustrate, if your patients, concedes that you are right, you can say, 'I am so glad you agree. I think when you see the results, you will be pleased.'

Poor Confrontation Skills

These include not acknowledging and owning your differences with another person; not raising the issues at all, but expecting that the other person should mind-read you.

BASIC QUALITIES OF COMMUNICATION

There are two basic types of qualities of communication – positive and negative.

Positive and Attractive Qualities

Warmth	Honesty
Friendliness	Exciting
Interest	Knowledgeable
Organized	Creativity
Confident	Inspiration
Openness	Authenticity

Warmth, friendliness, honesty and openness put us at ease. These qualities actively invite us to get closer, creating an environment in which we can relax and relate more directly and openly.

Excitement, creativity and interest promise pleasure and tranquilize us in the state of anticipation and a curiosity about what will come next.

Knowledge and/or confidence are very reassuring. One listens with trust. Being organized satisfies our need for order and logic delivered in the format.

Authenticity gives us confidence, in the way that what we see is indeed what we get, that we're down to bedrock; this is a truthful person speaking, without subterfuge i.e., excuse.

Inspiration appeals to our deeply rooted willingness to follow a person or rise above our own thoughts and to absorb other's enthusiasm. A speaker must infect the people with his own enthusiasm. This demands that he uses his energy to protect his message.

Negative and Turn-off Qualities

Pompous	Vague
Unenergized	Complexity
Patronizing	Unsure
Formal	Irrelevance
Stuffy	Monotonous
Hyper-intense	Nervousness
Closed	Synthetic

Formal and stuffy styles show us someone operating from a rigid set of rules unrelated to the situation at hand.

Closed and synthetic are bothersome. Who is the person? How can I predict anything about what he really means, feels and believes in?

Pompous behaviour tries to set the speaker apart and steps above the listener. This creates two problems: Firstly, the listener questions who has put him/her up there and on what basis? Secondly, who automatically wants to look up to someone before you yourself have designated him worthy?

Monotonous speakers turn our passive state into torpor. This results in looking for the nearest hatch. Unenergized states make us mad.

Vague or complex speaker creates anxiety in the listener. We hate to know we don't understand. It gives the feeling of betrayal.

Irrelevant messages betray the first rule of getting people to listen – one's own self-interest.

Patronizing is insulting. A speaker should be in a position to share his knowledge and riches freely which we are unaware of and he should not look down upon others of not possessing the same. Unsure or nervous behaviour makes us really uncomfortable– 'I am flying blind'.

Hyper-intensity projects us at a high level. Such a person is already excited or hyper-reactive at the initial stage when we have just begun to talk. It presumes that the listener also has the same level of energy and intensity as the speaker. Such interest with energy and intensity only comes gradually which is more acceptable. The negative qualities have one thing in common: They make us UNCOMFORTABLE.

I will briefly outline some more qualities needed for a physician in a homoeopathic interview:

Homoeopathic Interview: Requisites

1. Interview skills for a warm and effective verbal and non-verbal communication
2. Awareness and an observational eye
3. Calm, quiet, balanced but an alert mind
4. Healthy attitude towards the patient
5. Empathy, sensitivity and sensibility
6. Adequate intelligence to understand and co-ordinate in a coherent way
7. Ability to create a supportive climate in the interview to make patients express their true feelings and honest opinions without fear of rejection or denial

8. Jovial, charming, cheerful communication
9. Knowledge of related subjects: Clinical, para-clinical, social, psychology, etc.
10. Asking the right question(s) at the right time
11. Conversational control
12. Precision of mind
13. Appropriate use of memory
14. Not to get over-involved and to have a well-defined ego
15. Maintaining professionalism in an open and trusting way

Now if you think that after reading all that is stated above, you have gained the competence and capability of taking the interview of a patient then you are seriously mistaken, because unless you know the communication techniques, you are going to land nowhere and you will face lots of difficulties.

TECHNIQUES OF COMMUNICATION

Facilitation

This technique encourages the patient to elaborate his view, idea, feeling, concept, etc. It can be followed by several methods viz., repeating the patient's last word or sentence or asking questions like 'Can you say more about that?' or through words like 'Okay', 'Yes', 'Wow', 'Hmm', 'Go on' or 'I am listening' or 'Oh' or 'Achcha,' etc. or through body gestures like nodding the head, questioning and eagerly looking at the patient, leaning forward, hand movements etc. These gestures reduce unnecessary questions during the interview.

Open-ended Questions (OEQ)

Questions are very much a part of the interview. But they must be right at the right time. They are useful for active listening, exploration, clarification, elaboration and control too. **An interview should not be based on questions alone. 'Let the patient talk' should be the objective of the physician. 'Less questions but more information of objective data' is an attribute of a good interview.**

Open-ended questions are the requests stated in general terms for non-specific information. They give a wide platform to talk with free association. The questions should be phrased in ways that invite the

patient to talk. Open-ended questions that do not indicate an answer tend to allow the patients to elaborate more than specific or leading questions.

Examples: A patient is telling about pain in the abdomen. The open-ended question will be, "Tell me more about your pain." A patient is narrating a sad incidence but in a brief way. The open-ended question will be, "Tell me more about your grief."

Questioning, though important, may fail to develop satisfactory relationship. The benefit of OEQ is that there is no bombardment of questions and a physician does not restrict the patient in the golden cage of questions. The ventilation of patient's thoughts and emotions occur spontaneously, freely and adequately. You don't suggest what you might like the answer to be. For gaining objective and untainted information, open-ended questions are the best bet. They provide more room to the patient to wander and also open up extra information.

You must also know the disadvantages of OEQ. Being broad, the answer of the patient may wander entirely off the track and you may not get the information you really need. The OEQ leaves the patient more room to dodge answering altogether. The technique should be cautiously followed in over-talking patients and it may take valuable time of the physician. When time isn't a priority, one can follow this way. However, a good strategy is to begin with a few open-ended questions and become more focused as the interview proceeds.

Direct Questions

These questions are put up to elicit specific information. 'What then?' 'What happened next?' Direct questions should not be leading. Questions like, "Did your stools look like tar?" are leading questions; they should have a broader scope of answer than a mere 'yes' or 'no'. In a leading question there is no choice for the patient but to say 'yes' or 'no'. Direct questions have their own place in interview techniques. They are helpful in reserved and introvert patients and for restricting the scope of answer. Whereas open-ended questions don't focus the answer to any degree, direct questions do. They serve to avoid a lot of wasted time and energy. If a patient is trying to sidestep you and you need a straight answer, direct questions are helpful.

Leading questions can be conversation stoppers, because they may give the impression that the physician expects the patient to

have certain feelings. To illustrate, if a physician is exploring the issue of a girlfriend, instead of asking a leading question like, 'Did you feel sad when your girlfriend moved out?' Non-leading question like "How did you feel when your girlfriend moved out?" will be more appropriate.

If a patient is unable to answer without help, it is better to offer multiple choices. In asking a direct question, ask only one question at a time. Asking double or multiple questions at a time could lead to a negative answer out of confusion. Example: 'Does night-watching cause nausea, vomiting, acidity, diarrhoea or constipation?'

Support

Indicates physician's interest, concern and his willingness to help the patient. The more supportive a physician is towards a patient, the more likely it is that a patient will disclose his feelings. If support is blended with trust and sincerity, communication definitely becomes efficient.



Fig. 5.12. Support

Support should not be offered before the patient has expressed his feelings. The pre-support offering clouds the factual data. Offering support in a dependent patient may make a patient cling to a physician. **Remember, support doesn't mean appeasement.**

Empathy

Real communication involves trust, integrity and empathy. Empathy is a major component of communication and ultimately it is based on trust. Empathy is communication that expresses understanding and sympathy for the patient's feelings. It is being able to identify and experience the patient's perspective. A pre-condition of listening is central to being empathetic. Empathy makes you listen with your heart and head and further, empathy is a noble soul's reaction.



Fig. 5.13. Empathy

Empathy is basically dependent on sensitivity with which a physician receives the patient. An empathetic physician puts himself on a similar wavelength so that he knows what to say and how to say. One of the benefits of empathy is that a physician can predict how a patient will react in the situation. Empathy technique helps save the valuable time of a physician. There are demerits of empathy also. Empathy can make a physician too emotive and it could result in emotional involvement and this could become a force of hindrance. An empathetic physician is likely to show it even though it is not needed. **What is needed is detached involvement. Remember the watchword, 'be involved, not intense'. Inappropriate and over-played compassion may seem spurious and may turn the patient off.**

Examples: ‘I understand.’ ‘You must have been very upset.’ ‘That must have been very depressing for you.’ Empathy can be expressed non-verbally also through gestures like nodding the head, eye expressions, patting the back, etc.

Silence

It gives the patient a chance to explore and express deeper thoughts and emotions. A physician must know when to keep silence and when not to. Many physicians think that communication means talking and if we are not talking, it is not communication. **Silence has great power to make others talk and its value should not be underestimated.**

Silence expresses a range of responses from total disinterest to active concern. The demerit of silence is that, some wayward patients may take disadvantage of the silence of the physician and can go bizarre and off the way. (The readers are requested to read the chapter, ‘The Musical Melody of Silence’).

Reflection

This is a response from the physician that repeats, mirrors or echoes a portion of what the patient has just said. It is closely akin to facilitation and useful in eliciting both facts and feelings. There is no risk of biasing the story or interrupting the patient’s train of thought.

Reflection is one of the most important techniques of homoeopathic interview. In this technique the patient directs a physician through words, sentences and body language. A physician has to scrutinize and use them intelligently with perseverance.

Here, the patient plays an active role and guides the physician to the simillimum. **This technique should not be employed in all cases. It is more useful in intelligent, expressive and freely communicating patients who are able to unfold the**



Fig. 5.14. Reflection

depths of their feelings and sensations.

Patient: The pain got worse and began to spread (pause).

Response: It spread?

Patient: Yes, it went to my shoulder and down my left arm to the fingers. It was so bad that I thought I was going to die (pause).

Response: You thought you were going to die?

Patient: Yes. It was just like the pain my father had when he had a heart attack, and I was afraid the same thing may happen with me.

See that a physician is adding nothing of his own and is allowing the patient to elaborate.

Clarification

This is a response that asks the patient for further information and explanation for the sake of clarity. If the patient is giving information in an ambiguous way, this technique is useful. In factors of noise (cited above), clarification must be used. Ultimately a homoeopathic physician needs hard facts. Remember, if the issue under exploration is seen imprecisely, ambiguously and murkily, even the trivial becomes difficult.

However, some physicians have the habit to confirm everything from the patient and they may use this technique quite often redundantly. **Don't be 'Dr. Robot'. The patient is not a 'checklist'.**

Example: 'Your symptoms occur when you are asleep; how are you aware of this?'

Confrontation

This is a technique that brings the patient face to face with the physician. It is useful when the patient is giving contradictory data or tries to evade those questions which indicate weakness of his ego. **Confrontation is a sharp weapon.** When the things get ugly, use this technique. A physician can bring the feelings out by pointing out to the



Fig. 5.15. Confrontation

patient his own words or observed behavioural clues to anger, anxiety or depression. Confrontation should be used with caution as it may result in the drop-out of a patient. A senior physician can take the advantage of his seniority to use this technique.

Examples: ‘You plan to continue smoking despite the worsening of your emphysema?’ ‘Your hands are trembling whenever you talk about that.’ ‘You say you don’t care but there are tears in your eyes.’

Bear in mind, the process of interview is a genuine attempt to explore a true portrait of the patient rather than a battle between competing egos. There may be a disagreement over some issues with the patient but the skill is in communicating without being offensive. Gentle disagreement is more valid than aggressive disagreement.

Summation

Reviews the information that has been given by the patient. It’s like summing up in a concise way and again asking the patient to comment.

Allowing the patient to tell his story in a free way must be balanced to avoid getting lost in tangential themes. Some patients may need a consistent structure because they have difficulty ordering their thoughts, due to anxiety or other causes. **Summation is useful for facilitation and clarification and it also helps to disciplinize the interview.**

Formulation

Formulation by the physician of data, events or thoughts into terms makes the patient aware of their inter-relationship. It makes an inference, rather than the observation made with confrontation.

This technique is used more by intelligent physicians and it is also called as ‘Interpretation’.

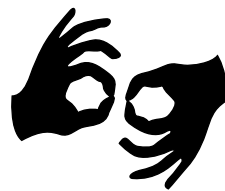


Fig. 5.16. Formulation

Hypothetical

In order to explore the true portrait of the patient’s mental state, an imaginary situation is produced by the physician and the patient is asked to elaborate on it. For instance, in order to understand what exactly happens when a patient develops anticipatory anxiety, a physician puts up the scenario before the patient, like a patient undergoing air-travel for the first time or he is caught in an accident, etc.

A physician can get a deeper level of sensations, feelings and delusions with the use of hypothetical technique.

Assurance

In some cases, assurance reduces drop-outs. However, **assurance doesn't mean giving guarantee of cure. It is wrong to give guarantee in incurable cases.**

Avoid premature reassurance. A physician may be tempted to allay the patient's fear by saying 'Everything will be fine' or 'There is nothing serious.' Reassurance is genuine only when the physician has explored the precise nature and extent of the patient's problems and is certain of what he wants to convey.

Premature reassurance can heighten the patient's anxiety by giving the impression that the physician has jumped to a conclusion without thorough investigation or is just saying to appease the patient. It also leaves the patient alone with their fears about what is really wrong. Furthermore, premature reassurance tends to close off discussion rather than encourage further exploration of the problem.

False reassurance, such as 'I know everything is going to be okay' should not be given without proper evaluation. It is perfectly legitimate and indeed better-to-allow for uncertainty when uncertainty exists. The patient can tolerate uncertainty, if he sees that the physician has a strategy to elucidate the problem further and to arrive at a sound modality for treatment.

Non-acceptance

In order to encourage the patient to talk more about his sufferings, this technique is sometimes followed. However, it should not be stretched to the extent that the patient should feel betrayed.

In the psycho-therapeutic setting, it helps the patient to review his perception.

Body Language

'Your words tell me the story but your body tells me the whole story.' A gesture, facial expression or a posture can open up a window during the interview itself.

[I apply all these techniques in my practice and I find that they are extremely useful. I request you, the readers, to apply these techniques and send me the feedback.]

A Physician's Actively Passive Role

If, all the above techniques are known, a physician can work as an intelligent technician and allow the patient to become the director, producer and actor of his drama. He becomes more active and spontaneously narrates the data to the physician in such a way that the selection of the simillimum becomes easy.

Now you know about communication techniques and you must be thinking that, it is easy to take an interview as you are equipped with weapons. But still something more is required.

INTERVIEW HINTS: GENERAL

1. As far as possible it is extremely important to begin an interview with an open mind. A physician must exhibit three decency skills :
 - a. Greeting.
 - b. Politeness.
 - c. Kindness.
 'Decency skills facilitate and pave the way to the depth of interpersonal relationships.'
2. It is the physician's responsibility to infuse energy in the interview.
3. Ask the patient to talk about himself first, before proceeding to specific questions.
4. Very often, the way in which the patient narrates his complaints is more important than the complaints themselves.
5. Very often the impression given by the patient is more useful than the content of his speech.
6. Information that is volunteered by the patient is far more reliable than what is given as a response to a specific question.
7. If a patient says, 'I don't get angry very often.' It is worth asking, 'But do you feel anger inside?' The degree of anger felt is a better guide to the remedy.
8. What would you like to talk about your personality in a positive and negative way? Remember that such a question is loaded with many possibilities.
9. Negative traits are more important than the positive ones.
10. 'Denial of negative trait' as the spontaneous expression, actually may be an issue for that patient e.g., 'I am not a jealous person.'
11. Ask whether the patient possessed negative traits in the past; these traits can be used in homoeopathic assessment. Never consider the patient's words at their face value.

12. A patient can give many sensations and feelings and a physician should try to go deeper in the nucleus through the principle of generalization.
13. Remember, the purpose of interview is not appeasement of the patient but to get the factual data.
14. The personalities of parents/relatives (close) may be utilized to find out the constitutional remedy.

HINTS FOR DIFFERENT TYPES OF PATIENTS

Paediatric Case Taking

1. Compartmentalize paediatric case taking in pre-verbal and verbal children. In pre-verbal children, the 'observational eye' of the physician plays an important role. In verbal children, it is better to talk with them independently and later with their parents.
2. Try to put the parents/grandparents at ease by making them sit down first in acutely sick or emergency cases.
3. Presence of both parents is recommended during the interview. Request one of them to talk, preferably the mother. But remember that in some cases the father can also contribute to a good amount of history.
4. Parents need practitioners who are supportive rather than adjudging or critical. Hence, it is better to avoid criticizing the parents.
5. While interviewing parents, open-ended questions are usually more productive than direct questions (except in the realm of psychosocial problems).
6. The chief complaint may not relate at all to the apparent reason for which the parents have brought the child to the physician. The complaint may serve as a 'ticket of admission' to care.
7. Usually in describing the child's symptoms, parents narrate according to their underlying assumptions and perceptions of the child. These are subject to parental biases and needs.
8. The history you obtain in the child's presence may be less accurate and limited than when you interview the parent(s) alone.
9. Take care to avoid "talking down" to children, as they are sensitive to affectations of speech and condescending behaviours.
10. Address the infant or child by its name rather than by 'him,' 'her,' or 'the baby'.
11. The use of drawings and doodles can open up many hidden links.

Pivotal Points of Paediatric Case Taking

Birth: Normal/Abnormal

Weight: Mother's Health:

Neo-natal Problems: Asphyxia/Jaundice/Sepsis/Cord-infection

Problems: Physical development Mental development

Speech: Retarded/Lisping/Stammer/Slow/Rapid

Clean: Bladder/Bowel

Feeding: Breast/Top/Bottle/Solids

Observation: Constitution: Lean/Thin/Frail/Obese/Flabby/
Emaciated/Cachectic/Tall/Short etc.

Nutritional Status:

Eyes: Sharpness/Softness/Staring/Tearful

Skin: Nails: Teeth: Hair:

Activity: Hyper/Dull/Restless/Destructive/Quietness

Playing: Alone/Peers/Toys/Animals/Playground/Home

Emotional: Anger/Fears/Attachments/Shyness/Change/
Responsibility

Intellectual: Performance – School/Extra-curricular activities/
Hobbies/Obedience/Socialization

Behavioural Problems: Aggressive (beats, bites)/Breath-holding/
Clinging/Contrary/Cruel/Criminal/Dirty/Fastidious/Head-banging/
Obsessive/Homesick/Hurry/Stealing/Nail-biting/Obstinate/Rocking/
Tantrums/Thumb sucking/Tics/Truant/Weepy

Physical Data of Complaints: Type of lesion, character of discharge,
etc.

Interview of the Adolescents

1. Adolescents often do not answer questions in an 'adult' manner. They respond positively to anyone who demonstrates a genuine interest in them, not as 'cases' but as people.
2. Adolescents tend to 'open up' when the focus of the interview is on themselves and not on their problems.
3. A good way to begin the interview with adolescents is to chat in an informal manner about their friends, school, hobbies, games, sports and family.
4. It is better to speak to the adolescent alone after obtaining past medical and social information from the parent(s). A confidential relationship should not be based on 'keeping secrets' but on mutual respect.

5. The techniques of Reflection, Silence and Confrontation should be avoided in adolescents. These require thinking skills which are not yet acquired. They lack sufficient self-assurance to respond to silence. If a physician uses the technique of confrontation and brings out their feelings in open, they may retreat into silence. 'Play it straight. Act according to age and don't stretch.'

Interview of the Elderly

1. Respect the aged person not in terms of consolation, but in terms of his personality.
2. Pay genuine attention to them. They prefer someone who deals with them in a personal and sincere way.
3. Ageing patients have longer histories and may tell them slowly. Don't be impatient.
4. Do not try to accomplish everything in one visit.
5. Try to determine the patient's priorities and goals.
6. Learn how they have handled crises in the past. This will help you in planning the treatment for the old patients and also in the selection of a constitutional remedy.
7. Don't be idle in physical examination. Also do investigations as and when necessary.

Communicating with Loquacious Patients

Garrulous, rambling patients often pose a problem before a physician. The physician has limited time and there is a need to 'get the totality' and such patients do not give the type of data which a physician needs.

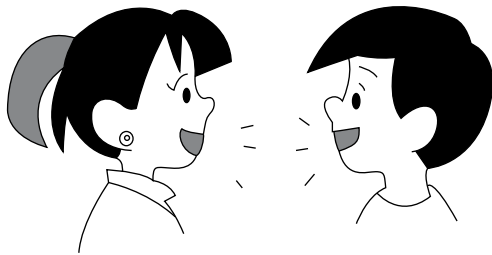


Fig. 5.17. All extremes are error

Then a physician becomes impatient and exasperated. To handle such cases, remember that there are no perfect solutions, but techniques:

1. If a patient is rambling, stop and listen for a while. It can be tempting to cut the patient off but instead give him a free run for the first 5 to 10 minutes of the interview.

2. Observe the patient's pattern of speech: Does the patient seem obsessively detailed or unduly anxious? Is there a flight of ideas? Is there a disorganization of thought processes? Try to focus on important issues. Show interest and ask questions in those areas.
3. Facilitate sparingly. Use summation. Interrupt if need arises, but courteously. Do not display your impatience.
4. If you have used up the allotted time or more likely, gone over it, explain that to the patient.
5. Don't be 'Dr. Free Association.'

Psychiatric Patients

Some differences between medical history and psychiatric history must be known. In psychiatric history, although diagnosis is of limited value, therapy and treatment are not as clearly tied to diagnosis. Increased stigma, illness related interferences with the interview, frequent need for outside information and increased reliance on observation characterize the psychiatric history.



Fig. 5.18. 'Do you understand my world?'

Psychiatric assessment is more complex than the medical one. It includes not only behaviour, affect, cognition, intelligence and judgment, but also

personality, interpersonal relations, ability to satisfy needs, modes of adaptation and psychological defenses. A psychiatric assessment involves paying attention to not only the content, but also the process.

Format for Psychiatric Interview

1. History of present illness
 - Take an organized, chronological history.
2. Past psychiatric history
 - Psychotropic medications in the past and their effects, Any ECT the patient might have had. Prior suicide attempts and methods.
3. Family history
 - A genogram is often useful for clarity.
4. Social history/Developmental history
5. Mental status examination
 - Appearance and behaviour.
 - Relationship to the physician.
 - Affect and mood.
 - Cognition and memory.
 - Language and speech.
 - Disorders of thought.
 - Physiologic function .
 - Insight and judgment.

Some Interview Techniques for Psychiatric Patients

Normalization

Involves introducing a behavioural topic by first making a statement to let the patient know that you consider the behaviour in question to be a normal, or at least an understandable response to a mood or situation.

Example: The topic of alcohol abuse can be approached with a question like, ‘With all the stress you’ve been under, I wonder if you’ve been drinking more lately?’

Symptom Assumption

A question is phrased in a way that implies you already have assumed that the patient has engaged in a particular behaviour. This technique communicates that you will not be surprised or offended by a positive response.

Example: A patient who abuses alcohol and is suspected of having polysubstance abuse as well might be asked, ‘What sort of drugs do you usually use when you drink?’

Transitioning Techniques

These are used to facilitate a rapid series of questions on sensitive topics. Rather than abruptly switching from topic to topic (as is appropriate in the medical review of systems), a previous topic or a previous response is used as a jumping-off point for the next question.

Example: Suicide might be approached with the statement, ‘Earlier you mentioned that you didn’t know how much more of this you could take. Have you had thoughts of escaping by dying?’

Keep in mind, homoeopathic case taking is deeper than psychiatric history.

CONCLUSION

My friends, we have travelled a lot to know the basics of communication, interview skills and techniques involved and many other dimensions. The skill of communicating effectively is rarely an inherited gift. The majority of us, not blessed with instinctive flair, can nevertheless develop the ability. But bear in mind that exploring a human being is not an easy task and it needs hard work. We have to change our personality, look within us, banish our prejudices, our wrong notions and go ahead with vigour. Unless you know yourself, you will never fully understand others. Homoeopathic interview is a multi-dimensional, complex process and it is the foundation of everything – rapport, personality, clinical diagnosis, materia medica, repertory, analysis, evaluation, synthesis, research, etc.

It is said that a wise man has long ears, big eyes and a short tongue. A homoeopathic physician should imbibe these qualities of Lord Ganesha (Indian God of Knowledge) to become a skilled interviewer and a true healer!

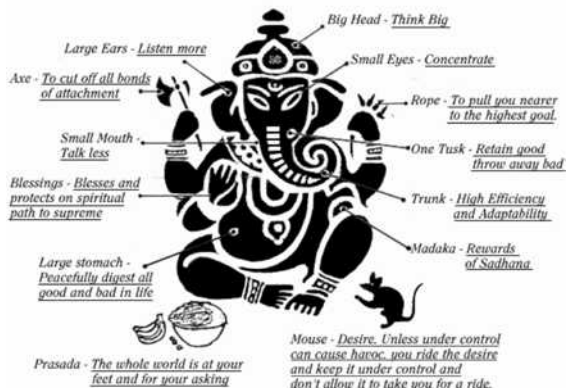


Fig. 5.19. Symbolism of Lord Ganesha



Chapter 6

INTRA-PSYCHIC COMMUNICATION (IPC), BODY LANGUAGE AND HOMOEOPATHY



IPC: A SYMBOLIC INTERNAL PROCESS

Intra-psychic or intra-personal communication is the active internal involvement of an individual in symbolic processing of messages. Here an individual becomes his own sender and receiver, providing feedback to him in an ongoing internal process.

Successful communication is generally defined as being between two or more individuals. However, communicating with oneself is not less beneficial.

In ‘Communication: The Social Matrix of Psychiatry’, Jurgen Ruesch and Gregory Bateson argue that intra-personal communication is a special case of interpersonal communication, as ‘dialogue is the foundation for all discourse’.

Intra-Personal Communication Encompasses

1. Day-dreaming
2. Nocturnal dreaming, including and especially lucid dreaming
3. Speaking aloud (talking to oneself), reading aloud, repeating what one hears
4. Writing (by hand or with a word processor, etc.) one’s thoughts or observations
5. Making gestures while thinking: The additional activity, on top of thinking, of body motions, may again increase concentration, assist in problem solving and assist memory
6. Sense-making e.g., interpreting maps, texts, signs and symbols
7. Communication between body parts; e.g., ‘My stomach is telling me, it’s time for lunch’

Communication with ourselves is a holistic, multi-dimensional perspective and the same is expressed when one suffers from the disease. Mind and body being a complex unit, we are able to decipher the diversity of expressions often congruent or contradictory – through the experimentally generating cognitive imprints.

TYPES OF IPC

Consciously or unconsciously we all communicate with ourselves on a verbal, non-verbal and vocal level. There are different types of IPC as mentioned below. Each of the types employs a sensory pathway enabling us to experience a sense of self.

Verbal IPC: When we think, write in a diary, meditate or rehearse a speech.

Vocal IPC: When we make faces in a mirror, exercise or pace back and forth. When we moan, groan, cry, laugh or sigh.

Tactile IPC: When we bite our nails, rub a sore muscle or pick out particles of food from between our teeth.



Fig. 6.1. Types of IPC: Verbal – Vocal – Tactile

Olfactory IPC: When we check whether the smell of our deodorant is pleasant or not.

CARL JUNG'S CONTRIBUTION

C.G. Jung's contribution in terms of IPC, symbols and metaphors and its correlation with homoeopathy are interesting and pivotal which helped us to widen the scope and horizon of the study of homoeopathy as a science.

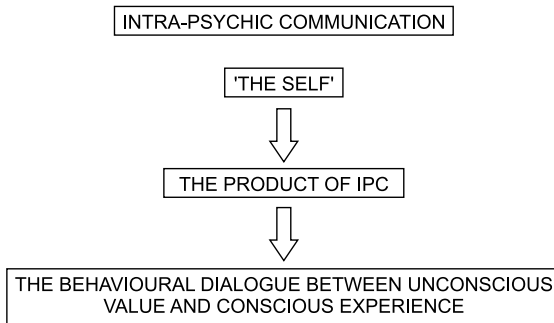
C.G. Jung suggests that the “self” is the product of intra-psychic communication or the behavioural result of a dialogue between unconscious values and conscious experience that is going on within every person. It is with this perception of self which defines whether a person is healthy or diseased; whether he is able to keep his image harmonized or distorted.

The study of body language comprises of an exploratory study of dynamics of communication symbols during growth and transcendence cycles of the unique individual. It moreover explores how the quintessence of the individual, the quantum self, transforms itself through the use of intra-psychic communication. The exploration focuses on the confluence of a subjective, inner experiential reality.

This inner, subjective and experiential reality of the individual relates

to the correspondence between the transcendence of consciousness and the creation of meaning derived from the Jungian constructs of archetypal images, symbols and myths. Integration and inclusiveness consequently form the foundation stone of the study of body language. Archetypal communication symbols are considered as the derivatives of a subjective and inner reality. The exploration and comprehension of an inner reality are considered to be of prime significance to the transcendence of self, because an individual is a unique multifarious being.

An intrinsic need for equanimity and unity is reflected in the images, symbols and myths of the self as archetype of meaning is nested in the collective unconscious.



Intra-psychic communication represents all levels of communication within the self with its corresponding levels of consciousness. It facilitates both awareness and integration of the inner subjective reality and the external socio-cultural reality of the ego which is at the core of the self. It is asserted that the transcendence of consciousness cannot be experienced as a distinct experience. Rather, intra-psychic communication facilitates a sense and experience of the self by an individual through the use of archetypal images, symbols and myths. It is here that the whole issue of body language has to be viewed as the wholeness and unity of consciousness as it cuts across all cultural and racial boundaries and brings forth the universality of Homo sapiens.

In an age where stress has become a household word and practically everyone has to face it, it is essential to understand which biological system it preempts, especially when it is extreme. The symptoms which a patient manifests will depend upon which system is selected as a channel for the expression of stress. Some break out in a rash, others develop diarrhoea, while still others get light-headedness and faint. The concept

of biological inferiority or weakness of a particular system of the body plays an important role in the selective affinity of organs or sides of the body. Only a small proportion of our thoughts find their way into verbal or iconic form; the greater percentage are internally retained and stored as memory. This nesting exerts its effect on IPC and body language.

Everyone is sensitive to his own non-verbal IPC and it can be an asset or a liability. To illustrate, for a patient of hypochondriasis, it is a liability. A negative intra-psycho feedback is expressed by a speaker when he has anticipatory anxiety. He may express it in various forms like dryness of the mouth, profuse sweating, sensation of a lump in the throat or even trembling of hands, in addition to urging to stool and urination. When IPC is an asset, it allows a human being to enjoy a total sense of self. In short, defining IPC and uniting it with body language and then with homoeopathy makes our thinking process more directional in terms of comprehending the totality.

Beauty consciousness compels some individuals to be over concerned about their looks and they spend a lot of time in front of a mirror. Seeking perfection, they will scrutinize the minutest part of their body. For some individuals the focus is on movable body parts. They habitually wiggle their fingers, shrug their shoulders and stretch their arms. In the state of health, we require only a modest amount of such non-verbal intra-psycho feedback in order to keep a sense of well-being. Only when this need becomes distorted or exaggerated, is there a basis for concern and it is here that the real work of a homoeopath begins.

The phenomenon of somatization in which the cognitive imprints experientially generate inimical symptoms in various body parts has to be studied through an intra-psycho communication network.

IPC AND DREAMS

Dream is like a playground to execute our unfulfilled desires at the subconscious level, which we are unable to do so in reality and in a conscious state. Who would not like to dream in today's world when every single day of reality for us is challenging and beyond our reach? Dream, in that sense, acts as a vent to our innermost desires and wishes. Dream constitutes the infinite journey to travel anywhere, without a ticket, in the realm of ideas and images, with no restraint of time and space.

Dream constitutes two things – the dream itself and the subject who

dreams. Most of the times, you dream what you wish or desire and in that instance you are the creator of your dream; while sometimes you dream what you have never thought of or what you have never wished for. Such dreams are symbolic and demand interpretation and it is this variety of dreams that are important from a homoeopathic point of view. They might give an important clue about a remedy.

Dream is a good example of IPC, in the sense that it originates in the sub-conscious field of self.



Fig. 6.2. Dream: A vision within

Before Greek philosophy, the ancient Mediterranean people believed that dreams had an objective existence, independent of the dreamer. Greek philosophy recognizes the dream as a psychic event rather than an external visitation.

THEORIES OF DREAMS

It is interesting to see how different psychologists have formulated their ideas about interpretation of dreams.

Sigmund Freud first argued that the foundation of all dream content is wish-fulfillment and that the instigation of a dream is always to be found in the events of the day preceding the dream. The latent dream-thought was described as having been subject to intra-psychic force

referred to as 'the censor'; in the more refined terminology of his later years, however, discussion was in terms of the super-ego and 'the work of the ego's forces of defence'. In waking life, he asserted, these so-called 'resistances' altogether prevented the repressed wishes of the unconscious from entering consciousness and though these wishes were to some extent able to emerge during the lowered state of sleep, the resistances were still strong enough to produce 'a veil of disguise' sufficient to hide their true nature. Freud's view was that dreams are compromises which ensure that sleep is not interrupted: As 'a disguised fulfillment of repressed wishes', they succeed in representing wishes as fulfilled which might otherwise disturb and waken the dream.

Dream analysis forms a critical part of the therapeutic process in classical Jungian analysis. Jung believed the psyche to be a self-regulating organism in which conscious attitudes were likely to be compensated for unconsciously (within the dream) by their opposites. Jung believed that dreams may contain ineluctable truths, philosophical pronouncements, illusions, wild fantasies, memories, plans, irrational experiences and even telepathic visions. Just as the psyche has a diurnal side which we experience as conscious life, it has an unconscious nocturnal side which we apprehend as a dream-like fantasy.

Calvin Hall developed a theory of dreams in which dreaming is considered to be a cognitive process. Hall argued that a dream is simply a thought or sequence of thoughts that occurred during sleep and that dream images are visual representations of personal conceptions. For example, if one dreams of being attacked by friends, this maybe a manifestation of fear of friendship.

These theories demonstrate that the central nucleus of dream is the self; it is from self that springs the whole gamut of dreams and it is the self that represents the universe as perceived by him during the dreams.

THE ROLE OF A HOMOEOPATHIC PHYSICIAN

As a homoeopathic physician, it is our responsibility to acknowledge and therapeutically address the clinically significant non-verbal as well as verbal messages which the body transmits. These messages originating either from the id, super-ego, unconscious, innate or good old fashioned instinct and dreams act like a guidepost or pathfinder for us. The important thing is to develop an ability to distinguish between the messages which are

to be considered or ignored. Trial and error makes the differentiation possible. This is the process of analysis and evaluation which is the same as followed in homoeopathic processing. Even if a plethora of non-verbal messages or signals have been manifested, a homoeopath must be able to perceive the cues not in isolation but as a cluster. Furthermore, he must accentuate on uncommon, contradictory and consistent non-verbal messages.

Perceiving a patient as a person is important for a homoeopathic physician. A patient narrates his symptoms in various ways: He exaggerates, understates or distorts what he thinks or feels. We, as homoeopaths, can neither confirm nor deny subjective symptoms. Unlike body temperature or blood pressure, they cannot be measured with a thermometer or sphygmomanometer. We are obliged to accept what is being said, on faith. Fortunately, experience teaches us to discriminate -- to discern whether what a patient tells us makes sense and is consistent with what we know about the reality.

TALKING WITH THE SELF



Fig. 6.3. 'What does my soul say to me?'

Everyone talks to himself. Every patient, on the way to a clinic, engages himself in talking with the self. He asks himself, whether he really needs to go, whether what he feels is really serious, or whether the treatment

he is about to receive will make him feel better, etc. This intra-psychic communication deserves attention because it acts as a baseline, a springboard for the ultimate evaluation of the patient's mental and physical condition. Once a homoeopath knows the allowable parameters for normal IPC, he will be able to recognize the abnormal IPC in a better way.



Fig. 6.4. 'Only way to recreate myself is by talking with myself'

There are many gestures that one follows as an intra-psychic phenomenon. The rubric, 'talking, himself to' contains many remedies, the prominent being *Aeth.*, *Aur.*, *Hyos.*, *Ign.*, *Kali-bi.*, *Lach.*, *Mosch.* and *Staph.* All these remedies have their own specific archetypes and psychological problems. *Aeth.* talks with himself in search of self. *Aur.* has self-talking out of despondency. *Hyos.* talks with the self with the influence of sexual instinct. *Ign.* talks with a tinge of hysteria and imagination. *Lach.* and *Stram.* talk to themselves only when alone, while *Mosch.* gesticulates and talks to himself. *Kali-bich.* talks with the self with family and work involvement. *Staph.* talks with hurt pride as it is vulnerable. Tactile communication also involves IPC. To illustrate, we have coined new rubrics, 'hands on cheek, index finger pointing vertically, thumb supporting chin, with critical thoughts, or cynical attitude,' or 'hand on cheek, chin stroking, deep reflection in', or hand on cheek, introspection, in.' The rubric, 'puts fingers into the, using glasses, pen or pencil in the mouth' is an example

of IPC. A common representation of IPC in children group (even in adults) is sucking the thumb or biting the nail. The reasons run from simple habit to emotional states like insecurity, frustration, loneliness, separation anxiety, etc.

TOUCHING THE SELF

‘Our minds get our bodies to act out our secret desires.’ This sentence



Fig. 6.5. (a) Touching the eye (b) Hair twirling (c) Lowered steeple

is vividly represented by self-touching. It is generally held that women have dramatically more nerve centers for experiencing touch than men, making them more sensitive to tactile sensation. Most pictures of women in sensual poses include plenty of self-touching.

Tense people touch themselves often as a means of comforting and consoling themselves and this is done unconsciously. Have you noticed that stressed people often rub their hands, hold their arms and wrists, scratch, pinch and rub their skin, tug their earlobes and comb their fingers through their hair? By stimulating or itching the skin, they release pain receptors that send positive feelings to the brain.

Some self-touching gestures and their interpretations:

Gestures	Interpretation
Neck scratching	Doubt, irresolution
Pain-in-the-neck gesture	Anger, frustration
A collar pull gesture	Lying

Pinching bridge of nose with closed eyes	Negative evaluation
Tapping nose	Resentment, confidentiality
Finger drill in ear	Contempt
Pulling/tugging at ear	Indecision
Self-wrapping posture	Withdrawal, self-protection
Hands clapping	Appreciation
Picking an imaginary lint of clothing	Withheld opinion
Biting nails	Nervousness, anxiety
Raised steeple with head tilted back	Assertiveness, arrogance
Lowered steeple	Submissive, defensive
Hair twirling	Fantasy, day-dreaming
Rubbing palms	Anticipation, getting ready, impatience
Touching/rubbing the eye	Doubt
Touching/rubbing nose	Lying, doubt
Fondling hair	Lack of confidence
Head slap	Weakness of memory
Forehead rubbing	Recalling the past
Rolling shirt's sleeves	Getting ready for action
Eyelid pulling	Boredom
Fingers running through hair	Frustration, confusion

One of my students from abroad came to our Institute for learning. He had the habit of counting fingers continuously whenever he was given some data for analysis. He would continue to count his fingers till he arrived at some conclusion. Once he consulted me for acute headache. I took acute totality and it came to *Nux vomica*. I also incorporated his peculiar gesture of counting the fingers and I found that *Nux vomica* covers this gesture. A single dose in 200th potency ameliorated his headache within a few minutes. (Read the research report: Talking with your hands could boost your brain, Chicago Sun Times... November 15, 2001).

RECAPITULATION

An important relationship exists between IPC and body language. We

talk with ourselves and we express ourselves. Expressing through body language is controlled by the non-verbal brain which is controlled by the mind. The voice which comes from within produces biological harmony or discord (disease) between the inner and outer worlds. Our materia medica and repertory contain enormous treasure of IPC mingled with other information within it. We need to extract and refine it and present to the profession in the most accurate form.

A homoeopathic physician with the totalistic view focuses on both – inner and outer, from within and without, through words and silence, from conscious to subconscious, to fathom the true nature of sickness.



Chapter 7

THE MUSICAL MELODY OF SILENCE...



THE SILENT COMMUNICATION

'The Doctor of the future will not give medicines, but will be someone who is able to listen.'

- Thomas A. Edison

I often wonder what made Thomas Edison write this statement. Today's doctors, especially those belonging to modern medicine (of course there are exceptions) have little time to listen to the grievances of the patients. They are usually carried away by the materialistic concepts of modern medicine which degrade humans into machines and believe in the dictum 'fit everything into the machine and enjoy whatever comes out of it'. For a classical homoeopath, there is nothing like the doctor of the future. He has to do the essential job of listening, as he has to stand up on the terra firma of adequate and accurate data which cannot be acquired unless we seal off our tongues and sensitize our tympanic membranes to understand uninterruptedly what the sufferer has to offer.



Fig. 7.1. 'Don't speak'

I give pivotal importance to listening. The first hospitality is nothing more than listening. Through listening, a homoeopath shows his politeness, gentleness and his compassion. The process of 'getting acquainted' with the patient becomes smooth if a homoeopath symbolizes himself as

a listener. A homoeopathic physician who sits on a chair with holistic philosophy in mind, who has to deal with the patient from a totalistic viewpoint, who has to focus keenly on the emotions, on each and every body movement – gestures, postures, speech modulations, etc., has to be a good listener. We should never forget what the words of wisdom say, ‘The first step to acquire knowledge is to keep silence. The next step is to listen properly, understand properly and lastly to promulgate the knowledge to others.’ One who follows these steps truly does justice to the knowledge. The process of case taking is a knowledge-seeking process. Ultimately, it is the patient who gives knowledge to a homoeopathic physician.

TO LISTEN MEANS TO BE HERE-NOW

To listen means to be here–now. To listen means to be without any thought. To listen means to be alert and aware. Listening doesn’t happen automatically. It is there, always. But a physician has to enter into it, wisely, with discipline, with pros and cons, with perspective and prospective vision. It is not an easy task as it is the quality which develops after years of grooming. Many people think that silence is the state which is ‘void of words’ and silence has nothing to offer. But this is not true.

‘Hearing’ and ‘listening’ are altogether two different processes. They are in no way alike. Hearing alone is not listening. Hearing means merely picking up sound vibrations through the ears, as the ears are passive and obedient. But this is not listening. It is a physical act of hearing. The process of listening has a wider domain. It means making sense out of what we hear. Hearing is related with the functioning of the ‘ear’ while listening encompasses all three – ears, brain and mind, rather all senses.



Fig. 7.2. Hearing alone is not listening

Edward De Bono, the leading authority in the field of creative thinking, writes beautifully in his famous book, 'How to Have a Beautiful Mind', 'A good listener is very nearly as attractive as a good talker. You cannot have a beautiful mind if you do not know how to listen.' He gives some attributes of a good listener:

1. A good listener shows that he or she is paying attention to what is being said.
2. A good listener respects the speaker.
3. A good listener shows that he or she is genuinely interested in what he or she says.
4. A good listener gets value from what is heard and shows that he or she is getting value.

'Active listening is an important way to bring about changes in people. Despite the popular notion that listening is a passive approach, clinical and research evidence clearly shows that sensitive listening is the most effective agent for individual personality change and group development'—Rogers and Farson.



Fig. 7.3. Ready-to-receive

Linus Geisler in his book 'Doctor and Patient - A Partnership Through Dialogue - New Ways of Mutual Understanding' elaborates thoroughly on active listening. 'Active listening is the most important

ability that a physician should use in interacting with patients. Remember, it is more difficult to listen than to speak and listening is the most difficult component of discussion. A specific characteristic of a good physician is that he has a good listening style. Active listening means a “ready-to-receive” attitude. This does not only involve taking in what is said, but also develops an ear for the background, and what is not said, as well as the semi-tones or emphases.’

Linus Geisler elaborates on four pre-conditions associated with active listening:

1. Interest.
2. Readiness to listen.
3. Ability to listen.
4. To be completely present or ‘all there’.

‘The use of non-verbal signals like eye contact, body posture, gesture or a verbal utterance or use of complementary or explanatory statements or questions gives a signal to the other person that he is being listened to. Active listening also involves attentiveness, signaling interest, receiving the message and assimilating the message. It complements speech. The development of every dialogue is associated with an unhindered interplay of alternating speech and listening.



Fig. 7.4. Go into silence to drown the clamor of noise

Interruption is an extreme reversal of active listening, and a prime disturber of speech; it is basically the most damaging form of inattention. Listening is an active form of silence. Sometimes, silence in the form of active listening is the only form of speech which is appropriate. Listening must be unmistakably listening, and should not arouse the impression of partial distraction or disinterest. It is easy that this confusion arises, as the patient does not often receive the honour of being listened to actively. Active listening releases a whole series of positive factors. The other person feels that he is a real person who is accepted along with his problems.'

The relation between silence and listening must also be understood. One can be silent without listening to anybody. But for listening one has to be silent. One may be in silence while listening to the inner voice of self. But listening and talking with someone at the same time is difficult. Remember, 'A man is a slave of spoken words but he is a master of unspoken ones.'

SILENCE: THE ULTIMATE MUSICAL MELODY

Silence is relative or total lack of sound. But this definition of silence is inadequate and superficial. Silence is a state being fully aware of. This awareness is not only physical but with understanding and knowledge. Silence should be with sharp intellectual faculties so that one can take appropriate decisions. Silence per se has no purpose or expression. When it is actualized as a sound in speech, it is called by the name silence. Silence is not an archetype; it cannot be designated and it is unknown. When it is expressed in a word, it is no longer silent. 'Real silence begins when a reasonable being withdraws from the noise in order to find peace and order in his inner sanctuary,' wrote Peter Minard.

Silence can run from very active consciousness to an extreme form of torpidity and this dimension must be known to a physician. It can be a positive or negative force in the communication process. It can act as a bridge between messages or it can fracture the communication. Silence has the capacity to evoke many responses in a patient like threatening, panic, curiosity, anger and even doubt. A patient can be comfortable or uncomfortable with a physician's silence but when used wisely in interacting with a patient, it can be a powerful communication tool. Silence is one of the more dramatic tools we can use with our patients. It can intensify the expression of excitement, shock,

anger, disappointment and can motivate, persuade and educate just to name a few. All these emotions can be conveyed when sound and voice are omitted with appropriate timing. On the other hand, silence at the wrong time may evoke a negative response in a patient. There is a saying, 'Music is made beautiful by pauses between the notes.' But these pauses must be well-timed. A long pause with the physician's closed eyes may give an impression to the patient that the physician is sleeping! Silence must aid for a fruitful conversation, it should facilitate the interview. There is one more saying 'Silence is more musical than any song.'



Fig. 7.5. Responses that relate the silence

Robert Rabbins writes beautifully, ‘When there is no noise around, we open to life and life opens to us, life reaches towards us in the center of our heart.’ The core identity, the essential nature of every patient is felt in silence when a physician concentrates fully on the patient. In silence, the physician opens himself to receive the innermost essence of the patient’s being and it is in the deep silence of thought and perusal that the real meaning of sickness is unfolded. The otherwise difficult case, not getting resolved, finds its answer in the deep embodiment of silence.

Dr. N.L. Tiwari lists three circumstances for the use of silence :

1. When the patient himself needs it after he has vented and wishes time to recover.
2. When the patient has come to an end of his narration and appears to be searching for fresh material.
3. When the physician expects the patient to cooperate along the lines indicated and there is resistance from the patient.

TYPES OF SILENCE

Silence can be divided into three distinct sections.

1. Psychological
2. Interactive
3. Socio-cultural

All of these are distinctly defined through time, context and perception.



Fig. 7.6. Psychological form of silence

The psychological form of silence can be identified through momentary silence in communicative interaction like hesitation, stutters, self-correction, deliberate slowing of speech for the purpose of clarification or mental processing of ideas to elaborate on topics of discussion. This type is short and combines internal or psychological factors into a physical form of external expression. Interactive silence can be found within interpersonal context – that is, interpersonal relationships along with the management and maintenance that relationships require. This category of silence is evident through interactive roles, reactive tokens or turn-taking. Lastly, there is the socio-cultural framework of silence in which the communication is formed through cultural norms and it follows the culturally defined patterns of social interaction.

One distinct way to honour the sacrifices of martyrs or to venerate those who have died tragic deaths is commemorative silence. This usually consists of silence for a minute or two by the mass of people in which they remember and give condolences.

RESONANCE

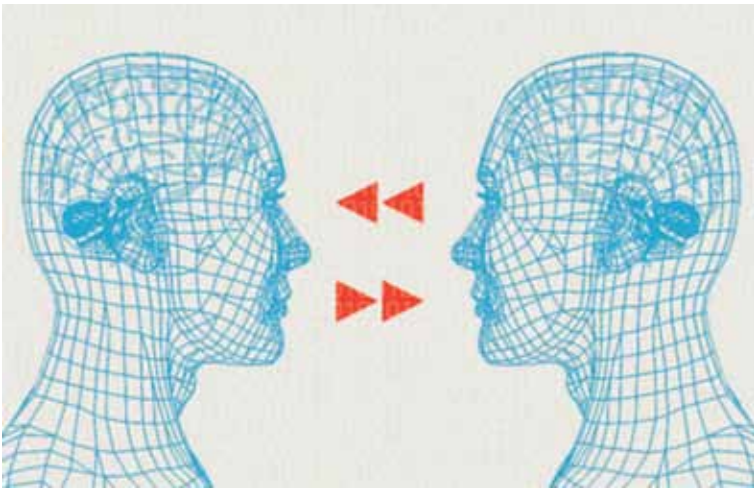


Fig. 7.7. Communication– the way of radiation

Each patient radiates his silent thoughts, feelings, expectations and beliefs to the physician. At the same time a physician also radiates his responses to the patient's silent communication. So each patient is simultaneously reflecting and responding to the physician's expressions on his face, eyes and the tone of his voice and various other shades

of expressions – silently and unconsciously. This is the actual crux of communication. It is generally believed that, verbal communication is the most direct form of expression and body language is a supplement to this. A ‘spiritual’ way of looking at human beings portrays the picture in a different way. It is actually silent communication that is the most direct because it reveals the ‘deepest truth’ of an individual, while speech is ‘indirect’ in that it represents ‘we should be like what we think’. This is the difference between silence and speech in interrogation. In silence, the radiant energy of both the patient and the physician resonate with each other in a better way. Silence enhances observation and observation is actually an interaction. Observation changes what is observed and the physician can take advantage of this to perceive the patient’s inner being.

Let us take an example. If a patient regards his anger as bad and a physician also regards it as the same, then the resonance will be manifested in a common bridge between the patient and the physician, and actually he will be reinforcing the patient’s problem in a subtle way. But if the physician believes internally that the expression of anger is completely natural and healthy, then this feeling reflects to the patient and results in the formation of a ‘composite’ bridge between them which alters the patient’s feeling from within. Feelings are like ‘electrons’ in the shared bond. The peaceful and accepting



Fig. 7.8. The tuning brings on the intended result

attitude of the physician to anger will inhibit the original reaction of the patient as he will accept the understanding of the physician more readily. Eventually, the patient will land up in a receptive mode to receive what a physician has to offer.

This process of resonance is actually the application of the Law of Similars. In order to know where the shoe pinches, a physician should wear the shoes of a patient and should try to experience, through image transference, the actual feeling, the patient has gone through.

A silent mind, free from the onslaught of thoughts and thought patterns, is both a goal and an important step in dealing with a patient. Inner silence should be understood to bring one in contact with the divine or the ultimate reality of that moment. The ultimate truth of 'self-realization' is experienced by great people in the silence of tranquility. This is because knowing silence is like knowing the 'self'. The 'self' has existence in silence; just enter yourself and you will find this silence.

Let us take an example of crying. During an interview, when a patient becomes very emotional and starts crying, it is always better to respect the crying, through the silence. Don't blame a patient or ask a delicate question at once during this period, the answer of which is difficult for the patient to give. Don't lash him with any big advice. Just concentrate on how the patient cries and this requires a silent mind. There are more than 50 types of crying and each one is different in its emotional energy and meaning. Perceive what changes the crying induces in you. Watch out for the discomfort in a patient when it is better on your part to turn away slightly rather than facing or staring directly at the patient. Try to focus your attention on the book like a repertory or materia medica to avert any discomfort to the patient. Once the spell of crying is over and the patient is reverting to emotional balance, ask a question relevant to the issue and wait for the reaction. This gives the patient a feeling of space, of being given the time and freedom to think about and form the response without being compelled to do so. The counterpart of this is physician's own mental state and reaction. I recall one of my student's reactions to a patient's genuine crying. The student also started crying and the whole scenario became too emotional. The lesson is that, professionalism and emotionality should go hand in hand with harmony and equilibrium.

A HUMAN BEING: A MULTI-FACETED COMPOSITE ENTITY

We have understood the various dimensions of silence in interrogation

but remember, homoeopathic interrogation is a complex process. To live with the truth that life is difficult, is difficult for many people. Homoeopathic interrogation is not a simple ordeal based on mere clinical orientation. It is multi-dimensional and multi-faceted because it encompasses human orientation. It deals with the cross and transverse sectional study of man who is a complex being – at times difficult to understand. Man is the best of creations as he is endowed with intellectual powers and thinking abilities and owing to these qualities he has conquered everything coming in his way. This has eventually led to increasing demand of conquering new heights and this unending desire has translated itself into a deadly trap of greed.

Man uses every resource and reserve to satisfy his greed. This has made him the most destructive force on this planet. It is not incorrect to say that he has become a first class predator to grab his goals either by hook or by crook. Man has himself become a problem for his survival and others too. A dreadful question that very often haunts our mind is that : Are we really humans? Have we attained 'the quality of being human' in the process of evolution? Or have we devolved? Is it true that we have failed to 'kill' the animal within us? Is this the



Fig. 7.9. The complex creation



Fig. 7.10. The trap of greed

animal within us which is responsible for all the sufferings, conflicts and illnesses amongst us? To achieve Godliness is what we are here for. This is our journey. Indeed we have to return to the point of our origin! Destination is Godliness. How many people want to become 'yatis'— the spiritual path seekers? All these considerations are important for a homoeopath, because health is of three types – physical, mental and spiritual. What is to be cured in a patient depends on the physician's knowledge which renders a specific approach to the treatment.

CONCLUSION

Silence is a powerful arsenal of the physician's communication toolbox. It demands refined consciousness and when used correctly, it greatly impacts the patient's learning, motivation and emotion, ultimately causing referral, retention and patient adherence!

Silence is our deepest nature. The ownership belongs to us only. It is within our breath. It is between inspiration and expiration. It is in our polarities, as a connecting medium. It is there like music between our thoughts.

Silence illuminates. Silence reveals. Silence unfolds the truth. Silence arouses the healer within.

Silence heals.

Disappear into silence, to become an unprejudiced healer.

Be silent for efficiency.

Be silent for rejoicing yourself in the noble path of healing, with the highly salubrious therapy of homoeopathy!



Chapter 8

CHARACTERS OF BODY LANGUAGE



The inherent structure of body language as a science has to be perceived in depth so that the application part of it can be handled in an efficient way.

Non-verbal communication refers to 'all external stimuli other than spoken or written words.' For the sake of our speech we have to articulate through the use of body parts like tongue, vocal cord, muscles, etc. under the influence of the central nervous system. Hence, we can't think of our communication without the use of body movements. This emphasizes mind - body as a unit.



Fig. 8.1. Talking with open hands

POSITIVE CHARACTERS

Learning is a gradual process which demands time and devotion. For getting well-versed and gaining expertise in interpretation of body language, it is necessary to devote ourselves and spare some time for its study. Behaviour of human beings can be studied at odd times, in odd places, without a pen and paper. We can even inject some fun and turn it into a timepass activity, for instance, observing people around us while sitting on a railway platform, on a bus stop or any other public place, or observing a subject while watching a program on television.

Learning body language is informative and helpful for better integration of ourselves and building more meaningful relationships with others. Remember, body language is not an esoteric subject. Simply, it is just 'another' language. Verbal language deals with symbols (words), while body language deals with signals (gestures). There is a 'design' in both verbal (syntax) and non-verbal (congruence - incongruence) communication which can be learned.

The syntax (grammar) for a particular verbal language is fixed, which is not true for body language. The gesture-clusters in body language are kaleidoscopic. They make different 'designs' which appear similar and

fleeting. Although the designs are different, a physician has to find out which design of synthesis is reflected by a specific personality and then see if it matches with the already known designs of remedies in the *materia medica*.

However, every human being is endowed with some understanding of body language as an instinctual gift, a fact which should not be overlooked. See if this instinctual gift can be used for the sake of selection of right remedy.

The study of body language requires interest, motivation and basic knowledge, just like the learning of any other language. Beginners may face some difficulties initially, as it happens in most skill-learning situations. Practising the skill boosts our confidence and gradually the task becomes easier and even enjoyable.

NEGATIVE CHARACTERS

Interpreting body language is not a simple task. It is as complex as the spoken language, rather more than that. It demands serious study for accurate interpretation. This can be difficult or easy, depending on one's capability of learning 'languages.'

Body language has countless expressions and hence it requires careful interpretation. In comparison, it is relatively easier to learn other languages because their 'vocabulary' is rather limited.

'No body position or movement, in and of itself, has a precise meaning,' cautions Birdwhistell (1971). He clarifies that body language and spoken language are dependent on each other. Spoken language alone may not be able to render the full meaning of what a person is saying; nor for that matter will body language alone. If we listen only to words when someone is talking, we may get as much of a distortion as we would, if we pay attention only to body language. Therefore, it is important to blend both spoken words and body language together for understanding the right meaning of the message.

In the initial stages, reading individual gestures seems very easy. However, a deeper study reveals how each gesture can quickly be counted, amplified or confused by another. If we are not cautious, this can lead to hasty and incorrect judgment.

THE PIVOTAL POINTS

The following points are important in observation and interpretation of

body language :

1. Context
2. Congruency
3. Inconsistency
4. Faking
5. Control
6. Cautions

We will try to understand each point individually.

Context

‘Context’ is a serious subject. It implies the overall situation of a person – in its interaction with the environment. **In different contexts, the same gesture will have different interpretations. Context strengthens the truth and prevents misjudgment.**

Let us take an example of a single gesture in different contexts. A patient is sitting with his legs tightly crossed, arms folded and chin lowered in the waiting room of the doctor’s clinic. Obviously, it is easier to interpret that he is sick and lacking in energy. If we import the same gesture for a student who is sitting in front of his school’s principal, it completely conveys a different message. It may be interpreted that he has been reprimanded by the principal and he has adopted a defensive posture in front of him to seek pardon.



Fig. 8.2. A single context but different postures

What will you think if a person puts his hand on his mouth while speaking? This may be due to cold weather, bad breath or he may be hiding his disfigured teeth, he may be lying or it could be just a habit. One should not interpret without context.



Fig. 8.3. Hand- near- the- mouth-gestures

Interpretation of the same gesture differs with variation or change in context. Birdwhistell propounds that a gesture which seems meaningless in one context may carry an important message in another context. For example, we may give a casual gesture of frowning while giving a speech but the same frowning may also convey a message of annoyance elsewhere or at other times; positively, it may become a sign of deep concentration. Examining the face alone will not tell us the exact meaning of the frown. We need to know what the person who is frowning is thinking. In other words, decoding the message of a single gesture alone does not solve the purpose unless we also take into account it's 'context' which leads us to a meaningful conclusion.

Environment has a variable and notable influence on behaviour. Physical and social aspects of the environment, collectively, should be considered in order to interpret verbal behaviour. For example, the way in which furniture is arranged in an office can influence non-verbal behaviour. Body movements differ depending on whether a person is sitting behind a desk or on a chair. The proximity and angle of a seating arrangement plays an important role during an interaction and influences the components of behaviour such as eye contact, gazing, head rotation, etc. Once I saw a patient in my waiting room, shivering and with hands folded. The simple reason was low temperature in winter.

Congruency

‘Congruency’ refers to the matching of gesture with the verbal sentence that accompanies it. Does the gesture endorse the spoken message, or does it contradict? A mismatch between the two indicates incongruency. It is important to observe all related gestures in their smallest segments, which will prevent us from making rash judgments or haphazardly labeling a person’s attitude in a



Fig. 8.4. Frowning due to annoyance



Fig. 8.5. Smiling + Avoiding eye contact = Shyness

given situation or speech. Congruence is better known when we study all gestures together.

Checking for congruence makes a homoeopath alert to a variety of body movements that prevents making false assumptions. **Remember that, it is simple to observe and be aware of gestures, but it is a tricky business to interpret them.**

Let us take an example of a person who is smiling but avoiding eye contact and he is constantly looking at his hands without doing any movements and giving short or monosyllabic answers to the questions. The cluster of these gestures is indicative of a closed person but his smiling goes against this interpretation. This incongruence gives us an idea that either he is guilty or perhaps he is hiding something or he is pretending. However, if smiling and avoiding eye contact are manifested by a shy girl, this cluster points to congruency.



Fig. 8.6. Contradicting yourself

With the help of examining the congruency of behaviour, a homoeopath becomes efficient and is capable of monitoring his interpretation regarding the patient's attitudes and gives his actions a real meaning. The sensitivity to detect congruency serves as an 'anti-assumption' control. In other words, it helps to act as an unprejudiced observer whose duty is to observe objectively rather than jumping to any

conclusion.

A man is likely to tell a lie through spoken words but his body gestures do not necessarily support that lie. This is the most fascinating aspect of body language. The truth of the matter is that, the sub-conscious mind which orchestrates the body gestures is not trained to play subterfuges. Gestures go on revealing the true intent and real feelings of a speaker irrespective of the meaning of the words that are spoken. Sometimes, a person says something but his gestures don't conform to it. In fact, they contradict him revealing the truth.

Research has shown that non-verbal signals carry about five times as much impact as the verbal channel. When the two are incongruent, people rely on the non-verbal message and disregard the verbal content.

Inconsistency



Fig. 8.7. Gentle slap and a lovely smile

Inconsistency forms a definite and unique dimension of body language. It differs from incongruence. For example, if a girl is boldly expressing her opinion for a boy like, 'You're an idiot; I don't like you,' with a loving smile and glowing face and she is giving his cheek a gentle slap, then her gestures itself conveys a clear message and her words – idiot and dislike carry no meaning. Non-verbal signals are inconsistent to

the spoken words because they convey a powerful positive signal. In the final analysis, it is the non-verbal signal that has the real impact.



Fig. 8.8. Which kind of slap?

Inconsistent cues could lead to confusion. Hence, a homoeopath should avoid using inconsistent body language while interacting with his patients.

Beier (1974) says that the question of how people encode and decode emotional signals is extremely complex. For example, we may declare and really mean it, that we want a person to like us, yet we send out contrary non-verbal messages through facial expression, posture, tone of voice and many other cues, that we do not like that person.

If inconsistent cues are manifested by the patient repeatedly, a homoeopath should find out the cause behind it and try to determine the core attributes of personality which exhibits the inconsistent pattern.

Faking

Freud said, 'If his lips are silent he chatters with his fingers-tips, betrayal oozes out of him from every pore.'

Sometimes, the tongue (the spoken words) and the body (the non-verbal language) don't match each other. To illustrate, a person may appear outwardly calm and self-controlled, but a continuous movement of his

fingers or fidgety feet may point out that there is something different as far as the energy pattern is concerned.

It is argued by some people that, a person may deliberately use body language in order to deceive other people. Remember that, one has to be a real expert to fake body language. **Even experts can't fool people at all times.** One may succeed in faking some gestures, but other parts of the body may render the truth through incongruent movements. One will not be able to conceal the lie for long, because the body will eventually emit signals that are independent of the conscious action.

Control



Fig. 8.9. The automatic unconventional gesture

Body language is so spontaneous and virtually automatic that it is difficult to conceal it or even disguise it. When a student in a classroom is really absorbed in the study, he is likely to slip down on his shoulder blades, spread his feet, ruffle his hair and make several unconventional gestures. If his concentration is broken by any stimulus, he sits up, rearranges his clothes and becomes socially proper again.

A person may try to control his gestures and 'put up a front' or 'build a wall' to hide his real feelings or to cover up a lie. But 'leakages' are bound

to appear as one observes his other body movements closely, especially his eyes, that may give him away. This applies also to those who ‘fake’ gestures.

It is important to know how a person presents himself to the people. To exemplify, one may feel confident, honest and open, but if he fails to project it, he runs the risk of being perceived as insecure, dishonest or defensive. Conversely, although feeling defensive and evasive inside, he may project himself as a confident person outside and may give a false image of sincerity and honesty to the people.

Caution

Interpretation of body language needs experience which is gained through constant observation and careful perception. One should not jump to conclusions immediately on perceiving a gesture.

Accurate interpretation envisages taking into account the context, the gesture clusters, the cultural background, peculiarities and the physical state of a person.

BODY LANGUAGE: A DOUBLE-EDGED SWORD

Body language is a double-edged sword. It can amplify and elucidate spoken words and conversely, express unspoken thoughts and feelings, sometimes to the point of betraying the true intentions.

John Napier puts it best in his book ‘Hands’, ‘If language was given to people to conceal their thoughts, then gesture’s purpose was to disclose them.’

Most researchers on body language opine that verbal and non-verbal communications operate independently of each other. However, one theory holds that language and gesture are a single, integrated system. In other words, no separate gesture language exists besides a spoken language – a supposition that David McNeil, explores in his book, ‘Hand and Mind: What Gestures Reveal About Thought’, ‘Just as a binocular vision brings out a new dimension of seeing, gesture reveals a new dimension of the mind. He also theorizes that gestures do not simply reflect thought, they also affect thought. Gestures occur, he says, because they’re a part of a speaker’s ongoing thought process and without them thoughts might be altered or incomplete.

Notes to Remember

1. A particular gesture may have multiple interpretations.
2. Body movements are highly fleeting and micro-momentary.
3. In order to make the right judgment, one should be alert and make careful observations.
4. Concentrate on leakages.
5. Gestures collectively get expressed in clusters; one should recognize their relationship and draw meaningful conclusions.
6. One should pay attention to incongruities and inconsistencies.
7. One should check the gesture-cluster for any discrepancies which may indicate that a person is faking.
8. One should be sensitive to cultural variations also.
9. At times, a gesture may be a mere mannerism or a habit.
10. Most of the gestures are universal, carrying similar meaning and are not confined to the boundaries of caste, colour, creed or culture.



Section III

ELEMENTS OF BODY LANGUAGE

From this chapter onwards, we are undertaking the study of elements of body language. The whole structure of body language is based on the following elements:

- Personal Appearance
- Gestures
- Posture and Stance
- Facial Expressions
- Eyes: The Vision within...
- Voice and Intonation
- Space and Distancing
- Tactile Communication

Chapter 9

PERSONAL APPEARANCE



We are discussing the role of appearance and physique in this chapter on the basis of the following key points :

1. The first impression: Gender, roles, possessions, aura and attitudes.
2. Clothes and colours.
3. Footwear.
4. Hair-style.
5. Ornaments.
6. Make-up.
7. Aromas.
8. Bodifications (elective alterations of the body).

THE FIRST IMPRESSION

Everyone is concerned about his/her first impression and wants to get the best out of it.

It is interesting to see how first impression was important for an early cave man. If he were to meet an enemy, he wanted to look as fierce as possible so that he could protect himself. Hostile and threatening gestures, wild facial decorations, dressing like a lion – all these were adopted to scare away the enemy. He was smaller than the wild animals around him who were his enemies and had only limited resources. Hence, his first impression was decisive for his life and death.

Like it or not, people make judgments on appearances. First impression, hence, is quite important. A good first impression creates a positive attitude in the mind of strangers. We want others to see us as successful and lovable. We always intend to infuse acceptance and affection in the people around us. We execute this by being impressive and attractive in our looks and attitude. We want to make ourselves ‘presentable’ to the world. We always want to influence others by every means possible for us and to leave indelible imprints on the minds of others by our first impression. This is what time demands. Undoubtedly, impressive looks have become a new success ‘mantra’ these days.

First impression of a person often leaves a lasting image of his personality in our minds which decides the course of future relationships.



Fig. 9.1. Eat to please thyself, but dress to please others

The first contact a human being makes with other people is 'eye to body'. Some research indicates that the first impression engendered in that first encounter is imprinted for life. One author wrote in *New York Times*, 'The impression people make on one another is based 60 percent on their appearance, 33 percent on the way in which they speak and 7 percent on what they say.' Although this first impression is difficult to document precisely, it is possible to dissect some elements of a first impression.

The Gender

Perception of gender is the nucleus of all dimensions of our personal appearance. The impression of sexual identity stays with us all the time during negotiations. It is as though our brain keeps saying 'He's a boy' or 'She's a girl'. Thus, non-verbally, our sex roles are established every time and with everyone.

Very often, we feel uneasy when the gender of the other person is unascertained during communication. We feel hesitant in addressing the person and the communication is constrained unless we know the gender of the person. Once we establish the gender, communication becomes easy and free-flowing.

The gender status influences upon the identification of roles.

The Roles

A role is a constellation of behavioural responses from a vantage position. It relates about how an individual behaves in certain circumstances or instances. Our role is dependent upon the situation. Defining our role is central to our behaviour. We have different roles in relationships. For instance, our role with our parents is different from our role with our friends. When we are parents and playing with our children, our role is different. While performing a variety of roles, we use different forms of gestures and postures.

At the base of our roles is our concept of self and our self-esteem. We are constantly in the process of seeking self-esteem. Psychologist Abraham Maslow says that, after we have satisfied our basic physical requirements, what we need is to have a favourable first impression. We want that people should like us, hire us, respect us or even love us. That is a part of the framework of the first meeting; a strong desire to convey a successful and impressive image. The projection of a low esteem transmits a losing or defeating image before the others.

The Possessions of a Human Being

A human being is a complex 'system', which comprises of :

1. A dense body, the visible instrument which a man uses in this world to fetch and carry; the body we ordinarily think of as the whole man.
2. A vital body, an ethereal body, a man's instrument for specializing in the vital energy of the cosmos.
3. A desire body, our emotional nature. The finer vehicle pervades both the vital and dense bodies. This can be compared to the concept of 'id' of Dr. Sigmund Freud.
4. The mind, which is a mirror, reflecting the outer world and enabling the 'ego' to transmit its commands as thought and world, also to compel actions.

It is the combined effect of these four possessions through which the human being is reflected.



Fig. 9.2. The human body

Electro-magnetic Field and Aura

Everything which is alive pulsates with energy. There is an electro-magnetic field generated by the body's biological system. Thus, the body is surrounded by an energy field which contains and reflects each individual's energy. The body is constantly 'in communication' with everything around it as it possesses a highly sensitive perceptual system.

An aura is a field of subtle, luminous radiation surrounding a person. It is also referred to as magnetic atmosphere. It is the product of interaction of above four possessions viz., a dense body, a vital body, a desire body and the mind. Each person's aura is unique in its own way and is influenced by intrinsic and extrinsic forces. It is through this aura that every individual communicates his internal feelings, emotions, ideas, conflicts, attitudes and inclinations. Why we develop a liking for a particular person, even if we are meeting for the first time, is explainable by the concept of 'aura' and the four possessions of human beings. 'Love at first sight' is a well-known theme for many movies. This reflects resonance which occurs as a

result of interaction of aura.

Every person has its own aura that vibrates, pervades, permeates and renders its unique message to the outer world. Interpreting this unique message is basic for the personality assessment.

Physical Appearance and Attitude

The world has become far more body-conscious now than in the past. Body building, dietetics, and cosmetology have flourished in the modern world. Body beautiful tips are now printed almost in every health magazine. We are becoming more narcissistic. We love our body. It is very dear to us. Nothing is so intimate to us than our body. We identify ourselves with our body. A Japanese proverb goes, 'None of us are as smart as all of us,' yet we want to be smarter than others. If we are too slim, we want to put on weight; if we are too fat, we want to reduce our weight; for, we relate this to our identity and even to our confidence.

Let us illustrate a disorder like anorexia nervosa. It originates in perception of body figure. The underlying pathology is that of self-denial and antagonism with self. The wrong notions become fixed and the system goes in a progressive deterioration at a deep level, if untreated.

CLOTHES AND COLOURS



Fig. 9.3. The status symbol

No animal except a human being wears clothes.

What we place upon our body gives a peculiar accent to it. Clothing is highly expressive of the personality and the status. Clothes are worn not only for the sake of covering the body but also for decoration. The colour, thickness, length, shape and texture of the linen gives value to the person wearing it. In today's society, the purpose of clothing has changed from fulfilling a need to expressing oneself. Teens use fashion to determine cliques such as prep, jock, punk or gangster. Clothing communication is continued later in life by identifying someone in a suit as a business person, wearing a black robe as a judge, doctors wearing aprons, etc.

To exemplify, a business suit suggests high status and power. In business, government and military affairs, clothes are used to mask feelings of submission or uncertainty. Each clothing item like neck tie, formal wear, casual wear, executive dress, night-dress, etc. has its own meaning. The dress code adopted in the World Wrestling Federation (WWF) or World Wrestling Entertainment (WWE) has its own territoriality. **Introverts usually choose quieter or drabber colours while extroverts choose brighter or contrasting colours.**

Our clothing encompasses a variety of dimensions like culture, race, sex, time, situation, etc. Clothing renders masculine, feminine, dominant or submissive messages. Clothing helps a man to express his identity. The same holds true for groups, schools or employees of a company. Fancy dress is often selected to look flamboyant. Many old people wear jeans and T-shirts to look young. Wearing an unbuttoned jacket may carry the impression of openness, sexuality and a kind of macho show.



Fig. 9.4. The influence of macho character

Ungracious or indecent dressing should be examined for motive.

Without describing the role of colours, we cannot elaborate upon the role of clothing in appearance. Racial differentiation based on black and white colour of the people has been a matter of concern in terms of so-called inferiority and superiority.

Remember, wearing no clothes also renders a special impression.

Dress-up Yourself with Colours

The concept is that colour cues transmit information about emotions, feelings and moods. Wearing identical dresses suggests social ties, such as shared membership in a club, gang, school, team or tribe. Territories of countries and state mark their national identities with colourful dyes affixed to banners, crests, flags, emblems and seals.

Various colours especially blue are presented here in detail.



Fig. 9.5. Can we imagine the world without colours?

Blue

Kathleen Karlsen has described the symbolic importance of blue colour very well. People who wear light blue are said to be analytical and have a practical approach to life. People who wear dark blue are intelligent and self-reliant and take on a great deal of responsibility.

The blue colour is associated with freedom, strength and new beginnings. Blue skies are emblematic of optimism and better opportunities. Blue is the colour of loyalty and faith. Blue is power. Blue is also the colour of protection. As a result, blue is used in national flags and symbols around the world, including the flag of the United Nations.

The moods which the blue colour represents are cool, pleasant, leisurely, distant, infinite, secure, transcendent, calm, tender, etc. The symbolic meanings of colour blue are associated with trust, dignity, sadness, tenderness, truth, sincerity, etc.

A rare occurrence is termed as 'once in a blue moon.' A person born

of royal lineage or in the upper class is a 'blue blood.' However, when someone is depressed, he is said to be in the 'blues.'



Fig. 9.6.

In nature, blue colour represents water, the source of life. Traditionally water is worshipped by the farmers. The blue sky is regarded as God in many concepts of religion. Blue flowers make the nature splendid. Blue colour reminds us of peace and calmness of night. 'Midnight blue' has a sedative effect that promotes meditation and intuition. Clear blue is uplifting, but too much dark blue can be depressing. Navy blue can also be associated with a restrictive environment.

Blue colour has a special place in hydrotherapy. Blue-coloured light has been shown to reduce blood pressure. Blue calms the autonomic nervous system and is anti-inflammatory. Dark blue affects the pineal gland, the regulator of sleep. Dark blue also reduces pain and strengthens the skeleton and keeps the bone marrow healthy. Blue symbolism has some negative connections also. It represents lack of oxygen just like the blue colour of the skin as in cyanosis. In colour symbolism, blue is associated with Chamomile, often used as a bedtime tea. Blue is also linked to Tea tree oil and is useful for sensitive skin or reducing skin problems. Blue promotes the healing of burns and wounds. Blue foods are mainly various types of berries, but also include seaweed and some

white fish.

Interior designers use blue colour for an attractive demeanor. Light and soft blue can alleviate insomnia and is often found in the bedrooms. Royal blue is appropriate for dining rooms and living rooms. Combinations of blue and yellow are often used in kitchens. Blue is also a natural choice for bathrooms due to its symbolic association with water. Dark blue can be used successfully for meditation rooms.

Blue paintings denote calmness and they are refreshing. Landscapes featuring large blue skies are good options for introducing blue into the environment. Most design motifs associated with blue are smooth, flowing patterns. Art featuring blue has almost universal appeal and is a good choice for gifts as well as personal use.

The colour blue is used for featuring lavish life and coolness. The film 'Blue Lagoon' (1980) is a good example. Sexual scenes are also featured with the colour blue. Films with sexual content are called 'blue' films.

Red

The colour red signifies a variety of moods like anger, hostility, defiance, love, excitement, etc. Symbolic meanings are related to happiness, lust, intimacy, power, energy, passion, restlessness, agitation, rivalry, rage, sin, blood, danger, fire, etc. Physiologically, emotional excitement is often associated with redness of face. Red colour increases the body's basic functions like metabolism, respiration, blood pressure, etc.



Fig. 9.7.

Indian movies such as ‘Ghayal,’ ‘Ghatak,’ ‘Krodh,’ ‘Gundaraj,’ ‘Sholay,’ etc. in Hindi language depict the colour red in various forms where hostility, anger, excitement, love, etc. are featured. Red colour is used in the traffic signals to denote danger and also because it encourages quick thinking.

Yellow

The colour yellow represents moods like cheerfulness, joy, joviality and also unpleasantness and hostility. The symbolic meanings are related to superficial glamour, sun, light, wisdom, royalty (China), age (Greece), prostitution, etc. Motion pictures such as ‘Yellow Submarine’ (1968) and ‘Yellow Beard’ (1983) feature fanciful and light-hearted meanings of yellowness.

Yellow is a high-visibility hue. Black on yellow, the highest contrast known, is used all over the world.

Orange

Orange is a combination of red and yellow so it shares some common attributes with those colours. It denotes energy, warmth and the sun. But orange has a bit less intensity or aggression than red, calmed by the cheerfulness of yellow. Orange enhances cognitive abilities as it increases oxygen to the brain.

The colour orange represents moods like excitement, disturbance, distress, annoyance, defiance, contradiction, hostility, happiness, determination, creativity, stimulation and flamboyance.



Fig. 9.8.



Fig. 9.9.

Purple

Depression, sadness and dignity are the moods which the purple colour represents. The symbolic meanings are associated with wisdom, victory, pomp, wealth, humility and tragedy. Mystical living and creativity are often linked with this colour. Famous films such as ‘The Purple Heart’ (1994) and ‘The Colour Purple’ (1985) feature the tragic meaning of the colour purple.



Fig. 9.10

Green

The moods represented by green colour are cool, pleasant, at leisure, in control, etc. Symbolic meaning is of protection, safety, calmness and attraction. Green colour is associated with nature, harmony and evolution. In media, dramatic motion pictures such as ‘Yeh Hariyali Aur Rasta’ (1970), ‘Green Pastures’ (1936) and ‘The Green Promise’ (1949) feature the pastoral meanings of green and greenness.

The colour green strongly attracts our attention and is used in traffic lights, under the first and last steps of escalators and in rented bowling shoes.



Fig. 9.11

Black

Black colour is indicative of moods like sadness, anxiety, fear, despondency and melancholy. The symbolic meanings are concerned with darkness, aggression, elegance, mystery, protection, decay, wisdom, evil, insecurity, death, atonement, etc. Protestors often wear black clothes to express their resentment.

Black is used in movie titles more than any other colour. Films such as Rudali, Black (Hindi), Black Fury (1935), The Black Hand (1950) and Black Robe (1991) feature death and the darker meaning of life.



Fig. 9.12

It is said that a darker mood is associated with cloudy, dark weather. Wearing black clothes on auspicious days is regarded as a taboo in many cultures. Paul-bearers and mourners often wear black-coloured clothes.

Brown

The colour brown is like black in relation with moods like sadness, despondency, dejected feeling, melancholy, unhappiness and also neutrality. Symbolic meanings concern melancholy, protection, autumn, decay, humility, atonement, etc.



Fig. 9.13

White

Joy, lightness, neutrality, peace and calmness are the moods of white colour. Symbolic meanings are solemnity, purity, chastity, femininity, humility, joy, light and innocence.

White dress is preferred on auspicious days. It is commonly used in national flags.

White is used in movie titles more than any colour but black. Films such as 'White Mama' (1980), 'White Hunter Black Heart' (1990) and 'White Lie' (1991), feature the darker, racial meanings of whiteness.

White and black are contrasts and they represent polarity.



Fig. 9.14

FOOTWEAR

A liking for footwear of a special type has a certain meaning.

Footwear may be categorized into children style, masculine style and feminine style. Children's footwear is colourful and decorated with attractive cartoons. Combinations of various colours with attractive pictures and words invigorate the children who wear such type of footwear.

A masculine style of footwear is marked with messaging features designed to contrast with those of feminine shoes. In expressive style, men's shoes are :

- Dominant
- Submissive
- Neutral

Dominant shoes are typified by thick, crepe-soled 'better crushers.' Dominant styles are robust – wide, thick and heavy – to accent the size of the foot and its ability to stomp. Submissive shoes are narrow, light-weight, with thin soles and tapering toes. The third prototype in men's footwear is the neutral shoe which is neither dominant nor submissive but fashionably bland and introverted. It is neither wide nor narrow, neither pointed nor blunt; the sole is neither thick nor thin, nor is the shoe obviously masculine or feminine. Neutral shoes are a successful 'family of footwear,' specialized neither for stomping, mincing or showing attitude but for comfort.



Fig. 9.15. Masculine footwear

Feminine footwear equally shows personality and uniqueness. Females use the footwear according to their status. Women of upper class category wear highly decorated and expensive footwear, while the lower class wear average plastic or leather footwear.

The speed with which shoes evolve in fashion is slower than clothing.

Women have the habit of frequently changing their footwear than men. This habit of changing is a matter of pride for them.

Footwear has a cultural context too. For example: in the Middle East, Singapore and Thailand, showing the sole of a shoe (while sitting down), accidentally or deliberately, to another person is regarded as an insult. The sole-show is insulting because, 'The bottom of the shoe is seen as the lowliest part of the body, the part that steps on dirt' (Morris, 1994).



Fig. 9.16. Feminine footwear

Sonja Bata, founder of the Bata shoe Museum, Toronto said, 'Shoes hold the key to human identity.' This sentence beautifully summarizes the role of footwear in identification of a human being. The purpose of footwear is not only to protect the feet but also to decorate the feet. Hence, footwear is a highly expressive article designed to convey information about gender, status and personality.

HAIR-STYLES

Hair, as a part of the body, is used in various ways for communication. Hair can be cut and shaped into a wide range of styles which contribute to the overall image and hence it sends non-verbal signals. Hair-style plays a significant role in first impression. Like our face, our hair-style is a non-verbal 'signature display' representing who, what and even why we are.

We spend an unusual amount of time in noticing, monitoring and commenting on each other's Hair-style. We don't hesitate in passing a comment on 'bald heads'. The reason behind this is that clean hair is a sign of status, good health and careful grooming. The biological equivalent of scales, feathers and fur, hair not only keeps our head warm and dry, but also protects our braincase from sunshine. Primitive man was more 'hairy'

than us and his hair acted as a camouflage for him by helping him to blend into the natural landscape. Today's hairstyles help us blend into the social scene as well. A conventional and tidy cut indicates a conformist person who follows social norms. Well styled hair usually indicates a desire to be attractive and to get appreciated.

Men

1. Conventionally, men usually have a very limited social style, with hair cut reasonably short.
2. Very short hair may signal aggression, perhaps echoing army crew cuts. It has also been used by 'skinheads' and is popular with club bouncers and other 'heavies'.
3. Long hair is typical of young 'drop outs' (or those who would like to, but cannot afford it). When kept non-groomed, it can show a lack of care and perhaps lower self-esteem. Longer hair can also be a sign of rebellion and assertion of identity. Remember the phrase 'all brawn and no brains'.
4. Short, front, flip Hair-styles are also seen as confident, sexy and self-centered.
5. Medium-length, side-parted hair connotes intelligence, affluence and a narrow mind.



Fig. 9.17. Hair-style is a non-verbal 'signature display' representing who, what and even why we are!



Fig. 9.18. Different hair-styles in men

Grant McCracken in his book, 'Big Hair: A Journey Into the Transformation of Self' mentions that women mark lifestyle and career changes with different Hair-styles; while Cindy Crawford's hair stylist Stephen Knoll notes, 'it's a great way for women to disguise frown lines on their foreheads.'

Baldness is a global problem and everyone is concerned about hair loss. Interestingly, in the U.S., men spend two billion dollars each year to reduce hair loss. According to research, long hair shows ‘openness,’ ‘passion’ and ‘lack of inhibition,’ while shaved heads and short hair symbolize ‘discipline,’ ‘denial’ and ‘conformity’ (Alford 1996).

Short, military cuts show off masculine power traits: Bony brow ridges, prominent noses and larger jaws. Longer, thicker hair showcases feminine eyes and lips while downplaying the more manly traits. Men may project additional ‘strength’ with dense facial manes. Beards ‘widen’ the lower face, while moustaches turn the lip corners downward to project a ‘fierce’ look. It is only hair, after all, but to the very visual primate brain, appearances are ‘real’.

Premature greying of hair, early baldness, loss of luster of hair are common problems and they are often linked to psychological factors. A well known incidence can be cited. When the walls of the dam gave way, water entered into one city and caused havoc. This affected the Chief Executive Engineer psychologically to such an extent that his dark hair turned grey within a day.

Beard and Moustache

1. Being clean-shaven is the usual social norm. Beard may be an indicator of an independent, non-conformist or anarchist person.
2. A full beard often indicates a person who has no vanity needs and is confident and relaxed.
3. When the beard is shaped and neatly clipped, it may indicate a more vain and fussy person who is particular about how he appears and what he does.
4. An unkempt beard that is left to grow wild may indicate an untidy mind or laziness. It may also point to a person for whom external appearance is unimportant, such as a university intellectual or a scientist.
5. Stroking a beard can be a preening gesture, symbolically making one



Fig. 9.19. (a) Beard (b) Moustache

look beautiful and hence sending 'I'm gorgeous' signals.

6. Moustache will often be taken to indicate greater age, the reason why young people like it.
7. Thick and long moustache indicates defiance and courageousness.

Women

1. Wear a wider range of styles, probably to attract men and compete with other women.
2. Long hair frames the face and partially covers it, teasing about the beauty behind the curtain. It also provides a barrier behind which the woman can hide her low confidence.
3. When women cut their hair short, it can indicate a desire to be like a man or perhaps to be unattractive to men. It may also be a rebellion against womanhood, for example, when they have been mistreated by other women when they were young.
4. Short, tousled hair conveys confidence and an outgoing personality, but ranks low in sexuality.
5. Medium-length, casual hair suggests intelligence and good nature.
6. Long, straight, blond hair projects sexuality and affluence.



Fig. 9.20. Different Hair-styles in women

ORNAMENTS

Like gestures, ornaments have a great deal of 'say'. Wearing ornaments is related to pride, strength, power, delicacy and over-all the pleasure seeking attitude.

Ornaments are of two kinds: Natural and artificial. Ornaments add dignity to the personality. They are often used as weapons to show power. They are used as defenses to hide weakness or negative emotions. Wearing

ornaments is as old as the human species. Mummies with a variety of ornaments are found in the pyramids of Egypt. Many battles in human history have occurred for precious ornaments and metals like gold, silver, platinum, prism, cadmium, etc.

Ornaments suggest masculinity and femininity. They signify the strength of a man and the delicacy and beauty of a woman. Too much of ornamental use and decoration with jewelry indicate a materialistic attitude.



Fig. 9.21. Ornaments: The amplifier of beauty

Artifacts

The ornaments also include ‘artifacts’. Artifacts are manmade objects. In a lifetime, we handle millions of artifacts which ‘speak’ to us through their colours, textures, aromas and sounds. Archaeologists define artifacts as portable objects (for example, beads, arrow heads and car keys) which are small enough to carry. Earrings, if worn by men, may be a sign of effeminacy.



Fig. 9.22. Peering over glasses

Glasses, spectacles and sunglasses add to the beauty of a wearer. Wearing glasses on the head suggest a doubtful and secretive nature while wearing dark sunglasses prevents one from reading the soul. If one is using specs in the absence of refractive error, this may indicate frivolous, dramatic and charlatan characters.

MAKE-UP

Qualities or features of human body (especially face) which excite aesthetic admiration, attraction, desire or love is the perceptive value of make-up. Everyone wants to be 'in the eye of the beholder'. Multitude of variety and options for clothing, colours and Hair-style are available in the market. We find a beauty parlour in every corner of the street. The business of beauty clinics and parlours has increased manifold in these few years all over the globe.



Fig. 9.23. Make up (a) Light (b) Heavy

Analysis of Cosmetics

Light

A woman who uses light make-up with a dab of rouge on her cheeks and just a tint of colour on her lips is generally a shy kind of person who only rarely gathers up enough courage to say what she is thinking about. Her shyness, however, does not extend to her work and she can do a good job if left to her own resources. She tires easily and requires a good deal of sleep. In her recreation she prefers mild games to the more strenuous sports.

Heavy

A woman who prefers heavy make-up is usually self-willed, aggressive and domineering. At home she keeps a careful watch on the family budget and bank account and even though the income may be small, she manages to set aside enough for the pleasures of life. She dislikes routine housework, but keeps the house in good order. Her tastes run to bright clothing, loud music, light fiction and movies. She may be arrogant and contemptuous in behaviour.



Fig. 9.23. Make up (c) Caked (d) No Make-up

Caked Make-up

Applied as if the wearer were appearing on a stage is characteristic of flamboyant type of women whose interests lie outside the home or career. She wants to be like a 'free bird', without bearing any responsibilities or worries. She is the champion bridge or mahjong player as she possesses abundant energy.

No Make-up

Finding a woman without make-up is a great achievement these days. Such a rare woman may be of an independent nature, imaginative, thoughtful and not a good mixer. The ordinary womanly pursuits seem silly and unworthy to her. It is only on rare occasions that she will dress up for the occasion and when she does she surprises her friends by her unsuspected charm and grace. No make-up can be related to idleness and lethargy.

AROMAS

'Who does not like the fragrance of flowers?'

Smell is our oldest non-verbal channel and aroma cues can be traced far back in time to the first chemical messages sent and received by single celled creatures.

Olfactory sense evolved as an 'early warning' system to detect food, mate and danger (for example, predators) from a distance. Eating, mating and danger are vital to the survival of any living creature, whether animal or man. Olfactory stimuli are therefore very crucial and are processed by the brain very accurately and precisely. Smell is a volatile, 'thin-skinned' sense because scent receptors lie on the bodily surface itself (that is, as the olfactory epithelium in the roof of the nasal cavity), rather than beneath layers of skin as in the case of touch. The olfactory sense is self-absorbing and narcissistic, while visual sense is futuristic (MacLean, 1973).

Aroma cues are powerful triggers of emotion and memory. Although our sense of smell is weaker than most of the animals, still we can recognize about ten thousand different smells (Axel, 1995), many of which can subtly alter our moods. It is said that manufactured aromas (for example, new car smell) can influence decisions to buy consumer products.

'Aromatherapy' is now a growing field as it has medical value too.

Our emotional limbic system is closely linked to the sense of smell. Primary olfactory cortex projects the impulses to the amygdala, anterior

insula, and the medial and lateral portions of the orbito-frontal cortex. Part of the amygdala receives fibres directly from the olfactory bulb. Thus, aroma cues carry information to the limbic system in a remarkably direct and immediate way (Nauta and Feirtag, 1979).

We smell with our brains. The final interpreter of a smell is the primary olfactory cortex (Pool, 1987) located in the temporal lobe. Aroma cues travel through the nostrils to lima bean sized olfactory bulbs (above the nose) and pass to the limbic system where emotional memories are processed in the amygdala and hypothalamus. One of the earliest smell signals we and other mammals process is the odour of mother's milk (Pool, 1987).

Analysis of Perfumes

Light Flowery Scent

A light scent with the fragrance of flowers is preferred by a woman who embodies all the grace implied in the word 'feminine'. She is delicate in her ways, soft spoken, and rather shy. She is the kind of woman towards whom men feel protective. Nevertheless, she has a certain firmness about her and a determination to get things done that often surprises people. While she prefers the home to a career, she maintains an active interest in affairs and can take an intelligent part in conversations on varied subjects.



Fig. 9.24. What a desolate place the world would be without flowers?

Heavy Oriental Scent

A woman who enfold herself in an aroma reminiscent of the perfumes of the East is an emotional type whose life is full of crises, one after the other. These crises are self-made. She tries to make a favourable impression on others and in doing so, she fails in judging the character of others. She is willing, even anxious, to take leadership from people who have stronger wills than her. She plays a great deal of attention to her dress and usually has a fastidious taste in such matters.

Crisp Eau de Cologne Scent

There is something dynamic in the make-up of a woman who uses the crisp eau de cologne scent. Her boundless energy is the envy of her friends and acquaintances who cannot understand how she can concentrate fully on one job at a time and cannot yield to the temptation to disgrace. At times, she tends to have an air of superiority about her, but this gives way quickly to her essentially democratic spirit.

Tangy Scent

The tangy scent of certain perfumes is preferred by a woman who is active physically. She cannot sit still even for a while and keeps herself busy. This frequently results in complete physical fatigue which incapacitates her for a while, but after a complete rest she again takes up activities with full energy. In rushing through life, she makes many acquaintances, but seldom pauses long enough to make genuine friends. She is, however, admired and respected by all who come in contact with her.

BODIFICATIONS

Body piercing, tattoos and other measures adopted for altering the body constitute bodifications. Like clothing and ornaments, they are temporary. However, if someone permanently alters his body, it certainly carries importance. Notice what they are, how old they are and where they have been.



Fig. 9.25. Body piercing and tattoos

Large, obvious tattoos may indicate rebelliousness, non-conformity,

artistic nature, a member of some group and even socio-economic class. The bigger, brighter and bolder the tattoos, the more revealing traits of rebellion and non-conformism. A small rose on the body or a huge dragon will make a distinction. Many people tattoo the names of their lovers or family members or deceased persons or their Guru. Gay class is known to have a penchant for tattoos. Some people may adopt implants that might be important clues. The way a person decorates or enhances his body will point towards what he values, both in himself and in others. A woman longing for breast implant, for example, wants to enhance her sexuality and is concerned about what others think of her.

ELECTIVE AND NON-ELECTIVE TRAITS

Physical characteristics fall into two categories—elective and non-elective. **Elective traits include clothing, tattoos, make-up and accessories. They tend to reveal who we would like to be or at least what we want to project to others. Elective traits can be controlled.** They often fluctuate and relying on them in isolation may mar the true picture of a person's personality.

Non-elective traits include height, race, body proportion, complexion, colouring, facial figures, physical handicaps, etc. and these traits can't be controlled. Those non-elective traits that accompany a person since birth usually have a deep-rooted and permanent effect on personality and behaviour. It could be healthy or diseased. If non-elective traits are not extremely unusual, they don't warrant special consideration. Not all non-elective traits are physical. Let us take an example of the financial status of a person. If a person with poor monthly salary dresses in expensive clothing, it might suggest that a person may be impractical, or he may be longing for social acceptance, or he may be selfish and self-centered. A homoeopath may raise his eyebrows whether to select the rubric, extravagance or avarice in such a case. If a wealthy person purchases expensive clothing, it might reflect confidence, frugality, security and no particular concern about how others view him or that a person is fastidious and wants to project his image before others.

PERSONAL APPEARANCE AND BODY LANGUAGE

The demarcation line between personal appearance and body language is very thin. They often over-lap with each other. You can categorize make-

up, shape of the eyes, clothing, ornaments, etc. in the appearance column but the expressions of eyes demonstrating emotions of anger, contempt or compassion are certainly related to body language.

A person can consciously select his attire and determine the way he looks but most of the body language is beyond control. Even non-elective traits can be altered. For instance, a short man may wear stack-heeled boots and may try to compensate. Ornaments can supply clues about religion, alma mater, hobbies, economical status, etc. Clothing may point to a certain value system or lifestyle. Personal grooming habits can reflect on many aspects of the personality. But even if all these – attire, ornaments and grooming are put together, they reflect only the beliefs, values and image a person consciously wants to project. Body language, on the other hand, provides more basic information. One can learn manners and etiquettes but signals like eye blinking, arm and leg crossing or nervous tapping are difficult to consistently repress.

Sometimes, appearance and body language point in the same direction, sometimes in opposite direction. What is important for a homoeopath is to keep his eyes and mind open, unite both appearance and body language together and process the information flowing from them in a practical way.

WARNING SIGNALS

It is important to notice everything about the personal appearance as it conveys not only the image your patient wants to project but also unintentionally conveys information he wouldn't necessarily want you to know. But remember, no matter how many cues you might have derived from your patient's appearance, they are seldom reliable predictors of human behaviour unless they are viewed together with the other traits.

Being apparently visible, it is always tempting to note something special like a colourful dress or attire or a wild hairdo and assume you have pegged your patient's personality. Reading people is not a simple matter of matching a few traits to standardized meanings. Almost all aspects of physical appearance and body language can mean many different things. People can change their appearance from day to day and situation to situation and any physical trait can have the virtually opposite meanings.

Be objective and stay objective. Any trait which is extreme or deviates from the normal pattern has to be paid attention to. What is the need of the occasion and what is inappropriate? A short skirt at

the time of an interview may raise the eyebrows and wearing the same while meeting a boyfriend will sound perfect. If appearance or behaviour seem inappropriate, don't jump to conclusions. Try to identify the causes behind it. The key is to identify the patterns that are more consistent.

HOMOEOPATHIC PERSPECTIVE

Phosphorus

Who can forget the radiant, handsome and affectionate *Phosphorus*, the nicest of materia medica? A tall, slender but graceful demeanour attracts everyone. Eyes are powerful, large and give an impression of innocence. The eyelashes are long, neatly bordered and they add up to the beauty of face. Eyes radiate the vibrant character and take a lead in making a cordial friendship. Eyes are sensitive with lively perceptions. Facial expressions are animated and hence, others are drawn in towards him. Teeth are even, bucked and hair is straight and silky and all this adds up to attractiveness. The lips are delicate, curved and joined in a refined manner.



Fig. 9.26. The attractive personality

The dress is neatly ironed and there are art paintings on the clothes. *Phos.* likes to wear a different variety of dresses and they are chosen with precision. He likes pink, white, blue and red colours more. He is showy in dress and the young *Phos.* may be seen wearing unbuttoned jackets especially in warm weather. *Phos.* woman likes heavy make-up, the Hair-style is elegant and suits the facial configuration. The face has a dimple and there is a definite smile with mischievousness. She likes light flowery, crisp eau de cologne and a tangy scent more. She charges the atmosphere by her personality. 'Fine' is the right word to describe the *Phos.* appearance; she is also refined in her manners, etiquettes, talk and behaviour.

Platinum metallicum

More a female type (some *Plat.* may be masculine), beautiful but lacks the innocence of *Phos.* She likes to wear gaudy, elegant and expensive dresses

and prefers heavy and caked make-up. She may even wear ungracious and indecent dresses. She attracts others but her facial expressions may be blank. She likes to wear many ornaments and always gives an impression of being a special individual. The Hair-style is long, straight, blonde and out of proportion to the height. *Plat.* is also found in brunettes.

Philip Bailey gives his impression, 'The fullness of their lips in most cases, is consistent with their passionate nature.' *Plat.* is a 'Hollywood image' woman. She likes heavy oriental scents and when you are in her aura, you feel that aura and there is a definite element of attraction. You always get a feeling that she enjoys maintaining her 'delusion of being grandeur'.



Fig. 9.27. 'I am the queen'

Tarentula hispanica

Tarent. is very special in appearance. He generally carries a good sturdy physique, the body is well built; he is in good health physically. He is anti-aging and anti-lazy. Even an old person looks young. Ever-green. There is always commotion and animation, he is spirited and vivacious and his presence even for a little while keeps an impression.

The following rubrics which contain *Tarent.* are from our newly formed repertory on body language and they throw light on how *Tarent.* appears before the others. See that even in desires and aversions of clothes, *Tarent.* is contradictory.



Fig. 9.28. A dancing Tarentula

See that even in desires and aversions of clothes, *Tarent.* is contradictory.

1. Clothes himself, differently, every day
2. Clothing, colourful, desires
3. Showy, dresses, in
4. Aversion, black, colour, to
5. Aversion, blue, colour, to
6. Aversion, green, colour, to
7. Aversion, red colour, to
8. Aversion, yellow, colour, to
9. Desires, black, colour
10. Desires, blue, colour
11. Desires, green, colour
12. Desires, red, colour
13. Hair-style: Men- Medium length, side-parted. Women-Long, straight, blonde
14. Make-up, heavy
15. Smoking, finger-tips, with
16. Smoking, flute-like
17. Smoking, little finger, with
18. Namaskar, face to face
19. Face, happy, smiling
20. Face, mask
21. Dimple on face, funny people, in
22. Hooked nose
23. Fake, pretending smile
24. Fraud smile
25. Non-sense smile
26. Eyes, flashbulb
27. Eyes, winking, jesting, from
28. Laugh, he-he
29. Whistling

Lycopodium clavatum

Whimpish, stoop-shouldered and skinny in appearance, with dark, straight and thin hair and horizontal furrows on the forehead characterizes *Lyc.* Many *Lycs.* have sparse hair, early baldness and an angular face. *Lyc.* likes to wear a beard especially goatee (a small chin beard trimmed to a point, and resembling that of a goat) type and keep a long moustache. This appearance helps him to hide his weakness. He may have a stoic appearance

with a broad muscular body. Many *Lyc.* patients put on weight as they advance in age. This helps them to take more space. Many *Lyc.* boys could be effeminate (nancy boys) or they maintain their youthfulness and look boyish. They prefer T-shirts for casual dressing but they will put on an expensive suit for an executive meeting to boost up their image.

Spruce in clothing, neatly ironed, *Lycopodium* patient gives an impression of being a VIP and executive type. Tidy dress is typical of *Lycopodium*. He doesn't like to wear unclean clothes and the outer appearance is important for him. He likes to show off and he will do this by wearing many rings, expensive wrist watch and ornaments. He gives more importance to the first impression and he always tries to hide his inner weakness. There is predilection for white colour and this is true for idealistic, non-pseudo-intellectual *Lycopodium* of spiritual path. He likes short, tousled or medium length, casual type of Hair-style. He prefers heavy make-up and he likes perfumes especially a crisp eau de cologne and a tangy scent.

May I ask you, again, my dear readers, to read the warning signals before you close off?



**Fig. 9.29. The domineering
Lycopodium**

Chapter 10

GESTURES



DEFINITION

A gesture is a verbal or non-verbal body movement used to express or emphasize an idea, an emotion or a state of mind.

Gesture is defined as ‘visible’ bodily action by which meaning is represented (Kendon, 1983). This includes manual gestures, movements of the whole body (shoulder shrug), head movements (nodding) facial expressions (smiling), postures (spatial distance) and ‘clothing cues’ (Givens, 1999).

Givens says that a gesture is neither matter nor energy, but information, which encodes or influences a concept, motivation or mood.

Gestures convey messages. They are voluntary (often even involuntary) movements we make with the fingers, hands, arms, legs, head, indeed with every part of the body - with the intention to communicate.

‘Gesture includes much more than mere manipulation of the hands and other visible and movable parts of the organism. Intonations of the voice may register attitudes and feelings quite as significantly as the clenched fist, the wave of the hand, the shrugging of the shoulders or the lifting of the eyebrows’ (Sapir, 1931).

WHAT DO GESTURES SERVE?

Gestures serve the following purposes:

1. Of emphasizing, clarifying or amplifying a verbal message, such as when we point to a chair while offering a seat to someone.
2. Of regulating and controlling human interaction, such as a nod of agreement while someone is speaking.
3. Of displaying affection or emotion, like making a fist with one hand and hammering the open palm of the other to prove insistence (Sussman and Deep, 1989).

Gestures are often used in conjunction with verbal messages. They are simultaneous with the words they illustrate or come even before them. For instance, precision grip is making a gesture as if holding something small between the thumb and the fingertips.



Fig. 10.1 The fingers convey a deep spiritual meaning



Fig.10.2. Precision grip

Gesture clusters refer to ‘the myriads of attitudes expressed by not one gesture but a series of related ones called ‘gesture-clusters’ (Nierenberg and Calero, 1975). We have a cluster when a person talks with his fists clenched, shakes his index finger and is blushing either due to heat or anger. A person who is preoccupied will cross his arms and legs, bend his head, close his eyes; he may also rest his head on his hand. The gestures that combine to make a cluster can occur simultaneously, as crossing the arms, locking the ankles and making a fist, or can follow one after the other.



Fig. 10.3. Gesture-cluster sends a powerful message

Osho mentions beautifully how you will miss the person if you don't see him, 'Seeing a person makes a lot of difference. It is totally different because when you are only listening to me on a tape recording or on records you will not be able to see my hand, which says more than I can say with my words. You will not be looking at my eyes, which have much more to say than words can convey. Something will be missing, something of immense value – the person will be missing.'

EACH GESTURE IS LIKE A WORD IN LANGUAGE

We all know that we make use of the words while communicating through verbal or written language. **The problem with words is that a single or isolated word may have several meanings and if we interpret the meaning on the basis of an isolated word, it may lead to confusion. A sentence is a cluster of words and its meaning can only be conferred to when we look at it collectively.** To understand any language we need to structure the words into units or sentences to obtain their complete meaning. If we isolate the various gestures in a cluster, it will not serve the purpose and the true meaning of the attitude or expression will not be obtained. Likewise, if we jump to conclusions on our interpretation of an isolated gesture, we could find ourselves making a mistake, because it is very important to understand the 'congruence' of gestures, that is, the harmony of gestures with one another. We should look for attitudinal gestures that are so similar that they not only endorse one another but also serve to make a cluster as well. Gestures cannot be separated from their 'context' either.

Body movements form a language, no doubt, but individual gestures, positions, movements, taken exclusively, are like a single word of a complete sentence which in itself does not convey any meaning.

Hence, the totality of cues is very important in knowing the pattern behind the expressions.

TYPES OF GESTICULATIONS

There are four main kinds of body movements:

Emblems

They can substitute for words as they have direct verbal translation and their meanings are well understood by a particular group, class or culture. They originate in learning, most of which are culture specific and may be shown in any area of the body (Rozelle et al., 1986).

Examples: Thumbs-up (or down), Okay signal, the hitch-hike sign, the head nod, beckoning, pointing, waving to a friend at a distance and certain rude gestures like the upward extended index (or middle) finger.

Emblems are not used commonly in conversation.

Illustrators

The movements, mainly of the hands, that are directly related to speech are termed as illustrators. They serve to illustrate what is verbalized.

Illustrators are more closely linked to speech than emblems. They are used for the sake of clarification. They act as ‘supplement’ and ‘amplifier’ to the information conveyed by speech, especially about shapes, physical objects and spatial relationships. Illustrators are a supplement rather than a substitute for speech. They are learned through imitation. The children often imitate the gestures of others.



Fig. 10.4. Thumbs-up & down



Fig. 10.5. Making a shape with hands

Examples: Pointing to oneself, making a shape with hands (like describing a spiral stair case), defining objects, movements and relationships, pointing and as 'batons' to mark new points.

Regulators

These are the 'regulating' gestures that monitor or control the speech of other individuals.

Examples: Nodding of the head to show understanding or agreement, looking away or yawning to indicate that one is bored with or a frown to show that one either disbelieves or cannot comprehend what the speaker is saying.



Fig. 10.6. Looking away

Whether you have to continue conversation or break it depends on the regulators coming from the other person. These are subtle cues and may lead to misunderstanding among different cultures.

Self-touching



Fig. 10.7. Self-touch: Hand-to-nose

This is a body-focused movement. Touching the face can indicate anxiety, horror, boredom or shame. Self-touching is associated with hostility and suspicion.

Some typical self-touching gestures are hand-to-nose gesture, fingers to the lips and making a fist. Other gestures include covering the eyes, ears or mouth; movements connected with eating and excretion, grooming and picking the nose, ears or teeth. Fidgeting often involves self-touching. Givens (1999) states lip touch ‘as a self-consoling gesture, the lip-touch is equivalent to infantile thumb sucking.’

Adaptors

Relaxed movements like shifting in the seat or shrugging the shoulders to loosen them are adaptors and are a hot topic of debate. Some experts feel that these adaptors are the real clues to non-verbal messages; while other experts opine that they are nothing more than comfort measures.



Fig. 10.8 The adaptor: Shrugging the shoulders

CHARACTERS OF GESTURES

The Importance of Transition

Transition carries prime importance in identifying a gesture.

Let us take some examples:

1. Some people have a smiling face. However, it will be wrong to interpret that they are always happy.
2. Some people have the habit of leaning on their hands or keeping their legs (and arms) crossed. This is not important. ‘What is meaningful, however, is a transition from one body position to another’ (Siegel, 1998).



Fig. 10.9. The smiling face or a fake smile?

3. If a person spends most of the time during a meeting leaning forward, for instance, it may be considered merely as a position of comfort. But if the same person keeps leaning back and moving forward during the session, he is communicating non-verbally.
4. If a person is sitting perfectly still and suddenly starts twitching or moving his eyes, that is a transition.
5. Even a change in the rate of breathing can be regarded as a transition.

Behaviour



Fig. 10.10. Behaviour is an evidence of dispositions

Behaviour refers to our actions – overt or covert. Hence, it embraces the whole gamut of verbal and non-verbal actions and reactions which we demonstrate.

Our behaviour is important because it is immediately visible to others. The people we interact with can see our facial expressions and they can hear our words. The conclusions they derive about us are primarily based on this ‘visible’ behaviour.

Behaviour is central to human relationships. It reveals our attitudes towards others and their attitudes towards us in a given context. Life is nothing but inter-personal relationships. An awareness of the variety of transitions that take place beyond the words that are spoken leads to

better and more effective relationships. We can prevent misunderstanding and avoid being manipulated. In turn, we can stop ‘playing games’ and deal in an open, explicit and unambiguous manner with the others.

McGraine (1999) has a ‘rule’ for gesture reconstruction: Change your ‘gesterotype’ and you change the response of those affected by your gestural patterns. When your positive gestures have a positive influence, you develop self-confidence and learn to use favourable gestures.

HEAD GESTURES

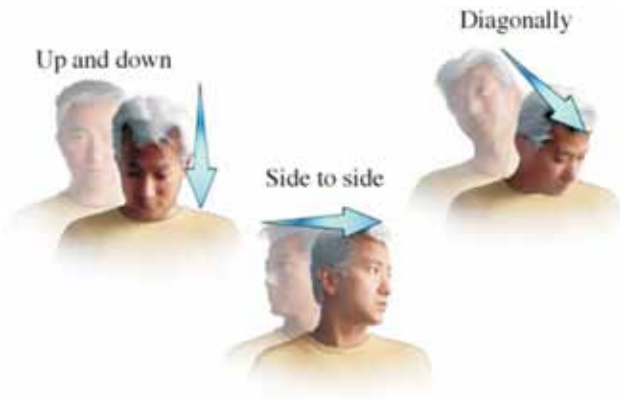


Fig. 10.11. The talking heads

Do you know that your head does the non-verbal talking? The head of a human being is highly sensitive, vulnerable and expressive. He may move his head forwards, backwards or tilt or cock it to the side. As a part of his interaction, a person moves his head in different ways. It may be nodding, shaking or thrusting. There are three aspects in understanding the conversational heads – the angle in which the head is moved, the speed with which the head is moved and the period for which it is moved.

The head is moved to show attention, to emphasize the words, for showing aggression or even to interrupt the conversation of others.

Do you know that you kiss with your head? Carolyn Boyes writes, ‘Putting your heads together so that one touches the other is the head’s version of a kiss. It is often used by lovers to cut out the rest of the world.’ Kissing another person on head is a way of demonstrating approval showing a protective attitude. It also implies that the initiator has a superior position to the receiver.



Fig. 10.12. Head kissing

Gestures of the 'Expressive' Head

Let us see the gestures of the 'expressive' head.

'Neutral Head Position'

1. Head up - remains still.
2. May occasionally give small nods.
3. Hand-to-cheek evaluation gestures are often used with this gesture.



Fig. 10.13. Neutral head position

‘Interested Position’

1. Head tilts to one side.
2. Head cock.
3. Charles Darwin was the first to note this gesture.
4. Women often use this head position to show interest in an attractive male.

‘Disapproval Position’

1. Head down.
2. It signals that attitude is negative and even judgmental.
3. Critical evaluation clusters are normally made with the head down.
4. Communication cannot take place smoothly unless the person’s head is lifted up or tilted.
5. It is associated with depression, low self-esteem, shyness and shamefulness.

Head-Tilt-Side



Fig. 10.16. So cute!



Fig. 10.14. Interested head position



Fig. 10.15. Disapproval position

This gesture is of leaning the head over laterally, towards the right or

left shoulder. It is also called as a head-cock position. Head-tilt-side may be used :

1. To show friendliness and foster rapport.
2. To show coyness; as in courtship.
3. To strike a submissive pose (e.g., to show deference to one's boss).
4. To rectify the signs developing from immature cues.

Research Report

Head-tilt-side is used extensively by men and women as a flirting or courtship cue (Eibl-Eibesfeldt, 1970; Givens, 1978, 1983). Sideward head tilts have been decoded as signals of shyness in young children (McGrew, 1972), and in adults (Givens, 1978). 'Females tilted their head to one side significantly more than males: 18 out of 20 times recorded. The head tilt seemed to be more obvious in male-female greetings' (Kendon and Ferber, 1973).

'This head (tilt) gesture may convey an attitude of coyness or submissiveness, but it is so common that one can almost always find such a head position in any group of women' (Key, 1975).

Head-Tilt-Back

This is an important gesture to recognize the superior character of a person in consulting practice. A person uses the gesture of lifting the chin and leaning the head backward (dorsally i.e., towards the shoulder blades or scapula bones). This gesture is connected to 'up' movement and represents the use of energy.

Lifting the chin and looking down the nose is used throughout the world as a non-verbal sign of superiority, arrogance and disdain (Eibl-Eibesfeldt, 1970; Hass, 1970).

In Greece and Saudi Arabia, a sudden head-tilt-back movement means 'No,' and may originate from the infantile head-tilt-back used to refuse food (Morris, 1994) while in Ethiopia



Fig. 10.17. Head-tilt-back



Fig. 10.18. Lifting the chin and looking down the nose



Fig. 10.19. It helps to show off

the same gesture means ‘Yes,’ and may originate from the backward head movement used as a greeting (Morris, 1994).

Political leaders often use the head-tilt-back gesture in public speeches in order to show off.

HEAD MOVEMENTS

Head-nod

This gesture is characterized by:

1. A vertical, up-and-down movement of the head used to show agreement or comprehension while listening.
2. A flexed-forward, lowering motion of the skull, used to emphasize an idea, an assertion or a key speaking point.

Head nodding – raising and lowering the head rhythmically, is an affirmative cue, widely used throughout the world to show understanding, approval and agreement. Emphatic head-nods which are usually small and sharp, while speaking or listening, may indicate powerful feelings of conviction, excitement or superiority and sometimes even rage.

It is necessary to define the energy pattern of the head nod. Small head-nods show continuing attention, while larger or repeated ones indicate agreement. Head movements are related not only to what we say but also to what is happening to us emotionally. Note that if a patient holds his head up high in a conversation, he may look arrogant. On the other hand,

looking down during conversation indicates submissiveness.

Research Report

1. The affirmative head-nod is well documented as a universal indication of accord, agreement and understanding (Darwin, 1872; Eibl-Eibesfeldt, 1970; Morris, 1994).
2. 'Others see it (the head nod) as an abbreviated form of submissive body-lowering in other words, as a miniature bow' (Morris, 1994).

Head nod is a very useful interview technique of facilitation. Mere nodding of the head accelerates the tempo of conversation of the patient and saves the physician from asking some mechanical questions. It also helps save the valuable time of the physician.

The head motions can be **animated or lively** where the purpose is to infuse energy in the others. Often parents use this gesture to animate their child or when the child is sick. Head movements can be **awkward**, not appropriate to the situation. Often it is shown by people with mental retardation or brain pathologies. **Side to side head motion in a rocked or swayed manner** can be an indication of doubt or reluctance. The head can be used aggressively by **twisting forward from the shoulders**. It is called as '**head-butt**' and it is used to threaten others.

Head-toss

1. Tossing the head throws the hair backwards (actually or virtually), drawing



Fig. 10.20. Head-toss: An inviting gesture

attention to it. It can thus be a romantic gesture.

2. Throwing long hair back also exposes the face, which may be an invitation, opening the doors to communication. It can also be an aggressive act as a person now gives you more unwanted attention.

Head-shake

Head-shake, like the head-nod, is a common gesture and represents many emotions. Rotating the head horizontally indicates disagreement and misunderstanding, while rhythmic side to side rotation of the head is used to express disbelief, sympathy or grief.

Head-shake is chiefly used to demonstrate cognitive dissonance and emotional empathy. Attitudinal clashes often lead to horizontal rotation of the head. A physician should be alert to understand the motive behind head-shake and act accordingly. Appropriate head-shake on the part of a physician sends the message in no time and this helps augmenting the conversation.



Fig. 10.21. Head-shake

Research Report

1. The head-shake is a universal sign of disapproval, disbelief and negation (Darwin, 1872). It is also related to disdain and haughtiness and according to Morris (1994) it is 'widespread'.
2. The first non-verbal nay-saying may occur when babies head-shake to refuse food and drink. Rhesus monkeys, baboons, bonnet macaques and gorillas similarly turn their faces sideward in aversion (Altman, 1967).
3. Children born deaf and blind head-shake to refuse objects and to disapprove when being touched by an adult (Eibl Eibesfeldt, 1974).
4. Evasive action shows in sideward head movements of young children to avoid the gaze of adults (Stern and Bender, 1974).

5. A single sharp turn to one side (e.g., the Ethiopian head side turn) can express negation as well (Morris, 1994).

Head-bow

This closed body posture is of lower status. The people who feel themselves inferior often show this posture.

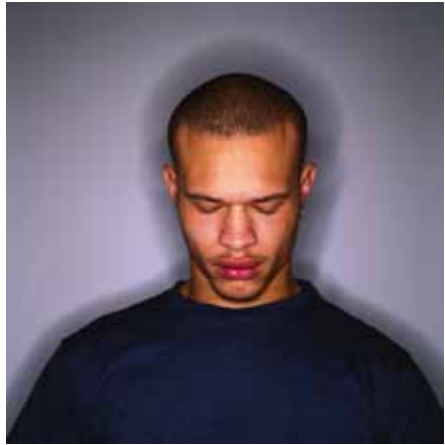


Fig. 10.22. Head-bow: Lower status

Head-to-head, *tete-a-tete* Talk

When one has to listen in a reasonably intimate setting, this gesture is signalled. Here, the talk is head-to-head. The lovers often whisper quietly with each other with this gesture. Physical closeness is shown as an indication of intellectual and emotional closeness.



Fig. 10.23. 'We talk with our heads'

Hand to Head Gestures

Boredom Gesture

When a listener begins to use his hand to support his head, it indicates that boredom has set in and his supporting hand is an attempt to hold the head up to stop himself from falling asleep. Extreme boredom is shown when the head is fully supported by the hand and the ultimate boredom signal occurs when the head is on the desk and a person is snoring



Fig. 10.24. The desire for desires

THE NECK

The neck symbolizes the connection between the upper and the lower energy. It speaks the language of egocentricity and rigidity, coupled with over-burdening. The shoulders are connected to the neck and they speak the language of shouldering the responsibility. In addition, neck is related to fear, anxiety, memory and lying.



Fig. 10.25. Pain- in-the- neck gesture

The Neck Scratch and Neck Rubbing

When a person is doubtful or uncertain, he starts scratching below the earlobe or at the side of the neck with the index finger of the writing hand. When a person is angry or frustrated, he starts rubbing or keeping his hand on the neck. It is also called as ‘pain-in-the-neck’ gesture.

The Collar-Pull Gesture

It is basically ‘a lie’ gesture. The lie causes a slight trickle of sweat to form on the neck, when the deceiver feels that you suspect he is lying. It is also used when a person is angry or frustrated. He pulls the collar away from his neck for letting the cool air circulate about the neck.

THE NOSE

The nose symbolizes power, pride and sexuality. See in Ramayana, Laxaman, the brother of Lord Ram, chopped Shurpanakha’s nose and this incidence became one of the causes of a big war between Shurpanakha’s brother, Ravana and Lord Ram. Nose also speaks the language of ‘stuffy’ feeling, of obstruction, of inner conflict.

Pinching Bridge of Nose with Closed Eyes

When a person is in deep thought or about to take a decision, he pinches the bridge of the nose. If



Fig. 10.26. Let the cool air circulate...



Fig. 10.27. One may tell a lie, but the grimace doesn't



Fig. 10.28. Self-conflict



Fig. 10.29. How rotten it is!

this gesture is accompanied with closed eyes and lowered head, it indicates self-conflict.

Pinching of Nostrils with the Thumb and Forefinger

It signifies the presence of bad odour. This gesture is also used to tell a person that he stinks or that what he is saying is in poor state. Hence, a lie gesture is related to the nose.

Nose Tapping

If the forefinger is tapped on the side of the nose, it conveys complicity or confidentiality. But if the tap is to the front of the nose, it conveys ‘mind your own business’ and resentment.



Fig. 10.30. ‘Mind your own business’

Thumbing or Cocking-a-Snoot

This is a universal gesture where the thumb is placed at the end of nose and the fingers are fanned out and sometimes wagged. It is generally used as a gesture of mockery or insult.



Fig. 10.31. Cocking-a-snoot:
A gesture of mockery

THE EAR

The ear is an organ of receptivity. It is related to 'letting in' and hence it symbolizes passivity and obedience. A disobedient child is often asked a question, 'Are you deaf?' Those who are hard of hearing are people who will not listen. They fail to hear what they do not want to hear. An egocentric or egoistic person refuses to lend an ear to others. All gestures related to ear should be studied from the above symbolic expressions.



Fig. 10.32. (a) Pulling at the earlobe
(b) Rubbing the back of the ear
(c) A finger-drill

The best way to block unwanted words is by putting the hand around or over the ear. This is the sophisticated adult version of the hands-over-both-ears gesture used by the young child. Other variations of the ear-rub gesture include rubbing the back of the ear, the finger-drill (here the finger is screwed back and forth inside the ear) and pulling at the earlobe or bending the entire ear forward to cover the earlobe. This last gesture is a signal of an indecisive person. The finger drill is related to contempt.

THE MOUTH

The Jaw Drop

When a person is suddenly surprised, he lets his jaw drop. This results in the mouth being wide open. Given remarks that this gesture is a ‘non-verbal sign to mock, challenge or confront a foe.’



Fig. 10.33 ‘I am really surprised’

ARM GESTURES

Arm-cross

This posture comprises of :

1. Folding the arms over the lower chest or upper abdomen, with one or both hands touching the biceps muscles.
2. A common resting position of the arms upon and across the torso.
3. A self-comforting, self-stimulating posture unconsciously used to alleviate anxiety and social stress.

Though often decoded as a defensive barrier sign, the arm-cross gesture also represents



Fig. 10.34. A self-comforting, self-stimulating arm-cross

a comfortable position for relaxing the arms e.g., while speaking. The gesture of arms and elbows held tightly and fixed against the body may reveal acute nervousness or chronic anxiety. Arms held loosely against the chest, with elbows elevated and projecting outward (away from the body i.e., abducted) and the crossed arms indicate a guard-like stance, suggestive of arrogance, dislike or disagreement. Extended, folded arms posture is a kind of self-wrapping posture which indicates withdrawal and a desire for self-protection.

Research Report

1. In case of severe crowding, the frequency of arms crossed in front of the body touching the crotch 'greatly increased' (Baxter and Rozelle, 1975).
2. A report summarizing studies of North American college students found that :
 - a. Women display open arm positions with men they like, but cross-arms with men they dislike (men, on the other hand, show no difference).
 - b. Women show uneasiness by crossing their arms, while males do not (Vrugt and Kerkstra, 1984).
3. 'Folding arms may indicate protection against some sort of verbal or non-verbal attack' (Richmond et. al., 1991).
4. Arm cross is a worldwide posture that means, 'I feel defensive' (Morris, 1994).
5. 'The crossed arm gesture is used worldwide to communicate defensiveness'(Darwin, 1965).

If the arm cross is combined with upward pointing of thumbs, the gesture depicts the combined expression of defensiveness and superiority. This is a compensatory gesture and entropy plays a role here. The simillimum keeps the entropy at minimum and then there is no need to represent this gesture.

There are a variety of crossed or folded arm gestures:

Reinforced Arm-cross

The standard arm-cross gesture with the fists



Fig. 10.35. 'Want to fight with me?'

tightly clenched signifies a hostile or an offensive attitude. It appears that the person is about to attack-verbally. The rubrics like hatred, aggressive, rage, fury, frenzied, anger, violent and quarrelsome are related to this gesture.

Partial Arm-cross

While one arm lies at the side, the other hand is placed across the body to hold it. This gesture indicates lack of confidence and is used by subordinates before their superiors. Obedient, meek, modest and yielding are some of the dispositions of a person who frequently uses this gesture.

Disguised Arm-cross

Sophisticated crossed arm gesture. This indicates disguise and nervousness. A physician will have to check for any secretiveness. Look for ‘charlatan’ as a disposition.



Fig. 10.36. ‘I am meek’



Fig. 10.37. Sophisticated arm-space cross, Disguised arm-cross

Arm- swing

This is the body movement where a person moves or swings his upper limbs back and forth rhythmically while walking. As a counterweight, the arm-swing helps balance our upright body while walking, jogging and running. In dances, such as the locomotion, swim and twist, and vigorous arm-swinging gyrations, one expresses his inner feelings and even romantic moods in tune to music's rock-n-roll beat.

Restless, back-and-forth motions of the arms during an interview may reveal an unconscious wish to 'walk away'. Here a physician should stop the interview and ask the patient about his problems.



Fig. 10.38. 'My hands are my wings'

Arm- show



Fig. 10.39. 'You and me, one-to-one'

This gesture is related :

1. To display the arm, from the roundness of the shoulder to the bony wrist.

2. To expose the femininity of slender (that is, graceful) arms or the masculinity of thicker (i.e., robust) arms.
3. To reflect the sexual appeal.
4. To invite for a competition (among males) in courtship.

Because they reflect differences between the female and male body, we show our arms as a form of sex appeal. Thicker, more muscular male arms may be displayed to challenge rival men.

Arms Behind the Back

This is a common crossed arm gesture amongst the people of authority and the leaders. The themes attached to this gesture are superiority, confidence and power. Note that when the hands are at the back, a person exposes his vulnerable stomach, heart, crotch and throat in a subconscious act of fearlessness. When the authority or power is thwarted, a person develops an inner conflict and then this gesture is demonstrated. In short, there are three gestures:

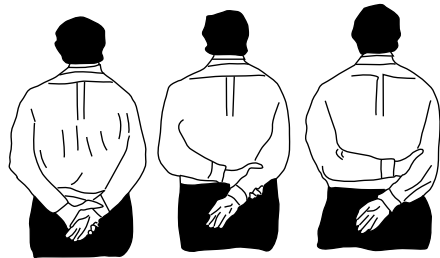


Fig. 10.40. (a) Palm-in-palm (b) Hand-gripping-wrist (c) Hand-gripping-elbow

1. Palm-in-palm, showing authority.
2. Hand-gripping-wrist, showing frustration and self-control.
3. Hand-gripping-elbow, indicating ‘get a good grip on yourself’.

A person may clench his fist and hold the wrist of the clenched hand, or restrain the entire arm by locking it behind his back. This happens when a person is standing, but the gripping of the wrist can happen while standing or sitting. It denotes inner conflict.

Holding one arm behind the back and clenching the hand lightly, while the other grips the wrist or arm, is a gesture that people use to disguise emotions of anger, frustration and fear. A patient who is made to wait outside the physician’s office may make this gesture out of nervousness. It has been noted that, the further he moves the hand up the back, the angrier he becomes. A person who holds the other hand high up on the arm is exercising greater self-control than the one who grabs the wrist or the back of the hand.

Gripping the hands or wrists and holding the arms at the back with hands unclenched are gestures of superiority or confidence. They allow the person to expose his vulnerable areas, like stomach, heart and throat, in an unconscious show of fearlessness. This makes him feel quite relaxed and confident and even authoritative. Members of a royal family or of the aristocracy, and in general persons in authority make use of this gesture.

The Coffee-Cup Barrier

It is necessary to see at which side the coffee or tea cup is kept while a person is in negotiation. If a person is hesitant or negative, he places the cup on the opposite side of the body to form a single arm barrier. If the cup is placed to the side of the body, it indicates an open and affirmative attitude.



Fig. 10.41. (a) Affirmative attitude (b) Negative attitude

Shoulder-shrug Display

This is a universal gesture which conveys that a person doesn't know or doesn't understand what the other person is saying. It has three main parts – exposed palms to show nothing is being concealed in the hands, hunched shoulders to protect the throat from attack and raised brows which is a universal submissive greeting.



Fig. 10.42. Hands have more to say, even than faces

TALKING HANDS, PALMS AND LEGS

Hand Gestures

The Tactile Antennae

Hands are the terminal end organs below the forearms, used to

grasp and gesture. These are the most expressive parts of a human body and we can freely label them as ‘restless’ organs. They are also termed as the most ‘animated’ part of the body. It is with the hands that we do innumerable things. We hold, touch, manipulate, feel, rotate



Fig. 10.43. Palpating the moods

and do every kind of awkward movement. The hand moves not of its own accord but under intentional control. Yet that intentionality seems to be embodied in the movement itself. In other words, it is preceded or interrupted by a consciously articulated plan.

Man has gained superiority over other creatures with his physical quality of hands or forelimbs being freed from ground support and leaning. The forelimbs of the animals are not free and grasp the ground for support. The Almighty has created man with the ability to see in front and upwards towards the sky – the place from where he might have come! It is a proven fact that this small part of our body – what we call as hands, has the maximum presentation in the cerebral cortex which itself means that they are designed for the most complex and refined work of expressions apart from other physical activities.

A human hand has 27 small bones, including 8 pebble-shaped bones in the wrist, laced together by a network of ligaments, dozens of tiny muscles to move the joints. There are more nerve connections between the hands and the brain than between any other parts of the body. Hence, the gestures which we make with our hands give powerful insights into our emotional states.

Hands have more to say, even than faces; for, not only do they show emotions, depict ideas and paint beautiful landscapes—they can perform innumerable activities. Our hands are such incredibly gifted communicators that they always bear watching. Hands are the tactile antennae we throw out to assay our material world and palpate its moods. Most of the 20 types of nerve fibres in each hand fire off simultaneously, sending orders to muscles and glands, or receiving tactile, motion and position information from sense organs embedded in tendons, muscles and skin (Amato 1992). With numerous bones, muscles, joints and types of nerve fibres, our hand is

uniquely crafted to shape thousands of signs. Watching a hand move is rather like peeping into the brain itself. Hands are the keyhole of the brain. There is a quotation by Eduardo Chillida, “The hand has the richest articulation of space.”

There are many hand signals :

Limp Hands

This is a common hand signal and signifies boredom, restlessness, frustration or disgust. It is used in a situation which indicates contempt and snobbishness.

Flat Hands

In this signal a hand is held flat, palm facing upwards or outwards. It symbolizes questions like, ‘why’ and ‘I don’t know’.



Fig. 10.44. ‘Why are the people like this?’

Relaxed Hands

A calm and confident person moves his hands little or if there is a movement, it is steady and relaxed.

Restless Hands

Active and restless hands will be manifested by a person who is uneasy, nervous or jittery. Picking, biting or sucking the fingers is also an aspect of restless hands. We have coined many rubrics of restless hands like ‘dancing hands’ or ‘wringing hands’. ‘Iconic gesture’ is as if a person is drawing a picture in the air with the help of his hands. ‘Picking imaginary pieces of lint from clothing’ indicates a withheld opinion. Rolling the sleeves of a shirt while getting ready for action is also a form of restless hands.

Raised Hands

Raised hands are indicative of the use of energy. It can be for calling the attention of a speaker in a gathering or for expressing the grievances or even joy by making a fist and raising the hands. Hands raised with palms facing outward can be a signal of parting, waving goodbye. Making a salute can mean that the person has a polite, yielding nature and respect towards others.



Fig. 10.45. 'I have won'

Clenched Hands

To clench means to close together tightly or grasp firmly. There are many meanings of this gesture and they depend on the context and the mood. There are three main positions of clenched hands :

1. Hands clenched in front of the face.
2. Clenched hands placed on a table while seated.
3. Hands clenched in front of the crotch while standing.



Fig. 10.46. (a) In front of the face (b) On a table (c) In front of the crotch

Clenched hands gesture is related to negativism, holding back (neutral) or even anxiety or frustration.

A correlation between the height at which the hands are held and the degree of a person's frustration has been discovered. Hence, while observing this gesture, it is better to focus on height in order to assess the degree of frustration.

Hand(s) Behind the Head

This gesture is of touching, scratching or holding the back of the neck or head with open palm. It may be presented in variant forms like reaching a hand upward to scratch an ear, grasp an earlobe, or stimulate an ear canal and touching, scratching or rubbing the cheek or side of the neck.

In conversation, hand-behind-head may be read as a potential sign of uncertainty, conflict, disagreement, anger or dislike. It usually reflects negative thoughts, feelings and moods. If the hand is associated with head down, it is due to frustration or closing off. In counselling, interviewing and cross-examining, the gesture telegraphs a probing point that is, an unresolved issue to be verbalized and explored.

Note that hand-behind-head is an asymmetrical gesture made with one hand only. In the U.S., leaning back and placing both hands behind the neck in the bilateral head clamp posture is a sign of dominance. 'This display reveals that someone feels no need to show eagerness and attention.' (Morris, 1994). The seated version of the hands-on-hips gesture except that the hands are behind the head with the elbows menacingly pointed out is the 'Catapult'. This is entirely a male gesture and is typical of professionals such as accountants, lawyers, sales managers, etc. The message is, 'I have all the answers', 'everything is under control', or even 'may be one day you will be as smart as me'. This is also called as 'know-



Fig. 10.47. 'Know-it-all' gesture

it-all’ gesture. It is usually clustered with figure-4 leg position or crotch display which shows that he not only feels superior, he is also likely to argue or will try to dominate.

Hand(s)-to-cheek-and-chin Gesture

Hand on Cheek

When a person places a hand on his cheek, it signifies a process of evaluation, introspection or reflection. It could also indicate attention and interest.



Fig. 10.48. The gesture of evaluation

When the index finger points vertically up the cheek, and the thumb supports the chin, it indicates negative and critical thoughts and a cynical attitude. Rubbing the index finger indicates continuation of negative thoughts. The longer a person holds the gesture of hand on cheek, the longer the critical attitude will remain.

Chin Stroking

This is a universal gesture of decision making or evaluation process or when a person is in deep reflection. Siddons (1822) stated, ‘This gesture signifies the wise man making a judgment.’



Fig. 10.49. A decision-making gesture

Hand(s)-to-chest or Palm-over-the-heart Gesture

This is by and large a male gesture. Females usually make this gesture to cover their breasts. This gesture signifies honesty.

Human beings are using this gesture since centuries. Hands are put on the chest in order to communicate loyalty, honesty, respect and devotion.

This gesture involves placing the palm of right hand outstretched and facing in, over the heart. It indicates emotionality of a person.

Males remove their hats or caps, if they are wearing one and hold them in the hand while bowing down. It signifies respect and submission.



Fig. 10.50. 'From the bottom of my heart'

Hand(s)-on-hips

This posture is a universal one and is an akimbo position, in which the palms rest on the hips with the elbows flexed outward, bowed away from the body.

Hands-on-hips shows that the body is prepared to 'take steps', like to perform, to take part, in or to take charge of an event, activity or work assignment. As a non-verbal cue, the posture shows that the body is poised to 'step forward'. The situation may be that a boss wants to carry out a superior order or he wants to discipline or threaten a subordinate who 'over-steps his bounds'. Hands-on-hips makes a person look bigger and more noticeable because it takes up more space. Hence, this gesture is related to high self-esteem.



Fig. 10.51. Akimbo posture



Fig. 10.52. Hand(s)-on-hips

Palm Gestures

Throughout history, an open palm has been associated with truth, honesty, allegiance and submission. Oaths are taken with the palm of the hand over the heart and the palm is raised while giving evidence in court. When used correctly, palm of a silent person has the capacity to command over other people. Palm gestures convey a lot about our mind, says Allan Pease, the world authority on body language. He also mentions, ‘Submissive dogs reveal their throats. Humans show their palms.’

Palm-up

1. A speaking or listening gesture made with the fingers and hand(s) rotated to an upward (or supinated) position.
2. A gesture made with an open palm raised to an appealing, imploring or ‘begging’ position.

Uplifted palms suggest a vulnerable or non-aggressive pose which appeals to listeners as allies, rather than as rivals or foes. Throughout the world, palm-up cues reflect moods of congeniality, humility and uncertainty.



Fig. 10.53. Faith is a state of openness

Palm-up gestures contrast with palm-down cues, which are more domineering and assertive in their tone. Accompanied by ‘palm-shows’, our ideas, opinions and remarks may seem patronizing or conciliatory, rather than aggressive or ‘pointed’. Held out to an opponent across a conference table, the palm-up cue may, like an olive branch, enlist support as an emblem of peace.

The Bowl

One of the warmest, gentlest gestures we can make is the Bowl gesture. Hands resembling a bowl with the palms facing upwards. Sometimes, it accompanies a cock of the head and widened eyes and also other ingratiating signals. It often accompanies, interestingly enough, conversation about fantasies or day-dreams and sometimes is either a covert quasi courting or overt quasi courting signal. It establishes strong rapport when used.



Fig. 10.54. A profusion of flowers being ragged in the rain speaks to me of all gentleness and its enduring (William Carlos)

Palm-down

1. A speaking or listening cue made with the fingers extended and the hands rotated to a downward (or pronated) position.
2. A posture in which the hands and forearms assume the prone position used in a floor push-up.

While speaking or listening to another’s remarks, palm-down gestures show confidence, assertiveness and dominance. Palm-down gestures contrast with the friendlier and more conciliatory, palm-up cue. Accompanied by aggression and palm-down ‘beating’ signs, our ideas,

opinions and remarks appear stronger and more convincing. In particular, the palm-down case is highly visible above a conference table, where it is raised and lowered like a judge’s gavel.

Examples

1. In the boardroom, a chairwoman uses a down-turned palm to order, ‘Quiet, please!’
2. A mother disciplines her child using over-turned palms to accent her words.
3. An angry CEO warns his senior staff, using a stiffened palm-down hand to accent his words: ‘Starting today, I will not accept late reports.’



Fig. 10.55. Palm-down with an assertive attitude

Sweaty Palm

The excretion of eccrine gland moisture onto the palmar surface of the hands in response to anxiety, stress or fear.

Sweaty palms may be detected while shaking hands. It is reported that former FBI Director J. Edgar Hoover would not hire candidates whose hand-shakes were moist and cold.



Fig. 10.56. Sweaty palm

Research Report

1. Cannon’s ‘emergency reaction’ involves redistribution of blood from the skin and viscera to the muscles and brain (Cannon, 1929).
2. A college student’s galvanic skin response is greatest when he is approached by a member of the opposite sex (McBride et al., 1965).

The Fist

Making the hand into a fist is a gesture related to clenched hand gesture. Usually made by the males it signifies determination, anger, fear, hostility or maliciousness.

Research Report

Morris (1994) mentions that the closed fist is a universal gesture of power and triumph as well as a display of force, emphasis and threat. In an infant's transition to sleep, 'Fists closed for more than several seconds indicate increasing fatigue or distress...' (Papousek and Papousek, 1977, cited in Givens, 1999).

Decision Grip



Fig. 10.58. There is nothing more to be esteemed than a manly firmness and decision of character

Sieg Heil

This gesture is performed by making a fist with right hand and placing it over the heart, thumping the chest, then by extending the whole right arm, palm outstretched and facing down upwards into the air at approximately 45° angle from the ground. This gesture is associated with Nazism. It is also used to mock someone or something for perceived authoritarianism.



Fig. 10.57. No one thinks clearly when his fists are clenched

People who want to be perceived as strong and forceful, use their fist to make a point. The decision grip demonstrates conviction and determination. The closed fist in decision grip is a universal gesture of power and triumph.



Fig. 10.59. Sieg heil

Finger Movements



Fig. 10.60. Reflecting unvoiced thoughts and concealed opinions

Nerves of the fingers are connected to speech controlling areas in the brain. Hence, finger movements reflect ‘unvoiced thoughts and concealed opinions’ (Givens, 1999). There are many varieties of finger gestures. Usually, finger movements convey a person’s anxiety, inner conflict and apprehension.



Fig. 10.61. Gesture of money expectancy

Thumb and finger rub is a universal gesture of money expectancy. It is often used by agents or middlemen. Chanting with fingers, however, is slightly different. For counting the numbers each finger is touched by the thumb.

An impatient person often drums his fingers on a table or he uses his feet for tapping.

When a person is under great pressure and he is biding time, this gesture of putting objects, especially of cylindrical shape into the mouth is seen.

Bang Bang

This gesture is made by raising the fist and extending the index



Fig. 10.62. ‘I will shoot you’

finger and thumb. Here, the extended index finger is pointed out at the other person. The thumb is then brought down on top of the fingers, just like a revolver pistol. It is used to indicate violence.

Crossed Fingers

The person wants to assure the other that he is telling the truth. Often, it is used as a figure of speech ('keep your fingers crossed'), without accompanying the spoken word. It is a superstitious behaviour and some use it as a plea for good luck or to avert evil. Feldman (1959) considers this gesture as a magic gesture, a defence against evil, whether the evil comes from within ourselves or from outside.



Fig. 10.63. 'Keep your fingers crossed'

Pointing Index Finger



Fig. 10.64. Pointer for emphasis

This gesture is of extending an index finger to indicate the presence or location of objects or stiffening a forefinger to direct attention to people, places or things or a stabbing motion of the index finger, as given in

‘anger.’ It may be for the sake of ‘emphasis’.

People point with the second digit to turn another person’s attention. Because it refers to the outside world, the referential point is a high-level language-like gesture. In babies, the referential point first appears at 12 months of age, in association with the first use of words.

Thumb Displays

Thumbs denote superiority. They are related to strength of character, the ego and the self-esteem. The thumb signal, therefore, shows self-important attitudes. Thumbs are used to display dominance, assertiveness or even aggressiveness. They are usually a part of a gesture cluster and must be interpreted in context. They are the secondary gestures and, by and large, positive in nature.

Protruding Thumbs From Pockets

This gesture is common to people who feel that they are in a superior position to others. Many VIP’s and pseudo-intellectuals often resort to this gesture. It is used by people who have hypertrophy of ego. The attitudes of dominance and even aggression are displayed by this gesture. Thumbs sometimes protrude from the back pockets, as if a person is trying to hide his dominant attitude. As women started wearing trousers and taking on more authoritative roles in society, this gesture is increasingly visualized. This is a male courtship gesture.



Fig. 10.65. Protruding thumbs from pockets

The Cowboy Stance

Thumbs tucked into the belt or into the tops of pockets, frames the genital area and is a display used mainly by men to show a sexually aggressive attitude.

Thumbs-up, Thumbs-down

The closed fist held with the thumb upward or downward signifies approval or disapproval respectively.



Fig. 10.67. Thumbs-up and thumbs-down



Fig. 10.66. The cowboy stance

Thumb Shaking

The thumb can also be used as a signal of ridicule or disrespect when it is used to point at another person. The shaking thumb is used as a pointer to ridicule others and it is chiefly followed by men and also by naughty and mischievous kids.

'V' for Victory

It is made by lifting the middle and index finger with the palm of the hand facing the recipient and with the remaining fingers clenched. It became famous in World War II as Sir Winston Churchill used it as a sign of victory and typical English doggedness and it is also known as



Fig. 10.68. 'If you think you can win, you can'

the ‘peace’ sign. In England, palm facing inward towards the face is an ‘obscene’ gesture.

Talking Legs

Legs play an active role in body language. The way they are positioned (crossed, close together or held apart) can convey relaxation, tension, modesty, seduction and so on. Shaking one’s foot can reveal impatience, anger or nervousness while stamping can reveal authority, arrogance or contempt. Both feet placed firmly on the floor can indicate that one is on firm ground, secure and confident.

Crossed Legs

Crossed legs, like crossed arms, generally signal a negative or defensive attitude. This gesture originated in man’s attempts to protect the genital area. People often sit with the legs and/or arms crossed to indicate discomfort, withdrawal or resistance against anyone reaching them.

The Standard Crossed-leg Position (Sitting)

In the ‘standard’ or European leg-cross position, the legs are crossed casually, with one knee resting on the thigh of the other leg. The person occupies the full chair, with his back supported by the back of the chair. It is a position used by both men and women, for example, during lectures or when they have to sit in an uncomfortable chair for an extended period. A person taking this position could also be nervous, withdrawn, on defensive or merely feeling cold.



Fig. 10.69. Standard cross-leg position

We can distinguish between a defensive position and crossed-leg position on account of cold weather conditions. A person who feels cold will usually have his legs straight, stiff and pressed against each other. In contrast, a defensive person will have a more relaxed crossed-leg posture.

If, together with the crossed-leg position, a person also crosses his arms, it means that he has reinforced his defensive position and in conversation, it is a sign of withdrawal.

When a person with crossed legs moves his foot in a slight kicking motion, he is probably displaying boredom with the given situation.

The Figure-4

One leg is horizontally crossed with the ankle resting on the other knee. It has the same implication as a standard crossed-legged position. In an interaction between two people, if one or both have their legs in the figure-4 position, it means that they have taken a highly argumentative or competitive attitude in the discussion.

Often, to strengthen his attitude, a person using the figure-4 position may place one hand or both hands on the crossed leg to 'clamp' it. This makes the going tough; it means the individual is stubborn and it will take some effort to break his resistance.



Fig. 10.70. Figure-4 position

The Standing Crossed Leg Position

Pease (1993) describes the various stages:

1. The arms and legs are crossed in a defensive position.
2. The legs are uncrossed and the feet are placed together in a neutral position.
3. The arms are crossed on the chest in such a way that the outer arm, instead of being tucked in, holds the outside of the other arm and displays the palm in the course of the conversation.
4. The arms are uncrossed. One arm is used for gesturing or is placed on the hip or in the pocket.
5. A person leans back on one leg, bringing the other foot slightly forward and pointing it towards the person he finds most interesting.



Fig. 10.71. Standing Crossed-Leg Position

The Ankle-lock Position

Sometimes, while sitting or standing, people lock the ankles of their feet. This is usually coupled with the clenched-hand gesture. These gestures together signify a ‘holding back’ of strong feelings, attitudes and emotions. They spell out a defensive, negative attitude. The ankle-lock position could also display tension, for instance, in people waiting outside a doctor’s clinic or those waiting for a job interview. This gesture can also be made by people whose bladders are full and who have to wait to relieve themselves.



Fig. 10.72. Ankle-lock position

WALKING GESTURES

Each person has a distinct walking style; seldom do we identify people by their walk. Our walk is shaped on the basis of our individual body structure and emotions. These control our pace, length of stride and our posture. A person who is happy will be light-footed and his movements quick and lively. A depressed person will walk with heavy steps, as if he has leaden feet and stooped shoulders.



Fig. 10.73. The styles of walking are different

While we walk on our legs or hind limbs to commute from one place to another, the manner and style of our gait (e.g., marching, mincing or swaggering) telegraphs information about our status, feelings and moods.

Swagger Walk

This is the broadside display representing :

1. A slight or moderate exaggeration in the side-to-side movements of walking.
2. A usually masculine style of upper-body strutting.
3. A visual means of filling-up space or occupying a greater expanse of personal territory.

While greeting, a man uses the swagger-walk while approaching another man to demonstrate power, strength and dominance.

A swagger is somewhat exaggerated arms-swinging style of walking, with the upper part of the body strutting. This is almost exclusively a male gesture. A man who approaches another with a swagger to greet him is displaying 'power, strength and dominance' (Givens 1999).

Hand(s) in Pocket

People who tend to walk with hands in pockets may possess a character that is prone to being critical and secretive. They are often found speaking disparagingly of others. It is quite possible that they are facing dejection, especially if they move about with the head bent, as if measuring the floor. Another characteristic that might accompany this gesture is sloppiness. People walking with one hand in the pocket may be suspicious and they like to show off and gossip. They also possess important information.

If someone is walking with hands in their pockets but with the head down, the person may be sad, introvert or reserved, or with a lack of go.

Meditative Walk

People who are pre-occupied with some problem tend to walk at a slow pace with their head down and hands clasped behind their back. They



Fig. 10.74. A broad side display



Fig. 10.75. Walking with hands in pockets and head bent

may stop every now and then to intently examine an object on the ground, be it a stone or a scrap of paper.

Confidence Walk



Fig. 10.77. Confidence walk

This is the walking style of a ‘stutter’ – chin raised, arms swinging exaggeratedly, legs somewhat stiff and the pace impressively deliberate and calculated. This style exudes confidence. It is also called ‘Brisk-erect.’

Leadership Walk

This refers to people who ‘set the pace’ of walking. They walk with deliberate steps, clearly indicating that they are headed towards a specific and desired goal; hence others may take the cue and follow, if they wish so.

Pacing

This is walking with measured steps and with a particular gait. People pace up and down a limited area: A room, a veranda or courtyard. They



Fig. 10.76. Meditative walk



Fig. 10.78. Leadership walk

resort to pacing while attempting to solve a complex problem or when faced with a difficult decision. They naturally prefer to be left alone and not to be interrupted lest they lose their chain of thought. Compare pacing with walking with small steps.

Some More Walking Styles

Walking With a Straight Neck

1. Family oriented, large hearted
2. Hard workers
3. Simple and transparent
4. Mind their own business



Fig. 10.79. Walking with measured steps

Walking With Bent Shoulders

1. Tired, depressed
2. Tense, disturbed
3. Submissive
4. Polite; mannerisms

Walking With Drooping Shoulders

1. Under mental stress
2. Submissive



Fig. 10.80. Walking with a straight neck



Fig. 10.81. Walking with bent shoulders



Fig. 10.82. Walking with drooping shoulders



Fig. 10.83. Walking with hands on hips



Fig. 10.84. Walking with holding sideways



Fig. 10.85. Walking with folded hands

Walking With Hands on Hips

- Sulky; cynic
- ‘Heart’ rules the ‘head’
- Decisive; impulsive
- Nervous over trifles

Walking With Holding Sideways

1. Born fighters
2. Walk rhythmically
3. Bold; independent
4. Confrontational

Walking With Folded Hands

1. Emotional and thoughtful
2. Secretive
3. Obedient; sincere
4. Reflective mode of thinking

Walking With One Hand in Motion

1. Planner; methodical

2. Result-oriented
3. Independent; sectarian

Loose Walking

1. Routine, mundane life
2. Opportunistic
3. Deceptive; encroaching
4. Don't bother about prestige

Walking in Small Steps

1. Far-sighted
2. Security and stability
3. Contented
4. Maintain themselves

Walking With Long Steps

1. Full of agility and enthusiasm
2. Good physique
3. Impatient; hurried
4. Boyish
5. Good planners



Fig. 10.86. Walking with one hand in motion



Fig. 10.87. Loose walking



Fig. 10.88. Walking in small steps

Walking With Legs Apart

1. ‘Space’, wants more
2. Too good or too bad
3. Smugglers; conspirators; spies

Walking Slowly

1. Senile
2. Losers in life
3. Lazy and pretentious
4. Wolves in sheep’s clothes

GESTURES WITH MOBILE PHONE

Mobile Phone Always in Hands:

Some people don’t remove the mobile phone even during most useful actions. They are victims of a showy mentality. They are pompous people who have high self-esteem of themselves. They



Fig. 10.89. Walking with long steps



Fig. 10.90. Walking with legs apart

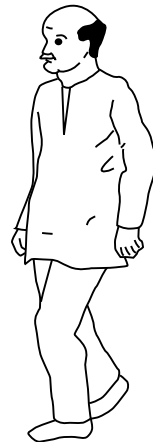


Fig. 10.91. Walking slowly



Fig. 10.92. Mobile phone always in hands

One can understand playing with a mobile phone when bored in order to pass time. However, some people are habituated to play with the mobile phone. Such people are impatient, quick, restless and undisciplined. These people play with the mobile just to fulfill their ego.

Talking on Mobile Phone With a Raised Arm

These people are fond of tourism and you find them in the corporate sectors. They are experts in attracting others by their way of talking. They are active and reciprocal.

want to present to others that they are special and busy.

Constantly Playing With Mobile Phone



Fig. 10.93. Constantly playing with the mobile phone



Fig. 10.94. Talking on the mobile phone with a raised arm

FEMALE COURTSHIP AND COME-ON GESTURES



Fig. 10.95. Female courtship gestures

Women use many sprucing gestures. **The head toss** is flicking the head to lower the hair over the shoulders or away from the face. When an interested female gradually exposes the smooth, soft skin of the wrist, it is termed as **‘exposed wrist’**. Note that, the wrist has been considered as one of the sensual areas of the body. Women, who smoke cigarettes, find the tantalizing wrist / palm exposure quite simple to perform while smoking. The combo gesture of exposed wrist and head toss are often mimicked by eunuchs and homosexual males who want to take on a feminine appearance. When the legs are opened wider than they would normally have been, they are termed as **‘open legs’** and this is an inviting gesture. Hips are a prominent pelvic feature having a vibrant role while walking. This gesture is called as **‘rolling hips’** and it is a sensual gesture. The **‘face platter’**, is a gesture which is used mainly by women and gay men for attracting men. Women will place one hand on top of the other and present her face to a man as if it was on a platter for him to admire. **Mouth slightly open with wet lips** has been described by Dr. Morris as

‘self-mimicry’ as it is intended to symbolize the female genital region. A **sideways glance, fondling a cylindrical object** like a cigarette or pen or even a finger and female **leg-cross** (leg twine) are often used as sensual gestures.

SMOKING GESTURES

Smoking With the Help of Both Hands:

One light weighed cigar can be smoked with one hand. But the theme here is that of support. These people have the feeling as if they are abandoned and to compensate this feeling, they try to smoke with the help of both hands.



Fig. 10.96. Smoking with the help of both hands



Fig. 10.97. Smoking with the help of the tip of fingers

Smoking With the Help of Tip of Fingers

These people are communicative and open-minded. They are also found to be of frugal nature and don't like extravagance. They are far sighted and clever.

Flute-like Smoking

These are liars. Smoking with deep breathing shows that they are mentally

imbalanced. They are charlatans, money-minded and extravagant.

Smoking With the Help of Forefinger and Middle Finger

These are sharp and active people, who are able to solve their problems in an easy manner. These people are experts in their profession. They never accept



Fig. 10.98. Flute-like smoking

defeat and are result-oriented.

Smoking With the Help of Thumb and Forefinger

This manner of smoking is found more in physical labourers. It is also found in people who are busy, impatient and quirky. They are active in the initial phase of any work but lack perseverance.



Fig. 10.99. Smoking with the help of forefinger and middle finger

Smoking With the Help of Little Finger

Four dispositions characterize these persons – confident, liar, miser and secretive. Their deep sigh of smoking indicates that they conceal some information.



Fig. 10.100. Smoking with the help of thumb and forefinger



Fig.10.101. Smoking with the help of little finger

Smoking by Keeping Mouth of Cigarette Towards the Palm

Such persons are hurried, impatient and suspicious. They are masters of their subjects and possess philosophical mind. They may be addicted and irresponsible.



Fig. 10.102. Smoking by Keeping Mouth of Cigarette Towards the Palm

CONCLUSION

The body language we use decides to a large extent the quality of our communication. We are what we gesture. Be conscious of your own and others' body language. Body language should be interlinked with spoken language and a whole pattern of behaviour from a person. Various body language signs complement each other to make a particular meaning crystal clear or strengthen the meaning of what we communicate.

How we come across to someone is decided only for a small part by the words we speak. Body language plays a big role in intuition as it gives us messages about the other person that we can interpret at an intuitive level. It is therefore necessary to get to know our own body language first. We should learn about it so that we can recognize it in others as well.

We have not given our deliberations on homoeopathic perspective of gestures as they have already been given throughout in the other chapters of the book. In the repertory of body language, an attempt has been made to integrate the observations of people that surround us and the description of their signals with the science of homoeopathy. The motive is to explore many missing links in the totality and to make the science of homoeopathy more practical.



Chapter 11

POSTURE AND STANCE



‘There is a point where in the mystery of existence contradictions meet; where movement is not all movement and stillness is not all stillness; where the idea and the form, the within and the without, are united; where infinite becomes finite, yet not.’

- Rabindranath Tagore

THE MEANING OF SOME TERMS

This chapter examines the role of posture and stance in the study of body language. Until recently, this was thought to be an area relevant to mannerisms, etiquette and deportment. ‘Sit erect’, ‘Don’t slouch’, ‘Stand with arms crossed before your teacher’, etc are often admonitions by the seniors. Posture and stance is now being viewed more seriously as an aspect of behaviour which can be rich in non-verbal signals. Posture can be a useful indicator of the patient’s state of mind at the time of interrogation. It can be a vital sign of the patient’s personality and is of immense help in categorizing the basic modes of body language.

Let us clarify some terms before proceeding to the main subject:

1. Position is a general term for configuration of the human body.
2. Posture means the intentionally or habitually assumed position.
3. Pose implies artistic or aesthetic intention of position.
4. Attitude refers to postures assumed for purpose of imitation, which may be intentional or non-intentional.
5. Bearing refers to the manner of the posture, as well as of gestures and other aspects of the conduct.

GESTURE AND POSTURE: THE ‘MOVEMENT’ AND THE ‘STILL’

Gestures and postures resemble our endocrinological system – interdependent on each other. Gestures deal with movement and with nuance. Postures on the other hand, deal with the ‘still’ state. The relationship between gestures and postures is a matter of study whether the body is in ‘motion’ or at ‘rest’. When you are at ‘rest’, you assume a particular posture. It is your thoughts and emotions which drive your body in ‘motion’. Our energy is in proportion to the resistance it meets. More the intensity and energy in emotions and thoughts, higher is the range of movements of the body. However, this is not always true. The turbulent state of mind can make you take a particular posture for few seconds to few hours and further as a unique ‘posture’ throughout life! You can be quiet and resting in a particular posture and how you stay in that posture defines your personality.



Fig. 11.1. Observe the vivacity



Fig. 11.2. Everything flows and vibrates

Gesture followed by posture and vice versa is a continuous spectrum of our life. We have to be ‘still’ to act and we need ‘action’ for continuum. You have to go into the state of unconsciousness in order to remain in the state of consciousness. Warren Lamb takes the view that posture and gesture are inseparable and he calls it as ‘posture-gesture merging’.



Fig. 11.3. Posture acts as a memory machine

The posture gives clues as to the status; it provides the signal about openness, closeness, attentiveness, confidence, attitude, direction and the inner personality. Posture acts as a memory machine which holds the past and it has an inherent flexibility – the changing attitudes go hand in hand with changing postural patterns. A consistent or inflexible pattern of a specific posture, however, is more important in homoeopathic practice. A repeated gesture needs to be questioned so as to understand its deeper meaning.



Fig. 11.4. Posture is not only a position but also an attitude

POSTURE AND ENERGY

In the research paper entitled ‘Effects of Human Postures on Energy Dissipation From Vibrating Floors’, Brownjoin, James M. and Zheng, Xiahua, postulate:

‘When subjected to vertical vibration, a human behaves as a mass-spring-damper system rather than solely as a mass on the structure. The interaction between the human body and the structure results in a significant increase in the damping of the human structure system. In published research, the human body has been modeled as a multi-degree of freedom system. Various experimental methods have been used to identify the relevant human model dynamic parameters such as stiffness and damping. However, there is lack of information on

quantifying the damping effects of human structure system. The study reported here posed application of energy dissipation to evaluate the damping effects. During vibration, the human absorbs energy and also includes damping in the structure. It has been found that human postures like sitting, standing affect energy dissipation.’

This research finding is in accord with homoeopathic philosophy of vital force and the role of modalities in aggravation or amelioration of complaints.

Don't think that only gestures are related to energy, postures too bear the same relation with the energy.

POSTURE AND INTER-PERSONAL RELATIONSHIP

By learning about posture, we familiarize ourselves with the basic alphabet of body language and this knowledge forms the foundation upon which all subsequent impressions are built. It is interesting to see that posture is defined not only as a position of a human body but also as an attitude. It is needless to point that all inter-personal relationships are based on attitude. The attitude is of three types—positive, negative and neutral. Each one of us has a repertoire of postures through which we all express our attitude.

Posture projects a degree of attention or involvement, the difference in status between people and the inclination of a person towards another person. Studies investigating the impact of posture on interpersonal relationships, suggest that mirror image congruent postures, where one person's left side is parallel to the other's right side, leads to favourable perception and positivity. For instance, a person who displays a forward lean or a decrease in a backward lean signifies positive approach during a conversation.

It is possible to interpret, at least a little, about a person on the basis of his body posture. The way people hold themselves gives important information. For instance, when a person is feeling



Fig. 11.5. Sagging of the shoulders

low, he gives that information through sagging shoulders, head down and minimum eye contact. A slumped posture in sitting position restricts breathing and impedes circulation. On the contrary, if someone walks straight and stands with erect shoulders, it portrays his confidence and superiority and in this posture there is no impedance to circulation.

Interest and respect are the basic requisites of positive communication and posture plays a great role in it. Simply turning the body towards a concerned person when he is talking is enough to show the interest. It is an act of friendliness and respect and often rewards itself when you get it back from the other person. A small effort in this way can make the difference in being accepted or rejected.



**Fig. 11.6. Sitting facing each other and leaving forward
'I don't want to talk with you'**

I am tempted to quote Jules Feiffer, 'I grew up to have my father's looks-my father's speech patterns-my father's posture, my father's opinion and my mother's contempt for my father.'

EMOTIONAL POSTURES

The study of emotions and postures is a fascinating exploration. Our physical body adopts certain postures based on our energy system. Behind the body there is energy that is, vital force. Any emotion where we feel comfortable is like 'an old shoe' to us, which we are used to.

It is interesting to see 'emotional' postures. The emotions of a human being are hardly stable and they are 'fleeting' in nature. We move from

one emotional state to another. Sometimes, we develop certain emotional states that we move into easily, just as we walk, stand or sit in a particular way. Sometimes, these emotional states become pervasive and consistent. They then compel the body to take up specific postures. Such postures are more important for the selection of a simillimum because it is within these consistent postures that the essence of personality is hidden. The new postures acquired by the body become the 'habit' over a period of time and they get glued to the system. The new postures replace the old ones. It is interesting to observe how the miasmatic process allows the body to express the postures. Patients change their sitting, standing, lying and walking styles under the influence of miasmatic forces. The new postures replace the old ones and they too again turn old over a period of time! This is a continuous process. However, if the system is 'stuck' in a particular posture and it manifests the same consistent posture in variable conditions, it is vital and crucial for a homoeopath to base the remedy selection on it.



Fig. 11.7. Can you link posture with emotions?

'Worried' and 'angry' are emotional postures. So are peevish, cynical, critical, lonely, unmotivated, ignored, friendliness, mistrustful, not good enough, unappreciated and unloved. Also, we can include over-whelmed, frustrated, impatient and stressed. If a person demonstrates such a state consistently, it is an important emotional posture.

POSTURE AND HEALTH

Posture denotes the status of health. Whether the posture is in alignment or not is counted in knowing the index of health. If a person is standing or sitting erect, his chest area is extending outward and the head area is held up high, it can be interpreted that a person is in control and his reservoir of energy is good. To keep the posture erect and balanced

requires internal strength.

‘The truth is, to live a long, active, energetic life, few things matter more than good posture. When you are stooped over, you not only look old, but you tend to feel that way too. When, instead, you uplift and relax your body alignment, you can actually help prevent or reverse the aging process – not just cosmetically but functionally,’ says Rene Cailliet, MD.

Illness causes imbalance and disharmony, and it affects the alignment of the body. Certain diseases are known to produce some specific postures. For instance, asthma patients take some positions which give them comfort. These are recognized in homoeopathy as modalities which are nothing but adaptive mechanisms postured by the system for the sake of comfort.

An interesting relation is observed between the patient’s life incidences and posture. A person’s habitual posture seems to act as a record of past experiences. For instance, an individual who has suffered from chronic depression will frequently retain the sagging, hopeless posture which typifies the illness. It has become second nature to him. Even when he has recovered, his body retains and engraves the depression by maintaining the sagging posture. The example of this is the body language cluster of sitting in a narrow space with folded knees and slapping the forehead.

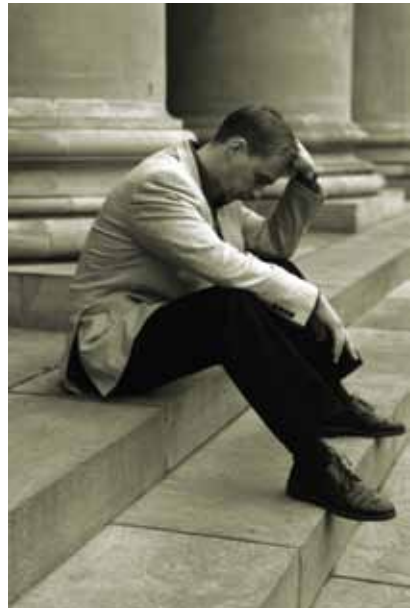


Fig. 11.8. Retaining the emotions

A Good Posture

A good posture contributes to increased energy, better breathing, improved circulation, greater confidence, a slimmer taller look and overall health. It can be said that man’s proper estate is an upright posture.

Penguin is an appropriate example of a good posture. It represents:

1. Shoulders are down and back

2. Chest is out
3. Head is not leaning forward but in line with the body
4. Weight is distributed equally on both feet

Good posture stems from understanding and maintaining a balance between the four main curves of the spine.

There are two forward curvatures in the cervical and lumbar region and two backward curvatures in the thoracic and sacral region. It is these curves of the spine that give resilience and ability for the body to absorb impact. It is because of these normal curvatures of the vertebral column that the body's weight is distributed equally on both the legs. These curvatures are vital in maintaining the balance of the body in doing day-to-day activities. Loss of normal curvature of the spine leads to straining of the adjacent ligaments and muscles leading to back pain. On the contrary, if the curvature in any region increases due to any underlying pathology, it leads to the same problem of back pain. In both the instances, the resilience of the spine is reduced with the limitation of the central movements of the spine. In either case, movement becomes less efficient.

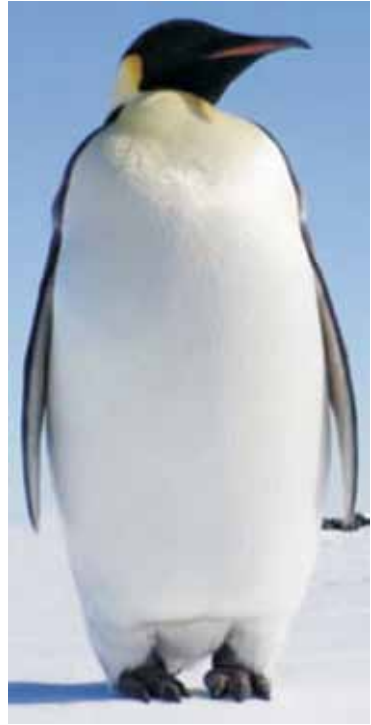


Fig. 11.9. A lesson for man

Benefits of Good Posture

1. Helps keep bones and joints in correct alignment and optimum usage of the muscles.
2. Helps to decrease abnormal wear and tear of joint surfaces that could result in arthritis.
3. Decreases stress on ligaments holding joints of the spine together.
4. Prevents the spine from becoming fixed or restricted in abnormal positions.
5. Prevents fatigue as muscles are used more efficiently.

6. Prevents repetitive strain or over-use syndromes.
7. Prevents backache, muscular spasm and headache.
8. Helps you look strong and confident.

Many of us have a variety of bad postural habits that can get in the way of a good posture. Some of these are :

1. High heels, greater than two inches
2. Carrying a heavy bag or purse over one shoulder
3. Holding the phone between your shoulder and ear for a long time
4. Falling asleep on the couch in funny positions
5. Sitting in the chair without supporting the spine, by slipping on the curve of the chair



**Fig.11.10. Bad postural habits:
Use of high heels**

Common Contributors of Poor Posture

1. Weak muscles.
2. Taut and strained muscles.
3. Decreased flexibility.
4. Prolonged static positions.
5. High heeled shoes.
6. Foot pronation (flat feet).
7. Poor ergonomic work setup.
8. Poor sitting and standing habits.

Yoga, mudras and meditation focus on postures for physical, mental and spiritual health.

Postures Make a Big Contribution

While studying a variety of postures, Dr M. Alam sums up his observations, ‘The way a person holds himself, his postures make a big contribution to the body language and convey the level of confidence. If a person orients

himself towards someone, he shows attentiveness while falling away from the other person or leaning back, he shows lack of interest and reserved character. On the contrary, when a person feels aggressive or he wants to defend his space, he puffs himself up.'

1. Puffing up the chest and staring into the eyes of the other person is enough to infer that there is some issue and it could lead to some trouble.
2. A person could stand with a leg extended slightly forward, hands in pocket and arms bent slightly. This could be a symbol of relaxing, while standing in position.
3. A person standing with his arms folded across his chest in an upright position is showing a sign of control, while demonstrating that his defenses are prepared for a possible situation as it arises.
4. Placing hands over the chest while resting in a chair is usually a sign of comfort. Propping the knees and legs up with one leg spread and the other leg firmly gripping the seat area also indicates a comfortable posture.



Fig. 11.11. Arm-cross over chest suggests control

SITTING STYLES IN A CHAIR

The position of the legs whilst sitting :

1. Feet locked together at the ankle implies a reserved nature, internal tension and danger.
2. If the feet wind themselves round the chair-legs, the position that has been taken up is rigid and not easy to change.
3. Loosely crossed legs speak for openness with some degree of reserve.
4. An open relaxed position with outstretched legs demonstrates trust,

but also territorial claims.

5. A wide seat with shins set obliquely indicates a protective barrier.
6. If two people sit cross-legged next to each other with toes pointing towards each other, it indicates that contact is being sought between them.
7. Concealing feet points towards a secretive attitude. Sitting with legs apart implies open, free people and they may be sexual and shameless.

Depending on the angle at which a person spreads his or her legs and thighs while sitting reveals a positive or negative attitude.

Sitting styles vary between males and females. A woman generally keeps her knees close together while sitting, even if she is wearing pants.



Fig. 11.12. 'We are agreeable to each other'

The 'Lincolnesque' Position

Sitting in a chair with both feet planted firmly on the floor and apart, and arms resting flat on the arms of the chair signifies an open attitude. Two people seated facing each other in this manner are likely to be agreeable to each other's ideas.

When a person sits forward in the chair with his feet on the toes and displays a cluster of positive gestures, he shows his readiness for positive action. When one notices someone in this position, he can freely consider it as an opportune moment to strike a deal or ask a favour.

When a person leans forward with both arms gripping the chair or placed on the knees, he is displaying a negative attitude. He non-verbally signals that he is ready to terminate an encounter or a conversation. In this situation it may be difficult to obtain a favourable response. To preserve one's self-respect one may discreetly withdraw from the scene.

Leg Over the Arm of the Chair

When a person rests his leg over the arm of the chair, he appears to



Fig. 11.13. ‘Don’t disturb me’

be relaxed, open, cooperative and informal. However, this is only an eyewash, because opposite attitudes do exist. This position indicates that he is generally indifferent or even hostile to others’ feelings and needs. Besides, if he non-verbally communicates a dominant or superior stance, it can be difficult to relate to him.

Straddling the Chair

Straddling the chair, that is, sitting on a chair in such a way that the back of the chair is in front and facing the opposite person, is a show of dominance or aggression, although it gives the impression that one is only being informal and cooperative.

The back of the chair serves as a ‘shield’ to protect the straddler from attack, especially from other members in a group situation. The straddler will try to take control of the others, particularly when he feels bored with their discussion.

Rocking or Swinging in the Chair



Fig. 11.14. Informal way of dominance Some people are used to rocking

in a chair, either forward or backward, or from side to side. This movement indicates that the person feels that he is in full control of the situation and is confident that things will work out in their favour. People who are opportunistic and want to lead over other people often rock in a chair.



Fig. 11.15. 'I am in full control of the situation'

Mirroring Each Other

The equality of status is indicated by matching postures that is, mirroring. Here, a person shows remarkable similarity in the posture which they adopt while sitting or standing. If one person stands with hands in the pocket, the other will do the same.



Fig.11.16. The status equality

Fidgeting

In a tense situation people tend to fidget, for instance, move restlessly in their chair and continue to do so till they feel comfortable—not necessarily in the chair, but with the situation.

Nierenberg and Calero (1975) list several reasons for people fidgeting in their chairs:

1. They are tired.
2. They are not stimulated by the speaker so they find it difficult to listen intently.
3. Their bodies are programmed to follow a certain rhythm (for instance, they have a set lunch time) so they are telling them it is time for a break.
4. The chairs are uncomfortable so their back may ache.

The fidgeting may continue till they stop paying attention completely and get immersed in their own thoughts.

Another peculiar behaviour in the sitting posture is of a person pulling his pants when engrossed in a decision making process. He may do this a lot if he is having a difficult time reaching a decision and may also fidget in his chair.

Desk Drawer Movements

While communicating across a desk, a person may pull out the bottom drawer and place a leg on it. This gesture indicates ‘getting a leg up’ on someone or a situation. Many aggressive and goal oriented executives may use this gesture not only in a face-to-face communication but even while talking over the telephone.

Sometimes, when confronted with a complex problem on the telephone, a person may repeatedly open and close the top drawer of his desk. As soon as he reaches a solution, he will shut the drawer with a deliberate movement, stand up and communicate his answer in a firm tone over the line.

SITTING POSTURES

When Not Sitting on a Chair

Arms Crossed Over Pillow in Sitting Posture

These people are confident,



Fig. 11.17. Arms crossed over the pillow while sitting

benevolent and intelligent. They are good friends and they sustain their friendship throughout their life. They also like to advise others and their advice is after weighing all the pros and cons.

Sitting With One Leg Folded at Knee and Other at Breast

These people are always thinking of their mental agonies, of defeating their enemies who have brought out this state. They are concerned with their prestige and focused on their targets. A regular pattern of this posture signifies that these people are pursued by constant and active stress.



Fig.11.18. Sitting with one leg folded at knee and the other at breast

Sitting With Folded Hands on Folded Knees

This posture indicates ‘ready to work’. These people are honest, industrious and diligent. They are simple hearted, credulous and hence they are also betrayed by others. They are busy in themselves with their emotions and work. Note that their head is not down.

Sitting With Folded Knees and Hands on the Knees

The grief and anxiety which these people experience in their life make them melancholic. This affects their reasoning faculty of mind. They like to go by their thinking pattern which is at variance with the others including their needs. They are rigid and go ahead with



Fig. 11.19. Sitting with folded hands on folded knees

their ignorance.

Sitting With One Foot on Other and the Knee Between Two Arms

This posture is like an injured lioness getting ready to pounce upon her tormenter to finish him in one go. The eyes are fixed on the target and they behave tit-for-tat or an eye-for-eye. They will wait for the right time to attack.

A Gesture of Dilemma

In this gesture, one sits with both knees bent and both elbows rested on them with the face between the hands. Such people keep on staring in one direction only.



Fig. 11.20. Sitting with folded knees and hands on the knees



Fig. 11.22. A gesture of dilemma



Fig. 11.21. Sitting with one foot on the other and the knee between two arms

When the conscience is in a state of screaming and biting, this posture is taken up often. They are innocent and highly emotional people

and when they are held guilty, they get so stunned that they can neither tell the truth nor can take their revenge. This gesture can be a form of vital sign of the patient.

Sitting With Ease While Tilting the Neck

Such people sit with folding their legs, tilting their neck and putting both the hands on the floor behind the body. This signifies relaxation as after hard work and have no worries for the future. They are industrious, communicative and witty people. Many times they behave in a stubborn manner.



Fig. 11.23. Sitting with ease while tilting the neck

Postures While Sitting

The way in which a person sits reflects his mood and internal disposition, nature and attitude towards others. S. Molcho analyzed the meaning of the expression of postures as follows:

Posture of the Trunk

1. Erect, alert posture signals dynamism and vitality as opposed to slumping which indicates lack of drive and a possible depressive mood.
2. Leaning of upper part of the body towards other person reflects interest and invites dialogue.
3. Leaning back implies skepticism, withdrawal or avoidance. If

someone is agreeing verbally but leaning backwards, it indicates that he is distancing himself from his words. Here apply the rule that the body does not lie.

4. Extreme relaxation posture, upright sitting, legs apart and hands on thighs imply snobbishness and over-estimation of self.

Positioning on the Edge of the Chair

1. Signals time pressure or jumpiness.
2. A sign of inferiority or uncertainty, as well as a desire to end the conversation.
3. Exaggerated leaning backwards, even to the point of balancing on the hind legs of the chair, reveals retreat.
4. Getting up briefly or shifting in the seat is an indication of unease and a non-verbal signal that he would like to leave.



Fig. 11.24. 'Let me go'

Victorian psychologist William James identified four types:

1. Confident and open: A typical example of the erect posture of a well dressed, confident businessman.
2. Withdrawal: Turning away or holding back. These postures signify shyness, boredom and are perceived as 'cold' by the onlooker.
3. Expansion: Standing up straight, with an erect bearing – an extreme example is the posture of pride. Normally, this posture is adopted by confident, dominant individuals.
4. Contraction: Postures which draw the person into themselves – dejected, collapsed positions of the body which indicate submission and possibly depression or disappointment. Stooped and sagged postures indicate prostration of mind and grief.

CLOSED AND OPEN POSTURES

A body posture can be closed or open. When a person does not feel comfortable, he often assumes a closed position. He will manifest crossed arms or legs or will hold an object such as a bag in front of him which acts as a barrier and protection for feeling vulnerable. Many people take on the posture of a closed body position in the initial phase of conversation

and it is continued until the level of trust and intimacy is established. The theme of intimacy is interesting from body language cues. There are all sorts of levels of intimacy, also described as feelings of closeness. In physical intimacy, closed body postures are required (but mind has to be kept open!).



Fig. 11.25. Communication works for those who work at it

The fugitive mode described elsewhere in the book is a good example of closed body posture, so also the reflective, but in a minor way. The responsive and combative modes, on the other hand, represent open body posture.

SUBMISSIVE AND FEARFUL BODY POSTURES

A significant cluster of postures are manifested by the body to signal fear and submission.

Making the Body Small

This is the common response in order to protect the vital organs of the body. Due to timidity, there is reduction in the size of the body. Becoming small also reduces the chance of being seen from a long distance. A person may take a crouching position, with the knees bent. The curled-

up regressive position is a good example of reducing the space. With arms and legs crossed and the hands kept closely attached to the trunk makes the body small.

Head Down

Turning the chin and head down protects the vulnerable neck from attack. It also helps the person to avoid face-to-face communication



Fig.11.26. Flexion withdrawal

and to deliver the message of non-confrontation.

Motionless

This is freezing himself and staying still so that the little space which is acquired is kept as it is. It signals submission and the message that a person doesn't



Fig.11.27. The message of non-confrontation

want to fight back.

MYTHS AND KNOWLEDGE ABOUT POSTURES

Myth 1: Good postures are automatic. You simply force yourself



Fig. 11.28. Freezing oneself

to sit and stand up straight.

Fact: A good posture can't be forced and it is not instinctive or automatic. Out of around seven hundred muscles in the body, natural and comfortable posture relies on only four or five key muscles to hold the chest, shoulders, neck and head upright. Wilfred Barlow, MD medical director of Alexander Institute, Great Britain, says, 'We are not born knowing how to do it right. No reflex system sets up good posture. We have to learn it.'

Myth 2: Poor postures just look bad – they don't hurt health.

Fact: Poor posture not only looks bad but also causes a lot of health problems. It distorts the alignment of bones and strains the muscles over a period of time. It leads to many complications like loss of lung capacity, reduced blood and oxygen supply to the brain and vital centers, stiffness of joints and pain syndromes, premature aging of body tissues, faulty digestion and constipation. Poor posture contributes also to psychological problems like poor concentration, drowsiness, tendency towards cynicism, pessimism, etc. Sitting for a long time in a poor posture helps stabilize negative emotions.

Myth 3: Slumped posture might make me a little tired by the end of the day, but it doesn't affect my work quality.

Fact: Constant slumped posture contributes to tension headache, vision problems and jaw and neck pain. According to Rehabilitation medicine expert Rene Cailliet, MD, 'It is extremely difficult to work in a technological society and not develop a forward head.' In this modern life when the sedentary habits of the people have increased enormously, sitting in a slumped posture for the sake of occupation has become common. This definitely has a bearing on attitude.

Myth 4: It's normal to have a slumped posture as you get older.

Fact: This is not true. Thomas Hanna, PhD, director of the Novato Institute for Somatic Research, Novato writes, 'The bodily decrepitude presumed under the myth of aging is not inevitable.' He contends that it is due to sensory-motor amnesia that people start falsely thinking of 'growing older' (from the book 'The Power of 5').

STATIC POSITIONS

There are 'static' positions which we adopt while at rest or when not in motion.

Standing

Standing, though simple, is a position which involves complex coordination of the nervous system and the higher centers of the brain. Standing requires sufficient vertical space. Although quiet standing appears to be static, modern instrumentation shows it to be a process of rocking from the ankle in the sagittal plane. The sway of quiet standing is often likened to the motion of an inverted pendulum. There are many mechanisms in the body that are suggested to control this movement, for example a spring action in muscles, higher control from the nervous system or core muscles.



Fig. 11.29. Standing requires sufficient vertical space

Sitting

Sitting requires sufficient horizontal structure. Special ways of sitting are with the legs horizontal and in an inclined seat; while on a chair the shins are usually vertical, on the ground the shins may be crossed in an 'Indian

style' sitting or the shins may go horizontally underneath the thigh in a seize.



Fig. 11.30. Sitting requires sufficient horizontal space

Squatting

This is intermediate between standing and sitting, a posture with both feet flat on the ground but with knees and hips fully flexed so that the buttocks are near the heels. It may be used as a posture for resting or working at ground level when the ground is too dirty to sit or kneel; for defaecation or as a temporary position during lower body squat exercises.

Lying

Requires sufficient space in one direction; often done on a bed or



Fig.11.31. Intermediate between standing and sitting

couch. When in lying position, the body may assume a great variety of shapes and positions. The following are the basic recognized positions:

1. Supine: Lying on the back with the face up.
2. Prone: Lying (or laying) on the chest and abdomen with the face down.
3. Lying on either side, with the body straight or bent/curled forward or backward.
4. The foetal position is lying or sitting curled, with limbs close to the torso and the head close to the knees.



Fig. 11.32. Lying on a side

Kneeling



Fig. 11.33. Kneeling can be with many emotions

Kneeling is standing on one or both knees with the shins approximately parallel to the ground, possibly raised to an angle depending on the position of the feet. The torso is usually upright but can be considered kneeling at other angles not touching the ground.

Hanging

Humans can hang in various positions. “Hanging” means a position when the support is above the center of gravity. Hanging may be both voluntary and involuntary.



Fig. 11.34. Hanging

BODY STANCE AND INTERPRETATION

Standing postures

Defensive Postures

1. **Defensive and Superior**
 - a. Locked ankles = holding back
 - b. Thumb out of pockets = superiority
 - c. Leaning back = an air of defiance
 - d. Shoulders and head high = confidence

2. Defensive

- a. He is in locked pose.
- b. His hand and arm are locked behind the back.
- c. He shows that he is frustrated by holding his arms in this position.
- d. He is not open to negotiating.
- e. His chest is puffed and this shows that he is defiant too.



Fig. 11.35.

3. Defensive

- a. Crossed arms = defensive.
- b. Standing up straight with back arched and chest out = defiance.
- c. One leg forward = aggressive.
- d. Ready to act and quarrel.



Fig. 11.36.

4. Defensive

- a. His arms are crossed over his upper chest with his hands clenched = holding back.
- c. Both legs are together = holding his negotiating position.
- d. There is attentiveness and a pensive attitude too.



Fig. 11.37.

Ready to Negotiate

1. Ready

- a. Hands on hips with elbows pointed back = readiness to negotiate.
- b. No fist while hands on hips = no holding back.

- c. Face attentive and directed to the other person = openness.

Openness

1. Ready

- a. Hands are open holding the cigar and the walking stick behind him.
- b. Standing up straight but is in a forward position.
- c. One leg forward = ready to act.
- d. Shows a willingness to negotiate. This person is easy to negotiate with.

2. Authority

- a. Hands clasped behind back = authority.
- b. Chest puffed up = confident and superior.
- c. Negotiation difficult.

3. Mixed Signal

- a. One hand is on his hip = ready.
- b. The other hand in his pocket = hiding.
- c. Standing up straight = confidence.



Fig. 11.38.

Sleeping Postures



Fig.11.39. 'I am in heaven'

Sleeping while Covering the Eyes

1. Posture

- a. Half-side sleeping
- b. One hand below the head, other covering the eyes

2. Analysis

- a. Secretive people: Don't want to open to their problems
- b. Selfish; always think about their own interests

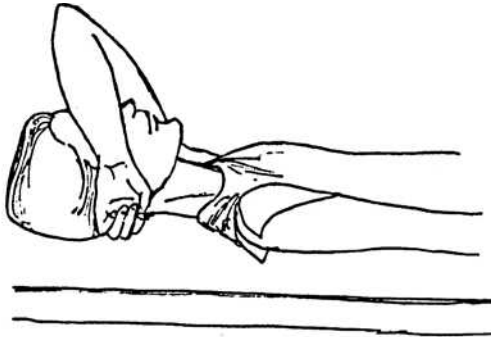


Fig. 11.40. Sleeping while covering the eyes

Displeased Sleeping

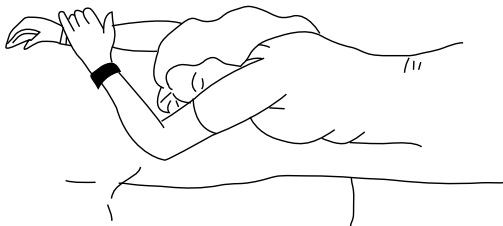


Fig. 11.41. Displeased sleeping

1. Posture

- a. Holding one hand with the other
- b. Face down

2. Analysis

- a. To show anger or resentment
- b. Not ready to be easily pleased by others

- c. Lack of patience
- d. Tolerant of contradiction

Sleeping with Folded Legs

1. Posture

- a. Lying on side
- b. One hand below head and other one folded
- c. Legs folded

2. Analysis

- a. Timid but sensitive
- b. Unable to express one's feelings
- c. Sympathetic
- d. Inclination towards spiritualism

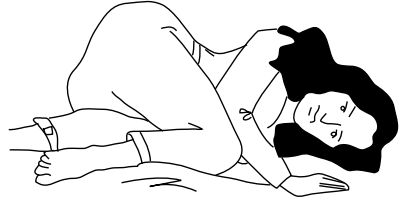


Fig. 11.42. Sleeping with folded legs

Lying Sideways While Sleeping



Fig. 11.43. Lying sideways while sleeping

1. Posture

- a. One hand below head and other stretched along waist
- b. Legs folded up

2. Analysis

- a. 'Alertness' in life and sleep
- b. Spiritual, compassionate, communicative

- c. Vivacity; music and dance

Over-turned Sleeping

1. Posture

- a. Lying on abdomen with face down
- b. Both hands up
- c. Face between the arms

2. Analysis

- a. Heedless
- b. Tries to avoid responsibility
- c. Sadness

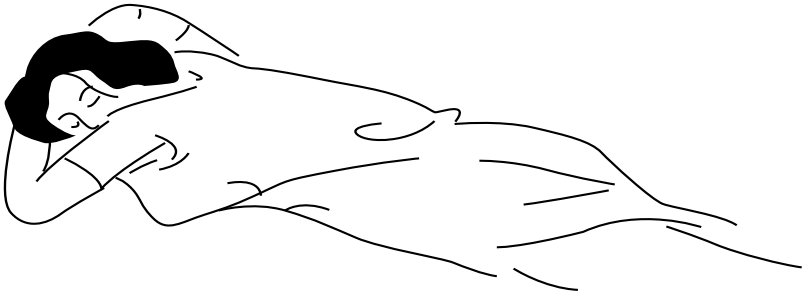


Fig. 11.44. Over-turned sleeping

Pleasant Sleeping



Fig. 11.45. Pleasant sleeping

1. Posture

- a. Lying on side/abdomen
- b. Elbows folded
- c. Both hands used in place of pillow

2. Analysis

- a. Comfortable sleeping posture
- b. Free from mental agonies
- c. Tired persons are in need of this posture

Thinking Posture

1. Posture

- a. Hands folded below the head
- b. Right foot also folded
- c. Back sleeper with arms crossed to support the head



Fig. 11.46. Thinking posture

2. Analysis

- a. Analyzing own behaviour/thoughts of past and present
- b. Some situation demanding decision
- c. What good they did and what went wrong in their lives
- d. Highly intelligent and enthusiastic to learn, yet sometimes filled with cranky ideas which people find hard to follow
- e. Takes good care of family
- f. A little choosy

Home Alone Posture

1. Posture

- a. Back sleeper with legs crossed
 - b. Both knees up with one resting upon the other knee
- 2. Analysis**
- a. Self-obsessed; has difficulty in accepting changes
 - b. Solitude is the priority, yet redeeming quality is the threshold for tolerance

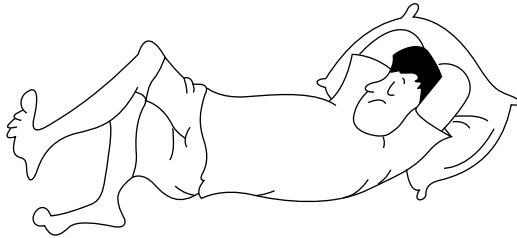


Fig. 11.47. Home alone posture

Liberty Loving Posture



Fig. 11.48. Liberty loving posture

- 1. Posture**
- a. Back sleepers with arms and legs crossed out
 - b. Use of maximum space—horizontal and vertical

2. Analysis

- a. Liberty loving soul, comfort lover
- b. True identity, beauty-worshipper
- c. A real spendthrift, nosy and enjoying gossiping
- d. Who did you mention in your tales lately?

Egoistic Posture

1. Posture

- a. Hands up, but folded
- b. Hands closed behind the head
- c. Lying on back
- d. Head kept high

2. Analysis

- a. High self-image; egoistic
- b. Disdainful of others
- c. Selfish; careless about social and moral aspects



Fig. 11.49. Egoistic posture

Avengeful Posture

1. Posture

- a. Sleeping on back
- b. Use hands as pillows
- c. One knee folded upwards

2. Analysis

- a. 'Anger' inside
- b. Avengeful
- c. Things going against his wishes

Leadership Posture

1. Posture

- a. One hand or both hands folded behind
- b. Both knees up
- c. One foot rested on the other knee
- d. Figure-4 position of legs

2. Analysis

- a. Intellectual people
- b. Cunning
- c. Superiority complex in the presence of others
- d. Leadership



Fig. 11.50. Avengeful posture

Secretive Posture

1. Posture

- a. Covering from head to toe

2. Analysis

- a. May appear real macho in public, but deep down there is shyness and weakness
- b. Keep loads of secrets
- c. Keeps problem within self and broods over it rather than asking for help
- d. Grimace in sleep



Fig. 11.51. Leadership posture



Fig. 11.52. Secretive posture

Curling-up Posture

1. **Posture**
 - a. Side sleeper, curling-up
2. **Analysis**
 - a. Childish
 - b. Selfish, jealous and vindictive
 - c. Easily irritated



Fig. 11.53. Curling up posture

Cuddled-up Posture

1. **Posture**
 - a. Sleeping with folded legs and folded hands
 - b. Occupying little space
2. **Analysis**
 - a. Childish
 - b. Obsessed with past failures and setbacks
 - c. Lonely and depressed
 - d. Hesitant and indecisive; giving others an impression that love has been missing in life



Fig. 11.54. Unknown cuddled up

Heedless Posture

1. **Posture**
 - a. Sleeping on abdomen
2. **Analysis**
 - a. Narrow-minded
 - b. Self-centered and force people to apply with their needs
 - c. Reckless and desultory

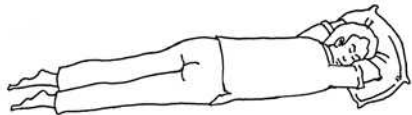


Fig. 11.55. Heedless posture

Helpless Posture

1. **Posture**
 - a. No straightness
 - b. Upper and lower part at variance
 - c. Hands on forehead



Fig. 11.56. Helpless posture

2. Analysis

- a. Despair
- b. Agitated
- c. Indecisive in solving problems

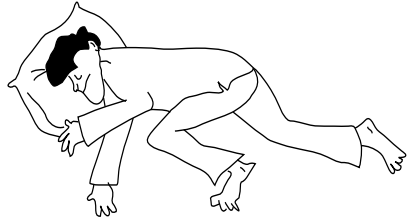


Fig. 11.57. Nervous posture

Nervous Posture

1. Posture

- a. Side sleeper with one knee bent

2. Analysis

- a. Fussy, gets excited over small matters
- b. Whining and complaining
- c. Nervous, tensed up easily

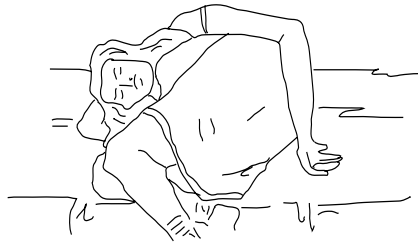


Fig. 11.58. Alert posture

Alert Posture

1. Posture

- a. One hand below the head
- b. The other is on the hip
- c. Knees folded, but sleeping sideways

2. Analysis

- a. 'Alertness' in life and sleep
- b. Spiritual, compassionate, communicative



Fig. 11.59. Broad decision makers

- c. Vivacity; music and dance

Broad Decision Makers

1. Posture

- a. Folded elbow
- b. Both the hands over the head
- c. Sleeping on one side or on back

2. Analysis

- a. Far-sighted
- b. Intellectual
- c. Broad decision maker

Concealed Posture

1. Posture

- a. Both hands up on head
- b. Forehead is covered by one hand
- c. Sleeping on back

2. Analysis

- a. Hide feelings
- b. Decision making
- c. 'Agony' going on

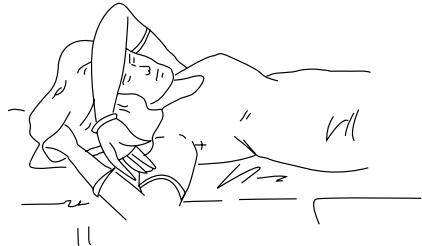


Fig. 11.60. Concealed posture

Disorganized Posture

1. Posture

- a. No evenness or order
- b. Both hands up and folded, but differently
- c. One leg up, other relaxed

2. Analysis

- a. Mental depression or illness
- b. Eccentric people

Avoidant Posture

1. Posture

- a. Sleeping on one side
- b. Eyes covered by hands



Fig. 11.61. Disorganised posture

- c. One hand used as a pillow

2. Analysis

- a. Closes ‘eyes’ to the problems
- b. Bad habits
- c. ‘Selfish’, thinks about own interests and never of others



Fig. 11.62. Avoidant posture

Noble Postures

Indian noble postures are known worldwide. They are forms of sincerity, peace and harmony. However, every human being adds his own spice in the noble posture and makes it a different one. Note that postures of professionals like receptionist, air hostesses, etc. are more related to the requirements than to the personality traits.

Benediction Gesture

Raised right hand with the ring and pinky fingers touching the palm with the thumb and middle finger raised – this is the benediction gesture. It is used by the clergy to perform blessing.

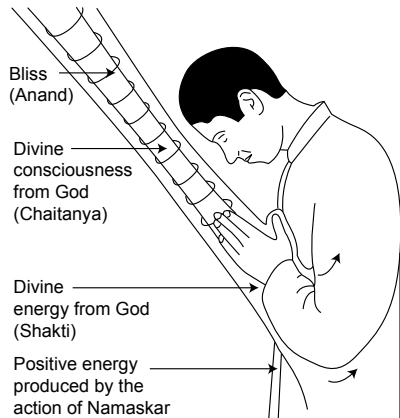


Fig. 11.63. Pranam

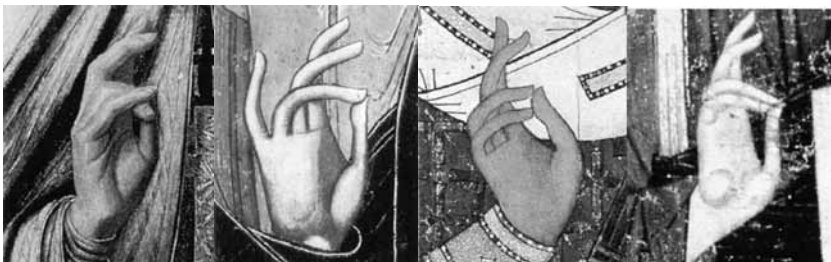


Fig. 11.64. (a) Greek gesture of blessings, gesture of Christ (b) Greek benediction (c) Russian gesture of blessing (d) Russian benediction gesture of Christ

Pranam Gesture

1. Pranam by Bowing:

There are three aspects involved in this posture – head down, Pranam through folding of the hands and attentiveness. Usually such persons are emotional, sensitive, sincere and yielding.



Fig. 11.65. Bowing: A posture of modesty

They are simple-hearted and non-confrontational and they want to present themselves as civilized. They don't like mean-mindedness and are spiritual and refined. They may be credulous and may become prey to cheating by others.

2. **Namaskar by Movement of Head:** This posture demonstrates stillness and stability. It is supposed that while expressing the noble posture one should be only 'noble.' But if it is associated with movements of the head, it is not only nobility but something else. This something else may be pride, selfishness and cunning. They try to express themselves as sincere and moral but they are just the opposite. They may be flirtatious also.

3. Face-to-Face Namaskar:

When a conversation comes to a disagreement, the involved person begins to express himself as conscientious. This posture indicates 'I don't need your relationship. It is enough. Let's part.' Without using words, the person wants to express his anguish and resentment.



Fig.11.66. Face-to-face Namaskar

When the hands fold suddenly in Pranam posture and suddenly get apart, it is related to severe anger, impatience and revenge. These people are less tolerant, and frivolous in their relations.

4. **Namaskar with Backward Movement of Neck:** The backward movement of the neck shows that these people are holding something back. They are haughty and deceitful too. Coquettish woman often presents such a type of Namaskar.
5. **Namaskar While Sitting on a Chair:** Such people are after their own personal glorification. They express themselves as prosperous and prestigious. They are insincere in their work and engage themselves in being flattered by others.
6. **Namaskar Only With the Help of Single or Two Fingers of Hands:** What prevents these people from making a complete contact of all the fingers and to go for a full Pranam is their cunning and miserly attitude. They have sweet tongues but they are selfish and opportunistic.
7. **Greeting by Raising a Single Hand or Both Hands in the Air Above the Head:** This is an ‘up’ posture indicating confidence, superiority and ambition. Have you seen the politicians or actors who raise their hands above the head and greet the community? This posture is called ‘community greeting.’ Such people are self-determined and they are fond of their achievements. They may be benevolent also. When both hands are raised up it is indicative of pride, selfishness and dictatorship. It’s like ‘make friends and then kill silently.’ They have the delusion of grandeur



Fig. 11.67. Backward movement of neck



Fig. 11.68. Flattered by the others



Fig. 11.69. The miserly Namaskar

and they just use people for their selfish ends.

8. **Pranam by Kneeling and Kowtowing:** This is respect, modesty and obedience. Such people are credulous and childish. They surrender themselves and try genuinely to be spiritual. People who are naive and childish also make a Pranam by bowing and kneeling.

Postures of Touching the Feet

This is the Indian tradition where internal respect, love and honour are shown towards the respected person or elder.

The feet are first touched by the hands and then by the forehead. Bowing while touching feet is a symbol of self-dedication. Physiologically, it improves blood circulation and it is also a useful exercise for the spine.

1. **Noble Posture of Touching Feet:** Such people are full of devotion and respect. They are compassionate, soft spoken, trusting and spiritual. They get appreciation and are praised in society. They keep themselves away from criticism, flattery and sycophancy.
2. **Sashtang Pranam:** This is an ancient posture and it is made by eight parts of the body viz., forehead, chest, shoulders, hands and feet. This is the teacher-pupil tradition. We see this posture in religious and holy places like,



Fig. 11.70. Community greeting



Fig. 11.71. Kowtowing



Fig. 11.72. 'The greatest passion is compassion' -Mother Teresa

temples, gurudwaras and mosques. It indicates religious faith as well as complete surrender. They don't care about their prestige or honour and it is difficult to analyze their personality traits.



Fig. 11.73. Sashtang Pranam

- 3. **Touching the Feet Bowing by Waist:**
The persons touch the feet in dilemma. They want to bow but not totally. They are indecisive in nature and abandon their decisions on fortune and time.
- 4. **Touching the Feet by Squatting Posture:** These persons are compassionate and peace loving. They refrain from a luxurious life but remain satisfied in every situation.
- 5. **Touching the Feet by Standing:** These persons are haughty and selfish in nature. They perform Pranam only as a formality and not from their heart. They think of themselves as intelligent and others as fools. They respect you when you are with them but behind your back they start criticizing you.



Fig. 11.74. Touching the feet bowing by waist



Fig. 11.75. Touching the feet by squatting



Fig. 11.76 Touching the feet by standing

Dancing Postures

Dance is an eternal part of human culture. It is a song of the body expressed either in joy or in grief. However, it is not limited to the physical body only. It encompasses mind, body and spirit. 'Dancing is a vertical expression of a horizontal desire legalized by music.'

Research Report

Mayo Clinic researchers reported that social dancing helps to :

1. Reduce stress
2. Increase energy
3. Improve strength
4. Increase muscle tone and coordination

The research has also shown that dancing can :

1. Lower your risk of coronary heart disease
2. Decrease blood pressure
3. Help you manage your weight
4. Strengthen the bones of your legs and hips
5. Reduces the risk of Alzheimer's disease in elders.



Fig. 11.77. Dancing by bowing

Types of Dancing

1. Dancing by Bowing:

Usually these people are ordinary, of low education but fond of music and they keep friendship with females. If they fall in bad company, they get addicted to alcohol or narcotics and become immoral. Internally, they are timid and anxious but show themselves as courageous.

2. Grotesque

Dancing: These people are

extravagant, like to show off and are flamboyant too.

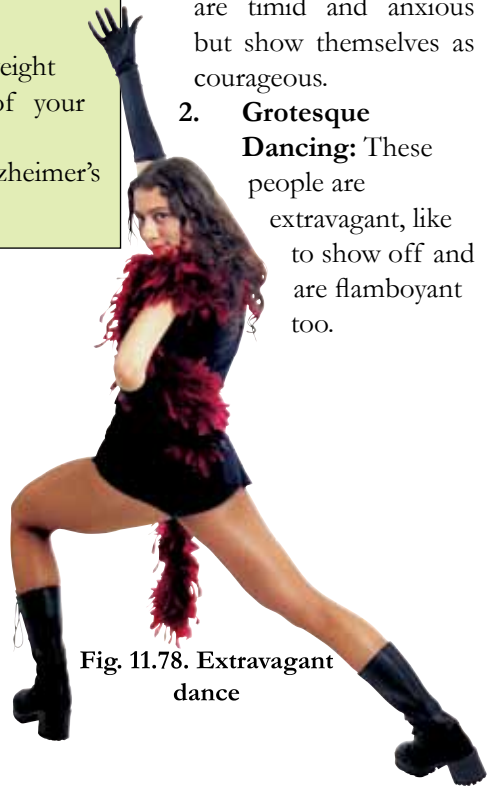


Fig. 11.78. Extravagant dance



Fig. 11.79. Dancing with hands on the waist

- 3. **Dancing With Hands on Waist:** These are miserly people who feel themselves to be superior to others. This is a feminine posture and the women performing this type of dance may be flirtatious and haughty.
- 4. **Dancing With Low Peripheral Movement:** These people use very few gestures or very few changes in postures while dancing. These people have an aversion to change and they are dogmatic too.
- 5. **Dancing in a Woman's Style:** These people are lustful by nature and they like flirting with women. They have a



Fig. 11.80. Dancing in a woman's style

smiling face and they fill up the atmosphere with joy and laughter.

- 6. **Dancing while moving the Fingers:** These persons think of themselves to be very modern and the others as backward. They are independent, bold, ambitious and dictatorial. They don't care about social values and are good planners.



Fig. 11.81. Dancing while moving the fingers

7. **Dancing with a Slouch and a Forward lean:** These people feel low, depressed and inferior, and hence they try to compensate by slouching and leaning forward.
8. **The Twist:** These people like to publicise themselves and are full of modernity, extravagance and luxury. They are vivacious and hard working in nature.
9. **Dancing with Open Hands:** Such women are irritable in nature, they like their own praise and they are disappointed when they don't receive appreciation. They are usually active and have a superior ego.
10. **Dancing with Raised Hands:** People who dance with both hands raised towards the sky are compassionate and peace loving. They are spiritual and open minded.



Fig. 11.82.
Dancing with
a slouch and
a forward
lean



Fig. 11.83. The twist



Fig. 11.84. Dancing
with open hands



Fig. 11.85. Dancing
with raised hands

11. Dancing While Sitting: A person keeps his left hand on waist while right hand is above the head. One knee is straight while the other one is folded. Such persons are fond of art and they like to be expert in their skills. Also they are selfish and pompous.



Fig. 11.86. Dancing while sitting

Driving Postures

Car Driving

1. **Driving with a Single Hand:** These persons are usually professional drivers and confident. They are able to drive vehicles with ease. They are found to be egoistic, pompous and conceited.
2. **Driving While Sitting Near a Steering Wheel:** These people are cautious, responsible and diligent. Security is the base of their drive in life.
3. **Fast Driving:** These people are of type A personality. They don't care about others and go on driving the car in their own way. Hustlers, anxious and impatient people drive the car fast.
4. **Slow Driving:** These are fearful and sluggish type of people. They are cautious and drive with full concentration. They may be selfish and, cunning; they may not care about social and moral matters.



Fig. 11.87. Driving with a single hand



Fig. 11.88. Driving while sitting near a steering wheel

Two Wheeler Driving

1. **Driving in an Erect Posture:** Straight back, hands stretched remind one of a policeman. They are strong willed and self-opinioned persons. They are usually haughty people.
2. **Driving with Hanging Feet:** The hanging feet of these people reflect their independent nature and heedlessness. They don't bother what others say about them. They are stubborn and big show off's.
3. **Driving in a Hunched Posture:** Type A personality people often drive in a hunched posture. These people are impatient, hurried, apprehensive and ambitious.
4. **Driving with Stretched Hands:** This driving is with the hands stretched away from the trunk. It is like hands on hips. These people are ready to quarrel and argue. They are stubborn and firm. The firm

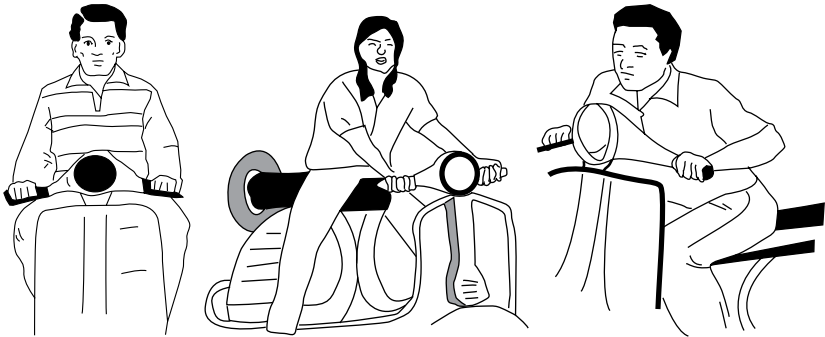


Fig. 11.89. (a) Driving in an erect Posture (b) Driving with hanging feet (c) Driving in a hunched posture

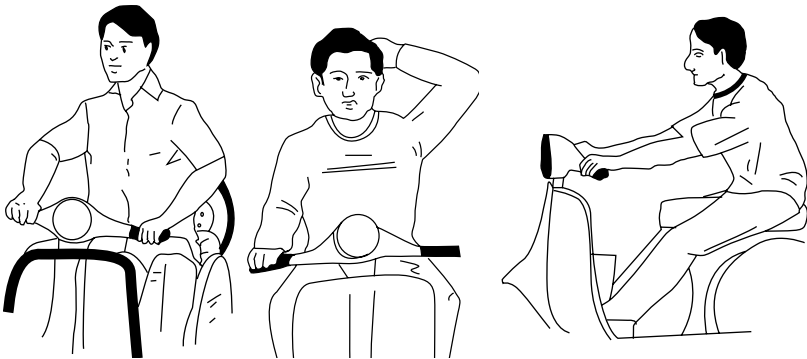


Fig. 11.90. (a) Driving with stretched hands (b) Driving with one hand (c) Driving by leaving front space on seat

- grip on the handle itself suggests that they stick to their resolutions.
5. **Driving with One Hand:** It is obvious that it is risky to drive with one hand. Such people are careless and they love to enjoy life without any responsibility. They are detached and never follow good advice.
 6. **Driving by Leaving Front Space on Seat:** Such people are fun loving and frivolous. They are intelligent and creative but lack seriousness.

POSTURES OF SOME REMEDIES

Sulphur

When one thinks of posture, *Sulphur* instantly pops up in our mind because of its wide use in strong aggravations of standing posture problems. Vertigo, lumbago, pain in knees, varicose veins, haemorrhoids, pain in abdomen, pain in ankles, fainting, coughing and even confusion of mind are aggravated by standing, as also orthostatic hypotension. I often call *Sulphur* as a remedy of gravitational pull. It is from the deep interior of the earth's crust that a volcano erupts against the gravity and surfaces. Volcano is fire; it is with extreme heat that the river of lava starts flowing and destroying. The volcano burns everything that comes in its way and turns the surrounding into a barren land of mud and dust. Several pathologies for which *Sulphur* is a reputed remedy, disturbed gravity is the chief cause. *Sulphur* has a venous constitution and it is a chief remedy for varicose veins and hemorrhoids. Stasis of blood in the veins is due to gravitational pull. A *Sulphur* patient is unable to walk erect; he walks stoop shouldered. This also shows that he can't keep a balance of himself. There is aggravation also from looking down, reaching high and crossing running water. These modalities show that whenever *Sulphur* has to go against gravitational force, he develops a host of clinical conditions.

Sulphur is also a remedy of hurriedness. *Sulphur* is more tubercular than psoric and hence it can't coordinate the energy. It does everything in a rapid way and doesn't give attention to it. The conflict of materialism and non-materialism is at the base of behaviour and he continues taking up bad postures and consequent pathologies.

Medorrhinum, Carcinosinum and Knee-chest Position

A characteristic modality of *Medorrhinum* is the knee-chest position during sleep. Rear entry position and sexual activity go together and *Medorrhinum* is a known sexual remedy. *Medorrhinum* should be a remedy of this and

future generation in view of epidemic of STDs and AIDS.

While mentioning *Medorrhinum*, I recall a case of childhood asthma where well indicated remedies were helping only partially. Once, while the child was brought during sleep state and while I was eliciting data from mother, the child took a knee-chest position on the examination table itself. I asked about the knee-chest posture and the mother replied in a laughing tone that her husband also takes the same posture during sleep and even her father-in-law. With a strong family history of cancer on the paternal side and knee-chest position, I selected *Carcinosinum* with good results. Has cancer to do something with the knee-chest position? Why this modality appeared in the proving of *Carcinosinum*!

See, with added knowledge of body language, many hidden links get explored. You start going beyond symptoms into the realm of phenomenon, into the 'why' part. Hence, concomitant application of body language, while a homoeopath is taking a case, acts as a detective, as a propeller and moreover, as a coordinator. Are the connections between emotions interwoven in a casual way or a committed way? What has the body to offer when the patient starts wording his emotions?

Postures and Repertorial Rubrics

'Hands behind head' or 'head-clamp posture' is called as 'know-all gesture' in the parlance of body language. This gesture is related to egoism, dominance and superiority complex. Persons possessing the delusion of grandeur often associate themselves with this posture. They think that they possess the knowledge of everything under the sun and they behave with others in a similar fashion. By lifting their hands up, they keep their ego in a heightened position and then they start looking at others through their perception of high self image. Some are born with this trait and some acquire it when they get some social position and success. Remember, it is difficult to face the failures of life but it is more difficult to digest the success. The scenario becomes worst when success comes to undeserving people which leave them elated in an unusual state of euphoria. In this world wealth, fame and success are counted and for some people acquiring all this maybe means equivalent to having the world under their feet. The materialistic attitude of life has blunted the spiritual senses of man and today's man is becoming increasingly aggressive and egoistic. The autocratic and bureaucratic people tend to enjoy this posture. There is one more rubric which we have coined, 'Head, tilt, back'. This is also a

posture of superiority, arrogance and disdain.

Note that the concerned remedies that have 'Hands behind head' posture have aggression and vanity in one way or the other.

Agar., Anac., Ant-c., Ars., Aur., Ferr., Fl-ac., Gran., Graph., Grat., Hyos., Iod., Kali-i., Kali-s., Lach., Lyc., Med., Merc., Nat-m., Nit-ac., Nux-v., Pall., Plat., Scorp., Sep., Sulph., Syph., Tarent., Tub., Vanil., Verat.

'Hands on cheek, index finger pointing vertically, with thumb supporting chin,' is a posture of judgmental and analytical people. They are skeptics and don't accept others readily. They apply their analysis and are not blind followers. They have a cynical attitude towards other people. They are usually non-affectionate, rough and coarse. With their fault-finding nature, they harp at others. *Ars., Lach., Sulph., Verat.* are the chief remedies for this gesture. However, *keeping hands over cheek without the index finger* as a pointer indicates more of reflection or introspection.

Let us take *akimbo position* which is characterized by palms rested on the hips with elbows flexed outwards, bowed away from the body. This is one of the signals of aggressive body posture and it is automatically postured by a person during a quarrel. Here a person occupies more space of his own as he wants to be open in order to act. Both hands produce the fist which is indicative of anger. The more the distance from the trunk, the more the person becomes open in action.

Ankle-lock Position

Let us look at the common posture of '*ankle-lock position*' in sitting or standing position. This is related to holding back of emotions. *Aurum* group or *Natrium* group is known for this trait. Some other remedies are *Calc., Caust., Cycl., Hell., Ign., Ph-ac.* and *Staph.* The theme of holding back emotions is different in each remedy and that speaks of the beauty of materia medica. *Calc.* is full of insecurity and he is anxious and dependent. He holds back the grievances out of being left out alone in this cruel world. A strong desire to help others by keeping the needs of self aside coupled with a melancholic disposition and paralysis of will are responsible for the posture of ankle-lock in *Caust.*. *Caust.* also covers flexion withdrawal posture.

Cycl. has the theme of 'terrors of conscience'. The sensitive, self-reproaching *Cycl.* presents ankle-lock posture in sitting or standing position. Being terrified, he prefers to hold back his emotions. His cup of tea is to swallow the grief and sadness. There is an aversion to going out

and a desire to be alone. There is huge brooding over real or imaginary grief and he has a constant feeling that he has committed a crime and now people are cornering him and he is being persecuted. This produces in him an intense disposition, 'offended easily.' The sensitive *Cycl.* is no more in a position to tolerate the injury and takes up the posture of ego atrophy manifested as ankle-lock position.

The Staring Posture of Helleborus

We know *Helleborus* for its 'absorbed' state of mind. The following symptoms shed light on understanding the posture of *Helleborus*:

1. Thoughtless staring.
2. Slowness of perception. Blank. Complete unconsciousness.
3. Would not eat or speak. Just sits and says nothing, does nothing.
4. Must strongly concentrate the mind on what he is doing or the muscles don't act properly.
5. Indifference to: Loved ones, pleasures, relations, to everything, to sufferings.
6. Ailments from disappointment love.
7. Gloomy. Dismal. Despair.

The above data furnishes us the state where the mind has lost power over the body. The body has become like a corpse. The mind has lost the power and the obedient body is only following the mind without offering any resistance. The senses have become blunt and there is want of reaction. It may be due to the profound effect of disappointment in love or grief. It is as if a person has lost all interest in life and movement has come to standstill. The posture is 'stillness'; the mind and the body speak the same language.

Some Other Remedies

'Sitting, one leg folded at knee and with other at breast,' is an important sitting posture. It is not a common posture. If you find it, especially in a woman, when you observe her sitting either in a chair or even on the floor, note that it is related to two emotions—sadness and revengefulness. It is a reaction to insult, to sexual abuse, being maltreated. The person has become sad and now wants to take revenge. The chief remedies are *Anac.*, *Hyo.*, *Kali-i.*, *Lac-c.*, *Lach.*, *Lyc.*, *Nat-m.*, *Nit-ac.*, *Nux-v.*, *Staph.*, *Stram.*, *Tarent.* and *Tub.* All these remedies have aggression and they keep grievance, hostility or grudge in their mind fresh, brand new and alive.

I remember a case of an old man who spent his life in social work.

He was suffering from left-sided sciatica and pains were worse from motion in general and from lying on the left side. The patient was open and cooperative during the interview but it was observed that he sat in an erect posture and his feet were coiled around the legs of the chair right from the beginning of the interview. This position indicates rigidity and I started enquiring from that angle. He was emotionally attached to and also very stiff in the family. He was anxious but pushing his demands. All this data pointed towards *Kali carb.* and with frequent repetition of 30C potency, he was relieved from sciatica. The entry point for *Kalium carb.* was the consistent posture of 'feet coiled around the chair-legs.'

Sleeping postures have a lot to offer from life experiences and emotions. People do change their pattern of sleeping after emotional trauma, business loss, etc. A businessman consulted me for his psoriatic eruptions. It developed after his wife's death. His sleep posture was earlier different but after the bereavement, he started sleeping on his back with the forearm on the forehead. This change in posture was noticed by his daughter which she informed me after the interview. He would take up this posture even during daytime. Our body language repertory contains the rubric, 'Sleeping, covered, forehead, forearm, with.' *Nat-m.* is the only remedy for this with three marks. I combined this persistent vital posture with other generals and selected *Nat-m.* The follow-up showed that he had improved not only in psoriatic eruptions, but also in sleep posture.

Once I took a case of a female patient suffering from ulcerative colitis. She walked in slowly and sat on the chair. The consistent posture throughout interview was – sitting erect, head down and right hand placed on forehead. This is a posture of frustration. When a person is under stress and finds no solution and there is no hope, this posture is manifested. The finer differences between postures which apparently look similar must be understood. If a patient is sitting with his head down but the fingers are vertically placed over the forehead, it indicates analysis, judgment and memory recalling but the same sitting style where the palm is horizontally placed on the forehead goes for frustration. In the latter posture, a person blocks the anatomical region of the forehead. This female, almost throughout the interview gave the frustration signal and this was the entry point for *Aurum group.* The case, with other qualified mental generals and physical generals worked out to *Aurum mur.* which helped the case considerably.

It is interesting to observe how humans react to grief. In the grief reaction, a person uses the heart region. A known reaction to acute grief is beating the chest with both the hands. If a person wants to show genuine respect towards the other person or he wants to show how honest he is, often the hand is placed over the heart region. Heart is the seat of emotions and a person's identity is defined on the basis of emotional domain. If you want to say, 'I love you from the bottom of my heart', keep your hand over the heart region and you will find the difference. The message is sent in an appealing way.

The theme of vital signal, described in the chapter 'Deriving Patterns' needs to be studied. The physician should try to derive the vital signal by careful observation and deep interview.



Chapter 12

FACIAL EXPRESSIONS



FACE: THE VISUAL TRADEMARK

All existing things on this earth have their unique characteristics through which they are named and recognized. For humans, a majority of their identification characteristics are compacted in their facial features. It is as if Almighty created the face as an organ to show the collective and



Fig. 12.1. God has given you one face, and you make yourself another

selective vista. This is because our face is exquisitely expressive and it defines our identity. Face is the mirror of our self. Face is the channel through which our innermost feelings vent their way out into the outer world. It expresses our attitudes, opinions and moods and shows how we relate to others. A face is every human's visual trademark and is, therefore, the most photographed part of the human body. Its features are incredibly mobile, more so than any other primate. It 'speaks for itself'.

Emotionally, the face is mightier than the word. Winkleman wrote aptly, 'The mind is invisible to those who understand not the body of physiognomy.'

The face 'transforms' from one shape to the other, with the growth of a person through all transitional phases—infancy, adolescence, adulthood and old age and it has a remarkable capacity of retaining features of the past. In our daily interaction, it is the face that first draws our attention, since it is directly observable.

The face is a dynamic canvas, one in which emotions are drawn vividly, then suddenly erased, only to be redrawn instantly in a new expression. This process of drawing, erasing and redrawing of emotions is a continuous process of interaction. The face is perhaps the most important human art object. People modify their faces as if they are changing the strokes of an art on the canvas. They embellish their face with cosmetics, ornaments and different articles. They just have one motto in their mind – to look

impressive and appealing. Newer advances in plastic and cosmetic surgery have added enormous scope in the modification of one's appearance. Now, people can change individual parts of their face – nose, cheeks and eyebrows, in the way they like. Faces are like open books and the writers make use of facial expressions quite often in their books as they are aware of the significance of the face. See the following examples – 'From a man's face I read his character' (Petronius), 'Man is read in his face' (Ben Jonson), 'It is the common wonder of all men, how among so many millions of faces, there should be none alike' (Sir Thomas Browne).

In their important paper Paul Ekman, Friesen and Ellsworth aptly summarize the role of face, 'The human face is commanding, complicated and at times confusing source of information. While sounds and speech are intermittent, the face even in repose can be informative. And except by veils or masks, the face cannot be hidden from view. There is no facial maneuver equivalent to putting one's hand in one's pocketsthe face is the sight for the sense receptors of taste, smell, sight and hearing, the intake organs for food, water and air, and the output location for speech. The face is also commanding because of its early development; it is prior to language in the communication between parent and child.'

FACE: THE INDEX OF UNIVERSE

Human being is the reflection of the universe. It can be rightly said that a human body is a 'small' universe within itself. This has been elucidated through a relation between microcosm and macrocosm. From the standpoint of chemistry, a human being is a chemical compound. He has a unique composition of oxygen, nitrogen, carbon, hydrogen, calcium, iron, sodium, chlorine, sulphur, phosphorus, potassium and other trace elements. A Face has to be studied from all this chemistry; but in addition, we have to study the face from architecture and mathematics—the three representing vegetative, constructive and reasoning power. The chemical action is the primary mode of



Fig. 12.2. Face: The artless index of a feeling mind

organization, the architectural is the formative and is the higher one and for all this to crystallize requires matter that is, the quantity which we measure through application of laws of mathematics or reasoning. This last one is the highest one in evolution. Above all there is energy at the base, the consciousness.

FACE: THE ATTRACTIVENESS HALO

Face is the most important parameter in gauging one's physical attractiveness because it represents a person's identity and it is most exposed to public view. Hence, whether a person is beautiful or not depends much upon facial beauty.



Fig. 12.3. A beautiful face is a mute recommendation

Mere physical attractiveness exerts a generally positive influence on the attitude and behaviour of observers, an effect known as the 'attractiveness halo'. The delicate, innocent face of a child is attractive and it even acts as a mood elevator. Should I quote R. Alison's statement to elevate your mood, 'There is a garden in her face, where roses and white lilies show a heavenly paradise wherein all pleasant fruits do grow.'

An opposite, negative halo for especially unattractive faces also exists.

It is believed that some violent criminals suffer from face blindness.

They can't read the emotions of their victims and hence can't empathize with them.

FACE: THE ORGAN OF EMOTIONS

The face has been called 'the organ of emotions' because it provides vital clues by reacting in fractions of a second, often unconsciously, revealing emotions, attitudes, moods and opinions a person would rather keep under wraps. The characteristic of face is that it is difficult to keep the face blank especially when a person is emotionally upset.

The face has forty four muscles, nerves and blood vessels which can twist into five thousand different expressions. Facial muscles are unique in the sense that they are very superficial and inserted into the deep fascia of the face unlike other muscles. Facial muscles help in giving expressions because of this distinctive feature. The upward curve of the mouth is formed by the zygomatic muscles and the frown is produced by the corrugator muscle, which pulls the brows together. The muscles of the face have a nerve centre in the brain stem, called Pons, which contains seven thousand to ten thousand nerve cells, spread out in different parts of the face. The facial muscles that produce a smile are similar to those that control posture, voice pitch and movements or expressions that are triggered by emotions. Researchers have discovered that certain facial areas reveal our emotional state better than others. For example,

- The eyes reveal happiness or sadness and even surprise
- The lower face reveals happiness or surprise
- The smile communicates friendliness and cooperation
- The lower face, brows and forehead can also reveal anger

Sylan S. Tomkins found eight 'basic' facial emotions—surprise, interest, joy, rage, fear, disgust, shame and anguish (Tomkins, 1962). Carroll Izard (1977) proposed a similar set.



Fig. 12.4. It matters more what's in a face than what's on it

Studies indicate that the facial expressions of happiness, sadness, anger, fear, surprise, disgust and interest are universal across cultures (Ekman and Friesen, 1971).

‘The emotion process includes a motor component sub-served by innate neural programmes which give rise to universal facial patterns. These patterns are subject to repression, suppression and other consequences of socialization during childhood and adolescence’ (Izard, 1971).

Research Report

Mehrabian believes that meaning of the message is conveyed as – Verbal cues - 7 percent, Vocal cues - 38 percent and Facial expressions - 55 percent. It means that one can rely heavily on the facial expressions of the sender because his expressions are a better indicator of the meaning behind the message than when he gives the message through words.

FACIAL ANALYSIS: A DIFFICULT TASK

Analyzing facial expressions is a difficult task because people deliberately control their facial expressions in order to hide their inner feelings. They manage to keep a straight face, with no give-away. It is understandable with professionals like, nurses, doctors, counsellors, teachers, air hostesses and entertainers who are trained to control their expressions as a part of the requirement for their job.

It is important to note that facial expressions do not occur in isolation. It is often accompanied by other features such as head nodding or head shaking and other changes of postures and gestures. So closely is emotion tied to facial expression that it is hard to imagine one without the other. Yet facial expressions should not be studied in isolation but together with other body signals. Facial expressions are not always easy to read though. As Dr. Paul Ekman said, ‘In a sense, the face is equipped to lie the most and leak the most, and thus can be a very confusing source of information.’ The face is able to signal emotions in a second and it is able to hide emotions just as well.



Fig. 12.5. For news of the heart, ask the face

THE CONCEPT OF FACIAL EXPRESSION

The face is the most flexible, mobile and powerful communication tool. We encode messages in our own facial expressions and we decode the faces of people around us. In our day-to-day life, our attention first gravitates to the face, seeking to read the script written on it.

The first major scientific study of facial communication was published by Charles Darwin in 1872. Darwin concluded that many expressions and their meanings (for example, for astonishment, anxiety, shyness and modesty) are universal, 'I have endeavored to show in considerable detail that all chief expressions exhibited by man are the same throughout the world.'



Fig. 12.6. Every face has a different story to tell

The expression of face is a basic mode of non-verbal communication. We form significant impressions of people on the basis of facial expressions. The overall expression of face is a composite of signs from many sources, such as the bony structure (there are twenty eight bones in the face and skull), shapes and positions of features, and the colour and texture of skin. Over a thousand different facial expressions are anatomically possible. The facial muscles produce varying facial expressions that convey information about emotions, moods and ideas. Emotional expressions are one primary result of activity by the facial muscles.

The concept of facial expression includes:

- A characteristic of a person that is represented that is, the signified
- A visual configuration that represents this characteristic that is, the signifier
- A physical basis of this appearance or sign vehicle; for example, skin, muscle movements, fat, wrinkles, lines, blemishes, etc.
- A person who perceives and interprets the signs

PHYSIOGNOMY

The term ‘physiognomy’ refers to features of the face, to infer the relatively enduring character or temperament of an individual. In other words, it refers to relatively unchanging facial features that might convey messages about any inner or hidden aspect of the person.

Lavater defines physiognomy to be the ‘art or science of discerning the character of the mind from features of face, or the art of discovering the predominant temper or other characteristic qualities of mind by the form of body, but especially by the external signs of the countenance, or the combination of features.’

Physiognomy has been studied since a long time. We find references dating back to 340 BC Hippocrates, Aristotle and many others have studied physiognomy and put forward their observations. The study of physiognomy is used in movies and advertisements in modern times. Even the roles are allotted to actors based on their facial configurations. Many people have connected personality characters to facial features, for instance:

- A hooked nose – sinister or threatening
- A pug nose – cute, but denotes weakness of determination
- A weak chin – lacking strength or determination
- A jutting chin – leadership

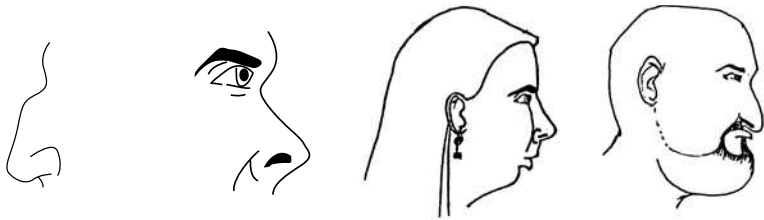


Fig. 12.8. (a) Hooked nose (b) Pug nose (c) Weak chin
(d) Jutting chin



Fig. 12.7. ‘I can’t see my face
except in a mirror’



Fig. 12.8. (e) Low forehead (f) High forehead (g) Widely spaced eyes (h) Closely set eyes

- A low forehead – average or less IQ
- A high forehead – high IQ
- Eyes widely spaced – trust
- Too closely set eyes – circumspection

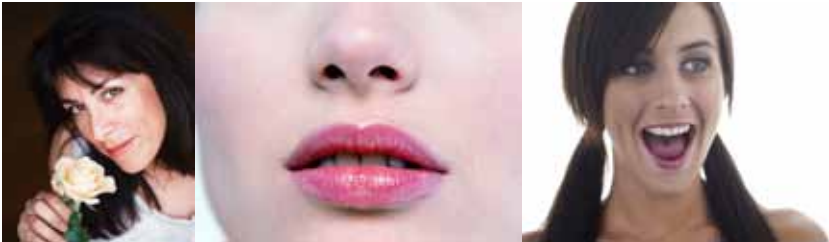


Fig. 12.8. (i) Thin lips (j) Full lips (k) Dimple on face

- Thin lips – ascetic
- Full lips – sensual
- Dimple on face – fun



Fig. 12.8. (l) Vertical furrows between brows (m) Long furrows from nose to chin (n) Frown

- Vertical furrows between the brows – sour disposition
- Long furrows from the side of the nose down to the chin – censorious

- The frown – anxiety, worry, anger

FACIAL SIGNS AS PREDICTORS AND REFLECTORS OF DISEASE

Certain diseases alter the expression or appearance of the face because the disease process is related to the development or physiology of the face and affects its structure or behaviour or both. The ‘psyche’ exerts a powerful impact on facial expressions and has the capacity to alter the architecture of the face in a permanent way. To know how emotions disturb physiology and anatomy of the face, frown is a good example.

Predictor

Ancient Chinese physiognomists believed that each face could predict its owner’s future. In some respects, this view is confirmed by evidence that certain facial characteristics are related to the kinds of diseases that one is likely to develop later in life.

Enlow described two types of facial profile, the brachycephalic with a shorter, concave profile, wider eyes, protruding chin and small nose versus the dolichocephalic with a longer, convex profile, receding chin and forehead and a larger, protruding nose. If the patients are dolichocephalic, they are likely to have peptic ulcer; while if they are brachycephalic, they may suffer from gall bladder problems. Some research shows that certain facial anomalies, such as ears with attached lobes, hair whorls and widely spaced eyes, are related to mental disorders, such as schizophrenia and to physical characters such as clumsiness. There is some evidence that structural asymmetries of the face predict hyperactivity and schizophrenia and susceptibility to infectious diseases. Certain facial expressions and behaviours, including glaring and



Fig. 12.9. ‘My face is my predictor’

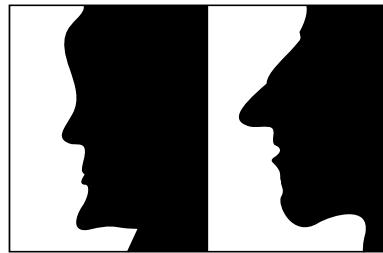


Fig. 12.10. (a) Brachycephalic
(b) Dolichocephalic

certain anger expressions, correspond to personality types (Type A, in the A/B typology) and predict susceptibility to cardiovascular diseases.

Reflector

Facial signs maybe used for diagnosing certain diseases. The relationship between facial signs and genetic and congenital diseases has been noted. Down's syndrome, Lesch-Nyhan and DeLange syndromes produce specific patterns of facial abnormalities. Congenital diseases such as cretinism, foetal alcohol syndrome and hydrocephaly also produce facial signs of their presence. Many infectious diseases can be diagnosed from facial signs. Research findings show that behavioural expressions of the face differ when a person is mentally disturbed and can differ according to the type of psychological disorder.

THE SKETCHING OF EMOTIONS ON FACE

Paul Ekman presents his study of relation between emotions and facial movements and expressions through seven categories.

Happiness

A pleasant visceral feeling of contentment, well being or joy. It is in laugh and smile that happiness is expressed. Unlike most other facial signs of emotion, the smile is subject to learning and conscious control.

Many researchers have put their observations about body language of happiness :

1. Signs of intense joy include 'purposeless movements' (for example, dancing about and clapping the hands), loud laughter and weeping (Darwin, 1872)
2. Happiness shows most clearly in the lower face and eye area (Ekman, Friesen and Tomkins, 1971)
3. Facial expressions of joy emerge in human infants between five and seven months of age (Burgoon et. al., 1989)

Happy expressions are universally and easily recognized and they convey messages related to enjoyment, pleasure and friendliness.



Fig. 12.11. The overspread happiness

Examples of happy expressions are the easiest of all emotions to find in photographs and are readily produced by people on demand, even in the absence of any emotion.

Elicitors on Face

No distinctive brow-forehead appearance. Eyes may be relaxed or neutral in appearance or lower lids may be pushed up in lower face action, bagging the lower lids and causing eyes to be narrowed. Outer corners of the lids raised and also drawn backwards.

Sadness

Sad expressions are opposite to the happy ones and action of the mouth corners is opposite. They convey messages related to loss, bereavement, discomfort, pain, helplessness, etc. Although weeping



Fig. 12.12. 'I have never seen a smiling face that was not beautiful'



Fig. 12.13. 'My face is an expression of my broken heart'

and tears are a common concomitant of sad expressions, tears are not indicative of any particular emotion, as they can be an expression of joy also.

Elicitors on Face

Eyebrows drawn together with inner corners raised and outer corners lowered or at level, or brows drawn down in the middle and slightly raised at inner corners. Eyes either glazed, with drooping upper lids, or upper lids tense or pulled at inner corner, down at outer corner. Mouth either opened with partially stretched trembling lips, or closed with outer corners pulled slightly down.

Anger

Expressions of anger are readily available and easily understood. They convey messages related to unfulfilled wishes, disappointments, betrayal, etc. Anger is a primary concomitant of interpersonal aggression and its expression conveys messages about hostility, opposition and potential attack. Anger is a contagious emotion and gives rise to anger as a counter action and hence it increases the likelihood of a dangerous conflict. Anger is more expressed through eyes, lips, heart and hands.



Fig. 12.14. Anger: A contagious emotion

Expressions on Face

Anger is expressed on the face as eyebrows pulled down, sometimes a curved forehead, wrinkles centered above the eyes (frowning). Upper eyelids appear lowered, lower eyelids tense and raised, squinting. Lips tightly pressed together or open, squared mouth.

Fear

Fear, fright and anxiety are basic emotions and a face expresses them in a vivid manner. Fear expressions convey information about imminent danger, a nearby threat, a disposition to flee or likelihood of bodily harm. Specific objects that can elicit fear for any individual are varied. They could be related to realistic situations or they maybe imaginary. The usual

anatomical affinities of these emotions are heart and solar plexus.

Elicitors on Face

Raised and drawn together brows, short horizontal or vertical forehead wrinkles. Eyes opened with tension in lower lids. Mouth corners drawn back, lips stretched, mouth may or may not be open.

Disgust

Disgust expressions are often part of the body's responses to objects that are revolting and nauseating, such as rotting flesh, faecal matter and insects in food, or other offensive material. Obnoxious smells are bound to evoke disgust reactions. They are often displayed as a commentary on many other events.



Fig. 12.15. 'Face expresses the emotions readily'



Fig. 12.16. Sorrow makes a face odious

Elicitors on Face

Brows drawn down but not together, wrinkles on bridge of nose. Lower eyelids pushed up and raised, but not tensed. Deep creases form a wrinkled nose, mouth open with lips raised and lower lip forward, or mouth closed with upper lips pushed up by raised lower lip.

Surprise

- Expressions of surprise are fleeting
- Difficult to detect or record in real time
- It is a response to an event that is unanticipated, unexpected, sudden, novel or amazing
- Seems to act like a reset switch that shifts our attention
- Occur far less often than people are disposed to say ‘that surprises me,’ etc., because in most cases, such phrases indicate a simile, not an emotion
- It should be distinguished from startle



Fig. 12.17. ‘Face reality as it is, not as it was’

Expressions on Face

Raised curved eyebrows, long horizontal forehead wrinkles. Wide open eyes. Dropped open mouth, lips parted with no stretch or tension.

Contempt, Shame and Startle

- Contempt is related to disgust and involves some of the same actions, but differs from it, in part, because its elicitors are different and its actions are more asymmetrical.
- Shame also has a relation to disgust according to some psychologists, but recent evidence suggests that it may have a distinct expression.
- Startle is more like a reflex to intense sudden stimulation.

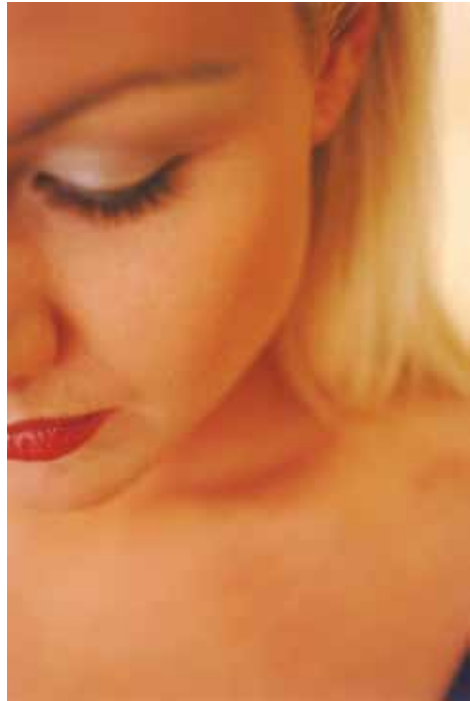


Fig. 12.18. There's no art in finding the mind's construction on the face

ARE FACIAL EXPRESSIONS INHERITED?

The faces we pull when we are happy, sad or angry may be passed from generation to generation, according to researchers.

An Israeli team discovered that, facial expressions bore striking similarities among family members. This confirms an idea posed by Charles Darwin in 1872. Lead researcher Gili Peleg, from the Institute of Evolution at the University of Haifa, said, 'We have found that facial expressions are typical to families—a kind of facial expression "signature".' She said her results suggested that facial expressions were inherited and therefore had an evolutionary basis.

TRUSTWORTHY OR DOMINANT FACES – A RESEARCH REPORT

'Your face is the mirror to your soul', goes the old adage, and now

with a new computer programme one can tell what exactly makes people's faces look either trustworthy or fearsome.

Princeton psychology researchers have developed a computer programme. In the process of developing the programme, they have also found that the programme allows them to construct computer-generated faces that display the most trustworthy or dominant faces possible.

In the study, the scientists showed unfamiliar faces to test subjects and asked them to describe traits they could gauge from the faces. They were provided with a list of characteristics, including aggressiveness, unkemptness and various emotional states. The researchers showed the faces to another group and asked them to rate each face for the degree to which it possessed one of the dozen listed traits.

Depending on this data, scientists found that humans make split-second judgments on two major measures – whether a person should be approached or avoided and whether he is weak or strong.

Then they used a commercial software programme that generates composites of human faces (based on laser scans of real subjects), and asked another group of test subjects to look at three hundred faces and rate them for trustworthiness, dominance and threat.

A trustworthy face, at its most extreme, has a U-shaped mouth and eyes that form an almost surprised look. An untrustworthy face, at its most extreme, is an angry one with the edges of the mouth curled down and eyebrows pointing down at the center. The least dominant face possible is one resembling a baby's with a larger distance between the eyes and the eyebrows than other faces. A threatening face can be obtained by averaging an untrustworthy and a dominant face. Using the programme and the ratings from subjects, the scientists could actually construct models of how faces vary on these social dimensions.

There is evidence that face-seeking is deeply rooted in both the psyche and evolution as the amygdala, a primitive region of the brain, is stimulated when someone spies a scary face.

(Rediffmail News Report 08-08-2008)

SOME FACIAL EXPRESSIONS

Blank Face

The characters of a blank face are :

1. A neutral, relaxed, seemingly 'expressionless' face.

2. Relaxed face, with eyes open and lips closed.
3. A condition in which the neck, jaw and facial muscles are neither stretched nor contracted.
4. A baseline 'emotionless' face, the muscle tone of which reflects a mood of calmness.
5. The deadpan face we adopt at home alone while resting, reading or watching television.
6. The cross words are 'poker face' or 'marble face'.

Though 'expressionless,' the blank face sends a strong emotional message: 'Do not disturb.' In shopping malls, elevators or subways, for example, we adopt neutral faces to distance away. In schizophrenia, 'affective flattening' (that is unchanging facial expression) may be seen as a core negative Type II symptom (Andreasen, 1984). It may be seen in parkinsonism also.

Facial Flushing

The face becomes red or rosy from physical exercise, embarrassment, shyness, anger or shame.

Facial flushing or blushing is elicited by social stimuli, for example; as one becomes the focus of attention in a group, is asked to speak in public or experiences stranger anxiety. Suddenly the face, ears and neck (and in extreme cases, the entire upper chest) redden, causing further embarrassment.

'Flushing, contrary to popular belief, is never seen in a purely aggressive individual, it is a sign of actual or possible defeat' (Brannigan and Humphries, 1969).



**Fig. 12.19. A spinx. A mystery.
A blank.**



Fig. 12.20. The rosy face

Tongue Show

This is a momentary protrusion of the tongue between the lips and it is found in gorillas and other primates, in children and in all ethnic groups studied.

The tongue, a powerful instrument of communication, not only helps shape our spoken words but also conveys unspoken messages. Showing of the tongue is a universal sign of unspoken disagreement, disbelief, dislike, displeasure or uncertainty. Tongue-show can reveal misleading, ambiguous or uncertain areas in dialogue, public statements and not testimony and thus may signal probing points (that is, unresolved verbal issues to be further analysed and explored).

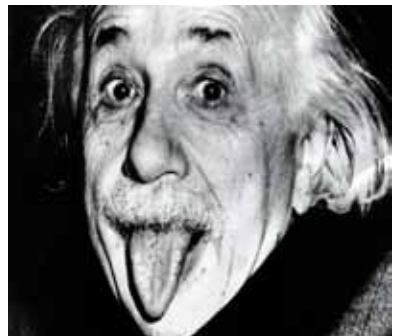


Fig. 12.21. What made Einstein show the tongue?

In Tibet and southern China, a brief tongue tip show is used to

convey the message, 'I didn't mean it' (Morris, 1994).

Infants who are 0.7 hours to 72 hours old can imitate and exhibit tongue protrusion (Meltzoff and Moore, 1983).

Sticking out the tongue can :

1. Express derision, as when children stick out their tongues at others.
2. Underscore concentration.
3. Serve as a sexual lure.
4. Indicate greeting.

Yawning

A sudden, deep inhalation of air accompanied by an open mouth, tightened cheek muscles, eye closure and tearing. A person takes an involuntary deep breath due to sleepiness, fatigue, boredom or emotional conflict. Interestingly, this gesture is contagious and difficult to suppress.

Yawning also occurs in tense meetings as a sign of mild anxiety, disagreement or uncertainty. When alert listeners yawn in response to controversial suggestions or ideas, the yawn signals a probing point.



Fig. 12.22. Silent shouting

Non-verbal Cues of the Jaw

Like bread, butter and cheese, the mouth, jaw and lips go together. The lips affect the appearance of the jaw, but it is more likely that the jaw pulls the lips into formation based on its own mood.

The size and shape of the jaw play an important role in body language. **A square jaw** makes the face appear strong; **a serious underbite** makes the face look weak; **a protruding jaw** can make a person look somewhat unintelligent. It is known that people clench their jaws when they are tense. The jaws carry the burden of the emotion on its own, or it can be accompanied by pursed or compressed lips. The compressed lip/locked jaw combo indicates anger or frustration.

Jaw-droop

A sudden and sustained opening of mouth by parting lips and dangling the jaws, which is given in excitement, surprise or uncertainty or unvoiced

disagreement. This open mouth position is often seen in sleep. This sign is used to mock challenges or confront an enemy. A chronically open position of the mouth and jaw is observed in the mentally challenged or retarded ones.

The jaw-droop is a reliable sign of surprise, puzzlement or uncertainty. The expression is often seen in adults and children who have lost their way or are entering or walking through unfamiliar, crowded or potentially threatening places like tunnels, darkened restaurants, etc.

Tense Mouth

A gesture by rolling the lips inside and compressing them so that they are narrowed to a thin line by the forcible contraction of the jaw and lip muscles.

Lip and jaw tension clearly reflects anxious feelings, nervousness and emotional concerns. A tense mouth precisely marks the onset of a mood shift or a novel thought.

A tense mouth has been observed as a sign of :

1. Anger, frustration and threat
2. Determination
3. Sympathy
4. Cognitive processing (pondering, thinking or feeling uncertain)

Lips

Lips are the signature of face and they are highly expressive as far as emotions are concerned. They are muscular, fleshy, hairless folds surrounding the mouth opening. Lips are in motion for the sake of expressing emotions, pronouncing words and kissing.



Fig. 12.23. Jaw-droop



Fig. 12.24. Anger through tense mouth



Fig. 12.25. 'Read my lips'

Lips give off telling cues about inner feelings and moods. They are connected to our nervous system and to the surrounding muscles of our lower face and we rarely keep them still. Like hands, lips are incredibly gifted communicators which always bear watching.

Lip Compression

This is a negative cue produced by pressing the lips together into a thin line. A sudden lip compression may signal the onset of anger, dislike, grief, sadness or uncertainty.

Barely noticeable lip clenching may signal unvoiced opposition or disagreement. Like other lip cues, in-rolling is controlled by 'gut-reactive' special visceral nerves.

Lip Purse

The expression is to evert, pucker and round the lips in a look of disagreement, scheming or calculated thought.



Fig. 12.26. Lip compression

The message of lip pursing is 'I disagree'. The lightly screwed-out lips of the pig snout show that a listener has gone beyond the pout of uncertainty to a more dissenting frame of mind. As a mood sign, the lip purse reflects formation of an alternative verbal reply in the brain's primary speech center, Broca's area.

Peck (1982) has reported in his research paper, 'Apprehension, scheming or mere disinclination to speak may be betrayed by tightly screwed lips.'

Lip Pout

1. The expression is to push the lower lip against the upper in a protruded look of disappointment, displeasure, sadness or uncertainty.
2. Children throughout the world pout in sadness, frustration and uncertainty.
3. Adults unthinkingly pout or show fragments of the pouting cue of the chin muscle when disagreeing with comments presented face-to-face, for example, at a conference table.
4. During courtship, men and women may unwittingly evert their lips in a pouty look to signal harmlessness and availability.

It is interesting to see what Darwin (1872) wrote about lip pout, 'Protrusion of the lips, especially with young children, is characteristic of sulkiness throughout the greater part of the world.'



Fig. 12.27. Lip purse



Fig. 12.28. Lip pout

Laugh

This rhythmic vocalization shows that human laughter varies greatly in form, duration and loudness. Laughter is a ‘response to embarrassment, excitement or humour (Givens, 1999)’. Beyond smiling, laughter shows greater pleasure and happiness. Whilst smiling may happen over a longer period, laughter is a relatively brief affair, happening for a few seconds. In other words, a laugh is a smile that bursts.

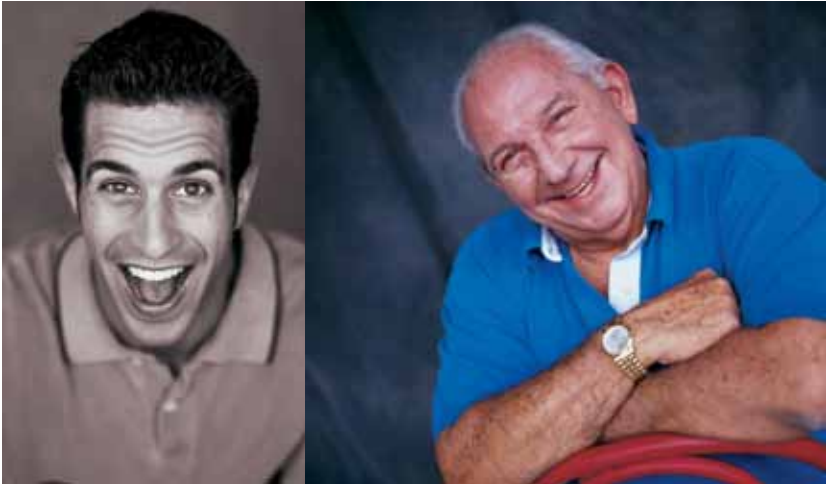


Fig 12.29. ‘Laugh a lot, and when you are older, all your wrinkles will be in the right place’

There are different forms of laughter: Hollow, forced, mocking, bubbling and so on. There is also a rich vocabulary to denote types of laughter: Giggle (to laugh nervously), grin (to smile in a forced manner), chuckle (laugh quietly), gurgle (bubbling laugh), guffaw (to roll with laughter), screech (to shriek with laughing), roar (to growl), crow (to show off), snort (breathing out), jeer (hiss) and so on.

There are many variants on laughter and we all laugh differently, from the suppressed titter to the loud and uproarious belly laugh. Louder and less suppressed laughter may indicate someone who is less self-conscious. It may also be used by a person who is trying to gain attention. In general, women laugh at men they like; while men like women who laugh at them. This can lead to a satisfying bonding relationship.

Laughing and smiling at the misfortune of others is often socially unacceptable although it seems funny. In such cases one can see

suppressed grins and giggles as a person tries desperately to hide his feeling of amusement. Laughs, for example, may get disguised as coughs and a person may turn away to hide his expression.

One can ‘read’ laughter from the sounds that ensue:

- a. ‘Ha-Ha’ is laughter that is genuine, coming straight from the heart. It expresses pure joy and self-fulfillment.
- b. ‘He-He’ is laughter, usually issuing from a condescending remark or a joke about a person.
- c. ‘Hee-Hee’ suggests a secret giggle or a snigger that is emitted when a person is being cynical or spiteful.
- d. ‘Ho-Ho’ communicates surprise, even disbelief, by a person who is critical, protesting or challenging.

Each person develops his own particular style of laughing. Some laugh automatically or spontaneously, while others guard their laugh. It is said, ‘A fool is known by his laughter.’ Laughter can increase your happiness, but it can also betray your emotions. As with most gestures, laughter must be interpreted within its social content.

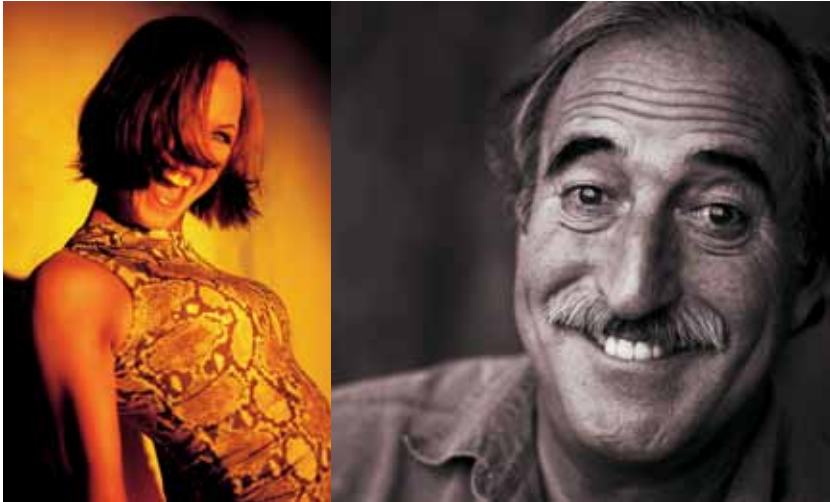


Fig. 12.30. Overt expression of joy

Foot (1986) defines the following varieties of laughter:

Humorous Laughter

Overt expression of exhilaration.

Chief Remedies: *Cic.*, *Croc.*, *Hyos.*, *Ign.*, *Stram.*

Social Laughter

Expressing friendship and liking, gaining social approval and boisterous group cohesiveness.

Chief Remedies: *Carv., DNA, Lyc., Phos., Puls.*

Ignorance Laughter

One who laughs at a joke which he could not understand. He laughs with the others to conceal his ignorance or to prevent himself being portrayed as stupid.

Chief Remedies: *Bar-c., Cic., Cocc., Lyc., Tritic-vg.*

Evasion Laughter

Like humour, laughter can serve as an emotional mask for our true feelings.

Chief Remedies: *Aur., Lach., Lyc., Nux-n., Op.*

Embarrassment Laughter

This type is by tilting the head backwards and averting the gaze, thereby relieving the embarrassment.

Chief Remedies: *Ambr., Calc., Gels., Nat-m., Sulph.*

Apologetic Laughter

Related to evasion and embarrassment laughter. Used when one is gearing up for possible failure on appearing foolish.

Chief Remedies: *Adam., Cocc., Coff., Hyos., Puls.*

Anxiety Laughter

A manifestation of the release of situational anxiety. One may laugh with a feeling of relief when a period of acute stress comes to an end.

Chief Remedies: *Arg-n., Carv., Cupr., Ign., Lach.*

Derision Laughter

This is obviously an alternative or an additive, to the encoding of hostile humour in situations where one wishes to express superiority over another.

Chief Remedies: *Agar., Lyc., Plat., Sypb., Verat.*

Joyous Laughter

This is a pure expression of excitement; a spontaneous reaction to pleasurable and exhilarating activities; particularly characteristic of

children at play.

Chief Remedies: *Agath-a*, *Cann-i*, *Phos.*, *Sacch-a*, *Stram*.

Smirk Laughter

A person smirks by keeping his lips pressed together in a controlled laugh. Though there may be no evidence of negativism, there will be over-tones of maliciousness at times. The smirk could also be a secret laugh, with the cause of provocation known only to the smirker.

Chief Remedies: *Anac.*, *Hyos.*, *Nat-m.*, *Nux-v.*, *Sep*.

Smile

Only human beings possess the precious gift of smile. In the study of facial expressions, more attention is paid to the smile than any other expression. The following quotations beautifully reveal the value of smile. ‘Smile, it is the key that fits the lock of everybody’s heart.’ ‘There are hundreds of languages in the world, but a smile speaks them all.’ ‘Smile increases the face value.’ ‘A smile confuses an approaching frown.’

Smile reveals a lot. It is essential to observe the way the patient smiles. The smile is an important ingredient of a person’s total image. It



Fig. 12.31. Soft smiles, by human kindness bred!

conveys the general states of acceptance and agreement. The smile has an enormous power to dilute stress, smoothen the professional stress, raise the level of the power in the group and communicate friendliness.

However, the smile is too complex and complicated a gesture to decode. It becomes even more difficult if it is interpreted in isolation rather than in cluster. Remember that smiles may not be associated with happy moments.

Social psychologists Ekman and Friesen (1975) suggest that smiles can be divided into the categories—felt, false and miserable. Givens (1999)

describes the 'zygomatic smile' as the 'heartfelt smile'. It is formed by the corners of the mouth which curve upward and the outer corners of the eyes crinkle into crows-feet.

Dr. Ewan Grant has presented the following types of smiles:

1. **How-do-you-do or Upper Smile:** The upper teeth are uncovered and mouth is slightly open.
2. **Nonsense Smile:** The lips curve back and up but remain together, so there is no dental display.
3. **Broad Smile:** The mouth is open, the lips curled right back and both upper and lower teeth can be seen. It involves the whole face, particularly the eyes.
4. **Lip-in-mouth:** Same as upper smile except that the lower lip is drawn in between the teeth. A lip smile is often given out of distraction where the person wants to convey pleasure or approval but is actually thinking or feeling something else.
5. **Oblong Smile:** The lips are drawn fully back from both upper and lower teeth, forming the oblong with the lips.
6. **Genuine Smile:** A genuine smile is often asymmetric and usually larger on the right side of the face.
7. **False Smile:** A false smile may be more symmetrical or larger on the left side of the face and there may be an absence of the crinkle in the skin at the middle.
8. **Drop-jaw Smile:** Lowering the jaw (drop-jaw) to show a D-shaped mouth can be a false smile as it is easy to do. It may also be a deliberate signal of amusement and an invitation to laugh.
9. **Smile Without Opening the Mouth:** Smiling without opening the mouth, particularly with the lips firmly pressed together, may indicate embarrassment. It may also be a suppression of words.
10. **Half-smile:** A half-smile, on one side of the face, may indicate cynicism, sarcasm or uncertainty.

Smiling is also a sign of submission as a person effectively says, 'I am nice and not a threat.'

WEEPING GESTURES

Weeping with Face Covered

1. Dilemma that they can't express full purpose for which they are weeping



Fig. 12.32. Weeping with face covered



Fig.12.33. Weeping with eyes covered



Fig. 12.34. Weeping with face hidden against an object

2. Inability to express
3. Nobody should realize their weaknesses
4. Ailments from suppression

Weeping with Eyes Covered

1. Binomial life: Different inside and outside
2. Crocodile tears
3. Concentrate on the mode of weeping
4. Not ‘open’

Weeping with Face Hidden Against an Object

1. Two categories:
 Open: Concealment of emotions
 Solitary: Really sorrowful but hate publicity

Weeping with Rubbing the Eyes

1. Immaturity
2. Childishness
3. Demanding and obstinate
4. Can be pacified

Weeping and Showing

1. Facial expressions and eyes don’t match
2. Manipulative
3. Dry, indifferent
4. Don’t reply during weeping

Weeping with One Hand Near the Eyes

1. Concealing the emotions

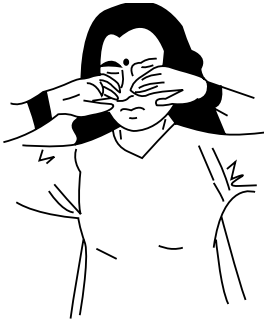


Fig 12.35. Weeping with rubbing the eyes



Fig. 12.36. Weeping and showing



Fig. 12.37. Weeping with one hand near the eyes

2. Rigid inwardly
3. Nobody should see my tears
4. Introverts

BODY LANGUAGE OF EARS, NOSE, CHEEKS, LIPS, MOUTH AND CHIN IN DIFFERENT CULTURES

Ears

The ‘earlobe flick’ in Italy signifies that that some other person is effeminate or homosexual. In Russia, it says, ‘I dislike that person and he should be punished like a child.’ The ‘ear grasp’ in India is a sign of apology, as when a servant drops a dish or commits some other error. ‘Pinching the earlobe’ with the thumb and forefinger is a way of expressing appreciation. ‘Cupping the ear’ with one hand is understood almost universally to mean, ‘I can’t hear you.’

Nose

There are many ways of communicating with the nose. It can be tapped, thumbed, pushed, pulled, twisted, scratched, circled or wiggled and each action signals a meaningful message.

We often use phrases like, ‘Don’t cut off your nose to spite your face’ or ‘As churning milk produces butter and punching a nose produces blood, so stirring up anger produces a fight’, ‘As plain as the nose on a man’s face’ or ‘He that has a great nose thinks everybody is speaking of it’.

The symbolic language of nose is related to pride. Remember that in Ramayana, Laxman, Lord Rama's brother, cut off Shurpanakha's nose to insult her. The 'nose tap' in England means confidentiality, while in Italy it is 'Watch out. Take care.' The 'nose circle' is made by forming a circle with the thumb and forefinger and placing it over the nose. In Colombia, it signals that the person in question is homosexual. The 'V over the nose' is made with the forefinger and middle finger with the palm inwards, towards the face is obscene in Saudi Arabia and Mexico. This gesture transforms the tip of the nose into a symbolic phallus. 'Thumbing the nose' is a universal insulting gesture and it is used chiefly by children who want to mock others with derision. The 'nose twist' is unique for France. It signifies drunkenness. 'Scratching or rubbing the side of nose', according to Julia Fast, is an unconscious signal that someone is telling a lie.

Cheeks

A bold, impudent or brassy person is called 'cheeky'. The 'cheek screw' is primarily an Italian gesture of praise, as when observing a pretty girl. In Germany the same gesture means 'That's crazy.' The 'cheek stroke' in Greece, Italy and Spain means 'attractive' and also 'I see a pretty girl'. In USA, it is a sign of contemplation, as if saying, 'That's interesting – let me think about that.' 'Cheek kissing' is not as simple as it seems to be. In Russia and Middle East, they actually kiss the cheek. In France or Italy, it is considered 'kissing the air' that is cheeks touch and the lips make the sound of kissing, but the lips don't actually press against the cheek. In Latin America, only one cheek is usually kissed while in France, kiss can be twice, one on each cheek. In Russia and Belgium, they may kiss three times – one side, then the other, and back to the first side. In Asia, kissing is regarded as an intimate sexual act and is not permissible in public.

Making a 'kissing sound' is a multi-meaning gesture. It can be for seeking attention. Men use this sound as a crude but obvious way of 'commenting' on the passing of a pretty woman. 'Kissing the hand' as a form of greeting is regarded by most as a continental gesture of worldliness and gentility. But it should not give a feeling of too much beseeching. The 'fingertip kiss' conveys, 'That's good'. 'That's great'. 'That's beautiful'. It serves as a laudatory comment.

Lips and Mouth

'Whistling' in Europe, when done by crowds, is a form of jeering. In USA,

it conveys approval. In India, it is impolite to whistle in public. Americans 'hiss and boo' to express disapproval. 'Spitting' in public is regarded as a rude act. Spitting at someone is regarded as an insult. The lip point is a substitute for pointing without using the hand or finger. The action involves pursing the lips and motioning them in the desired direction.

Chin

The chin plays just as important a role in our body language as any other part of the body. The chin flick involves brushing the fingernails of one hand under the chin and then continuing in an outward motion, away from the chin. In France and Italy, chin flick means 'Get lost. You are annoying me.' In France, it symbolizes a man's beard. Therefore, as an insult it is saying, 'I throw my masculinity at you.' The chin stroke is also associated with a real or imaginary beard, and hence regarded as a masculine gesture. It also suggests contemplation, as if saying, 'I am thinking' or admiration, as when a man admires a fine painting or a beautiful woman.

HOMOEOPATHIC PERSPECTIVE

A homoeopath should be able to read facial expressions because they form an important objective parameter of the psyche of the patient. Facial expressions are interactive, reactive and expressive. They are interactive because they change easily with the surrounding environment and speech. They are reactive because they conform to the words spoken and expressive because they reflect the inner feelings and emotions of a person. As a matter of fact, facial expressions are a part of an organized emotional response. To match a facial expression with an emotion implies the knowledge of human emotions into which expressions can be assigned.

Paying attention to the face helps a homoeopath in adjusting himself to the tune of the patient. Observing the facial expression facilitates the interview and recognizing the meaning of the facial expression helps a homoeopath to frame the questions in the right direction which assists in establishing a rapport with the patient. The continuous flow of interview demands rapid decision making and knowledge of physiognomy helps conforming to the speed. To perceive the intensity and depth of emotions, no body language signal is as powerful as facial expression. A human being can't hide his emotions and the face acts as a mirror and depicts the true emotions.

Apart from the utility of facial expressions in proper interview, the

face provides an index to infer if the interview was satisfactory to the patient. It is necessary to look at the patient's face after the interview is over so that a physician can understand if his interview has been appreciated by the patient or not. But don't stare at him!

Some Illustrative Cases

I recall a case. A lady portrayed every aspect of her life as 'very nice'. I started exploring her inter-personal relationships by asking her to define every relation and when the issue of her aunt surfaced, her face changed from comfort to some kind of annoyance which she expressed as frowning. Actually she was not on good terms with her aunt and was harboring anger against her. I selected the rubric from my repertory, 'Face, frowning or scowling, anger from.' There are only two remedies *Chamomilla* and *Lycopodium* having three marks each. Based on some strong physical generals, I selected *Lycopodium* as the drug of choice. The remedy helped her in many respects.

A Sadhu (spiritual leader) consulted me for osteoarthritis of knees. His face was angel-like and his voice was steady with a commanding tone. He consistently kept smiling and gave an impression of tranquility. No physical or mental characteristics could be elicited. It was a one-sided disease. I grilled him for a long time but all in vain. He was 'content' in spite of his sufferings and said – 'It's okay about pain', 'I don't care about pain' and 'Everything is God's gift' and kept smiling. I selected two rubrics from the repertory of body language – 'Face, expression, serene' and 'Face, happy, smiling'. *Opium* came up as a prominent remedy. *Opium* in 30C potency in frequent repetition helped this patient in alleviating the pains.

A middle aged woman who was about to get married for the second time, consulted me for acne rosacea. Her marriage was due after two months and she developed acne as a result of chagrin. Her recent history was that, her father had been humiliated by her future in-laws and the situation was growing worse. It would have been a big crisis for her had the marriage been cancelled on that issue. The bride became very nervous and took her father's insult to her heart. She cried for several days and suffered from insomnia. Soon her face became covered with red circumscribed lesions. I took the rubrics, 'Face, expression, gloomy, sinister', 'Acne rosacea' and 'Ailments from chagrin' and it worked out to *Aurum mur.* A few doses of *Aur-m.* cleared her face and boosted her

confidence at that crucial time.

Spotting Facial Expressions of Remedies

Some homoeopaths claim to recognize the face very readily and spot the remedy. But, remember, it is not so easy and this may be a wrong interpretation. Face is definitely a mirror of life but it requires circumspection and study. The skill of facial reading is acquired after strenuous efforts and as emphasized many times in this book, one should not interpret a gesture in isolation but in cluster of signals.

Can you spot this remedy? Eugenio Candegabe describes this well, ‘Wrinkled old face, worried expression, dark hair, dark shining eyes, high brows, the frowning expressions, horizontal furrows on forehead, and the face overall gives the message, ‘I know this’. The attitude of this remedy is classic – the stern demeanour, the harsh and imperious tone. He stands with his arms folded over his stomach until he suddenly leans back, flaps his nostrils as if in need of air, and then holds forth to the person he is speaking to.’ Dr. Tarkas writes, ‘Hairless chest and abdomen with normal masculine look. With advancing years get obese with prominent bellies. Big head, scrawny body, puffy legs.’

I will give one characteristic personality trait—snobbish; licks superiors and kicks inferiors. I am sure you have found the remedy. The remedy is *Lycopodium*.

Spot a Remedy*

- Angular and broad face = ‘larger than life trait’ as manifested by hoarding instinct, selfishness and royal sense of self
- Hooked, straight or prominent nose = roughness and coarseness, abrasive talk, malicious
- Large head, though body thin = megalocephalic trait, expanded ego
- Large forehead = high intellect
- Broad and firm chin = confidence, determination

The facial expressions and their co-relation with animal kingdom is an interesting study from the Doctrine of Signatures. Many human faces bear resemblance to animal faces and this resemblance may be one of the ways to select the remedy. But remember Goethe’s statement, ‘Things which matter most must never be at the mercy of things which matter least.’

Conclusion

‘Your face is a book where men may read strange matters’, wrote Shakespeare. A homoeopathic physician who has to find out the true portrait of sickness and give value to what is strange and peculiar in a case can’t do without facial expressions. Allow your patient to be strange, to be bizarre. Make him express his stupidity; for, stupidity represents illness. The human face amply demonstrates the stupidity.

BODY LANGUAGE OF CRYING BABIES

Introduction

‘Life’ is a ‘change’ and ‘change’ is ‘life’. The very existence of life is through the process of continuous change. Life is the resultant of a gradually changing process that initiated billions of years ago. From the union of sperm and ovum in the womb, life goes through numerous stages before a complete form of life is created – as a human being. Life and death are nothing but the processes of changing forms of life – from physical to spiritual. Life is a cycle of phases and transitions which adds dynamicity to it. There is no ‘stasis’ in life. It is in motion continuum; from one form to other. It is full of energy which resonates from one pole to the other, positive and negative, up and down, tide and ebb; in a cyclical manner. There is a specific time for each phase after which the form and shape change. Hence, we live for some years, as decreed for us in our genes, after which we die and change our form. Everything that forms or is created has to perish one day. Autumn has to come to replace the withered flowers with a new blossom. Nothing is devoid of this cycle – astronomy, physics, chemistry, mathematics, geology, music, biology, etc. Cosmic energy through bio-energy bestows life and the never ending cycle continues!



Fig. 12.38.

We are born in the lap of our Mother Nature who takes care of us in every way, providing shelter and favourable environment for us to

*The remedy is *Sulphur*.

live in. Nature is the cause of our creation and it is responsible for the endurance of our race. Everything around us has a 'beginning' and 'end' and the period between these two is what we call as 'development'. Every culmination or completion is followed by a new beginning which assumes a new form. Hence, we are first in the phase of childhood which begins from our birth and completes at a specific period. The completion of our childhood is followed by the beginning of a new phase of adolescence. Then follows adulthood and finally old age. This cycle of 'beginning' and 'culmination' is perpetual and endless and will continue unless everything that is created, reaches to the point of its origin. Hence, birth and death are nothing but an expression of this enormous cycle of creation and destruction.

Nature takes care in a superb way for a new human providing all amenities—food, shelter and the most congenial environment for growth. It takes every care to continue the human species. Completion of intrauterine development heralds the beginning of a change – in the sense that the foetus is ready to take birth in this new world after a period of 9 months. When adequate quality is reached, the movement begins. Movement for a new human. The vigorous movement. The birth of a new biological entity.... The newborn welcomes this change of environment with a 'cry' which helps in establishing breathing. It is the cry of a newborn which brings a smile on the face of the parents. It is the 'cry of life' – an epoch making cry.

Crying

Newborn of no species or primates cry as much as the human babies do after birth.

Inside the womb the foetus is in a warm protected environment. After birth, it experiences a drastic change in the environment. Changed external temperature and the air stimulate the skin (proprioceptive receptors) of the newborn and it takes a deep breath. This first deep breath expands the lungs and results in a cry. This cycle continues for a short period and a regular respiratory pattern is established.

Crying is one of the five parameters in assessing the condition of a newborn (APGAR score). This assessment is done twice after birth; at one minute and five minutes. In a normal child the first cry is expected to be a vigorous or lustrous one.

Sensory and motor development still in progress after birth, a newborn

baby expresses its need only through one mode and that is crying. The best way to draw the attention of others is by crying. As growth advances, the baby reinforces its expressions and desires with some additional signs of kicking the feet, waving the hands, moving the head, etc. These additional signs are the foundation of the individuality of the infant. Apart from these clues, even the cries of infants differ from one another. The mere act of crying may give useful information to a physician.

At six weeks of age, for example, crying time tends to be around 3 hours a day, which is nearly about 30 per cent of a baby's waking time. Most of an infant's crying occurs in the late afternoon and early evening. By twelve weeks of age, babies are apt to return to the more bearable one hour a day of crying which they exhibited at one week of age.

Analysis of the 'cry' has come up with some interesting facts about it. Crying is much more structured, informative and in due course, manipulative feature of the infant.

Types of Crying

Wolf identified three main types of cries—basic cry, anger cry and pain cry.

Basic Cry

It includes the birth cry which is characterized by two gasps followed by a wail that lasts one second. The baby cry is initially monotonous up until two to five weeks after birth, but gradually becomes acoustically and syntactically more complex.

Basic cry is often associated with, but not exclusive, to hunger. It is a rhythmic cry, consisting of a scream (actual cry, with a mean duration of 0.6 seconds), followed by a brief silence (0.2 seconds), a short inspiratory whistle (0.1- 0.2 seconds) and then another brief rest period before the next actual cry begins. This type of cry is found as early as half an hour after birth.

In the 'hunger cry', the sound is less shrill than other cries. It sounds demanding rather than desperate. This cry is often preceded



Fig. 12.39. Hunger cry

by finger sucking, lip smacking or nudging.

Anger (or Mad) Cry

It is a variation of the basic pattern, but with shorter pauses between cries, due to excess air being forced through the vocal cords. It is characterized by a prolonged expiratory breath followed immediately by an exasperated wail.



Fig. 12.40. Anger cry

Pain Cry

It is distinguished from other types of crying by a sudden onset of loud crying. It consists of a long initial cry and an extended period of breath holding after a long cry. All types of crying cannot be classified under the above framework. Pain cry has some variations. There can be a sharp scream followed by a phase of stoppage of breathing which is again followed by another sharp scream. It can be loud, high pitched and as long as four seconds. It can be a shrill cry followed by long breath holding silence (as long as seven seconds) and short whimpers. The baby's arms and legs may flail and then jerk tensely back into the body. This cry is continuous and uncontrollable.



Fig. 12.41. Pain cry

Other Types of Cries

Brain Injury

An irritating cry of a baby, may indicate brain injury.

Feeble Cry

Feeble cry is seen in cases of babies suffering from asphyxia and lung immaturity. Babies who are of low birth weight also exhibit this type of

crying. Feeble cry is also seen in cases of foetal distress when there is meconium aspiration, also in brain disorders like intracranial bleeding.

Fatigue

Fatigue cry is soft and rhythmic as the baby nears its time of sleep. It is a wailing sound with a definite vibrato. This cry gradually builds up in intensity and often has a continuous and nasal tone.

Boredom

Boredom cry is a fake cry which stops instantly after the baby is carried. Wow, even kids get bored and know tricks! Babies say, 'I'm lonely and bored' with a cry that is whiny and whimpering; sometimes it almost sounds like a moan.

Discomfort

Discomfort cry differs from boredom cry in that it does not stop after the baby has been picked up. Baby tenses facial muscles, frowns and clenches fists. It is a prolonged cry. The cry sounds weak, whiny and nasal. It is generally lower in pitch than pain cry.

Remember, constant crying is nearly always a sign of physical illness and needs serious attention.

The Cries of Some Remedies

Remember, three useful remedies in crying infants – *Belladonna*, *Chamomilla* and *Stramonium*. All of them have 'pain' and 'anger' cry. The cry is loud, irritating and characterized by prolonged expiratory breath followed immediately by an exasperated wail. Breath holding spasms are common with these remedies.

Calcarea carb. infants are obstinate and cry especially when tired. Instead of falling asleep, they whine and cry and cannot be calmed down. As if mired in obstinacy, they force themselves to stay awake even if the urge to sleep is over-whelming. Security is the base and they cry out of fears. Night terrors with screaming are common.

Lycopodium baby frowns and screams at the slightest provocation. The crying has a demanding tone to it. They cry when hungry or tired, upon awakening, during colic and during any acute illness. They may cry everytime the lights are turned off or when they are left alone in bed. Nasal obstruction and GIT complaints are the chief causes of cry.

Medorrhinum child cries always or all day, and is quiet all night

(*Lycopodium*, opposite *Jalapa*). They cry from excoriation of the anus or from diarrhoea. Another common cause is being left alone in the dark. Other causes are, fear of animals, of closed places, loud noise and water. A *Medorrhinum* child is hot and doesn't like covering, it cries when forced to wear clothes.

Natrium mur. infants, very often, do not cry after birth. These children are sensitive, demanding and if parents are harsh with them, it may bring on torrents of tears. Cry even if looked at. It is easy to remember the *Nat-mur* child by his reaction. If they are not carried or attended in time, they don't respond due to reinforcement of resentment. They cry easily from anger, from being held up and there may be alternating laughing. *Natrium mur.* infants and toddlers are reserved. They cry and talk very little. Cry is more of a whining and sobbing type and give an impression of a demanding, helpless and hurt child.

Phosphorus infants are very sensitive and their cry is apprehensive. Any small trifling matter may cause a change in mood and they start crying. Common causes of crying are tiredness, fear, punished or hit by someone, left alone and when anger of others is directed towards them. They need affection and can cry easily and openly in front of others. However, unlike *Natrium mur.* *Phosphorus* children recover more quickly.

Sulphur child cries when the mother wishes to change his clothes, to wipe his nose, to undress him, to bathe or when looked at or when carried.

Irrascible and headstrong *Tuberculinum* children cry easily and loudly and cannot be calmed down easily. Dentition, diarrhoea, anal redness and stuffy nose cause repeated crying spells.

A *Syphilinum* child cries all the time, especially during the night. It is a problem child, difficult to pacify. The child can cry for hours together. The cry is quite irritating and the family history of the child may be associated with syphilis.



Chapter 13

EYES: THE VISION WITHIN...





Fig. 13.1. The greatest wonder of all is the creation of an eye

“Life lives, life dies. Life laughs, life cries. Life gives up and life tries. But life looks different through everyone’s eyes.”

- Anonymous

EYE: THE GREATEST WONDER

Humans are the best of the creations in the process of evolution. Before you finish reading this sentence, approximately one hundred billion (100,000,000,000) operations will have been completed inside your eyes. However fantastic it may seem, you have the privileged possession of the Universe’s ultimate technology. No scientist has ever come close to fully grasping it, let alone inventing anything remotely similar.

Whatever you have in your life is meaningful through your senses—vision and others. Your family, your house, your office, your friends and everything else in your surroundings, you quickly identify, thanks to your vision. Without eyes, you could never get a quick, complete sense of everything that’s happening around you. Without them, you could never imagine colours, forms, scenes, human faces or what the word beauty means. But you do have eyes and thanks to them, you can now read these printed words before you.

Our body is a repository of wonder. It encompasses an unimaginable set of complex abilities in its limited dimensions. From whistling a tune to the thought of splitting of an atom, we are wonderfully created. Yet, the greatest wonder of all is the creation of an eye. It is so wonderful



Fig 13.2. There is a road from the heart that may not go through intellect

that it makes our existence fascinating. Our body is an intelligent tool that surpasses all species on earth! It genuinely reflects the innermost of our being—our emotions, attitudes, inclinations, feelings, imaginations and above all our true image through the signals and cues of body language.

The core elements of body language are gestures, postures, facial expressions, appearance, eye expressions, modulations of voice and the use of space and distancing. Although each element has its own place in the study of kinesics, facial and specially eye expressions have their outstanding fields of observation, perception, interpretation and operation.

Verbal communication, which includes rhythm, pitch and tone, as well as actual words, only accounts for 35 per cent of the total communication. This leaves a pretty hefty chunk of the communication up to body language. More interesting is the fact that people make eye contact only about 20 per cent of the time. So what are our eyes doing for the remaining 80 per cent? The answer is – performing a volley of movement as we switch in and out of different modes of information recall (recalling past experiences) and construction (creating new information from previous experiences).

The eyes give the most revealing and accurate of all the human communication signals because they are a focal point of the body and the pupils work independently. A blink. A wink. A sidelong glance. Your eyes speak volumes to the others around you and every time, a raised brow or a wide stare looks at you, it is a valuable clue to the other's unspoken words. One should spot the eyes if they are angry, epoxy, bored, surprised, greedy, frightful, sad, lying, accusing, cruel, foxy, pitiful, mischievous, etc.

Why does one say that eyes are powerful? Gaze into someone's eyes and see what happens. It arouses strong emotions in others, either you may become a soul mate or you may get a slap on your face!

EYE: A SYMBOL OF CONSCIOUSNESS

The eye identifies universal physical perspectives of the terrain. The act of seeing is regarded as a sign of life. Power of eye represents the power of the whole person. Eye is considered to be a symbol of higher consciousness. It represents in-sight; it represents physical, psychic and spiritual awareness. It is a symbol of wisdom and of clear perception. All things are viewed through the

eye of conscious creation in the alchemy of time. It is the center of the spiral of creation. The eye is the eclipse of consciousness at the end of time. Everything sweeps forth from the 'eye'—experience consciously—then return to the eye as the patterns of virtual reality.

The opening of the eye is basically the Iris – Isis – I. It is symbolic of the time of awakening, the evolution of consciousness. Hence, eye represents I.

The eye has a pupil. We are pupils in this universe (that is, university) experiencing consciously through the lens of time.

It is believed that we have a third eye just above the eyebrows in the center of the forehead. This is related in the realm of mysticism as the spiritual center which can perceive extrasensory dimensions and spiritual realities. Directly in line with this center, in the middle of the brain, lies the pineal gland which releases the chemical that controls higher consciousness. It is believed that this was once an eye that over the centuries became buried in the center of the brain. In the Hindu pantheon of Gods, Shiva is endowed with three eyes and Indra has eyes all over his body. Some deities are described as having thousand eyes. Many Buddhist temples exhibit all-seeing eye on their towers. In the case of Shiva, having three eyes signifies power; it also

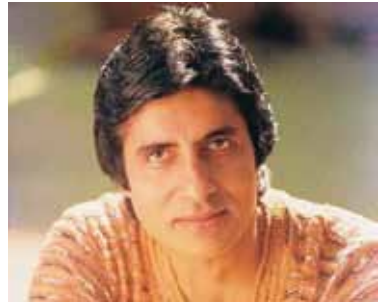


Fig. 13.3. The eye of the master will do more work than both his hands



Fig. 13.4. The third eye of Lord Shiva

signifies knowledge of everything around. Vishnu's eyes are half-closed in the sleeping posture, but they are wide awake within, aware of and regulating every object and phenomenon in the entire universe.

The eyes are described as the windows of the soul... and the mirrors of the heart. Emerson precisely puts up the importance of eyes, 'The eye can threaten like a loaded and levelled gun, or can insult like hissing and kicking or in its altered mood, by beams of kindness, makes the heart dance with joy.'

A variety of metaphoric expressions are used for the kind of look and attitude the eyes convey. A major function of the eye is to retrieve the implicit meaning in a communicative event. The eyes can be steely, knowing, mocking, cunning, piercing, shifty, wise, inviting, scary, disinterested, appreciative, pitiful, disappointed, depressed, cruel, emotionless or blank.

BRAIN AND EYES

To see an object, all you have to do is to turn your gaze at it. You don't need to bother giving 'project, capture and analyse' orders to your eyes, the components inside them, the optical nerves running to the back of your brain, nor to the brain itself. You need to only look, just like the rest of the billions of creatures who have ever lived on our planet. Without having to work out the optical measurements, your eye's lens can focus onto distant objects. Without needing to accurately compute the precise contractions of various muscles surrounding the lens, you only desire to see and within a fraction of a second, the vision process is



Fig. 13.5. The eye is an extension of the brain

carried out for you. Like many people, you may never have realized what a miracle it is that thousands of independent processes can operate in perfect harmony to enable you to see.

Sense organs are the portals of our awareness. It is through the sense organs that everyone of us is connected to the outer world. Eye is singular in being a facial and a sense organ par excellence, but essentially it is an extension of the brain. To limit this reality to the mere anatomical region is an injustice to the potential, to the visual field and to the perception that the eye renders to each of us under the reign of brain. I was struck with the statement 'The eye is an extension of brain.' In our college life, no professor gave us such thinking. We learnt that brain and eyes are separate organs, although connected. I wonder at the Almighty's creation of the human body. The brain extended its region as it wanted to look at the world through the eyes. Open the eyes to see the outer world and close it to look within. The journey of both is complex, deep and enlightening. The statement, 'The eyes are the window to the soul' is worth recalling in the context of spiritualism.

Research Report

Researchers Arendt and Wittbrodt while elucidating on the evolutionary origin of the human eye, write, 'It is not surprising that cells of human eyes come from the brain. We still have light sensitive cells in our brains which detect light and influence our daily rhythms of activity.' 'Quite possibly, the human eye has originated from light sensitive cells in the brain. Only later in evolution would such brain cells have relocated into an eye and gained the potential of conferring the vision.'

Neuroscientists have concluded that it is the eye that scans when our brain is processing information about other people's emotions. The amygdala are found in each site of the brain in the medial temporal lobe and are known to process information about facial expressions.

FACE AND EYES

Face is truly, the mirror of life. The face is often called as an organ of emotions. Our face is exquisitely expressive. It defines our identity. It speaks for itself. One can categorically make a statement that the face is mightier than the word.

Facial expressions are clearly related to expressions via the eye.



Fig. 13.6. Originality is simply a pair of fresh eyes

Face is the most important part of ‘face-to-face’ bodily encounters. The expressions on the face are retrieved and comprehended through the eyes and the facial expressions depend on the support of eyes. Smile is among many expressions that depend not only on facial parts, such as lips, mouth and cheeks, but also on the expression of eyes.

Areas of face involved in emotions indicate that fear and sadness are best produced by and nudged from the eyes and eyelid area. A combination of cheeks, mouth, eyes and eyelids reveal happiness. Surprise is identified in brows and forehead more clearly. Surprise is identified also in eyes and eyelids and also in the combination of cheeks and lip movements.

THE FUNCTION OF SEEING THE ‘TRUE’ IMAGE

The eye might be a window to the outside world, but in our sense of sight it plays only the role of an instrument. The spot where vision is established is deep inside the brain.

To recap the steps of seeing: Beams of light enter the eye and pass through the cornea, the pupil and the lens. The cornea’s convex structure and the lens break up the light beams and after turning the picture or image of the scene upside down, direct it to the retina. The job of the lens is to focus light rays on the back of the eyeball – the retina. The lens

works much like the lens of a movie projector. If you sit in the dark theater and look behind at the stream of light coming from the projection booth, you will notice that light goes through a powerful lens, which is focusing the images onto the screen, so you can see the movie clearly. In the eye's case, however, the film screen is the retina. Light-sensitive receptor cells—the cones and rods—then convert the light into electrical signals, to be sent to the brain. The

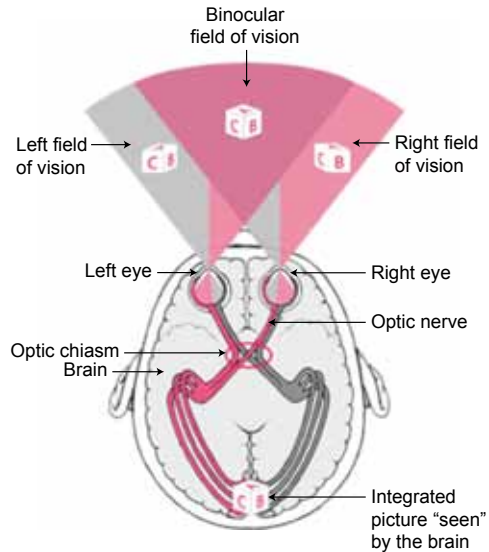


Fig. 13.7. Function of vision

image that comes from the retina is an upside-down picture of the world. But the brain reverses this accordingly, letting these electrical impulses provide it with information about the object—its type, size, colour and distance. This entire process takes place in less than a tenth of a second.

During the assembly of a visual image, a staggering number of processes take place in less than a second. No computer in the world has yet been able to match this speed. But equally as staggering is the fact that the optic nerves invariably restore reversed images from the retina back to their original state.

After the retina converts beams of light into electrical signals, they are sent to the brain via the optic nerves in a thousandth of a second. Signals received from each eye contain all the visual information about the object one perceives. The brain combines the two images received from each eye to create a single three-dimensional image you see. It also chooses the shapes and colours that are of interest in that image and determines the distance involved. In other words, it is the brain, not the eye, that sees.

Optic nerve is the great messenger at the back of the eye. The rods and cones of the retina change the colours and shapes that we see into millions of nerve messages. Then, the optic nerve carries these messages

from the eye to the brain. The optic nerve serves as a high-speed telephone line connecting the eye to the brain. When we see an image, our eye ‘telephones’ our brain with a report on what we are seeing so the brain can translate that report into ‘building’, ‘banana’, ‘sky’ or ‘tree’ or whatever the form of an image.

THE EYES AND MIND: SYNTHESIS THROUGH BODY LANGUAGE

The eye is not just an organ for letting things in, but can also let out what is inside us (the ear on the other hand let the things only in). Watering of eyes, a peripheral expression reflects the inner state of mind like grief and sadness. We cannot hide our emotions consciously. Our eyes reflect every minute change in our mental state, unknowingly and unconsciously. The retina imprints a true image as it is reflected. You stand before the mirror and you will find that the mirror doesn’t add anything of its own. The eye doesn’t add anything of its own in the reflection. It sees as it is –a virtual reality. But it is the perception of the mind that rules over the eye.



Fig. 13.8 What a soul, twenty fathom deep, in her eyes!

Remember that awareness consists in taking a full account of the truth. Henri Bergson quotes, ‘The eye sees only what the mind is prepared to comprehend.’ The eye reflects the true portrait of the mental state.

The eye conveys, receives and interprets non-verbal information. This process has several levels:

1. The level of anatomical facilitation and constraints
2. The physical perspectives more or less universal (Gibson, 1950) and seen through the human eye.
3. The social, cultural and linguistic regulation of the process of seeing by the eye.
4. The interpersonal norms and interpretation of non-verbal communication through the eye.

Glances, stares and eye movements are believed to reflect mental states such as anxiety, anger and sadness. When a person has his eyes closed, rapid eye movements (REM) can be observed visually through the

eyelids and slow eye movements are also noted at the time of sleepiness.

An old saying goes, 'Look a patient in the eye when you talk to him.' Looking into the eyes reflects emotions, convictions and moods. It also reflects the hidden facets of personality, the intent and the motive.

HOW THE EYES COMMUNICATE

There are three ways in which eyes are used to communicate:

1. Dominance versus submission
2. Involvement versus detachment
3. Positive versus negative attitude

There are three levels of consciousness and control:

1. Conscious use of eyes to communicate, such as the flirting blink and the intimate nose wrinkling.
2. The very extensive category of unconscious but learned behaviour governing where the eyes are directed.
3. The response of the eye itself – which is completely outside both awareness and control—changes in the sparkle of the eye and the pupillary reflexes.

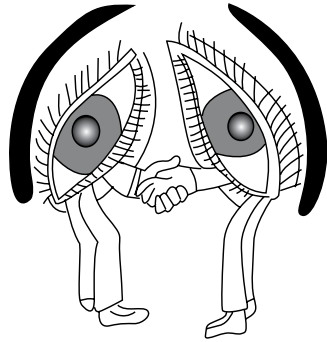


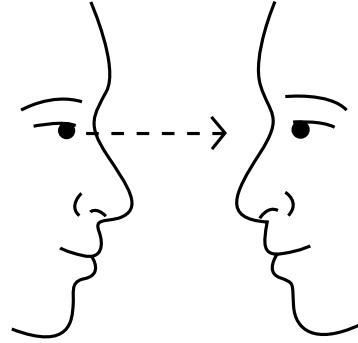
Fig. 13.9. Eyes: A voiceless service

EYES IN PARLANCE

- A sight for sore eyes = a welcome visitor—someone you are glad to see
- 'Here's mud in your eye'
- 'Beauty is in the eye of the beholder'
- 'The apple of my eye'
- 'An eye for an eye'
- 'Love is not blind; it is an extra eye, which shows us what is most worthy of regard' – James Matthew Barrie
- 'All that we do is done with an eye to something else.' - Aristotle
- 'An eye for eye only ends up making the whole world blind.' - Mahatma Gandhi
- 'Beauty is bought by judgement of the eye.' –Shakespeare

EYE CONTACT

Eye contact is one of the most important aspects of non-verbal communication and is critical in making the right impression when people meet for the very first time. Believe it or not, the first impression of others is established within the first few seconds of meeting. A visual connection is made as one person gazes into the eyes of another. A



**Fig. 13.10. Eye contact:
Transcending speech**

highly emotional link is established as two people simultaneously observe each other's eyes. Gazing at other's eyes arouses strong emotions. Thus, eye contact rarely last longer than a few seconds before one or both viewers experience a powerful urge to glance away. A longer eye contact runs the risk of making the other person feel self-conscious or uncomfortable.

We generally begin a conversation by looking away and end it by looking back at the listener; we alternate between gazing at and gazing away (Nielsen, 1962; Argyle and Dean, 1965; Kendon, 1967). If we study the body language of eyes, we find that there is more direct gaze when people like each other and cooperate. On the other hand, people make less eye contact when they dislike each other or disagree.

A point of note is that, in primates the unwavering gaze evolved as a sign of dominance and threat, while gaze avoidance originated as a submissive cue.

Confident people usually make more frequent eye contact when communicating. Nervous and surprised people can be wide eyed while untrustworthy and defensive people will often squint and dart their eyes from left to right. Open and warm communicators may also appear to be wide eyed which can also be a sign of intelligence or attentive listening. Open communicators will also make use of smiling or speaking eyes. In contrast, an angry person may stare with squinted eyes for an uncomfortable length of time.

Autistic children fail to use socially normal patterns of eye contact. In adults, eye contact shows personal involvement and creates intimate bonds. Mutual gaze narrows the physical gap.

It's not the quantity of eye contact, but the quality that matters!

EYE MOVEMENTS



Fig. 13.11. (a) Upward movement (b) Day-dreaming (c) Lateral movement of eye (d) Downward movement of eye

Upward Movement

Indicate, accessing visual information such as pictures.

Eyes Looking Straight Ahead

It means the listener is receiving your words passively and may be day-dreaming. It is related to visualization.

Lateral Movement

Indicates accessing auditory information, such as words and sounds.

Downward Movement

Indicates accessing feelings and emotions or internal dialogue.



Fig. 13.11. (e) Recalling recent experience (f) Recalling distant experience (g) Evaluation

Upward and Lateral Movement to the Right

Recalling information from recent experience. The listener is paying

attention – either relating your words to a recent experience or analyzing the logic of your statements.

Upward and Lateral Movement to the Left

Indicates that constructing pictures and words prior to speaking. A listener looking to the left is analyzing information using the right side of the brain – the emotional side – relating your words to a more distant experience.

Downward and Lateral Movement to the Right

Indicates that the person is undergoing internal thought process for the purpose of evaluation and/or decision making.

Downward and Lateral Movement to the Left

Indicates that the person is undergoing an emotional response to their thought process.

GAZE

Gazing means looking intentionally.

Types of Gaze

Mutual Gaze

Gives a feeling of intimacy, mutual attraction and attentiveness.

Business Gaze

When we direct our gaze at this area, we have a look of seriousness; hence the other person realizes that we mean business. As long as we keep to this level of gazing we will be in control of the interaction.

Social Gaze

To create a social atmosphere, the gaze must drop below the other person's eye level; the triangle is located between the eyes and the mouth.

Intimate Gaze

The gaze area ascribed to intimacy 'extends across the eyes and below the chin to other parts of the person's body'. The triangle of greater intimacy



Fig. 13.12. Guess, what is my intention?



Fig. 13.13. (a) ‘The eyes, those silent tongues of love’ (b) Business gaze (c) Social gaze (d) Intimate gaze (e) Natural gaze (f) An eye can threaten like a loaded and levelled gun

covers the area between the eyes down to the crotch. Those who use this gaze are indicating their interest in each other.

Natural Gaze

This gaze can last from five to ten seconds. We use it when we talk to another person in an excited, enthusiastic and confident manner. It is natural in one-to-one conversation. The five second period makes listeners feel comfortable.

Power Gaze

Long, unflickering looks are used in order to dominate, threaten, intimidate or influence others.

THE BROWS, THE LIDS AND THE EYES

Primarily, the brows have two major movements, brows up/down and squeeze. The brows up/down alone does not convey the whole meaning of emotions; they are used in conjunction with the brows squeeze and different combinations of the lids. Generally, brows squeeze is in every emotion; regardless of the type of emotion, it denotes thought.

The upper lids tell us the alertness of a character and the lower lids intensify emotions. The eyeballs mainly just communicate where

a character is looking. The subtext of that can lead to some powerful emotion, but the eyeballs themselves don't say a whole lot; it's the entire eye area acting together that creates a feeling. Hence, it is necessary to study the eye as a unit. It is the cluster of movements to be studied in totality.



Fig. 13.14. The eye cues project the inner emotions onto the screen

What the Eye Cues Indicate

- Eyebrows raised = surprise
- Raised eyebrows with deep breathing and redness in eye = anger
- Winking = humorous, not believing what you say
- Closing both eyes = reflective thinking
- Closing both eyes while you are talking and nodding = negative opinion
- Looking with eyes half closed = doubting
- Frequent blinking = sadness, suspicion
- Looking to the other side when you are talking = ignoring, suggesting to leave
- Looking into eyes and half smiling = love
- Bright eyes = intelligence, insight, psychic awareness
- Green eyes = jealousy
- Eyebrows drawn towards the center of face = annoyance
- Fairy eyes = graceful, mischievous, delicate
- Wild eyes = rage, dominance, threatening
- Peering over eyes = critical, judgmental

DECODING EYE MESSAGES: SOME EXAMPLES

Blinking

A rapid closing and opening of the eyes. The normal, resting blink rate of a human is twenty per minute. Significantly faster rates reflect emotional stress. Blinking denotes suspicion, aggression, egoism, deception, refusal to acknowledge and stranger anxiety.

Eyes as Lie Detector

When we recall visual information we look diagonally up to the left. On the other hand, when we look up to the right we are constructing



13.15. Even if your words are a lie, your eyes always tell the truth

visual information. Both visual and auditory construction has often been mislabelled as lying; this is only half true. Looking up to the right indicates they're making things up but does not mean lying necessarily as they may be guessing or confused and not actually intending to deceive. Looking directly right means possibly constructing sentences – that is, telling the truth but not sure how to frame it into words.

There are few people who possess the 'thousand-mile' stare. These people look like they are looking right through you when communicating but actually require very little eye movement when retrieving or constructing information.

The Dilating Pupils

The size of the pupils may reveal a great deal about a person's current state. The pupils dilate and contract as the attitude and mood change from positive to negative and vice versa. Strong emotions, convictions and moods often



Fig. 13.16. Eyes: A common thoroughfare to let affections pass in and out

stimulate the sympathetic nervous system and cause dilation of the pupils. Conversely, a negative mood causes the pupils to contract—commonly known as 'beady little eyes' or 'snake eyes'.

It is found that women's pupils dilate faster than men's to create rapport with what their brain sees as another person's eyes. Studies have shown that humans (especially females) are judged as more attractive if their pupils are wide open and more dilated than is normal. Centuries ago, prostitutes used to put drops of belladonna (atropine) into their eyes to dilate their pupils and to appear more desirable. Romantic encounters mostly take place in dim light as that causes the pupils to dilate.

Humans are the only primates with pronounced whites of the eyes.

The Eyebrow Flash

This is a universal, unconscious, inborn and a long distance 'hello' greeting signal. The purpose is to draw attention to the face so that clear signals can be exchanged. Flash and smile help develop rapport. The golden rule is always eyebrow flash people you like or those who you want to like you.

The Looking Up Cluster

Lowering the head and looking up is a submissive gesture. There is some childish tinge in this gesture, too.

Eyeblock Gesture

Unconsciously used gesture, as a person becomes bored or



Fig. 13.17. Flash and smile help develop rapport



Fig. 13.18. The childish tinge in the eyes



Fig. 13.19. The eyeblock gesture

uninterested in you or thinks that he is superior. In eyeblock gesture, eyelids close or remain closed for a longer time. If accompanied by head-tilt-back gesture, a person gives an impression that he is 'looking down his nose'. This eyeblock gesture emits negative vibes. If with rubbing of the eyes, it indicates boredom.



Fig. 13.20. (a) The dramatic widening (b) Baby face appearance (c) Eyebrow lower: Disagreement (d) Staring at you!

It has been discovered more recently that people close their eyes briefly before giving a false answer.

Flashbulb Eyes

An involuntary and dramatic widening of the eyes, performed in situations of intense emotion, such as anger, surprise and fear. Flashbulb eyes are controlled by impulses from the nervous system's fight-or-flight division.

Eyebrow Raiser

It is performed by lifting the arch of short hair above the eye, and by elevating the eyebrow by contracting the occipito-frontalis muscle. It occurs in uncertainty, disbelief, surprise or exasperation. Women widen their eyes by raising their eyebrows and eyelids to create 'baby face' appearance. This has a powerful effect on men by releasing hormones into the brain, which stimulate the desire to protect and defend females.

Eyebrow raiser adds intensity to a facial expression. It strengthens a dominant stare, exaggerates a submissive pout, or boosts the energy of a smile and in association with head-tilt-back, it suggests disdain, haughtiness or pride.

Eyebrow Lower

Projected by frowning or scowling, as in anger, concentration, displeasure or thought; depress, knit, pucker or wrinkle the brow by contracting the corrugator, procerus and orbicularis oculi muscles.

This is a sensitive indicator of disagreement, doubt or uncertainty. Slightly lowered eyebrows may telegraph unvoiced disagreement among the group.

Staring

These people look like they are looking right through you when communicating but actually require very little eye movement when retrieving or constructing information.

LOVE AND EYES

Eyes are immediate and powerful communicators of our emotions. It is almost impossible to mistake the feelings that the eyes convey. The communication between mother and child soon after birth is chiefly through the eyes. The child searches her mother's face until it focuses on her eyes and then smiles, reassured by the glow of love it finds there.

Let us take up the example of love – a basic, complex and multi-faceted emotion and you see, the relation between love and eyes is eternal. It is the eyes that lead one to fall in love and the same bears the brunt of suffering caused by separation – sleeplessness, crying, anxiety, depression, humiliation and anger. It is the eyes that reveal one's suffering caused by broken love, in spite of his efforts to hide the grievances.

It is the eye that gives hope to a lover. Eyes communicate a lover's physical state and mental distress caused by love. It is the eyes that crave to see the lover and when this wish is fulfilled, all the agony becomes a remote event. Even the secret glance of a lover is enough to console. There is no sign more revealing than tears that expose the love locked in. The disappointment in love and consequent frozen emotions get a permanent place in eyes and such eyes can be caught by a discernible physician.

TEARS IN THE EYES

For crying out loud, the eye has its own special bathing system—tears! Above the outer corner of each eye are the lachrymal glands which make tears. Every time we blink the eye, a tiny bit of tear fluid comes out of the upper eyelid. It helps wash away germs, dust or other particles. It also keeps the eye from drying out. Then the fluid drains out of the eye by going into the lachrymal duct.

And how about the last time you felt sad, scared or upset? Your eyes got a message from your brain to make you cry and the lachrymal glands made many, many tears.

INTERPRETATION OF DREAMS OF EYES

Dreams of eyes reveal the dreamer's attitude to and understanding of the world

Clear, strong eyes = good insight, clear perception

Eyes with little or no vision = inability to make sense of the world

Warm or smiling eyes = inner peace, contentment

Worried or concerned eyes = isolation

Cloudy eyes = financial problems

Injured or diseased eyes = defamation

Eyebrows = dignity, honour

Hair shedding off from eyebrows = worried about status

Eyelashes = secrets or secretive pursuits

Wide and open eyes = excitement
Narrow eyes = deceit or cheating
Darker eyes = emotional disappointment

CULTURAL VARIATIONS

Some cultures are much more eye-oriented than others. American, Canadian, British, Eastern European and Jewish cultures favour 'face-to-face' relationships. Hispanic women hold eye contact longer than others, even with strange people. But many Asians, West Indians and African Americans tend to avoid such direct eye contact.



Fig. 13.21. Cultural variations

In Japan, Korea and Thailand, it is considered rude to stare. Prolonged direct eye contact is considered impolite and even intimidating.

In Taiwan and Hong Kong, blinking the eyes repeatedly at someone is considered impolite. In the United States, winking is regarded as a bold, flirtatious gesture, but in Australia it is improper to wink at women.

In eyelid pulling, the forefinger is placed on the cheekbone and pulled down. It is used to show boredom. In France and Germany it means 'I am alert' while in Spain and Italy it means 'be alert'.

HOMOEOPATHIC PERSPECTIVE

The holistic nature of homoeopathy ‘sees’ no boundary to incorporate the pearls of knowledge and significance from the universe into its domain which constitutes to make the concept of totality more meaningful.

Eyes of the patient are important parameters to know the compliance. Eye expressions serve the purpose of facilitating the talk of the patient.

Let us illustrate ‘revealing through the eyes’ with homoeopathic remedies.

We have a host of remedies for disappointed love. The chief ones are *Nat-m.*, *Pb-ac.*, *Aur.*, etc. In *Nat-m.* eyes appear wet with tears. It is as if all disappointment and sadness have been locked in the eyes. You open up the mind in the interview and you may note wet eyes but it is not heavy trickling down. The patient tries to control, he can’t cry (rubric, ‘crying, difficult’ and also ‘hard to weep’). Brooding as a triggering factor causes the eyes to be wet. *Nat-m.* has ailments from suppressed tears also. The eyes of *Nat-m.* project a combination of love-sickness, anger, sadness and a defeated, hurt feeling.

Pb-ac. has profound grief and consequent indifference. He develops apathy and emotional numbness. Prolonged chagrin exhausts the system and this is reflected in the eyes in three ways: eyes become lusterless, staring and sunken. He answers reluctantly, slowly and shortly. While answering there is minimal or no eye contact. The eyes show the utter feelings of despair and grief.

Aurum met. has the emotional causative modalities of grief, anger, guilt, disappointed love, etc. There is more gaze avoidance due to guilty feelings. I remember a case of ulcerative colitis where a patient spoke with me with hands on the forehead, looking down and closing the eyes throughout the interview. Also remember *Aurum met.* for violent anger where eyes become red and dilated. In a milestone Indian movie – *Sholay*, Sanjiv Kumar vividly depicts the state of *Aurum met.* eyes. Eyes of *Aurum met.* also reveal forsakenness, hostility, guilt and despair.

*Calcarea*s, *Barytas*, *Kalium*s, *Silicate*s, *Lithium*s, etc. keep minimal eye contact out of shyness. *Calcarea*s’s gaze has its underlying natural strength and an element of obstinacy. *Kalium*s are self-righteous and when necessary, maintain their direct eye contact. *Silicate*s’s eyes render the combination of brilliance and timidity.

Guilt conscience, however, refrains one from keeping eye contact. I remember during my childhood I ate four laddus at a time when I

was hungry. My father brought them from a temple and he wanted to distribute them to the entire family. After realizing my mistake I had no courage to look at anybody. I remember the case of a professor who did not make an eye-to-eye contact with me and always looked down during an interview. I suspected some guilt and probed in the direction and I received a strong disposition of guilt. I also remember a case of a professor who was evading eye-to-eye contact with me during interview. I thought whether the patient has guilt as a disposition and I probed in that direction and got confirmed.

No homoeopath can ever afford to over-look *Pulsatilla* eyes. It's like a tank of tears. You turn the valve on and the stream of tears starts flowing. *Pulsatilla* can hardly narrate her symptoms without weeping. *Pulsatilla* eyes give a message that she is in need of sympathy and after her watering eyes, her snivelling definitely takes it from you.

Lachesis sees through and through. It has penetrating eyes, angry and passionate eyes, wild and unsteady eyes and eyes full of envy and jealousy—the so-called 'green' eyes. I remember a case of a thirteen year old boy who wanted to take revenge against the murderer of his father. When his father's issue came up in the interview, his eyes turned fierce. *Lachesis* also exhibits sensual eyes which could seduce others and they could be torturing too. The eyes are so powerful that it has the ability to infect others.

Mischievous eyes of *Tarentula hispanica* are spotted easily especially in paediatric prescribing. The tinge of smile on the face coupled with foxiness is recognizable to an astute observer. Rubbing of the eyes while they are talking and the eyes darting back and forth and failing to connect with the others is usual in *Tarentula* as also blinking and winking. The eyes of *Tarentula* are seductive too and they have the capacity to magnetize others.

My friend, Ronen Levy, Israel, has observed that the remedies prepared from magnet like *M-aust.*, *M-arct.*, *M-ambo.*, have the eye expressions as if they seek some magnetic power from other people. There is a kind of a long eye contact through which they try to receive the energy.

I recall a schizophrenic with a typical stare. She was absorbed in her state. I desperately tried finding a totality but nothing came out. I prescribed *Helleborus niger* with a good response. A young lady with fissure in ano was prescribed *Lachesis* successfully as she blinked innumerable times during the interview and the prime cause of blinking was suspiciousness coupled

with egoism.

While conducting a workshop abroad, I was confronted with a case in a group. I interviewed a lady for two hours and she didn't look at me even once. No eye contact for two hours! Amazing. This gave me the theme of 'disconnected'. Her life situation confirmed the theme. She was non-aligned in the family, with a strong humiliated feeling and extreme hostility against her husband, she barked against her husband in a filthy language. She was a victim of cancer which represents the theme of disconnectedness. I fished out *Lysinum* which considerably helped her. During the subsequent follow-up in the workshop, the patient spoke with me with a good eye contact. The language of the eyes gave me the central connecting thread running at the disease process level, emotional level, life situation level and at system level.

Who can forget the eyes of *Phosphorus*? Catherine Coulter describes this well, "This sparkling element captures the attention and the *Phosphorus* individual has a similar eye-catching appeal; he attracts by his looks and manner. Particularly arresting are the eyes: shining with a soft, luminous quality that draws another closer or with a captivating brightness, they are emblematic of the whole person."

Carcinosinum eyes reveal innocence, truth and diligence coupled with a longing for true love and affection. The responsive eye contact eases a physician who can be sure that the patient is cooperative. There is no malice in the eyes and eyes are full with sympathy and affection.

I hope by this time your eyes must have learnt many things from 'vision' of this article. I end this article with the message, 'Let us look at homoeopathy with the eyes of true vision and knowledge.'

Is there anything eyes don't reveal?



Chapter 14

VOICE AND INTONATION





Fig. 14.1. Shake your brain and listen to us

CARVING OUT THE IDENTITY

Welcome to the world of ‘Voice and Intonation’. Shake your brain and try to find out how much time you spend without speaking anything in a day, of course, except while sleeping? Certainly it will be negligible. Even when you are alone, you are producing voice by singing, muttering or talking to self. It is not uncommon to find some people talking in sleep! We use our voice for a variety of purposes like talking, laughing, singing, crying, moaning, sighing, groaning, screaming, etc. Singers, actors, hawkers, labourers and politicians earn their livelihood by using their voice. Voice is a powerful weapon in their armory. They carve out their identity in society by the quality of their voice. Very often we recognize some people by the tone of their voice, even without seeing them. There is a famous quotation, ‘Music is the harmonious voice of creation; an echo of the invisible world.’



Fig. 14.2. The Indian maestro – Bharat Ratna Lata Mangeshkar

Almighty has blessed our Mother Earth with the medium of air. Can you ever imagine how our surroundings would have been without this medium? How life would have existed without it? We breathe the air in and out and sustain our life. It is the turbulence and mediation of the air flow within the larynx that causes vibrations in the vocal cords, producing the voice. It is the medium of air through which our spoken words are transmitted to the people around us and it is the same medium with the help of which we are able to hear the voices of the people around us. Communication would have been impossible without air.

SOUND OF THE UNIVERSE

It is an astonishing fact that the art of ‘music’ was not invented by ‘us’, but it originated with the creation of universe. It is said that earth, while, revolving around the sun, makes a sound. The rotation and revolution of the stars and planets in their respective orbits produces a humming sound. If you approach a musician or a poet or a music master and ask him



Fig. 14.3. The primordial humming sound of the universe

about the origin of music, he will spontaneously say, ‘music is divine’ is related to ‘godliness’ and ‘eternity’!

OM or Aum, the root mantra of Indian tradition, is regarded as the most sacred sound on earth. This sound is considered as the sound of existence.

It is believed that the whole universe, in its fundamental form, is nothing but energy. OM is considered as the humming

sound of this cosmic energy. It is said to be the original primordial creative sound from which the entire universe has manifested. It is also known as the ‘Anahat Nada’, the ‘Unstruck Sound’. This means the sound that is not made by two things striking together. OM is the sound which is not the result of striking of two objects. It emanates on its own. It is the primal sound of the universe that contains all sounds in itself.

Voice is more than just words. Two dialogues really take place in every conversation, one of words and the other of the tone of voice. Sometimes the two match, but often they do not. Simply ask a regular question, ‘How are you?’ It is the tone of voice which reflects the answer and not only ‘fine’ as a word. The tone is adequate enough to define the state of mind.

VOCAL CORDS, VOICE MECHANISM AND KEY FUNCTIONS

Vocal Cords

The voice organ is the part of that human body which is responsible for the generation of sound, usually in the form of speech or singing. Voice is related to three body parts—the lungs, the vocal cords and the articulators. The lungs (the pump) must produce adequate airflow to vibrate the vocal folds (air is the fuel of the voice). The vocal cords are the primary source of human voice. The vocal folds are the vibrators, neuromuscular units

that ‘fine tune’ pitch and tone. The articulators (vocal tract consisting of tongue, palate, cheeks, lips, etc.) articulate and filter the sound. The vocal cords, in combination with the articulators, are capable of producing highly intricate arrays of sound. The tone of voice may be modulated to suggest emotions such as anger, surprise or happiness.

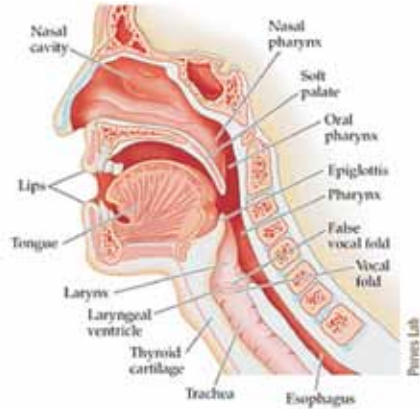


Fig. 14.4. The voice box

Human voice produces sounds in the following manner:

1. Air pressure from the lungs creates a steady flow of air through the trachea (wind pipe), larynx (voice box) and pharynx (back of the throat).
2. The vocal folds in the larynx vibrate, creating fluctuations in air pressure that are known as sound waves.
3. Resonances in the vocal tract modify these waves according to the position and shape of the lips, jaw, tongue, soft palate and other speech organs, creating formant regions and thus different qualities of sonorant (voiced) sounds.
4. Mouth and nose openings radiate the sound waves into the environment.

Voice Mechanism

Speaking and singing involve a voice mechanism that is composed of three sub-systems. Each sub-system is composed of different parts of the body and has specific roles in voice production.

Sub-system	Voice Organs	Role in Sound Production
Air pressure system	Diaphragm, chest muscles, ribs, abdominal muscles; Lungs	Provides and regulates air pressure to cause vocal folds to vibrate.
Vibratory system	Voice box; (larynx) Vocal folds	Vocal folds vibrate, changing air pressure to sound waves producing ‘voiced sound,’ frequently described as a ‘buzzing sound’ Varies pitch of sound.
Resonating system	Vocal tract: Throat (pharynx), oral cavity, nasal passages	Changes the ‘buzzing sound’ into a person’s recognizable voice.

Key Functions of Voice Box

1. To open and close the glottis (the space between the two vocal folds).
2. Role in breathing: Open glottis.
3. Role in cough reflex: Close, then open glottis.
4. Role in swallowing: Close glottis.
5. Role in voice: Close glottis and adjust vocal fold tension (plus additional functions for singing).

Key Components of Voice Box

1. Cartilages
2. Muscles
3. Nerves
4. Vocal folds

One must remember that voice, in reality, is not like a linear voyage that goes through one thing at a time; many processes work at once and integrates many actions.

Abnormalities or changes in the vibratory system result in voice disorders.

ATTRIBUTES OF VOICE

1. Tone of voice reflects psychological arousal.
2. Speech is an indispensable means for sharing ideas, feelings and observations.
3. Speech is a medium for conversing about the past and future.
4. A significant number of voice qualities are universal across all human cultures.
5. Vocal cues can predict deception.
6. A deep voice is indicative of high testosterone.
7. The male voice is normally 130 to 145 hertz (cycles/second) while the female voice is 230 to 255 hertz.

ELEMENTS OF SPEECH

Volume of speech, tone of speech, pitch of speech, quality of voice, speed of speech, vocal accent and emphasis on words are the elements of speech which need to be taken into consideration before interpreting

the non-verbal aspect of it. Punctuation, pitch, pauses, pronunciation and enunciation are directly related to speech.

Voice is an extraordinary human attribute. As an evolved human species, the dimensions of human voice are infinitely wide. Nothing can exceed the human organ of voice in variety and execution.

Even a single, short utterance can reveal :

- Gender
- Age
- Geographical background
- Socio - educational status
- Native birth
- Emotional state
- Our relationship with the person in contact

All these clues are contained even in small fragments of speech. Hence, it is not necessary to have a detailed or lengthy speech to convey the intended message. The capacity of reading the voice in an accurate way is also remarkable in human species. Whether the speech is standard or non-standard, its accent is regional or national, the message can be interpreted in a proper way, provided the contents are clear and listened carefully.

The tone of voice is an important medium of emotional expression. According to Argyle (1992), the pattern of pitch of voice makes it or 'frames' it as suspicious and hostile, funny, sarcastic, serious and so on. Attitude and tone of voice are always glued to each other. Voice is an indicator of the attitude towards the opposite person, whether it is friendly or hostile, dominant or submissive.

A rise in pitch while talking makes an impact. Stress can be placed on particular words to emphasize them or to indicate which of the several possible meanings are intended. Let us take an example – 'I have been selected in the cricket team.' Emphasizing on different words of the sentence like, 'I', 'selected' and 'cricket team' will give altogether different clues and meanings. A physician has to concentrate on the tone of the voice and the words which are stressed or emphasized upon and try to reason out the variations in the tone of voice. The relation between pitch of voice and emotions is well known. 'The best documented vocal sign of emotion is pitch,' according to Ekman.

Whistling is often related to an exhilarated state of mind. Romantic mood makes one whistle as also when one is bored. Whistling at public



Fig. 14.5. Is the voice but beaten air?

events is a signal of disapproval, even derision in Europe.

Many people make a fake cough by covering their mouth with both the hands. If they do so while speaking to others, they are lying and if they do so while others are speaking, then they feel that the others are lying.

I would like to add some details of a research that, ‘Gesture includes much more than the manipulation of the hands and other visible and movable parts of the organism. Intonations of the voice may register attitudes and feelings quite as significantly as the clenched fist, the wave of the hand, the shrugging off the shoulders, or the lifting of the eyebrows’ (Sapir, 1931).

(The readers are requested to refer to paralanguage as described in ‘On Language...’ chapter.)



Fig. 14.6. ‘Don’t look at me in that tone of voice’

INTERPRETATION OF VOICE

1. Speaking loudly and rapidly is indicative of anger or lack of interest in the others viewpoint or the loss of logical grounds in one's view.
2. Clear, controlled and steady voice reflects confidence.
3. Lively, bouncy and well modulated voice indicates enthusiasm and also politeness.
4. Confidence, assertiveness and boldness are reflected in louder speech.
5. Credibility is associated with a determined, short speech. On the other hand, meaningless chatter undermines credibility.
6. Low volume, reduced pitch and rate with minimal intonation reflect attitude and nervousness.



Fig. 14.7. A secret is not something unrevealed, but something told in a whisper

7. Mumbling, gabbling or babbling voice manifests excitement or fear.
8. Hesitating voice reflects low confidence.
9. Crying, moaning and sighing exhibit silent grief and a complaining nature.
10. Hiss and boo exposes disapproval.
11. Whispering means soft speech produced without vibration of vocal cord and it indicates conspiracy, confidentiality, slander or gossiping.
12. Inflection refers to variations in pitch.

EFFECT OF STRESS ON VOICE

To perceive the emotional content through the modulations of voice is an art. It is possible to know emotions on the basis of quality of voice. Trembling of voice is often associated with emotional excitement, anger or anxiety. Some people use noisy actions such as clearing a throat or coughing when they find themselves in a tense situation or when they want to seek attention or even want to pretend or challenge.

Physical and psychological stress has a profound effect on the voice. Anticipatory anxiety becomes evident from the tone of voice, as it alters the voice. The state of well being of a person can be gauged from the quality of voice by smart ears. Sickness, whether it is physical or mental, affects the strength of voice and makes it enfeebled. Whether the patient is feeling better with your treatment or not is recognized by the physician on the basis of quality of voice. The simillimum arouses the vitality of the system and energizes the vocal cords.

Over-use of voice may cause strain over the vocal apparatus which eventually affects communication. Shouting, singing or simply talking too much can tire the vocal cords. Like an over-worked muscle, fatigued vocal cords can affect the quality of voice, causing hoarseness.

Proper rest, nutrition, adequate hydration and appropriate exercise are important in reducing the stress. Relative voice rest will not only lead to voice conservation but also to psychological relaxation.

SPEECH IN PSYCHIATRIC ILLNESS

1. Speech may be hurried in mania or slow and feeble in depression.
2. Depressed patients may take a long pause before replying to questions and may then give short answers.

3. Speech of depressive patients is usually less spontaneous. The same type of speech may be observed among people who are shy or have poor intelligence.
4. Sudden interruptions in speech may indicate blockage in the flow of thoughts or may be due to distraction.
5. Rapid shifts from one topic to another suggest flight of ideas. Refer the rubric, 'Speech, wandering'.
6. General diffuseness and lack of logical thread may indicate schizophrenia.
7. A high squeaky voice can indicate fright and anxiety.

SOME DO'S AND DON'TS FOR ENSURING GOOD COMMUNICATION

1. Learn to hear between the sentences. Vocal variations are more reliable indications of the message than the words.
2. Attention and respect can be reflected in a better way with a low and slow voice rather than a fast squeaky voice.
3. Fast speech with sloppy pronunciation implies poor education.
4. Good pronunciation implies intelligence, education and affluence.
5. Keep your voice controlled and relaxed with confidence while talking. This attracts people who will admire you.
6. Respond with positive and supportive statements by using an empathetic technique. For instance, if someone says, 'I like apple,' you should also say, 'Yes, I also like apples!' This helps to resonate with people.
7. Avoid unnecessary and meaningless arguments.
8. If a speaker holds his voice in a constant pitch at the end of a statement (eyes and hands stay as they are), he has more to say on that subject. Stand by, listen and wait for more! Don't jump on top of his words with your own comments until he has finished his speech.
9. Talk slowly and confidently when you speak. This will give you a little more time to form better responses and to say each word more precisely. This will improve your image as an educated, intelligent and confident person.
10. Keep your statements short. Give the other person a chance to reply and you won't be a bore.
11. Minimize 'I' and 'you'. Use 'we', 'our' and 'us' abundantly in discussions.

12. Don't use a lot of 'fillers' in your statements such as, 'You know?' or 'You know what I mean?' They won't be able to know you until you say it clearly!
13. Focus on the voice, not merely on the words!
14. Look for patterns, extremes and deviations from the person's normal voice.

'VOICING' OF HOMOEOPATHIC REMEDIES

Our materia medica and repertory are replete with innumerable expressions of speech. Let us take some examples:

Lachesis mutus

Lachesis is very garrulous and chatty and he wants to talk constantly. He yearns to be out of the cage and is upset by any bondage. He doesn't like to be interrupted and he puts all of his energy through the route—Thought → Passion → Obsession → Compulsion → Action.

Lachesis has tremendous energy and associated with it is possessiveness and competitiveness. He is venomous and sarcastic in disposition and when you combine all these features together it is not difficult to recognize what kind of speech *Lachesis* can have!

Lachesis energy is focused in the vocal cords and this is his strength. He can't remain silent and is always interested in casting his opinions, arguments, discourses, beliefs and prejudices. A sensual *Lachesis* may talk on sexual subjects or during a fit of anger, may use sensual language.

A jealous *Lachesis* can use very strong and threatening words. *Lachesis* has a sharp tongue and he can abrade others very badly and easily. Contemptuous laughing often accompanies his speech. He jumps from one subject to the other, doesn't stick to any subject and it is difficult to control his speech. He is so

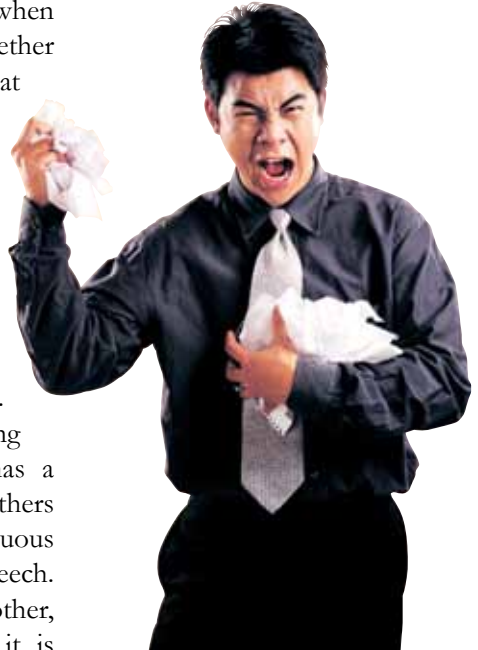


Fig. 14.8. 'I cannot switch off my voice'

hasty in speech that he doesn't allow the other person to think even. It is not that he is short of time but he wants to say all at once. Saliva dribbles while talking, but his rambling talk continues. He makes others passive, almost speechless and when he stops talking, others heave a sigh of relief. Note that *Lachesis* feels better after ventilation. To sum up, following speech rubrics are covered by *Lachesis*:

- Bombast
- Loquacity
- Confused
- Foolish
- Hasty
- Incoherent
- Loud
- Nonsensical
- Slow
- Wandering

Hyoscyamus niger

Hyoscyamus is like *Lachesis* in many respects. Suspiciousness, jealousy and sexuality run parallel. Apart from acute psychotic episodes, *Hyoscyamus* has lascivious mania or has great hilarity where he laughs at everything or has rage where he strikes, bites, fights, insults, scolds and kills. In all these acts, *Hyoscyamus* has exaggerated gestures.

Hyoscyamus is immodest in acts, gestures and expressions. Speech is harsh, quarrelsome, irritating and threatening. *Hyoscyamus* has foolish laughter, animated and hurried talk. He becomes speechless from fright. He makes gestures of the hands as if brushing the face or as if brushing something away. Also, picking at bedclothes; plays with hands; reaches out for things. In a fit of anger, *Hyoscyamus* can use sensual



Fig. 14.9. Immodest gesticulations

and filthy language. Rubrics related to speech in *Hyoscyamus* are:

- Babbling
- Confused
- Foolish
- Hasty
- Incoherent
- Intoxicated
- Loquacity
- Loud
- Nonsense
- Prattling
- Unintelligible
- Vivacious
- Wandering

Discussion on Some Remedies

How will you understand the theme of childishness in a patient? Apparently through the element of voice and intonation. We all know *Baryta carb.* for childishness, but don't forget *Argentum nit.* Both have a childish voice.

Will you think of *Carcinosinum* for softness? It has the central thread of softness: Emotions, mind, tumour, abscess, skin, music, light, dancing and speech. No doubt that the perfectionist, confident, soft spoken and affectionate *Carcinosinum* is liked by all! Another perfectionist *Lycopodium* has a commanding voice; he dictates so that others should follow; when it comes exposing his inner weakness, he manipulates well because he is a talented liar. But no remedy can match *Tarentula* as far as lying is concerned. His lying is more sophisticated and talented and a concerned person understands that he has been deceived after a long time. The plot has been designed so superbly that he escapes from the consequences.

Who will forget *Pulsatilla*? Truly feminine voice, full of gentleness and polite tone, with a tinge of childishness and ever ready to grab sympathy from you. And do you know that she will conquer through stooping, being submissive and yielding? *Pulsatilla* speaks less and weeps more; each weeping spell is like a sentence and remember, the tank of water kept above her eyes is always full. The clingy *Pulsatilla* starts weeping as soon as the parents go away from her. Parental cuddling manages to check the flow of tears, which begins as soon as the parents keep the child down. A talkative *Pulsatilla* child usually becomes taciturn and mops about

pouting instead. This goes with the yielding character of the type. *Ignatia*, both hysterical and non-hysterical type, is also gentle and has a weeping disposition. Sighing, sobbing, moaning and groaning characterize *Ignatia*. Sadness affects the voice to the extent of becoming low in *Ignatia*.

I recall a case of a lady who suffered from acute torticollis. She consulted me for neck pain and restricted mobility of the neck. She narrated her complaints with an immoderate laughing tone. It was all fun going on and suddenly she started moaning and crying. I looked into the materia medica and found that *Cannabis ind.* covered all the symptoms very well including torticollis and a few doses of it cured the case within a few days. Here, the entry point was immoderate laughing.

There are two remedies which must be considered for low feeble voice—*Phosphoricum acidum* and *Psorinum*. Both are pessimistic and with depleted energy. They lose interest in life and the vocal cords amply demonstrate it. The performer, *Argentum nit.*, when afflicted with anticipatory anxiety, develops the trembling of voice, as the target organ is vocal cords.

Loud voice is typical for *Caust.*, *Lyc.*, *Lys.*, *Pall.*, *Plat.*, *Sulph.* and *Verat.* In each remedy, the personality is different and it manifests differently in the quality of voice. In *Causticum* the loud voice is for the sake of fight for justice. His empathetic nature compels him to work for the welfare of others and while he is showing his anger against the people who are the offenders, his voice becomes loud. The voice quality has the capacity to induce sympathy in others. The talk is emotionally charged and goes a long way in keeping an impression. *Lycopodium* talk is very dictatorial and commanding ('speaks with an air of command'- Hering) and it has the capacity to make others subordinate before him. The confident *Lycopodium* has a steady voice and a clear tone. Often, the harsh voice takes over. This reminds me of *Ferrum.*, *Lysinum* is much more aggressive than *Lycopodium* or even *Lachesis*. It barks in a loud voice and his reaction is fierce and it has the base of humiliation. *Palladium* longs for appreciation and the quality of voice has a content of it and if he doesn't receive it, he identifies it with insult and thinks that he has been offended and during the fit of anger, he may express it through violent language and a loud voice. The loud voice of *Platinum* is proportionate to her domineering, arrogant and contemptuous nature. *Veratrum's* loud voice springs from his grandiosity, superiority complex and egotism. *Sulphur* talks in a rough and coarse way. His basic character of being heated easily at the physical level is also present at the mental level. He explodes easily in anger like

a volcano and being hurried, his talk is also rapid. Catherine Coulter describes, 'The type is often argumentative, finding in verbal combat an outlet for his heat and pugnacity. It is often a *Sulphur* who fires off the first shot. Since he enjoys an argument for its own sake, both as a form of mental exercise and as an exchange of ideas, he is not particular about the topic chosen for this purpose and is ever ready to jump in with both feet into any chance battle.'

Innumerable examples can be cited from our materia medica but we shall limit ourselves at this point.



Chapter 15

SPACE AND DISTANCING



In this chapter we focus on proximity and orientation. Like posture, space and distancing can tell us a good deal about our patient's attitudes, both to those with whom they are communicating, to the nature, subject and setting of the communication. The concept of personal and shared space is explored, together with territoriality in human behaviour. Different types of zones of space and their implications on a patient ↔ physician relationship are also discussed. Note that the theme of space and distancing is of substantial help in the 'differential world of materia medica'.

'WE' AND THE 'SPACE'

Space is our basic 'right' and we need it for the sake of survival. 'Space' in other words is 'Mother Nature' for us. Space and environment are the two sides of a coin. The Almighty created space and environment for the species before they came into existence on this earth. Hence, space forms the foundation of existence of life. We live in space and constantly interact with the environment. Life is nothing but the interaction between us and the world around us.



Fig. 15.1. This is my space

Let us zoom in into the minutest intricacies of life. Even the basic unit of life – the cell, needs space and proper environment for its normal functioning. It is extremely sensitive to the space around it. We are aware of the responses of a cell to alterations in the space around it.

Have we ever imagined what would happen to us if at all we run out of space? Where would we stay if 'we' have no space? This 'we' is a collective proposition which encompasses not only our body but also our mind, id, ego, superego, self-image and our personal and shared space. Our relations define our space. Our space defines our relations. Space and relations define our position. Our position is based on our perceptual

filter. We filter our experiences as a collective unconscious (Jung) and use them in our life. We stick up to position and thus to space. However, we are not happy with our position, we want more space, we crave for more space and we often encroach upon the space of others! Conversely, we make our own space narrow out of ego-atrophic process and this may lead us to fall sick.



Fig. 15.2. Space: Explored-Unexplored

We live in our territorial zone either happily or sadly. Our resources—intellectual and mundane, affect our space. We remain glued to the space and constantly try to define ourselves. Need (and greed), which is our primitive accompaniment, influences us and we hold on to space. We decide the boundaries—vertical, horizontal, left, right, upper, lower and then we avoid the pain and pursue the pleasure. Pleasure principle holds sway unboundedly over us and we become slaves of our own space. Osho writes beautifully over ego, need and greed, ‘Ego is never satisfied with what it gets, but it is always dissatisfied with what it does not get. That which is attained is inevitably my right; but that which is not attained becomes a source of pain. Then, there is a great attraction to conserve what is attained. I should at least keep on getting as much praise, if not more, as I have attained.’

SPACE AND SELF-IMAGE

The concept of space is related to self-esteem. There are three aspects of space:

1. Expansion of space: A process based on ego-hypertrophy.
2. Maintaining the space: A process based on resources.
3. Shrinkage of space: A process based on ego-atrophy.

I recall a case, a millionaire's son. He was extremely arrogant, demanding and heedless to the space of others. It gave an impression as if money gave space and position to him and he was using it exuberantly. This is an ego-hypertrophic response. *Verat.* helped this case. In my experience it is one of the prominent remedies for adolescents who can't balance their ego functioning and present a blatant and exorbitant ego.

Whether a person is able to maintain the little space which he occupies or not is also a point of consideration. This requires adequate resources and practical approach. The response could be moving on to shrinkage. This ego-atrophy response leads to lysis. It is a withdrawal process. I had a case of *Kalium bichromicum*. He was a successful businessman. But after he sustained failure in business, he became apathetic and finally lost the 'go'. He then started using less space while sitting and lying.



Fig. 15.3. Shrinkage of ego reduces the space

HOW NEAR, HOW FAR AND THE BOUNDARIES...

Boundaries ... are like a fence around the property which protect it from the invasion of others and provide security. If there is no fence, you can be invaded by the others and your valuables could be stolen. In a similar way, if you have no boundaries and you can't stand up to yourselves, you may be victimized by others. However, there are other sets of invisible boundaries that must be honoured, much like that fence showing the limits of your yard. These are other people's boundaries. We also need



Fig. 15.4. Boundary: The invisible, personal geography

to honour the boundaries of the people around us. The fence that keeps your neighbour's dog out, also keeps yours in. Boundaries work in both ways. They prevent people from invading our space and they prevent us from invading the space of others. This is especially true when the issue of 'defending our boundaries' comes up. At times, it invites problems. However absurd it may sound, it is true that many incidences of unrest and violence have taken place because of 'defensive' invasion of other's territory. Such advances result in counter attacks by the party who is invaded by the 'defensive' invader. At its most basic level, your right to defend yourself stops at your boundaries. Proceeding beyond this point makes you the aggressor.

The example of a country is appropriate to understand the theme of boundary. Each country is a territory marked out by clearly defined boundaries. It is the responsibility of the army to protect the boundaries and keep the invaders or enemy away. Every country respects its international boundaries. War usually breaks out because of conflict on the boundaries. Forget about countries, there are conflicts even between two states of a country for the sake of their territories. It is now a global problem that cities are ever expanding and the space within them is shrinking at an alarming rate. Space has become a major issue of concern for everyone in the present time.

PERSONAL SPACE BUBBLES

Personal space is the region surrounding each person, or that area which a person considers as their domain or territory. Invasion of our personal space against our wish makes us feel uncomfortable. The amount of space needed by any being (person, plant, animal) falls into two categories: Immediate individual physical space (determined by imagined boundaries) and the space which an individual considers to live in (often called habitat).

Personal space is like an invisible bubble that surrounds us. Each human has his own personal portable 'air bubble', which he carries around himself; its size is dependent on the density of population where he grew up. We have to study how big the bubble can be; whether it always remains of the same size, how to measure the personal space bubble and what effect it can have as far as interpersonal relations are concerned. Everyone's personal space is different. How much closeness you keep in talking to a person will be decided by that person whom you are concerned to and the circumstances in which the conversation is going on. The concept of personal space is also dependent on availability of space or how crowded the space is. Evolution of personality plays a big role in defining each human's air bubble.



Fig. 15.5. The invisible bubble

Facts About Personal Space Bubbles

1. The bubble is larger in size if you are talking to a stranger or if you are an introvert.
2. Extroverts have a smaller bubble.

3. The better you know the person you're talking to, the smaller is the bubble.
4. The bubble is usually larger between two men interacting with each other; than two women.
5. The bubble may be very small for a man and a woman if they are in a relationship.
6. The bubble may be larger between a man and a woman who are strangers to each other.
7. The bubble size may differ in different cultures. For example, the personal space for people in Japan might be much larger than for people in Italy.



Fig.15.6. (a) A large bubble (b) A small bubble

PERSONAL AND SHARED SPACE

The concept of personal and shared space is fundamental in terms of understanding the behaviour of the patients. It can be exemplified as follows:

Let us take an example of two college students sharing a flat with two bedrooms. Here, personal space is the bedroom which is occupied by each student. The boundaries of the bedroom are the boundaries or limits of the personal space of each of them. The two collegians are the 'kings' of their personal space. It is up to them, in whatever way they keep their bedrooms. They have their own rules for it – who is allowed to enter and who is not. None of them have any right to object about anything in the other's personal space. Shared space, however, is a space which is shared by both of them, for example, the living room, kitchen, etc. Rules



Fig.15.7. The power struggle: ‘I’m not small, I’m space-efficient’

are made according to the needs of both of them. One of the most significant differences is that everybody has to compromise in a shared space because it allows fulfilling their life’s extra needs.

Another common example is sibling rivalry. The child enjoying the exclusive love and attachment of the parents is intolerant to his brother or sister in his personal space. The child reacts to the intruder in his own way!

The dispute between seniors and juniors in the work area is related to power struggle which is associated with acquisition of space. The age old conflict of mother-in-law and daughter-in-law is a reflection of maladjustment in the personal and shared space.

Human beings need both personal and shared space for their healthy existence.

THE WIN-WIN SITUATION OF SHARED SPACE

Non-adaptation about personal and shared space is the source of many conflicts, hurt feelings and stress. Some people are not at all particular about the boundaries of their personal and shared space. Others intentionally invade the shared space and assume it being exclusively owned by them. In either of the case, there is violation.



Fig.15.8. Boundaries work as a double edged weapon

'Boundaries' work as a 'double edged weapon'. It is a matter of mutual understanding and co-operation to maintain one's shared space while it is a mutual respect and duty to sustain one's personal space. Personal space acts as a protection and also as a status marker. Higher the status, larger the space. Shared space is a place where we usually interact with people and it is the shared space that gives a first impression to an outsider about the lifestyle and personality of a person. Hence, maintenance of the shared space is the responsibility of all the concerned people. Mutual



Fig. 15.9. Big egos are big shields for lots of empty space

symbiosis is a sine-quo-nine. Problems crop up when domineering and selfish people go on invading the personal space of others.

Some people have the habit of extending their personal space 'invasively', not only to the shared space but even into the personal space of others. This goes beyond simple rudeness and selfishness and depending on how severe the attempt is, it represents egomania, pathology and/or criminality.



Fig. 15.10. Let there be space in our togetherness

Shared space is a win-win situation. Everybody gets something out of it. Attitude, however, plays an important role.

THE ZONES

We interact with innumerable people day in and day out—in our family place, work place or public place, but we have a unique way of conversing with different people. We may talk freely with someone or talk to someone from a distance or chat with a bosom friend without any barrier. It is the person we are talking to, who decides our way of interaction. Everyone of us is confined to our own well-defined zones while interacting with the people around us. Interaction is nothing but a continuous cycle of 'actions and reactions' and our zones fluctuate and vary accordingly.

American anthropologist Edward T. Hall titled areas of personal space into four distinct zones:

The Intimate Zone

This is the zone meant for whispering and embracing and extends upto eighteen inches around your body.



Fig. 15.11. 'Two things I do value a lot, intimacy and capacity for joy'

The Personal Zone

This zone extends from eighteen inches to four feet and is meant for conversing with close friends.

The Social Zone

From four to twelve feet. This is meant for socializing activities while talking to neighbours or acquaintances.

The Public Zone

Meant for interacting with strangers. This zone extends from twelve to twenty five feet.



Fig. 15.12. Building relations out of comfort zones



Fig. 15.13. Space settlement is a social release valve

MAINTAINING TERRITORY

Every living being has its own territory – whether it is an animal or plant. Even the atmosphere has its own territory and region extending to a definite level above the earth. It is well known to us that animals like dogs, cats, rats and birds live in groups confined to a particular territory. They survive as they maintain their territory. They don't allow any intruder in their territory and if at all it happens, they try to fight. The same is true for bird species. They injure the intruder bird entering into their space. Some animals keep a safe distance from man and if a man approaches them, they either attack or retreat. Human being is a social animal and like all other animals, he is also a territorial animal. He can become aggressive when his personal space is encroached or invaded by others. Everyone tries to protect his territory.

HANDLING OF SPACE

Edward Hall coined the word proxemics, from proximity or nearness in early 1960's. Proxemics is the study of a human being's appreciation and use of space. Spatial relationships and territorial boundaries directly influence our daily life.

Proxemics is what brings people together and it directly helps to interpret the messages conveyed between two persons. For example, a person expressing anger is perceived as less threatening from a distance. However, if the same person is close, the expression of anger becomes more threatening. In fact, physical closeness can itself be used to threaten

the other person. Of course, the same is equally true for expressions of love and intimacy.

Proxemics or spatial relationship or spacing and distancing gives quality, conditioning and meaning to vocal or verbal messages. Conversely at times, the verbal message may itself demand special variations in the spacing and distancing. Proxemics resonates with the verbal words simultaneously and incongruence between them may counteract the spoken word. There are certain vocal cues that demand a proper conversational zone to share with others. For example, disclosing a 'secret' from a distance of twenty feet indicates that the said thing is not at all a secret. If someone, on entering the office, exhibits a dominant body language and stands adjacent to the authority, then even before beginning the conversation, he may inhibit a friendly response from the authority.

There are hundreds of correlations between proxemics and the intended communication process. Man constantly processes the data input from his current environment, relationship to the native and the event so that he might determine the correct response to the procedure or ritual. Where he places himself and how he establishes his feature space always influences that response. The statement by Evan Esar is worth quoting in connection with handling of space, 'We can't do much about the length of our lives, but we can do plenty about its width and depth.'

THE ROLE OF CULTURE

Some cultures, generally those who use a high level of haptic behaviour, structure their personal space more closely. For example, people from Latin cultures sit closer to each other as opposed to the people from northern European cultures. Remland and Jones (1995) reported in their sample of seven nations, the English sample showed an average greatest distance during conversation (15.40 inches), whereas the Irish sample



Fig. 15.14. There is always space for love



Fig. 15.15. Strong affection stirs the spirit up

showed the lowest distance (10.34 inches). Southern European countries, such as Greece (13.86 inches) and Italy (14.18 inches) generally showed a closer distance than England or France (14.73 inches).

The distance kept between two persons while conversing is directly proportional to the intimacy and trust they have in each other. Cross cultural relationship between two persons may give an altogether opposite impression to them as the cultural difference in the personal spacing varies markedly.

AUTOMATIC AND DELIBERATE REACTIONS TO VIOLATIONS OF PERSONAL SPACE

Automatic Reactions

Everyone has automatic, unconscious reactions to violations of their personal space. These reactions are more like a reflex.

Move Away

The most natural and automatic



Fig. 15.16. Moving away

reaction. This is expressed as leaning back or more pronounced movement, such as moving the chair away, sliding the entire body away or in extreme cases, even getting up and moving to a different location.

Put Up a Barrier

Building a barrier while interacting with the opposite person. For instance, rearranging books or papers obstructing the view of a person with whom a conversation is going on or changing the arm position so that the arm is raised or manouvered into a position blocking the view of the other person.



Fig.15.17. Love recognizes no barrier, hurdles, leaps, fences and penetrates walls

Body Position



Fig. 15.18. The blend: Moving away and putting up a barrier

In most cases, this is a combination of moving away and putting up a barrier. For instance, turning slightly away from the other person so that

he faces your back, thereby effectively creating a barrier, or turning away your head, avoiding eye contact, etc.

Deliberate Reactions

People react in different ways giving a variety of responses when their personal space is invaded or violated.

Spread Out

Spreading out your belongings around you automatically indicates the boundaries of your personal space. For example, spreading out your books, purse or other articles when your personal space is being invaded by an outsider. This forms a barrier and gives clear signals to the person, not to advance beyond the boundaries of your spread out things.

Turn Your Back

This is the easiest way to defend your personal boundaries. Just turn your back to the other person so that he is able to see nothing but your back. Or when you are sitting on a chair, turn your chair such that the back of the chair faces the opposite person. This equally acts as an effective barrier.

Request the Person to Move

This is a direct verbal message conveyed to the opposite person to move away a little or make an excuse that the place around you is reserved for someone else who is about to arrive.

Verbal Warning

Giving a verbal warning when threatened by others like, 'Please stop' or something more directive like, 'You're sitting/standing too close to me' or 'Could you please move back', etc.

SITTING POSTURES FOR A DOCTOR AND A PATIENT

Silent and congenial surrounding at any place is sufficient for the process of homoeopathic case taking. It may either be in the doctor's cabin, a separate case-taking cabin, at the patient's home, or under a tree or on a river bank. Usually, homoeopathic case taking is done in the doctor's clinic. Discussions carried out while standing in the corridor or by keeping the door of the cabin open should be avoided whenever possible. Usually a doctor should stand at a distance respecting the 'personal space'. In order to achieve a more favourable discussion, it is better to sit at the bedside



Fig.15.19. 'Are you comfortable?'

(this is less tiring for the doctor). It also eliminates the unfavourable height difference between the doctor and the patient, if the patient is lying in bed, and lessens the external symbol of asymmetry.

Samy Molcho describes sitting as 'an ideal position for communicative exchange.' According to him, 'Sitting is a physical stance which leads to relaxation and unburdening of the organism. The body is in a condition where it can carry out a wide range of activities including gesticulations and gestures without a continuous tension in all of the muscles. This includes giving most of the signals which are used in the code of social understanding.'

The sitting posture of both, the doctor and the patient allows a fixed position in space and this affects the rapport which goes on developing during the ongoing interview. The spatial distance between the two is also

an expression of their personal distance. This also affects the loudness of speech, the possibility of watching one another and the eye contact. Chair of the doctor and patient should be of the same height. A feeling of inferiority may arise in the patient if the height of the doctor's chair is greater. An optimal conversation distance is between 90 and 150 cm. This is the distance of a hand-shake. It is also suitable for discussion of difficult or awkward subjects without the need of speaking too loudly that it can be heard by others.

The width of the table over which the discussion takes place must not be greater than 80-100 cm. There are however two seating positions which can be used for doctor-patient discussions (see illustration).



Fig. 15.20. Documentation pays off

Sitting Face to Face

Advantages of sitting face to face are:

- a. A physician is able to pay attention to the patient with full concentration.
- b. A physician can clearly observe the body language of the patient without any barrier.
- c. Prolonged interaction is possible in this position because both are comfortable.

Sitting Over a Corner

Doctor and patient seated at an angle of 90-150 degrees has some advantages:

- a. It avoids the 'frontal attack' of interaction as seen in case of sitting face to face.
- b. The variability of the angle gives flexibility to both, the doctor and the patient to move about.
- c. The oblique alignment of the patient (over the left corner of the desk) makes it easier for the doctor to take down the notes or arranging the things around him.
- d. It is also easier to take a pause during case-taking.
- e. Changes in position of either the doctor or the patient does not affect case taking profoundly as it does in sitting face to face.
- f. The distance can be changed more easily by the doctor or patient, although not beyond 90-150 cm range.

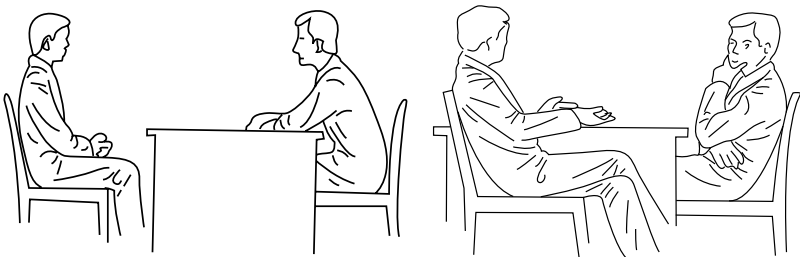


Fig. 15.21. (a) Seated face to face (b) Seated over the corner of a desk

SPACE, TACTILE COMMUNICATION AND TIME

Space and distancing as an element of body language is intimately related to tactile communication. For example, a teacher pats lightly on the back of a student to praise him. But if the same teacher starts throttling a student, it is not praising but threatening to life! Personal space varies in size depending on the situation, emotional state, gender and above all

the relationship with the other person. As a token of respect towards a teacher, a student often takes a submissive stand and represents a smaller space. Space and distancing has a unique significance as far as business deals are concerned. Proximity is a prerequisite to touch.

Time dimension defines the proxemics in many instances. I know a case of a boy who kissed his girlfriend at a wrong time. The girlfriend took this as humiliation and infringement of her personal space which ruined their relation. While travelling, I have no other role but of a traveller. But unfortunately if an accident occurs, then my role as a doctor comes upfront. With this change in time and role dimension, I have a space of recognition. But if I start intruding into other's space only because I am a doctor (when there is no need), then role defining becomes a problem in relation with space and time.

The world is shrinking into a global village and there is shortage of space and time. With this constraint, we have become over-possessive and intolerant to the invasion of our space and time – by anyone, even our family members. Technological advances have further added fuel to the fire. The saying, 'Every home has an orphan' stands true in the present times. The ultimate sufferers of this struggle of space and time are the children and the aged. We don't have enough space for our children, parents and grandparents and often look down upon them as unwanted. Respect, understanding and compromise with space and time curtail all such unfortunate things. With mutual symbiosis in shared space, people enjoy their roles and there is blossoming of creativity too.

Fateh S. Nabha has written, 'Time and space do not exist – only distance exists.' However, for a homoeopath, everything matters, whether it is the space, time or distance.

IN THE LIVING ROOM OF A HOMOEOPATHIC CLINIC

The space and distancing concept begins as soon as a physician sees a patient. The interaction between a physician and a patient in terms of spoken language and simultaneous observation of body language of the patient provides useful information needed to perceive the dimensions of this obvious element of body language. The way a patient is sitting, standing or lying on the examination table and the manner in which he occupies the space and distancing gives a clue to the physician. The physician \longleftrightarrow patient relationship invokes many roles like, aggressive - passive, passive-aggressive, aggressive-aggressive, passive-passive, etc.

and while performing these roles, a lot of gestures and postures of space and distancing are followed.

The Case of a Young Girl

I had come across a young girl namely Shamal. She was complaining of headache. I took her physical data and started probing her mental state. Being the only child of a singular family she was pampered a lot by her parents. This made her quite obstinate. While she was in tenth standard, her cousin sister, Vijaya came to stay at her place from the village as she was also in tenth standard. Shamal behaved very nicely with Vijaya for the initial few days. Then she started complaining about Vijaya and soon it turned into a quarrel. She would not allow Vijaya to touch her belongings, books, chair, study table and even sofa. Shamal was very possessive about her study table as it was gifted by her maternal uncle. She reacted as if the study table was her precious property. When I asked Shamal what she didn't like about Vijaya, she promptly replied with a loud tone, 'Vijaya uses my table.' Her possessiveness about her study table was unnatural and it seemed as if the table was an animate thing for her and an extension of her body.

The situation worsened when her mother took Vijaya's side and asked Shamal to adjust. This irritated Shamal so much that during a fit of anger, she beat Vijaya. Mother then slapped Shamal and since then she started having headache.

Shamal was glued to her space and when her personal space was violated, she came out with jealousy and possessiveness as her personality traits. Her totality was further elicited in terms of evolution of personality, physical generals and particulars and it matched well with *Lachesis*. Few doses of *Lachesis* soothed the girl mentally and physically.

HOMOEOPATHIC REMEDIES VIS-À-VIS SPACE

The Concept of Space in Lachesis

The space concept in *Lachesis* is very special. He can't tolerate his space being occupied by others. Dr. Tarkas writes beautifully under *Lachesis*, 'Worse: Whatever restricts or enforces. Better: Whatever detends, expands, radiates, stimulates or releases.Paraphernalia of constraints or impaling.... Dictatorial..... Will not allow free life..... Smothered feeling from neglect or disgrace in an unaffable set-up.' As a matter of fact, one of the causes of mental make-up is not giving due space to *Lachesis* in the

transitional phases of childhood and adolescence. 'If you don't give me my own space, I will make my own space.' The extreme possessiveness, suspicion, egotism and talkativeness coupled with tremendous energy encroaches upon others' personal space. *Lachesis* is so possessive that it doesn't allow others even to take a free breath and he literally suffocates others through hemming. Ever expanding personal space, inconsiderate attitude towards other's personal space, thinking of shared space as if his own personal space and maladjustment towards shared space typify *Lachesis*.

The sexual energy, often of a heightened type, finds its vent in an uninhibited manner and *Lachesis* advances in his own way.

The Concept of Space in Lycopodium

Lycopodium is of a pushing type as far as his personal space is concerned. He is opportunistic, ambitious and diplomatic and he is not happy with whatever space given to him. He wants more and more space and he grabs it in a manipulative way. He will be highly domineering or if needed could be the opposite that is, surrendering through appeasement for the sake of his gains. If he is sitting before a physician, he is not happy with one chair. He will extend his one or both arms over the chair or even take one or two chairs close to himself and will sit by occupying the maximum space. Even his hands will be spread over the table in a maximal way. If a physician looks carefully, he will notice that the legs are spread wide and they are usually not crossed. The puffy personality is exhibited literally by *Lycopodium*. As a matter of fact, *Lycopodium* has love of power and he exhibits this by occupying more space. *Lycopodium* also follows Aesop's statement, 'It is easy to be brave from a safe distance.' *Lycopodium* wants company but not too close, as he fears that his weakness will be exposed. Kent elaborates, 'If there were two adjacent rooms in the house you would commonly find the *Lycopodium* patient go into one and stay there, but very glad to have somebody in the other.' I am tempted to quote Paul Brunton's statement, 'Solitude is strength; to depend on the presence of the crowd is weakness. The man who needs a mob to nerve him is much more alone than he imagines.'

Ferrum group comes here for differentiation. It has also the theme of defiance and strength. There is an interesting rubric, 'Walking, self-sufficient impression of importance; walks along with' and concerned remedies are *Ferrum magneticum* and *Ulmus campestris*. Materia medica of *Ferr-*

ma. lists, ‘Air of importance and self-sufficiency’. In *Lycopodium*, Hering has a curative symptom to offer, ‘Speaks with an air of command’. ‘Swagger-walk, broad-side display’ is a rubric in our body language repertory and this is related to vanity. *Lycopodium*, *Ferrum* salts and *Veratrum album* are the related remedies.

The Concept of Space in Causticum



Fig.15.22. Compassion honours the personal space

A self-sacrificing type, with full compassion. He will help others by going out of the way. He can wear the shoes of others. *Causticum* can't tolerate injustice and becomes a leader and spends his life for the sake of others. The statement by Martin Luther King, Jr, ‘Injustice anywhere is a threat to justice everywhere’ befits *Causticum*. Farrington has remarked about *Causticum*, ‘Mind is always compromised’. His personal space is little and

shared space is more. The boundary, the fence around personal space is limited but he welcomes the 'invasion' of his personal space by the ones who really need him. So the shared space is the larger one.

In the evolution, *Causticum* is disillusioned as his efforts have gone in vain and now even though he is needy, there is no one to look after him. In addition to physical paralysis, there is paralysis of will and ultimately it develops as passivity and a devitalized state. Then he manifests ego-lysis.

The Concept of Space in Gratiola

Space and distancing could be very helpful in understanding the personality of many remedies. Underneath the space, there are many hidden dispositions that need to be explored. I remember a patient from one of my seminars in Europe where the theme was a need of appreciation. The fellow was so much after appreciation that he used to forget his own valuable assignments and used to take valuable time of others. In this case we thought of three remedies *Lycopodium*, *Palladium* and *Gratiola*. We know *Lycopodium* and *Palladium* long for appreciation. But don't forget *Gratiola*. It has mental troubles from over-weening pride and the patient literally starves for appreciation. He is quarrelsome too if contradicted and has suicidal thoughts. This patient had a lot of arrhythmia and he was tremendously helped by *Gratiola*.



Fig.15.23. Is appreciation the primary need?

I would like to coin a new relationship, '*Gratiola* is a cross between *Palladium* and *Lycopodium*'.

The Space of Sulphur

Sulphur is egoistic, selfish and emotionally detached. The theme is 'what is mine is mine and what is yours is also mine.' He readily encroaches upon the space of others and he doesn't care what the others will think of him. He is in strong need of personal recognition and wants to be the center of action. He often takes the seat of importance and doesn't like to lag behind. His thinking is very ego-centric and he has a knack of using others for the sake of his selfish ends.

Source information about *Sulphur* renders an interesting aspect. *Sulphur* is a mineral which is found everywhere and there is no boundary of space for him. *Sulphur* can exhibit both the extremes—he can blend with others behaving like he belongs to them and conversely he may reflect his egotism and look down upon others as inferior. In both ways, he encroaches upon the personal space of others.

Many political leaders are *Sulphur* types and once they get to their space, they glue to it and by all means try to maintain their space. The space that is occupied is messy and *Sulphur* doesn't like anything moved or removed from his space.

THE EFFECT OF STRESSORS ON SPACE AND DISTANCING

Some people sustain grief or shock in their life after which their original space changes. I remember a case of a young widow. She was nice, charming and active and her space was very much defined by her. Her husband died in a war and then her original dispositions changed as also her space and distancing. She became reserved, restricted and started remaining aloof and segregated from society. Whenever she would come in the clinic, she would sit with her arms and legs crossed and would demonstrate a continuous downward gaze as if unconsciously giving a message to others – 'Don't disturb me'. She would sigh after each sentence and try to control her repressed grief. *Ignatia* helped her not only in terms of mental health but she rescued herself from the closed body language.

One of my patients started taking up an embryonic posture during sleep after her son died of leukemia. Grief compelled her body to take a cuddled-up posture. Previously, she used to sleep on back with arms and legs extended.



Fig.15.24. (a) Grief walks up and down with me (b) Majestic peacock

Remember, on the other hand, joy can expand the space. Look at a peacock—that majestic, proud bird which has been endowed with a thousand eyes in its feathers. Peacock’s capacity to rejoice when the rains occur through dancing and blossoming of colourful feathers is celebrating life by expanding the space.

We often use a variety of sentences in our daily life, ‘Since this humiliating incidence, I started keeping a distance’; ‘I will show you my space’; ‘Why are you keeping a distance from me’; ‘Don’t cross my boundary’; ‘My friend encroached upon my space and snatched away my girlfriend’; etc.

Space can be occupied in vertical or horizontal ways and a physician should observe how a patient presents himself.

THE BASIC MODES AND THEIR RELATION WITH SPACE AND DISTANCING

The concept of space and distancing can be studied with basic modes of body language viz., responsive, reflective, fugitive and combative. In reflective and fugitive, the space is narrow; in responsive and combative the space is large. In combative mode the space is larger and it can intrude upon the personal space of others. In the fugitive mode, the space is narrower and there is a restraint; a person can’t utilize the space adequately and the process of shrinkage may affect the propagation of

communication. *Baryta carb.* is a good example of fugitive mode and space shrinkage. There is a symptom, 'bashfulness, wants to hide behind furniture'. The space is behind furniture and that too with the motive of hiding. It is as if 'when I have no space of mine, I take the support of furniture and when I hide I keep the furniture in front. I don't keep myself in front'. Combine this with this symptom, 'thinks his legs are cut off and he is walking on his knees'. This denotes the crippled state of mind which dictates the body to hide behind furniture. The ego-atrophic response coupled with bashfulness and dullness is the base of understanding the space theme of *Baryta carb.*

If we look at *Alumina*, the theme is that of dispersing the space, reducing the space and finally non-existence of space and see, this process is related to the space of self, to the very image of self. He loses his sense of existence. The crisis as to the identity of the self is well demonstrated in the proving symptoms of *Alumina*. We all know that *Alumina* has dementia and it is one of the prominent remedies for Alzheimer's disease where there is disorientation to space and time. The patient doesn't memorize his space and he goes on searching for his unrecalled destination. *Alumina* is a well known remedy for confusion as to personal identity. It also has a symptom, 'Everything seems unreal'. The patient expresses this as 'I don't know my identity, my space.' 'I am invisible', 'Where am I?', 'I'm not here.' 'I am Mr. Nobody.' If you ask him his name he will stumble, scratch his head and will mutter with himself, 'What is my name?' This is an extreme form of fugitiveness. It is as if 'I get dispersed and finally my molecules carry no existence, a kind of dematerialization'. Hence, the label of sickness of *Alumina* patient would be 'progressive loss of ego'.

Take the rubric, 'Merging of self with one's environment' and the corresponding remedies are *Anb.*, *Cann-i.*, *Carc.*, *Hydrog.*, *Lac-c.*, *Lac-mat.* and *Phos.* It is as if 'I have no separate identity, there is no space of mine and I have merged with the space.' *Anb.* and *Carc.* have it from the spiritual standpoint. Dr. Tarkas describes beautifully under *Anb.* in 'A Select Homoeopathic Materia Medica', '.... as though one shakes off his physical shackles (or existence) and becomes one with the cosmic forces, with a panorama of beauty, grandeur and colourful splendour: A beautiful, blissful beatitude as it were. Normal perceptions of space and time are upset or lost in the superb unearthly drama which he feels he has joined, is no more an onlooker..... Objects of sense-perception (light, colour, sound, smell, taste, touch) materialize as substances, and are even felt as

if mutating mutually: Noise and touch are felt as colours; colours pulsate to the rhythm of music form; a colour is felt as a taste; feelings become colours. Abstract conceptions assume a solid bodily form.’ ‘.... Life itself appears as a great impersonal march towards immortality with extinction of all volition. Soares high in the galaxies, feels himself a denizen (and not a mere spectator) of the higher heavenly world (*Agaricus*), with a complete withdrawal of worldly brotherhood, kinship, sex or even appetite. He is as it were outside himself (*Datura arborea*).”

Hydrogenium has the theme of oneness. *Lac can.* merges in order to avoid the pangs of rejection while in *Lac maternum*, it is the motherhood where there is complete surrender. *Phosphorus* knows no boundary and has the theme of ‘diffusion’ (Vithoulkas). It is to be noted that *Cannabis ind.* is indicated in the rubric, ‘Space, expansion, of’. *Cannabis ind.* needs space for his exuberant joy (There is an interesting rubric, ‘Spaced out feeling’. The related remedies are *Anh.*, *Cann-i.*, *Hydrog.*, *Op.* and *Phos.* The meaning of spaced out is that one is stupefied as after taking a narcotic drug, as if he is far away from the world).

Alkaline remedies require little space, so also *Lithiums* and *Aceticums*.

Homoeopathic materia medica, the book of human pharmacology, is rich in human expressions. It is a major task for a sincere student of homoeopathy to define space and distancing in terms of fathoming the true nature of remedies.

Seng-ts’an said, ‘The very small is as the very large when boundaries are forgotten; The very large is as the very small when its outlines are not seen.’ A homoeopath has to define the small and the large, the outlines and the boundaries; he has not to forget anything and has to focus on reality in an unprejudiced way and to develop the broad vision in order to heal the sufferers.



Chapter 16

TACTILE COMMUNICATION





Fig.16.1. ‘The touch of your hand says you’ll catch me whenever I fall’

In this chapter we are dealing with touch, a multifaceted non-verbal communicator. Touch can be represented through patting, holding, stroking, shaking, massaging, squeezing, grabbing, grooming, groping, rubbing, hugging, caressing, embracing, cuddling, kissing, licking, fondling, tickling, scratching, tapping, slapping, punching, pinching, poking, thrusting, flicking, stabbing, prodding, flipping, bumping, kneading, kicking and so on. Each way of touch has its own meaning. Touch on whom, by whom, where, at what time, with what purpose and with what intensity are the issues necessary to be addressed. Remember, no element of body language evokes as powerful a reaction as touch and hence touch means many interpretations to different people.

TOUCH : THE EARLIEST SENSE

Touch is the first sense to develop. It is rather the first non-verbal communication before other elements of body language developed. The foetus in the warm, protected womb, just floating, communicates through the medium of touch. Desmond Morris calls this as ‘total embrace’. Soon after birth, it is touch that provides security to the child. The child starts interacting with the outer world, hoarding the experiences and widening his cognitive field and in this transition touch as a communicator plays

a pivotal role. Touch is the basic need. A child deprived of physical warmth through touching in a loving way often has a problem in mature ego development and this may lead to physical, psycho-somatic and psychiatric illnesses later on. The need of touch, however, is not limited to childhood. We continue our need of being touched and touching in all phases of life.

As compared with other elements of body language like facial expressions, eye expressions, personal appearance, modulations of voice, etc., touch exerts a powerful effect in evoking a reaction. There is an instantaneous feedback to the tactile communication. We get affected in a significant way even if we are touched accidentally or unintentionally. The way in which someone touches others, touches objects and touches self can tell a lot about personality. Touch can tell us something about respecting and trusting someone but also about power differentiation between people. Touching is treated differently from one country to another, chiefly due to cultural variations.



Fig. 16.2. Cultural variations change the perception of touch

TOUCH : THE BASIC FORM OF COMMUNICATION

Communicating through the sense of touch is termed as 'haptic'. We are being touched by the people around us and we touch others around, either knowingly or unknowingly, intentionally or unintentionally; daily, whether at home, in a bus, in a public place, in the office or among the friends. And we all know that through the act of touching we convey and receive a variety of messages and cues— important or unimportant, disturbing or soothing, agreeable or disagreeable. But in spite of all these facts, we



Fig. 16.3. A true friend is someone who reaches your hand and touches your heart

hardly ever pay heed to this subtle mode of communication.

Touch is the most primal or basic form of communication. Touch is the primitive language of love. It is very important in many primate species. Primates are social animals. They live in large groups. Touch helps the group in forming bonds among each other and helps them to live in symbiosis. We often find a tigress licking and soothing her cubs, chimpanzees groom each other and bear cubs wrestle with each other. ‘Communication’ in the life of a newborn first begins with



Fig. 16.4. Kindness: An attitude, an expression, a look, a touch

the touch of the mother. It is a well known fact that the crying infant is pacified quickly by the mother's touch through patting, hugging and caressing.

What is interesting about the special sense of touch? All the special senses are mainly centered in the brain and are confined to their special region whether it is smell, hearing, taste or vision. Touch is the only special sense whose receptors are found all over the body beneath the skin. There is not even a millimeter of skin (the skin is the largest part of the body, accounting for 15 per cent of the body's weight) which is devoid of touch receptors! This is a clear indication how receptive our bodies are to the sense of touch and it is unimaginable how our life would have been without the sense of 'touch'! In fact, researchers now consider the skin as a 'communication system' with a highly developed network. Some physiologists consider touch to be the only sense. To exemplify: Hearing begins with sound waves touching the inner ear; taste begins with a substance touching the taste buds; sight begins with light striking the cornea. It can be said that all the other senses are derivations of touch. We know the world around us, both living and non-living, through the sense of touch. You might have seen a person who has lost the sense of taste, hearing or vision but have you ever seen a person who has completely lost the sense of touch over his whole body? Certainly not, because he would have died out of it rather than living without the sense of touch.

Touching implies a bond between the 'toucher' and the 'touched'. There is a close connection between touching and liking. Touching can lead to liking and liking can further lead to touching. However, one should not assume that if one goes around touching people, they would necessarily like it. Attitude of the toucher and the touched is much more important.

TOUCH IN PARLANCE

Verbs

1. Touch, feel, contact, handle, finger, thumb, palm, paw, toe; caress, kiss, lick, lap, pat, tap; fumble, grope; brush, graze, glance, skim; palpate, manipulate, wield, massage, rub, knead
2. Border on, be contiguous to, impinge, meet, reach, come to, abut, adjoin, neighbour, juxtapose

3. Touch upon
4. Touch up, delineate lightly, refine, improve, correct
5. Move, stir, melt, soften, mollify, arouse pity

Phrases

1. **In, Out of Touch:** In or out of direct relation. Sujit is in touch with his friends. Shama is out of touch with her group.
2. **Touch Up:** Improve by light touches. The painter touched up the whole building.
3. **Touch Upon:** Say something about. Please touch upon nuclear energy for peace.
4. **Touch:** This poor fellow's life really touched me and I decided to help him.
5. **Closer Touch:** Stay in closer touch with loved ones and friends.

TOUCH : THE ACTION FORWARD

Effectiveness of 'touch' is multi-faceted and cannot be compared with that of 'spoken words'. Are we not aware of the fact as to how a mother communicates with her baby by touching and caressing, far before the baby has learnt to utter even a single syllable? A single touch is smarter and heavier than a dozen words. Touch speaks the language of its own and it does not need 'words' to express itself. Spoken words may need 'touch' for reinforcement but 'touch' is self-sufficient and self-explanatory. Touch is a 'double-edged sword', because its proper usage can make the relation healthy but its improper use may sever the relation.

Touch not only conveys the physical message of 'touching' but it also represents every emotion – love, intimacy, hate, worry, sympathy, jealousy, sex, anger, insecurity, reassurance, coldness, hostility, sadness, etc. For instance, a person



Fig. 16.5. Touch a face. Touch a hand. Say, 'This is for you.'

can show affection by just holding hands; then no words are necessary. The absence of touch can also be a powerful form of tactile communication. A lover may earnestly wait life-long for the soulmate's genuine hug and if not received, can fall sick. One may also be offended by someone's touch if he dislikes the opposite person. Dimensions of space and time have a strong bearing on touch. Touch is powerful enough to invade someone's space. **A person must be conscious and aware about why he is touching, whom he is touching; at what time he is touching and which part of the body he is touching.** He may invite displeasure out of his inappropriateness regarding the above dimensions. Touch indicates closeness and intimacy. It has power to melt even the toughest emotions. It exerts a persuasive influence which may last for a long time. It is used to give comfort, establish dominance and create bonding. Touch can be used in darkness with an effective message. Arguments or quarrels frequently end up in tactile communication; it can cool off or add fuel to the fire. The third degree treatment given to criminals in the jails is an extreme form of brutal punishment by using the tactile weapon.



Fig. 16.6. Have a heart that never hardens, and a temper that never tires and a touch that never hurts

Touch can be individual or even mass representation. It can be obsessive or contagious. 'Touch me not' may be protective or may be a

symptom of sickness. Shaking the fist at someone, pushing or poking the finger in someone's face—these are also the forms of tactile communication which can spell real trouble. It is found that young children and old people use more touching than people in the middle years. Touch during an interview itself is a point of concern - for instance, a beautiful young woman is touching a physician while being interrogated and the reaction of the physician has to be observed.

In physiology, contact inhibition is the natural process of arresting cell growth when two or more cells come into contact with each other. Oncologists use this property to distinguish between normal and cancerous cells.

Some distinction between bodily contact and touching is necessary. Bodily contact refers to actions that are accidental, unconscious and made by any part of the body, while touching implies that the actions are deliberate, conscious and made primarily by the hands.

CHARACTERS OF TACTILE COMMUNICATION

Keypoints

1. Patting on the head, shoulder or back can feel patronizing, but they have no or very little sexual content. Rubbing or massaging on the other hand, are considered sexual moves.
2. How long? The duration of touch is important. A pat is different than a long caress.
3. Who touches who outside the context of intimate relationship indicates power.
4. Who hugs whom is also important. A man hugs only women or everyone in the office or elsewhere or only young girls?
5. Where? In an isolated setting or in public?
6. What part of the body? The outside of the arm and the top of the shoulder are safe parts while at or below the waist, at the inside of the arm, at the front that is the chest are the taboo parts.
7. Touch is acceptable only when both individuals consent to it.

Interpretation of Touching

Interpretation depends on several factors:

1. Involuntary or voluntary/deliberate touching
2. Movement made by a toucher after initial touching
3. Anatomical part or parts touched

4. Duration of touching
5. The amount of pressure applied while touching
6. Response rendered by a recipient in terms of movement
7. Touching in private or public
8. Touching before known or unknown people
9. Touching before wanted or unwanted people
10. The mood with which touching is made and received
11. The circumstances in which touching is done
12. The type of bond involved

Organ Affinity

Embracing	Shoulder, body
Grooming	Hair, face
Guiding	Hand, arm
Holding	Hand, arm
Kicking	Bottom
Kissing	Lips, cheek, hand, head
Laying-on	Hands
Linking	Arms
Patting	Head, back
Pinching	Cheek
Punching	Face, chest
Shaking	Hands
Slapping	Face, bottom
Stroking	Hair, face
Tickling	Anywhere

Categories of Touch

Richard Heslin classified various types of touching:

Categories	Types	Done by
Functional or professional touch	Patting, slapping, stroking	Teacher, tailor or doctor
Social or business touch	Handshakes, handclasps	Businessmen, colleagues

Genial or friendship or close touch	Patting on back or shoulders, laying hands on shoulders, pinch on the cheek, arm linking, embracing, etc.	Friends, parents, relatives, teachers, well wishers
Passionate touch	Laying hands on shoulders, touching loved one's cheek, kissing or smooching	Lovers, couples, intimate friends
Sexual touch	Kissing or smooching, embracing, various asanas	Sexual partners, couples



Fig. 16.7 Your body needs to be held, to hold, to be touched and to touch

Limitations

As compared with other modes of communication, tactile communication has a limited scope of universal meanings. Although age, culture and experience influence tactile communication and it is difficult to interpret the motive of the person. It is, therefore, the most misunderstood of all modalities of communication. The disadvantage of tactile communication is that it is not effective over distance and the concerned people must stay

in direct contact. Further, the result of tactile communication depends on the recipient's state whether to accept the vibration signals or to intercept them.

Touch and Intra-psycho Communication

Tactile communication is one of the types of intra-psycho communication (IPC), (refer to the chapter on IPC). Hence, the inner state of a person is not apparently known unless a proper interview is elicited.

TACTILE COMMUNICATION AND SELF-ESTEEM

The research report by Alan F. Silverman, Mark E. Pressman and Helmut W. Bartel will not be out of place. It indicates that the whole personality is involved in tactile communication. They write, 'The relationship between self-esteem and tactile communication was studied in four different conditions, varying both the sex of the subject and the sex of the confederate. The major hypothesis was supported in that the higher the subject's self-esteem, the more intimate the subject was in communicating through touch, especially when communicating with a female. Also, high self-esteem subjects found the task easier, and perceived the communication as being transmitted more clearly than did the low self-esteem subjects. Moreover, males found the task significantly easier than did females.'

We have to understand the effect of modern culture on tactile communication. It will not be too wrong to say that now every home has an orphan. This has much to do with touch. Children's need of touch is not fulfilled by their parents. The same is true of elderly people; they suffer the most from touch deprivation. See how much role touch plays in life and in evolution of self-esteem. 'Empty nest syndrome'—a disorder where there is a feeling of loneliness that parents/other guardian relatives may feel when one or more of their children leave home has relation with tactile communication. While more common in women, empty nest syndrome can happen to both sexes. The marriage of a son or daughter can lead to similar feelings, with the role and influence of the parents often becoming less compared to the new spouse.

The theme of touch is also related to territory. In order to touch people, you must get into their personal space that is, body buffer zone (Readers are requested to refer to the chapter on Space and Distancing that is, Proxemics).

Examples of Tactile Communication



Fig. 16.8. To be able to feel the lightest touch really is a gift

Wrist Bending

This is where an individual presents the back of the hand to another's lips (Estes, 1991). This is a reassuring gesture and is done by adults and juveniles to infants (Estes, 1991).

Reaching and Touching

This is where an individual will touch with the hand the head, back or rump of another (Estes, 1991). This acts as a submissive or appeasement gesture or a reassurance gesture as a response to social presenting (Estes, 1991).

Patting

This functions as a reassurance gesture to a distressed subordinate and is done by a domineering individual (Estes, 1991); the individual softly touches the receiver.



Fig. 16.9. 'Pet me, touch me, love me'

Kissing

This is where one individual presses the lips or teeth to the body (usually the lips or face) of another (Estes, 1991). This is done by submissive individuals to more dominant ones and can occur with bowing, and also kisses on the groin (Estes, 1991). This is also the response by a dominant individual to a kiss or bowing (Estes, 1991).

Embracing

This is where an individual wraps one or two arms around another from the front, back or side (Estes, 1991). This is often done by a mother to her frightened infant (Estes, 1991).



Fig. 16.10. Is not a kiss the very autograph of love?

Submissive Mounting

This is where a subordinate will mount a superior after being charged or attacked, and he grasps the individual around the waist, pelvic thrusts, and sometimes grabs the scrotum with the foot (Estes, 1991).



Fig. 16.11. Take one moment to embrace



Fig. 16.12. Everyone's got a heart. Find a way to touch it!

Reassurance Mounting

This is where a dominant individual mounts a subordinate and is a response to social presenting (Estes, 1991).

Social Grooming

This is where one individual will remove parasites and/or dead skin from another. This functions in maintaining social bonds and is usually done between males, usually lower to higher ranking (Estes, 1991). In the common chimpanzee this also occurs between family members (Estes, 1991).



Fig. 16.13. 'Yes, we do touch. We believe that everyone needs it'

HANDSHAKE

One of the commonly used tools of tactile communication is shaking the hands.

Handshake is an easy way of meeting the others where we use the most obvious and extending part of our body. Remember the fingers act like antennae. Shaking hands could be positive or it could have opposite intentions or meanings. For instance, shaking hands can mean goodbye. It can be a sign of welcome. It may be an expression of sympathy or something to stop a fight, close a deal or show trust in someone. It is said that, when in doubt, don't touch but use a handshake.

Shaking hands is a relic of our past. Whenever primitive people met, they would hold their arms in the air with their palms exposed to show

that no weapon is being held or concealed. This palms-in-air gesture become modified over the centuries and such gestures as the ‘arms raised in the air’ or the ‘palms over the heart’ developed. Now the modern form is the interlocking and shaking of the palms.

There are three basic attitudes which are transmitted through handshake—dominance, submission and equality.

The grip in handshake speaks volumes. Handshake with a limp hand may make the other person think that you’re hesitant or meek. If you give a handshake of a bone-crunching squeeze, you may appear overly enthusiastic or domineering and it may hurt! But when you shake with a medium-firm grip, you convey confidence and authority.

Handshake variables include:

- Strength (weak - strong)
- Temperature (cold - hot)
- Moisture (damp - dry)
- Fullness of grip (full - partial)
- Duration (brief - long)
- Speed (slow - fast)
- Complexity (shake - dance)
- Texture (rough - smooth)
- Eye contact (prolonged - intermittent - none)

Types of Handshake

Aggressive Handshake, the Palm-down Thrust

It is transmitted by turning your hand so that your palm faces down in the handshake. Your palm need not be facing the floor directly, but should be facing downwards in relation to the other person’s palm and this tells him that you wish to take control in the interaction that follows. The palm-



Fig. 16.14. Aggressive handshake, the palm-down thrust

down-thrust is reminiscent of the Nazi salute and is the most aggressive of all handshakes because it gives the receiver little chance of establishing an equal relationship. Over-bearing and dominant people initiate it and his stiff arm forces the receiver to take a submissive posture.

Arm-Pulling Handshake

The feeling of insecurity makes a person literally pull the arm while making the handshake. Such a person usually belongs to a small intimate zone.



Fig. 16.15. Arm-pulling handshake

Dead-fish Handshake

It is also called 'wet fish' handshake. This handshake is universally unpopular and it gives the feel of soft, placid and weak characters. The hand is cold and clammy and related to sweat glands which produce this condition. Anxiety or apprehension often causes this handshake.



Fig. 16.16. Dead-fish handshake

Double-handed Handshake

The purpose of this handshake is to show sincerity, honesty and intimate feelings towards the other person. There are two elements here:

- a. The left hand is used to communicate the extra feeling through moving up the left hand to the other person's right arm. In order to show more feelings after this wrist-hold, the elbow grasp is followed and then shoulder-hold which transmits more feelings.

- b. The left hand represents an invasion of the receiver's intimate and close intimate zones.



Fig. 16.17. Double-handed handshake

Dutch-treat Handshake

It is like the dead fish handshake but with a difference—it is more stiff and less clammy to touch. The symbolic language in this handshake is like a bunch of carrots.



Fig 16.18. A bunch of carrots

Handshake with an Extended Straight Arm

It means that the person desires to keep the other one at arms length. He doesn't seek intimate relationship.



Fig. 16.19. Be away at arms length

Fingertip Grab

Here, a giver offers a stiff arm and then stays short of the receiver's outstretched palm, ending up by grabbing only the fingers. It reveals lack of confidence in a giver and not to get physically too close to the receiver.



Fig.16.20. Fingertip grab

Knuckle-grinder Handshake

This handshake indicates the 'rough and tough'. In this handshake, a person crushes the palm of the receiver. It is done by overly aggressive persons who see the early advantage and attends to discourage the opponents by grinding their knuckles to a smooth paste. It is also called as the 'bone-crusher'.



Fig. 16.21. The 'bone crusher'

The Glove Handshake

It is called as the ‘politician’s handshake’. It is done by grasping the hand with the right hand and cupping it with the left, to give a message that he is honest.

The Socket Wrencher

The person forcefully grips the receiver’s outstretched palm, then simultaneously applies a sharp, reverse thrust and attends to drag the receiver into the initiator’s territory. This is related to three aspects—first, in an insecure person who feels safe only within his own personal space; second, a person has smaller space needs and third, he wants to control by pulling you off balance.

The Stiff Arm Thrust

It is used more by aggressive people and the main purpose is to keep the other person at a distance and away from their personal space.

Handshake with an Unextended Arm



Fig. 16.24. The stiff arm thrust



Fig.16.22. The ‘politician’s handshake



Fig. 16.23. The socket wrencher



Fig. 16.25. Handshake in a reserved person

It indicates that a person is reserved and not open.

HUGGING AND KISSING

Hugging



Fig. 16.26. Two solitudes protect, touch and greet each other

Hugging is a closer and more affectionate form of greeting than shaking hands and reflects a desire for bonding.

Hugging Variables

- Hand placement (shoulder, etc.)
- Arms touch (none - wrap)
- Body position (front - side - behind)
- Pressure (light - strong)
- Body touching (none - full)
- Gender

Styles of Hugging

1. Full body hugs create contact with breasts and between genitalia and hence may be sexually suggestive or stimulating.
2. Light shoulder only hugs are more common as social greetings.



Fig. 16.27. Touch is something you create by hitting millions of golf balls



Fig. 16.28. A friendly hug

3. Side-on, one-handed hugs are safer and can be a friendly touch.
4. Longer, fuller hugs often signal greater affection and may happen between people who have not seen one another for some time.
5. Hugging someone from behind can be surprising and even threatening and is usually done by friends who trust one another implicitly.

Kissing



Fig. 16.29. Kiss: Love professed through lips

Kissing is deeper than hugging. Other than sex, kissing is the only exchange of bodily fluids (saliva). In some cultures, kissing is a part of social greeting. This may or may not include man-man and man-woman (which can lead to significant cross-cultural embarrassment).

Kissing Variables

- Lip/cheek to lip/cheek
- Duration (peck-smooch)
- Tongue (involved-not)
- Gender
- Body involvement (none-full)

Styles of Kissing

1. The type of kiss is governed strongly by the relationship.
2. Social greetings are relatively short and may involve double or triple kissing, alternating either side of the face.



Fig. 16.30. The social greeting

3. General friendship kissing may be longer and with more body contact, though mostly using arms to include a hug (and steady the body).

The most intense kiss is the romantic kiss which may well include full length body touching, caressing with hands and lip-to-lip kisses that may even include interplay of tongues.



Fig. 16.31. General friendship kissing

TOUCH AS A HEALING THERAPY

Touch is so significant in life that lack of it can cause illness. Sarah Trenholm, a communication professor at Ithaca College writes, ‘People deprived of touch may develop physical, mental and social disorders. In fact, studies have linked touch deprivation to depression, alienation and violence.’

‘Touch may be the most powerful socio-biological signal of all,’ says psychobiologist Ernest Lawrence Rossi, ‘When we are touched gently and rhythmically, our brains release the feel good messenger chemicals called beta-endorphins and we slip into the psychologically receptive state (where we’re) open to increase



Fig. 16.32. The soothing therapeutic touch

intimacy.’

Touch as therapy is followed since ancient times. Definite references of touch therapy are available in Ayurveda. Therapeutic touch practitioners (TT) believe that a ‘Universal Life Force Energy’ flows freely in, through and out of the body when a person is healthy. But illness, pain, injury, etc. can interrupt or imbalance this life force. Skilled practitioners believe that they can detect these fluctuations by passing their hands above the patient’s body. Energy imbalances can be equalized and a contribution made to the patient’s healing.

Therapeutic massage is a gentle therapy that helps to soothe the nervous system and increase circulation. With its wonderful abilities to relieve pain and tension, speed healing and increase energy, massage can be a tremendous tool to help maintain good health. Body also heals itself by touch. It is very common to find an injured person being massaged firmly on the affected part by the other person. The firm touch to the injured part stimulates our nervous system and facilitates the release of ‘natural endorphins’, which are natural pain killers, within the nervous system which inhibits the transmission of the pain impulses to the brain and helps in reducing the intensity of pain. Have we not seen a mother tightly hugging her child when he is injured and weeping out of pain? What an immense comfort it gives to the child!

HOMOEOPATHIC PERSPECTIVE

‘Touch’ as an element of body language touches all aspects of personality which is probed deeply in the homoeopathic interview. Homoeopathy regards that it is the personality as a whole which is sick. In the proving, innumerable symptoms in regard with tactile communication are produced and it is interesting to see the whole gamut of materia medica and repertory in concern thereof. Touch also has significance in interview.

Hahnemann, recognizing the importance of touch in therapy, writes in 290 aphorism, ‘Here belongs also the so-called massage of a vigorous good natured person given to a chronic invalid, who, though cured, still suffers from loss of flesh, weakness of digestion and lack of sleep due to slow convalescence. The muscles of the limbs, breast, and back, separately grasped and moderately pressed and kneaded arouse the life principle to reach and restore the tone of the muscles, blood and lymph vessels. The mesmeric influence of this procedure is the chief teacher and it must not be used to excess in patients still hypersensitive.’

In the Mind section of Synthesis Repertory, there are many rubrics concerning tactile communication: Touched, aversion to; caressed aversion to being; aversion, touched, children in; aversion, ticklishness; fear, touched etc. Actually the word ‘touchy’ denotes the sensitivity pattern. The cross reference for this is ‘offended’. The mind becomes very sensitive and hence vulnerable. Even if one makes any small untoward comment, a person takes it to his heart and gets hurt.

‘Touch Me Not’

Let us focus on children who don’t like to be touched or caressed, they will start shrieking (there is a rubric, shrieking, touch, from). The concerned remedies are *Ant-c.*, *Calc-p.*, *Cham.*, *Cina*, *Cupr.*, *Graph.*, *Kali-c.*, *Med.*, *Sanic.*, *Sep.*, *Tarent.*, *Thuj.* and *Verat.* All these remedies have roughness and coarseness in their behaviour. *Antimonium crudum* has the data, ‘Child cannot bear to be touched or looked at; it causes crying. In *Chamomilla* we get an aversion to being touched. Kicks when carried and becomes stiff. Also there is an opposite tactile communication symptom—child can only be quietened when carried about and petted constantly. *Chamomilla* has tactile communication based on three grand characters – cross, uncivil and quarrelsome. *Medorrhinum* also has aversion to being touched. But he himself is rude and sensitive to the rudeness of others, to the extent that he becomes touchy. With *Tarentula*, it’s more of a mental trait among all the spiders; *Tarentula* doesn’t want to be touched and there may be some kind of feigning behind it. *Veratrum* doesn’t like to be touched because of delusion of grandeur; from psychosis and due to his state of being easily offended.

The remedy *Cina* (the wormseed, which possesses worm breeding constitution) has the following symptoms, ‘Children; stiffen out; when looked at, during cough or when they become cross. Whole body is painfully sore to motion and touch.’ The theme in *Cina* is ‘I am thriving on you, but you don’t touch or irritate me. However, I can irritate you.’ *Cina* child is very cross; doesn’t want to be touched, caressed or carried. *Cina* is a very touchy child; petulant and dissatisfied. *Arnica* also has touch aggravation but its theme is different. Not only the sore and bruised pains of *Arnica* are worse from touch but the issue concerns fear of being approached and being struck which is expressed as aggravation from touch.

Aversion to sex is also a form of tactile communication. *Sepia* ranks

high here. Indifference and masculinity develop this state in *Sepia* I recall a female patient who refused to stay with her husband. I asked her the reason and she said that she doesn't like her husband's nature of touching her and her aversion to sex was a major cause of discord. In the rubric 'touched, aversion to', *Sepia* is listed in bold type.

'I Need Your Touch'

Wants to be caressed is a rubric related to tactile communication. The remedies are *Carv.*, *Phos.*, *Poda.*, *Puls.* and *Sacch-a.* *Carv.* is affectionate, innocent and wants genuine love. Give and take love is the nucleus of life of *Carcinosinum*. His caressing is without any bad intention. *Phosphorus* also has the same theme of giving and taking love. He is always in need of physical warmth. *Pulsatilla* and *Sacch-a.* have strong abandoned feeling and they try to compensate it through hugging and caressing. *A Select Homoeopathic materia medica*, gives the data under *Pulsatilla.*, '...manifests affection by kissing and caressing, a family pet, sheltered, loving and giving child; glued to parents, clings and refuses to be shaken off (similar to *Phosphorus* child; but *Phosphorus* child is more active, inquisitive and courageous).' Parasitism also plays a role in tactile communication of *Pulsatilla*. *Sacch-a.* has the theme, "though I am sweet natured, why the people abandon me?"

'I Can't Tolerate Touch'

There is a rubric, 'touch <, of each other' and the related remedies are *Lac-c.*, *Psor.* and *Sanic.* *Lac can.* thinks himself very inferior and of little consequence. He thinks that his body has become disgusting and hence he avoids the touch of others and he also doesn't want to touch others. He is subjected to suppression by the others and there is bottling of anger inside. He ventilates this through rage, cursing and swearing and this occurs at the slightest provocation. It is in this state that he doesn't like the touch of others. *Psorinum* is very sensitive and touchy (like *Magnesium carb.*). He is a confirmed pessimist and doesn't possess any mental instinct nor has he any physical energy to sustain stress. Hence, he avoids being touched by others and to touch others too as tactile communication drags one in active action. 'Doesn't want to be touched' is a strong symptom in a touchy *Sanicula* patient. He is cross and obstinate by nature and misconstrues others and in this state of mental upset he avoids tactile communication.

The oversensitive *Kalium* group has general aggravation from touch

and if we extend the same analogy we find that the group has aggravation from coition. An unexpected touch anywhere on the skin (especially on the back and soles) easily startles *Kalium carb.* The fungus *Agaricus* is also worse from coition.

There is a rubric, ‘delusion, touched, he is’. The prominent remedies for it are *Medorrbinum* and *Thuja*. *Medorrbinum* is also listed under ‘head, someone touched, her.’ In *Medorrbinum* the touch theme is more from anxiety which he develops from secret sexual activity. He becomes panic if he would suffer from a sexually transmitted disease. In *Thuja*, it is related to guilt.

In the newly proved bird remedies by Jeremy Sherr, there is a symptom under *Falcon peregrinus disciplinatus (Falco-pe.)*, ‘anger, touched, when’. *Falco-pe.* is one of the remedies for ailments from sexual humiliation like *Carcinosinum* or *Staphysagria*. This is the cause why there is anger when being touched.

‘Touch Things, Impelled to’

Let us take another rubric, ‘touch things, impelled to’. The patient with this symptom thinks that everything around him must continually be inspected by hand. It is often found that children in the consultation room touch everything – books, stethoscope, pen, files etc. The related remedies are *Bell.*, *Carc.*, *Falco-pe.*, *Hyos.*, *Merc.*, *Sulph.* and *Thuja*. *Carcinosinum* child likes to touch the things out of curiosity and inquisitiveness. The soft *Carcinosinum* will prefer to touch soft toys that are devoid of sharp edges. It gives him a nice feeling for which he longs for. *Carcinosinum* also wants to touch people but it is out of affection. *Thuja* wants to touch the things in a secretive way, the purpose may be to grab in a sneaky way. *Hyoscyamus* has this symptom out of delirium and lasciviousness. One more cause of touching the other’s things is the trait of kleptomania and *Belladonna* ranks here. In *Belladonna* it is the state of delirium that produces compulsion to touch. *Mercurius*. has fluid consciousness and he may touch the things out of his restless, agile and impulsive character. The motive of *Sulphur* to touch the things is to grab as the concept in *Sulphur* is ‘what is mine is mine but what is yours is also mine.’ There is no restraint to touch shabby and dirty things too in Sulphur.

Touch has a profound effect on the one who gives and on the one who receives! Each living person in materia medica has its independent unique theme of tactile communication.



Chapter 17

VOCABULARY OF BODY LANGUAGE



OPENNESS

- Open hands with palms visible
- Taking off the coat
- Moving closer
- Leaning forward
- Uncrossed legs
- Arms gently crossing lower body
- Repeated glances
- Open lipped smiling
- Warm, relaxed smile
- Body fully facing the other person
- Frequent direct and threatening eye contact
- Firm and sometimes prolonged handshake

ENTHUSIASM

- Maintaining strong eye contact
- Small upper or inward smile
- Tilting or cocking the head
- Erect body stance
- Hands open, arms extended, eyes wide
- Open mouth, lips slightly apart
- Well-modulated, lively and bouncy voice
- Handshake with an extended arm

DEFENSIVENESS

- Rigid body
- Arms, legs crossed tightly
- Minimal eye contact
- Pursued lips
- Head down with chin depressed towards chest
- Averting the eyes
- Clenched fists
- Clenched fingers and crossed arms
- Leaning back in chair
- Body squared, not turned away

ANGER

- Rigid body; stiff, rigid posture

- Clenched fists
- Locked jaws
- Tense mouth
- Continued eye contact with dilatation of pupils
- Short or rapid breathing
- Flared nostrils
- Redness or flushing of face
- Hands on the hips
- Hands behind head
- Rapid speech
- Uncontrollable arm movements
- Abrupt side to side head-shake
- False or sarcastic laughter
- Frequent repetition of certain phrases
- Pointers
- Rapid body motions
- Growling voice

READINESS

- Leaning forward in chair
- Hand placed mid-thigh
- Maintaining strong eye contact
- Relaxed, but with lively facial expressions
- Standing with hands on hips, feet slightly spread
- Sitting on corner of a chair

EVALUATION

- Slightly tilted head
- Sitting in front portion of chair with tipper torso forward
- Hand-to-cheek gesture
- Stroking chin or pulling beard

NERVOUSNESS

- Clearing throat
- Hand-to-mouth movement
- Covering mouth when speaking
- Crossing and uncrossing the arms or legs
- Tugging at ear
- Eyes darting back and forth

- Looking down
- Chattering redundantly
- Twitching lips or face
- Mouth slightly open
- Coughing or smiling falsely
- Playing with objects or fidgeting
- Putting hands in pockets
- Shifting the weight
- Tapping fingers
- Waving foot
- Curling up of the body
- Pacing
- Biting the lip
- Whistling
- Taking long pauses during narration

SUSPICION

- Avoiding eye contact
- Glancing sideways
- Rubbing or touching nose
- Squinting or rubbing the eyes
- Playing with hair
- Frowning
- Furrowed brow
- Peering-over-the-glasses look
- Tightening of the lips

SECRETIVENESS

- Whispering
- A mouth-guard, with shoulders hunched
- Body turned partially away from the other person
- Tightly closed lips
- Rubbing the eyes
- Touching the nose
- Set jaw
- Handshake with stiff arm
- Handshake with an unextended arm
- Looking around the room when being addressed

- Answers in monosyllables

REJECTION

- Touching and rubbing the nose
- Squinting or rubbing the eyes
- Arms and legs crossed
- Body withdrawn
- Hand rubbing or ear tugging
- Raising eyebrow
- Repeated throat clearing
- Walking with hand in pockets
- Sitting or moving back
- Leaning back

CONFIDENCE / AUTHORITY / LEADERSHIP

- Steepling—higher the hands, greater the confidence
- Resting feet on desk
- Leaning back with hands placed behind head
- Proud, erect body stance with chin forward
- Continuous eye contact with little blinking
- Leaning forward with chin up
- Square their body to the person they are speaking to
- Hands joined behind back when standing
- Shaking hands with a firm grasp
- Clear, controlled and steady voice
- Self-assured smile
- Well mannered, neat, clean in appearance
- Taking lead in conversation

NEEDING REASSURANCE

- Pinching the fleshy parts of hands
- Gently rubbing or caressing some personal object like a ring, watch, etc
- Biting finger nails or examining cuticles
- Stamping the foot

FRUSTRATION

Confrontational Frustration

- Frequent, direct eye contact

- Uttering repetitive phrases
- Encroaching the personal space of others
- Exaggerated gestures of the hands
- Tightly clenched hands or shaking fists
- Pointing
- Shrugging
- Grinding of jaw
- Facial flushing
- Hands on the hips
- Loud voice

Surrender Frustration

- Sighing
- Hand wringing, rubbing back of neck
- Controlled short breathing or rapid exhaling
- Grimacing
- Hands on the hips
- Holding the head in hands in exasperation
- Running hands through hair
- Melodramatic movements
- Closing the eyes
- Shaking the head
- Turning and walking away

BOREDOM / INDIFFERENCE

- Head supported with the hand
- Drooping eyelids
- Relaxed posture, slouching
- Tapping foot, fingers
- Swinging feet
- Blank stares, little eye contact
- Gazing into the distance
- Glancing at watch or mobile frequently
- Fiddling with pen, eye glasses, paper, mobile, etc.
- Doodling
- Slack lips
- Sighing
- Leaning forward and backward in a chair
- Crossing and uncrossing the arms and legs

- Tapping the feet or fingers
- Stretching
- Picking at finger nails
- Rolling the eyes
- Yawning

ACCEPTANCE

- Moving closer to the other person
- Open smile
- Spreading hands held to chest
- Head nodding
- Leaning forward

DISHONESTY

- Shifty or wandering eyes
- Leaning forward
- Inappropriate familiarity
- Running tongue over the teeth
- Putting the hand on mouth while talking
- Change in voice
- Rapid or hesitating speech
- Licking lips
- Shaking of the hands and legs
- Sweating especially on face and palms
- Signs of nervousness
- Touching the news

GRIEF / SORROW

- Tears in eyes
- Sobbing, groaning, moaning, whimpering or whining
- Beating the chest
- Low, monotonous voice
- Downcast eyes
- Slumped or slackened body posture
- Motionlessness or slow and deliberate motion

EMBARRASSMENT

- Nervous laughter
- Avoiding eye contact

- Shaking the head
- Turning away
- Flushing
- Avoiding people; leaving the room

INDECISION

- Shifting back and forth in the chair
- Tilting head from side to side
- Crossing and uncrossing hands
- Opening and closing the mouth without saying anything
- Looking back and forth between two fixed objects
- Hesitation during speech
- Repetition of motions

DISGUST

- A curled or retracted upper lip
- Narrowed or partly closed eyes
- Frowning
- Wrinkled nose
- Raised nostrils or cheeks
- Backward head jerks
- Side to side head shakes
- Protrusion of tongue
- Guttural sounds
- Mouth movements as if about to vomit

FEAR

- Twitching of fingers
- Drumming of fingers
- Blinking of eyes
- Tightly clenched jaw
- Fast breathing
- Trembling of body or hands
- Chattering of teeth
- Clearing of throat
- Open mouth with lips slightly drawn back
- Facial flushing
- Flashed eyes
- Sweating profusely



Chapter 18

UNIVERSAL GESTURES



GESTURES ARE THE REAL UNIVERSAL LANGUAGE

It is very often contended that there is a wide individual variation in gestures and hence they lack uniformity. A question often arises whether there can be any standardization as far as the science of body language is concerned. Now it is an established fact that most of the gestures are universal and their interpretations are the same all over the world.

Darwin (1872) held that, ‘The different races of men express their emotions and sensations with remarkable uniformity throughout the world.’

Birdwhistell (1971) was of the opinion that, ‘There are probably no universal symbols of emotional states.’ There is no denying that some body language is universal; for example, a smile is a smile regardless of whether you are in Satara, Tel Aviv, Moscow or Sofia. But intentions and interpretations are far more frequently in the eye of the beholder than we imagine and they are complicated by cultural factors, family origins, social dynamics, personal habits and even room temperatures.

Research Report

Humans may have been trying to devise a universal language since ages, but it seems that we had one all along—gestures.

A new study by researchers from the University of Alberta, Canada led by Simone Pika found that the unspoken communication of gestures is so strong that bilingual people often use fluent gestures from one language, even when speaking the words of another. As a part of the study, the researchers followed a bilingual group who spoke gesture-rich languages like French and Spanish as their mother tongue, and English - a gesture-poor language—as their second language. The team also gathered a group of English-only speakers as a control group. As a part of the experiment conducted by the boffins, each person in the groups was given a Pink Panther cartoon to describe in their mother tongue. The researchers found that bilingual individuals gestured more frequently when discussing the cartoon, even when speaking in English.

Though this discovery was not unexpected, the researchers did get a surprise when they noted that the group which spoke English as their mother tongue also gestures far more frequently. The researchers state

that this is because once people learn the enhanced gesture ‘vocabulary’; it becomes an important aspect of communication, used alongside all languages known by the speaker. The team is now studying bilinguals with two gesture poor languages, such as English and Japanese—to see whether simply becoming bilingual increases gesture rates. The study is published in the journal *Bilingualism*. (ANI)



Fig. 18.1. A smile is a smile all over!

GESTURES IN VOGUE

Besides the primitive signals, there are many other gestures in vogue today. These were started by some individuals, groups, societies or countries which caught the imagination of the rest of the world and became universal gestures.

Cited below are some examples:

- The smile
- The frown
- The ‘head nod’ for affirmation, ‘yes’
- Headshake for negation, ‘no’
- The shoulder shrug indicates that the person is not following what is being said. (that The shoulder shrug is a universal gesture was pointed out by a researcher, Peace during 1983; it indicates that the person does



Fig. 18.2. 'I don't understand'

not know about or understand what is being said and it forms a cluster with shoulders hunched and eyebrows raised.)

- The spread out hands to say 'I don't know'
- Hunched shoulders with raised eyebrows indicate doubt
- Palm facing the listener means 'no'
- Punching clenched fist into a palm could mean emphasis or determination



Fig. 18.3. 'No, no, no'



Fig. 18.4. 'I want to emphasize this point'

- Tapping the finger tips of both hands could signal involved thought on scheming

ARGYLE’S LIST OF UNIVERSAL GESTURES

Argyle (1975) has listed the following gestures as universal ones:

- Shrug
- Nod the level
- Clap
- Beckon
- Wave
- Halt sign
- Pat on the back
- Thumbs down
- Outline female body
- Tilt the head on a flat palm



Fig. 18.5. ‘I’m scheming’



Fig. 18.6. ‘Do you believe in fairies? If you believe, clap your hands’

UNIVERSAL BODY LANGUAGE SIGNALS

Here are a number of signals which are followed all over the world:

1. Close proximity
2. Direct orientation
3. Eyebrow flash
4. Smiling
5. Mutual gaze
6. Body contact
7. Presenting palm
8. Head toss

THE IMPACT OF CULTURE ON GESTURES

Human beings express emotions through gestures which are very similar across different cultures. For example:

1. Twisting the hands together = anxiety
2. Shaking the fist = anger
3. Touching the face = sharing
4. Showing the palm of the hand and lowering the head = submission
5. Yawning = boredom



Fig. 18.7. Showing anxiety



Fig. 18.8. Showing anger



Fig. 18.9. Sharing



Fig. 18.10. Submission



Fig. 18.11. Boredom

Ekman and Frieson (1969) observed that emotions mobilize the facial muscles in similar ways in all cultures, but the cause of the emotions, its effects, ‘display rules’ and consequent behaviour patterns vary across cultures.

Homo sapiens ultimately represent the specially evolved species on this planet and it has universal cues beyond caste and creed, beyond black and white.

DIFFERENCES IN INTERPRETATION

There are some cultural influences in the interpretation of gestures. A gesture which is positive in one culture may be interpreted in a different

manner and this may be embarrassing to the others. However, remember that a different interpretation doesn't necessarily mean the opposite.

1. A Russian gesture of 'friendship' means 'winning' in the United States.
2. Germans raise their eyebrows in recognition of a clever idea. The same expression in Britain and the Netherlands is a sign of skepticism.
3. The thumbs up gesture is used by pilots the world over, but in some countries, it is not accepted.
4. The V sign means 'victory' for the English if the palm and fingers face outward; but if the palm and fingers face inward, it means, 'up yours'.
5. Putting your feet up on your desk may demonstrate relaxation or a 'Friday feeling' in the United States, but showing the soles of your shoes or feet is offensive in most other parts of the world, in particular in Asia and the Arab world.
6. In Europe, showing the tongue is a sign of contempt, but for children it is a sign of challenging other children. In Asia, it is impolite, even for children. For the Maoris in New Zealand, it is a sign of great respect.
7. Research has uncovered that culture is a factor when interpreting facial emotions. In cultures where emotional control is the standard, such as Japan, focus is placed on the 'eyes'



Fig. 18.12. An offensive gesture



Fig. 18.13. 'I challenge you'

control is the standard, such as Japan, focus is placed on the 'eyes'



Fig. 18.14. Focus on eyes and mouth



to interpret emotions. Whereas in cultures where emotion is openly expressed, such as the United States, the focus is on ‘mouth’ to interpret emotions (Kevin Hogan).

Section IV

HOMOEOPATHIC PERSPECTIVE

- Relevance of Body Language to Homoeopathy
- Basic Modes and Homoeopathic Materia Medica
- The Kingdoms and Body Language
- Discovering the Patterns
- Handy Tips for a Successful Practice
- Clinical Repertory of Body Language
- Learning Through Cases
- Conclusion



Chapter 19

THE RELEVANCE OF BODY LANGUAGE IN HOMOEOPATHY



We have undertaken a detailed study of various dimensions of body language. We have substantiated our understanding by the interpretation of its essence and expressions. We have fruitfully harvested the advantages of body language, but at the same time we have come across some problems in accurately deducing the meaning of individual gestures or postures and cluster expressions due to the huge data.

To integrate body language with homoeopathy, we need some basic understanding of homoeopathic philosophy. Then it will be easy to integrate the science of kinesics with homoeopathic clinical practice.

HAHNEMANN'S VIEW

In '*Organon of Medicine*', in aphorism 211, Hahnemann writes, 'This pre-eminent importance of the emotional state holds good to such an extent that the patient's emotional state often tips the scales in the selection of homoeopathic remedy. This is a decidedly peculiar sign which among all the signs of disease, can least remain hidden from the exactly observing physician.'

In this aphorism, Hahnemann refers to three aspects viz., the importance of emotional state, a decidedly peculiar sign and the exactly observing physician. If we scrutinize this para, Hahnemann focuses on mind, on body language and the role of an observing physician who studies a peculiar sign and utilizes it for the sake of selection of a simillimum. Further, Hahnemann talks about a peculiar sign as expressed by the emotional state. It is as if the emotional state takes on the form of a sign of a body language which becomes a unique response of that individual.

In aphorism 6, Hahnemann writes, 'The unprejudiced observer—well aware of the futility of transcendental speculations which can receive no confirmation from experience—be his powers of penetration ever so great, takes note of nothing in every individual disease, except the changes in the health of the body and of the mind (morbid phenomena, accidents, symptoms) which can be perceived externally by means of the senses;

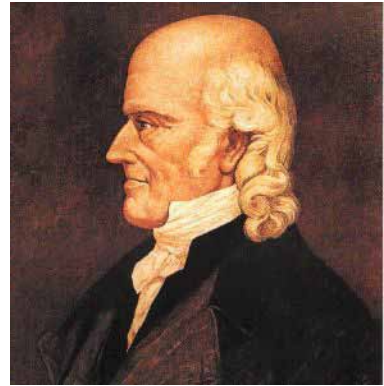


Fig. 19.1. Samuel Hahnemann

that is to say, he notices only the deviations from the former healthy state of the now diseased individual, which are felt by the patient himself, remarked by those around him and observed by the physician. All these perceptible signs represent the disease in its whole extent, that is, together they form the true and only conceivable portrait of the disease.'

In this aphorism, Hahnemann criticizes the futility of speculations and appeals to become an unprejudiced observer. He asks to take note of deviations from the former state of health and underscores the importance of senses and makes three divisions to perceive the changes viz., felt by the patient himself, remarked by those around him and observed by the physician. Remember, by the term unprejudiced observer, Hahnemann insists on objectivity.

MAN AS A MULTI-DIMENSIONAL, COMPOSITE ENTITY

Homoeopathy is a psychosomatic medicine. It recognizes the role of mind in the genesis, maintenance and development of illness and gives prime importance to mental expressions, dispositions and state. It is here that the body language corroborates. To elaborate, a human being has a rich vocabulary of emotional cues which are usually unintentional, involuntary and unconscious. A patient may express his innermost feelings or emotions to a discernible homoeopath, without even uttering a single word, but only through the body language.



Fig. 19.2. Man is a complex entity

Homoeopathy recognizes man as the multi-dimensional, composite entity where mind, body and spirit are viewed as an indivisible entity and union. The study of a human being in totality involves paying attention to both verbal and non-verbal communication. It is not always that the patient will speak with a physician in a free way. Patient's nature, his

dispositions, his composure, the frame of reference (the environment or setting in which physician ↔ patient interaction takes place), experiences in the life of a patient, etc. have a role to play in communication.

HOMOEOPATHIC INTERVIEW



Fig. 19.3. Interview, an intimate conversation

Let us take an example of a situation where the physician is not able to see his patient while taking an interview owing to some physical barrier between them. To get more subjective experience, imagine yourself, as a physician, taking an interview of a patient without looking at him. What would be the outcome of such an interview? Do you think such an interview would last for long? Would such an interview ever be fruitful and interesting? We wouldn't have the benefit of responding to their facial expressions and would feel quite unnerved by the experience. Every little frown or smile gives us the caution or confidence to make our next statement and it is a sublime skill which every human being has developed since childhood. In other words, if we do not look for body language cues

and take an interview only through verbal exchange, such an interview would be a dry one. Somehow, the feeling will be that there is no life or soul in the interview.

The objective of an interview is not only to acquire a psychological insight regarding non-verbal communication per se (or for its own sake), but to provide a prescription of the appropriate remedy to stimulate healing, cure or relief and of course to promote further personal development of such insights in the patient where it is appropriate.

Integration of added knowledge of body language with the *materia medica* and repertory after the totality has been elicited in an accurate manner and then putting all this knowledge together for practical purposes is a skill one has to acquire.

Homoeopathic interrogation is an intricate and complex process of making our patients talk; for, the aim is not only to come out with a nosological diagnosis but to understand the patient through his emotions, intellectual faculties, delusions, dreams, life-space account and the kinesics of the patient which add flavour to each response of the patient.

ALIGNMENT WITH VITAL FORCE

The study of non-verbal communication of a patient is in alignment with the doctrine of vital force as it is the derangement of vital force which manifests externally through expressions. These expressions are of two types—verbal and non-verbal. Some patients may present only non-verbal language in the initial encounter, as if the vital force has manifested the message of the illness only through non-verbal exchange. The formative intelligence possessed by the vital force governs the non-verbal brain which dictates the body to show its signals outwardly.

Sigmund Freud's concept of 'libido'—the psychic and emotional energy associated with instinctual biological drives corroborates with the vital force concept of Hahnemann.

A better phrase for body language is non-verbal consciousness, because the basic issue is that of consciousness. Consciousness is nothing but creative energy. Hahnemann's concept of vital force has the relevance whenever the concept of energy has to be understood.

UTILITY OF BODY LANGUAGE FOR A HOMOEOPATH

The utility of body language is inevitable for a homoeopath. We already know that 35 per cent of communication occurs verbally and 65 per cent

of it occurs non-verbally through body language. If the physician fails to consider the non-verbal cues of communication, he suffers a huge loss. Body language is a confluent point of mind and body and when a person becomes sick, he represents the sickness through his unique body signals. The essence of the sick individual can be understood through the cluster of gestures and postures which are represented consistently. Body language has a definitive place in homoeopathy and has a tremendous potential in redefining the concept of totality.



Fig. 19.4. One gesture can convey the entire drama

The Key Benefits of Body Language

- In one-sided diseases
- In psychiatric illnesses
- In semantic difficulties
- In paediatric cases
- In contradictory / ill-defined data
- In deaf, dumb, imbecile cases
- For clinical diagnosis of a case
- For understanding 'inner' personality in a better way
- Evaluating mental expressions, dispositions and mental state
- Giving gradation to mental symptoms by appreciating the associated body language
- Enriching and simplifying the intricate study of materia medica and repertory
- Explaining the rubrics with the help of body language
- Living materia medica—adding 'life' into the drugs
- As a facilitator in conversation
- Body language may unlock the issue under exploration and may unlock, thus, the entire case too
- For saving valuable time in clinical practice

Before unfurling the treasure of body language to the homoeopathic profession and elaborating its utility in clinical practice, it will be interesting to compare it with homoeopathy. See that there are numerous similarities between them.

RESEMBLANCE BETWEEN BODY LANGUAGE AND HOMOEOPATHY

The Concept of Totality

Body language and homoeopathy are based on the concept of totality. Remember that body language by itself only tells a part of the story. You must blend it with the psychological aspect and behavioural style and then attempt to get the totality for portraying the patient in terms of his uniqueness. One thing which should be kept in mind is that the individual gestures should never be interpreted in isolation. They come in clusters and they reveal several attitudes of the person. Body language is the cluster of different gestures and expressions.

Hence, it should be interpreted in totality. It is not that a particular gesture has a fixed, specific meaning because each gesture must be viewed in context with the situation, culture, age, gender, emotions, traits, spoken language, etc. Under the dimension of time and space, the study of body language is through integration.

Homoeopathy is based on holistic thinking where integration is the central theme. Just as matter and energy are inseparable, homoeopathy and totality are inseparable. Analysis, evaluation and synthesis are the corner stones of data processing and these need 'organized' thinking.

The study of homoeopathic materia medica is also a result of integration of various forms of data provided by the provers. Homoeopathic repertory, the wonderful tool of processing the data, is based on the concise and precise interpretation of data—perceiving the patient qualitative as a person through an integrated study.



Fig. 19.5. More than words

Man Behind Sickness

The whole process of interpretation of body language revolves around MAN, who has to be explored through various cues, signs, signals, symbols and metaphors. An interpreter of body language has to be vigilant about movements which a person exhibits externally. Mere recording of gesticulations never serves the purpose. **The real analytical work has to begin in continuum for which four questions need to be asked – why, where, when and how?**

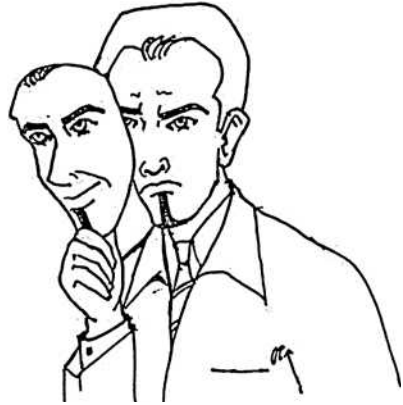


Fig. 19.6. Man is the author of his own sickness

It is often said that ‘a well taken case is half cured.’ It is true indeed! However, one must remember that half part is to be done! How a homoeopath documents the data is very important because this defines the context, placing or location. Even after right documentation, the work of analysis of data has to be accomplished qualitatively to arrive at the accurate homoeopathic remedy. Analysis for what? It is for perceiving the inner man, his individual sickness.

It is the inner man who ‘moves’ the body.

Commonality

Most of the gestures have similar meanings universally, irrespective of the differences between caste, colour, creed and culture. The expressions like a smile, a frown, nodding of the head, shrugging off shoulders, clenched fists, clapping, pointing a finger, etc. unanimously convey the same meaning. Integrating this universality with the individual meaning of the cluster of body language gives us a clear understanding. An interpreter of body language has to see the uncommonness or uniqueness of a person who presents the cluster.

In homoeopathic data, commonality is a universal feature from the standpoint of clinical entity (pathognomic symptoms) and common general and particular symptoms. A homoeopathic physician needs to go beyond the commonality into the realm of characteristic or uncommon symptoms. It is through the characteristic symptoms that a person



Fig. 19.7. A smile is a universal welcome

expresses his individuality.

Contradictoriness

Very often we find that the gesture and the verbal language do not correspond to each other. There is incongruence between them. The personality presents a variety of gestures and cues which often contradict each other. This reveals the unique pattern of that individual who expresses his 'true' image.

Anomalies or contradictory symptoms are the components of data of a patient. The study of homoeopathic materia medica is full of contradictory symptoms. A single drug in the process of proving fans out variety of contradictory symptoms and in many cases they become a key to unlock the case.



Fig. 19.8. Incongruence reveals the unique pattern

Judgment

Judgment plays a pivotal role in the study of body language and

homoeopathy. One should exercise caution in prejudgment. Judgment should always be done after gesture-cluster has been perceived in totality. It requires the incredible quality of integration.

Homoeopathy is based on inductive and deductive method of reasoning. Inference must be drawn after judging the situation from all angles and ramifications. Master Hahnemann, knowing the nature of human beings, has rightly given the pre-requisite of an 'unprejudiced observer'. Assumptions, fantasies, imaginations, bigoted convictions, biased notions lead to the maze of uncertainty, ultimately resulting in failure.



Fig. 19.9. One cool judgment is worth a thousand hasty councils

Perceptive Field

Everyone is in the continuous process of perceptual filter. Our life is the



Fig. 19.10. We are the outcome of our perceptual filter

result of our own filter. We filter the past and behave in the present. We filter the past and the present to look into the future. Life is a voyage of discovery from unknown to the known through insight.

The key benefit derived from the study of body language is the understanding of self and others. This is an ongoing, gradual process—interviewing a multitude of patients, gathering information and then trying to sharpen the perception. ‘Interview’ is not only interacting with the patient through verbal communication but also observing his gestures and expressions. One has to gauge the whole process of interaction from an unbiased vision for arriving at the accurate interpretation.

Homoeopathic interrogation is basically a process of perception. A physician has to perceive the patient as a person. He has to perceive what sickness is and what is to be treated.

Factual Data

Factual data forms the foundation of both body language and homoeopathy. Any study ceases to be scientific without facts. It loses its quintessence and it becomes insignificant without facts. Truth can only be discovered with the powerful tool of factual data. Hence, we should focus on building the tool of facts which will unearth the hidden truth.

Through the study of body language, subconscious motivations are brought to the fore, to the conscious level, enabling us to understand our inner mind more objectively and interpret it more meaningfully.

Homoeopathy deals with a sick individual in a similar way. Factual data is the most essential requirement of homoeopathic practice. Our rationality, maturity and our subconscious field of operation is brought to the surface by exploring the life and mind of a sick individual in an unbiased manner. Hahnemann, in *Organon of Medicine*, emphasized that a physician must be an unprejudiced observer so that he will concentrate on pure data.

REDEFINING THE CONCEPT OF TOTALITY

We have already noted that the science of homoeopathy is based on holistic thinking where the mind, body and spirit are viewed upon as a unit and as a unified phenomenon.

Mind and body constitute an inseparable union within the analytic setting. For a homoeopath, mind and body are not separate entities. Because of the materialistic attitude being emphasized by modern medicine over

the years, body has been regarded as an important machine, and mind and its role has been relegated to the low. Scientific evidence has however, undoubtedly verified the unity of mind and body and the supreme role of mind in the genesis and maintenance of disease.

The concept of totality needs to be redefined in view of body language. If 65 percent of information can be obtained through non-verbal communication, the authenticity and usefulness of verbal communication (which accounts for 35 percent information) alone needs to be re-evaluated. We have already seen the incompleteness of words in expressing emotions. The basic elements of body language relate to the individual as a whole and body language is a true, objective science which can't be brushed aside. The true image of a patient is perceived more clearly with the additional tool of body language. Hence, in addition to the categorization of symptoms into mental generals, physical generals, physical particulars, pathological generals, etc. we need an additional category of body language.

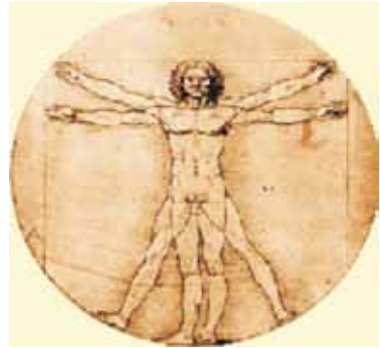


Fig. 19.11. The whole is more than the sum of its parts

BODY LANGUAGE: AN ANALYTICAL PROCESS

Interpretation of body language is an analytical process and while analyzing body language, a physician has to perform two tasks. First, to see the gesticulation in context of its clinical domain, for example, a patient who is complaining of left sided chest pain may enter in the clinic with one hand over the chest which may help a physician to think of a clinical condition like angina. The other task is to correlate body language with psychology. Here, I would like to quote one of my experiences where a case started off smoothly with the interrogation. The patient was very co-operative and he was very particular about the etiquettes and decorum. As the interview progressed further into the inter-personal relationship, his body language exhibited a drastic change. This change surfaced when he started talking about his brother. He became rigid and clenched his fists. These signals were a clear sign that there was some problem with the brother. I got a clue from this change to probe deeper into this issue. The

probe revealed that his elder brother has seized his property. Since then the patient had bottled up his anger. Here a specific gesture opened up a window to delve deeper in inter-personal relations and to understand the psyche.

The astute and vigilant homoeopath who has the special eye of observation is able to notice the body language and to judge accurately which action he has to execute. Thus, with the knowledge of body language, interview becomes a soft task and the physician patient interaction becomes a smooth transition.

FROM 'SYMPTOMS' TO A 'PERSON'

If we analyze the literature on various aspects of homoeopathy right from Hahnemann onwards, we find that there is a substantial contribution from various sources. Let us take an example of case taking. In the previous times, importance was given more to symptomatic expressions. Kent's elaboration of homoeopathic philosophy and then the picturesque presentation of drugs in the materia medica shifted the concept from mere 'symptomatic' field to the 'personality' field. The personality field was a powerful contribution, then, from many stalwarts, which necessitated the consideration of a patient as a person from many approaches and angles. Hahnemann's opinion that 'symptoms are the external manifestations of an internal malady' was indeed the logical and rational inference as he was focusing on what is the internal malady of a person.

It is the inner core of a person that expresses itself in the form of various feelings and sensations and there is a cause-effect relationship in the manifestation of symptoms. Naturally, only symptomatic presentation is not the illness. Illness is something different and deeper than the symptoms. In other words, symptom is not merely a manifestation but underneath it lays a phenomenon which a physician has to explore.

In the study of body language, one has to go from cluster of gestures to a person in the same way as homoeopathy does.

THE PHENOMENOLOGICAL CONCEPT

In any phenomenon, we discuss the cause-effect relationship, the chronological sequence, the origin, the zenith and the decline—under time-space continuum. The whole concept of disease, philosophy and the practice of homoeopathy is phenomenological. It is the method of proving by giving repetitive doses of a given substance to a healthy human

being that yields the pure effects of drugs. Then the clinical verifications and the toxicological data added from physiological, biochemical and pathological spheres help build up the portrait of a drug. The analogical relationship (doctrine of signature) also forms an important part of information. Correlation is done from all possible angles without missing any piece of information from various sources like origin, morphology, habitat, physical and chemical properties, family relationship, identity, elective affinities, physiological and toxic effects, medicinal and non-medicinal uses, etc. The data from the concepts of physics, chemistry, biology, psychology, psychiatry, personality, group study, cation-anion study, etc. is also utilized.

The data collected from all these sources has indeed made our human pharmacology complex. The study of polychrest remedies has become cumbersome to exasperate even an intelligent and dedicated student of homoeopathy.

The concept of body language is also phenomenological. Every body movement has a meaning and no movement is accidental. Behind the manifestation of gestures and postures lies the purpose. The internal malady stems from within; the manifestative totality is the form. The varying types of forms make the study of kinesics complex.

FUSION: THE PATIENT AND THE DRUG

The fields of materia medica and the patient do not lie on two poles and are not different from one another. These are two sides of a coin. This study is a fusion process; both poles have their origin in understanding

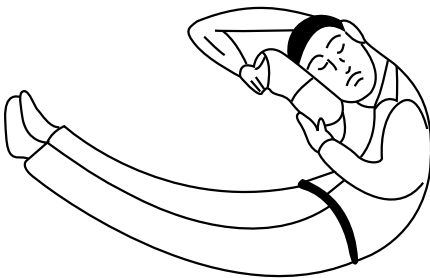


Fig. 19.12. The wearer knows where the shoe pinches

of a human being. 'Analysis-Evaluation-Synthesis' is the reflection of this fusion process. Hahnemann, Kent, Boenninghausen, Roberts, Twentyman, Tyler, Gutman, Dhawale, Kasad, Didgier Grandgeorge, Coulter, Philip Bailey, Vermeulen, Jeremy Sherr, Tarkas, Sankaran, etc. have added their wonderful contributions and made the science of homoeopathy richer.

However, the concept of body language has not been addressed fully and it needs careful analysis, interpretation and incorporation in the study.

Totality is not merely the conglomeration of components. It is through and through a qualitative approach where one is able to bind all the components and then able to depict the design of a sick individual. This portrait must fulfill the scientific criteria and it should be based on sound rational basis. Looking at the scientific basis of body language and the vast dimension which it encompasses and the capacity of body language to explore the human being, we can conclude that using body language is a valuable asset. A homoeopathic physician should apply this important tool for the treatment of human beings.

The whole concept of totality revolves around 'I,' the man, the individual. The word 'totality' must include everything about a human being, not only quantitatively, but also in a qualitative manner. Otherwise, totality remains raw and inadequate—in facts, concepts and practical implications.

OBJECTIVE OF STUDY OF BODY LANGUAGE

The following objectives were put forward while offering this study before the profession :

1. An attempt to make the physician patient interaction more rational in the first interview as well as in the subsequent follow ups.
2. An attempt to refine the concept of totality by blending the body language with the verbal language.
3. An attempt to personify the 'conceptual image' of a drug of materia medica by linking the body language of the patient with the given drug.
4. An attempt to develop a repertory of body language, its interpretation and related remedies.
5. To explain the rubrics in the repertory with the use of body language.
6. An attempt to remove the blocks that some patients present owing to

factors like scanty data, contradictory data, ill-defined data, deaf and dumb patients, mentally retarded patients, children, etc.

7. To create an awareness in the homoeopathic fraternity regarding the benefits of study of body language.
8. To study body language in relation with sex, age, culture, habits, etc. and to present the universality of human body language.
9. To show the limitations of body language if it's meaning is misinterpreted.

SELECTING THE RUBRICS

The art of selection of rubrics is basically a process of generalization which is reflective of deeper insight into 'essence'. The qualitative exercise should lead us to the core which defines the central disturbance. This is the exact nature of sickness which helps us to select an accurate homoeopathic remedy. The first step in this process is to connect the consistent state of the patient to the appropriate rubric. It is here that body language corroborates with the rubric and the remedy. Sometimes, during the case taking itself, a patient may express a unique gesture which could be a point of determination.

A physician has to perceive the inner personality of the patient which lies beneath the cluster of gestures and postures. He should make an attempt to hunt for the peculiar body language rubrics in the same way what he does for finding crucial rubrics based on qualitative selection. It is here that 'synthesis' has to be perceived and a remedy selected on this synthesis should cover the real sickness.

To illustrate :

Case 1

A boy, aged 6 years, was ailing from acute asthmatic bronchitis with fever, 103°F. Cough was spasmodic, < night, on lying down; the boy was restless, extremely irritable and had thirst for large quantities of water. He came into the clinic on the second day. The first remedy that came to my mind was *Bryonia*. But the body language of the child was giving some additional clues. He was trying to bite those around him. Two of his gestures were characteristic—lip pouting and lip compression, which clearly indicated the magnitude of anger. His mother also rendered one more symptom of picking at bed clothes.

The following rubrics were considered prominent :

1. Intense heat
2. Thirst, heat during
3. Thirst, large quantities, for
4. Gestures, picks of bed clothes
5. Biting, people, those around him
6. Lip pouting
7. Lip compression

Result of Repertorization: *Acon.*- 8/5, *Bell.*- 11/6, *Nat-m.*- 15/6, *Phos.*- 9/5, *Stram.*- 12/6, *Bry.*- 6/3.

After repertorising these rubrics, *Stramonium* ranked up with the highest marks and with a few doses of *Stramonium* 200, 3 hourly, the child responded nicely.

Case 2

Smt. ABP, aged 46 years, had chronic vasomotor rhinitis since eight years. She had undergone treatment of all faculties including homoeopathy without any relief. She complained of forty to fifty bouts of sneezing, < morning with a suffocative feeling. She also had spasmodic cough as if coming from the chest, with a accompanied scraping sensation. The expression that drew the attention of the observers and interviewer was her typical laugh which was consistent throughout the interview. Even while narrating her husband's death, she wore a laughing look. It gave an impression as if she was in an exhilarated stage.

The rubrics which were considered were:

1. Exhilaration
2. Laughing, immoderate
3. Laughing, serious matters over

Cannabis indica 1M was given infrequently and *Tuberculinum* 1M was given as an anti-miasmatic remedy and the patient responded remarkably.

BODY LANGUAGE AS POINTERS TO DIAGNOSIS

We have already elaborated the utility of gestures in pointing to the probable disease conditions. It is interesting to note that the rubric 'Gestures, makes' is suggestive of catatonic schizophrenia. I recall a case of 20 year old male who came to my clinic for taking his mother's medicine. I saw him making lots of odd gestures with his hands, feet and face. I suspected some psychotic disorder and on the next visit of the

mother, I confirmed that her son was undergoing psychiatric treatment for schizophrenia.

I came across a lady who was ‘giggling’ during the interview. She had varied functional symptoms. The meaning of ‘giggling’ is to laugh with repeated short high pitched sounds. Such type of laughing is characteristic of hysteria. The interview confirmed that she had hysteria.

The study of body language is helpful in pointing towards personality disorders.

- The Avoidant is reticent and maintains a clearly demarcated personal turf to which he withdraws. The body posture is tense and defensive; shoulders stooped, arms folded, legs crossed and he avoids eye contact.
- The Borderline is ‘all over the place’. The body is not under control. The person is irritated, fidgety and manical; alternates between displaying empathic, warmth and a demanding, sulking or even threatening position.
- The Schizoid is robotic, slow and deliberate. He moves reluctantly, maintains great distance from other people and is passive throughout the encounter.
- The Schizotypal is hyper vigilant but friendly and warm. He does not hesitate to gesture his emotions; affection, anger or fear. Similar to the obsessive compulsive, the schizotypal has small, private rituals which he uses to reduce his level of anxiety.
- The Paranoid is cold and defensive and has a startled reaction. His eyes dart, he fidgets and sometimes sweats and has panic attacks. His speech is likely to be idiosyncratic and he maintains eye contact only when trying to prove a point and to gauge his interlocutor’s reaction.

In itself, body language cannot and should not be used as a diagnostic tool. But, in conjunction with psychiatric interviews and psychological tests, it can provide an additional layer of diagnostic certainty.

LEARNING MATERIA MEDICA THROUGH BODY LANGUAGE

Homoeopathic materia medica, a product of highest wisdom, is the most beneficial, fascinating and comprehensive study of human beings. Through the process of proving on healthy human beings, Hahnemann tried to perceive the pathogenetic action of the remedy at the human level, synchronizing the mind, body and spirit. The proving brings out the

expressions of sickness, as a response to an altered state of susceptibility of the individuals, at three levels – mind, body and spirit. Human beings started experiencing and expressing the symptoms, sensations, dreams, delusions and the changes occurring at physiological and pathological level. The experimental field embraced a wide and enormous field of expressions, to permeate the realms of almost every human existence. In other words, the construction of the homoeopathic materia medica is such that it brings the whole concept of sickness to the forefront of our existence, at the humanistic experimental level, to give the true meaning of sickness.

What has homoeopathic materia medica to offer to the medical profession with its unique design? Does it offer only a few symptoms here and there to be utilized for the treatment of sick through the application of the Law of Similars? If we are confining the homoeopathic materia medica to the narrow and limited scope of treatment of symptoms alone then we are doing injustice to the concept of Hahnemann's sheer logic and the reasoning which he painstakingly developed.

THE LIVING MATERIA MEDICA

Each remedy is a collection of hundreds and thousands of symptoms and there are thousands of remedies which, if taken together, represent the huge gamut of human suffering. Perceiving each polychrest homoeopathic remedy through practical implementation and its utility with the enormous field of symptoms at emotional, intellectual and physical levels, personifies each one of it as a living human being. This is the concept of 'living' materia medica.

As far as data of a remedy is concerned, we find additions coming from physical appearance (make-up), attire, craving for a particular object, colour or issue, linking of gestures which has been observed by a physician in his clinic and the behavioural responses which our patients (their counterpart drugs also) exhibit.

LINKING THE PERSONALITY OF DRUGS TO BODY LANGUAGE

Some drugs of the materia medica are presented through the study of body language. 'The core rubrics which define the personality of a remedy' are regarded as parameters to link body language. The unifying principle that binds the components of a remedy together is the base as also the pattern of energy fundamental to that specific remedy to understand the

body language.

Note that this study has some limitations. Yet it is presented as it will help a homoeopath in getting some entry points of building up an image of a drug from the use of body language signals.

Lachesis mutus

1. **Suspicion:** Failing to make eye-to-eye contact. Glancing sideways. Rubbing or touching the nose.
2. **Dictatorial:** Proud erect body stance with chin forward. Leaning back with hand behind the head. Resting feet on desk. Continued threatening eye contact with less blinking. Stands with erect body and legs apart. While sitting one ankle is resting on the other knee. While answering frequently pointing index finger.
3. **Excited:** Excessive forward leaning. Dilated pupils. Voice loud and bouncing.
4. **Anger-violent:** Flushed face. Finger pointing while talking. Dilated pupils. Anger usually associated with abusive language. Body rigid. Fists clenched. Lips closed and held in a thin line.
5. **Sarcastic:** While answering smiling from corner of mouth with raising of eyebrows. Arguing with the physician, aiming to discourage him by certain words.
6. **Inquisitive:** Constantly asking questions. Flashbulb type of eyes. Handling and desire to know the working mechanism of toys or instruments present over desk.
7. **Aggressive:** Leaning forward. Finger pointing. Fists clenched. Talks in a loud voice as if not interested in other's view. Encroaches upon others.
8. **Loquacity:** Jumping from one point to an other without rhyme or reasons. Voice loud, bouncy and rapid. Suffocating in talk.
9. **Exaggerated/Over-enthusiastic:** Constantly moving hands while expressing enthusiastic complaints. Appearance is dark. Make-up with use of fluorescent colours in dressing and showy (unsuitable to the age).

Platina metallicum

1. **High Self-image/Superiority/Egoistic/Pride:** Head high with jutting chin. Look is contemptuous. Legs are crossed and arms folded with an erect posture. Giving jerks to neck with eye-to-eye contact for that moment.



Fig. 19.13. 'I like being in that non-verbal place in my head'

2. **Disdain/Arrogance:** Contemptuous, upward movement of neck with head high and eyebrows raised.
3. **Gayness/Beauty Consciousness:** Appearance—excessive use of ornaments; heavy make up, modern hairstyle and dressing of expensive type. Showy type. Constantly taking care of make up and hairstyle.
4. **Nymphomania:** Sexual eyes. Making lascivious gestures. A sideways glance. Looking towards the physician. Too much leaning forward and blinking of eyes. Kissing or embracing.

Lycopodium clavatum

1. **Confidence, Want of:** Eye-to-eye contact less. Fingers on mouth frequently. Handshake of fingertip grab.
2. **Haughty:** Eyebrows raised with head tilt back. Blinking, to refuse others. Raised steeple, with head tilted back.
3. **Contradiction is Intolerant of and Anger<Contradiction:** Frowning. Wrinkling of eyebrows. Direct eye contact with flushing of face. Clenched fist with stroking on table. Pointing index finger frequently. Asking counter questions to physician. Continued eye contact with dilatation of pupils, contracted brows. Scratching the head due to weakness of memory. Forgets names of places and of closely related persons during narration.
4. **Dictatorial:** Chin upwards with head tilted back. Good eye-to-eye

contact but with a direct piercing look. Blinking over sensitive issues. Leaning backwards, with one ankle resting on the other knee, a figure-4 position while sitting.

5. **Anticipatory Anxiety:** In waiting chamber: Restlessness. Constantly asking the receptionist questions. Punctuality of time. Rubbing hands from anticipation.
6. **Boasting:** Hands behind head. Head high. Swagger walk.
7. **Superiority Complex:** Standing upright. Sitting with arms spread apart on chair. Hands behind neck. Raising of eyebrows. Loud, dictatorial voice.
8. **Lies, Inclination to Tell:** Touching nose with hand, especially at the end of a sentence with poor eye-to-eye contact and rubbing of eyes. Fake smile.
9. **Malicious:** Raising of eyebrow with side glances, especially when talking about the person concerned. Clenched fist or clenched jaw.
10. **Judgemental:** Frowning. Chin stroking. Pacing with arms behind the back. Pinching bridge of nose. Hand on cheek.

Body Language in Kalium Group

Some characteristic gestures and postures are presented below :

1. **Bite:** It is the act of closing the jaws tightly for cutting, grasping or tearing with the teeth as seen in frustration and anger. There are 10 *Kaliums* listed under anger and *Causticum* listed under ailments after anger and ailments after suppressed anger. Interestingly, *Causticum* has the symptom 'bites inside of cheek while chewing'.
2. **Hands:** Hands are the most expressive body parts. They communicate more than what the face and eyes do. Fingers not only show emotion, depict ideas and point to objects—they can also read and speak in sign languages and write poetry. Hands are incredible communicating tools which act as tactile antennae. Watching a moving hand is like peeping into the brain itself. We have *Kali-ar.*, *Kali-i.* and *Kali-p.* for 'hands in motion,' *Kali-br.* is the most prominent.
3. **Immediacy:** It refers to emotional attachment to another person. It is the directness and intensity of interaction between two people and is reflected in multiple body languages viz., angular distance, body alignment, cut off, eye contact, hand reach signs, isopraxism, love signals, palm-up signs, rapport, touch cues, zygomatic smiles, etc. When these signs are present we should think of the *Kalium* group,

especially *Kali-c.*

4. **Freeze Reaction:** This posture is a sudden involuntary cessation of body movement, usually in response to fear. A protective reflex in which the body gets tensed up as the nervous system mobilizes for action. Muscle tension is ‘a vestige of freezing’. *Caust.*, *Kali-br.* and *Kali-c.* who have ailments from fright represent this ‘freeze reaction’. *Causticum* in our clinical experience, present with stiffness especially of the lumbar region, as a reaction to bad news or fright.
5. **Isopraxism:** Iso = ‘same,’ praxis = ‘behaviour’ that is imitation.

- A non-learned neuro-behaviour in which people act in a like manner
 - Mimicry, a gesture or fad
 - An impulsive tendency
 - Wear the style of (example clothing, shoes or jewellery)
- Kaliums are routinist,

conventional, traditional and conformists who follow ‘isopraxism’ in their life. It is interesting to note the research report that ‘dispositional empathic people exhibit the chameleon effect (non-conscious mimicry of the postures, mannerisms, facial expressions and other behaviours) more than the less empathic individuals do’. Under *Causticum* we find empathy, fanatical behaviour and hero worship. *Kali-ar.*, *Kali-sil.* and *Kali-s.* should also be thought of.

6. **Fingertip Cue:** It is a movement, gesture or posture involving the end(s) of the fingers. Fingertips are ‘tactile antennae’ (rich in nerve supply). Emotional excitement like, anxiety, fear, anger, etc. reveal an incredibly high level of activity in our fingers; they rarely keep still. Fingertips, our hypersensitive pads unknowingly reach out to stimulate, caress and console tender areas of the body (self-touch). Being linked to speech areas of the brain, their movements often reflect unvoiced thoughts and concealed opinions as well.



Fig. 19.14. Making mockery

This is an important cue to observe in clinical practice.

- Restlessness, hands: *Kali-br.* (our additions *Kali-bi.* and *Kali-i.*)
- Motion, fingers, constant: *Kali-br.*
- Fidgety hands; fingers must be playing with something; twitching of fingers; can't sit still: *Kali-br.* (Clarke)

CONCLUSION

Blending the vast and complex subject of body language with the materia medica and repertory is like giving an altogether new dimension and vision to the existing science of homoeopathy and we have made a perseverant attempt in doing that. The subject of body language resonates well with the homoeopathic philosophy and practice. Its application with homoeopathy, therefore, will be highly useful and advantageous to a homoeopath. The



Fig. 19.15.

authentic work and research need to be continued further in linking the personalities of remedies to the concept of body language. There is scope for comparative materia medica, an advanced study of materia medica, being perceived through the lens of body language—gestures, postures, facial expressions, distancing and a variety of cues. Both body language and homoeopathy are inseparable. Both represent unity of mind and body. Both strive for exploration of a human being in its totality. Together they make a powerful tool for healing, in a holistic way.



Chapter 20

BASIC MODES OF BODY LANGUAGE AND HOMOEOPATHIC MATERIA MEDICA



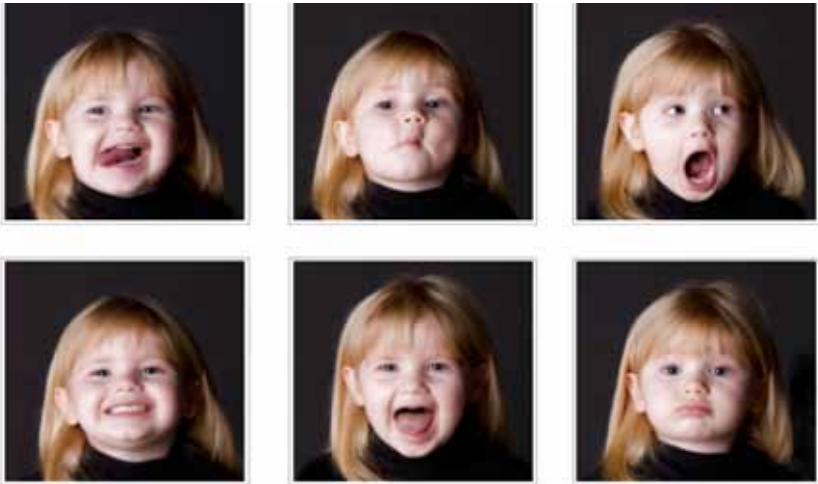


Fig. 20.1. The personality is manifold

MATERIA MEDICA : AN ENORMOUS GAMUT OF HUMAN SUFFERING

The study of materia medica includes within its domain the study of a human being in totality. It includes the study of perceiving man in all of its fields, dimensions and ramifications. The study of a human being can't be a monotonous subject because human personality is multi-dimensional, manifold, sensitive and vibrant and gives out so many colours and hues that its study becomes a highly fascinating one.

Each remedy is a treasure of thousands of symptoms and there are thousands of remedies, which collectively represent the vast gamut of human suffering. The enormous number of symptoms at emotional, intellectual and physical levels coupled with clinical information forms an unending resource for a physician. When we utilize this resource by applying various scientific faculties, each homoeopathic remedy, especially the polychrest one, forms a complete portrait of a full blown human being and the study of this portrait is what we label as a concept of 'living materia medica'. Each remedial portrait so formed talks, vibrates, throbs and shows all human emotions and behavioural responses.

Within span of 200 years of homoeopathy, enormous work has been added from various sources. Apart from clinically verified data which now outweighs the proving data, we find additions getting introduced from physical appearance, attire, craving for a particular object, colour or issue, linking of gestures which have been observed by a physician in his clinic

and the behavioural responses which the patients (their counterpart drugs also) exhibit and the research in various fields which is developing by leaps and bounds.

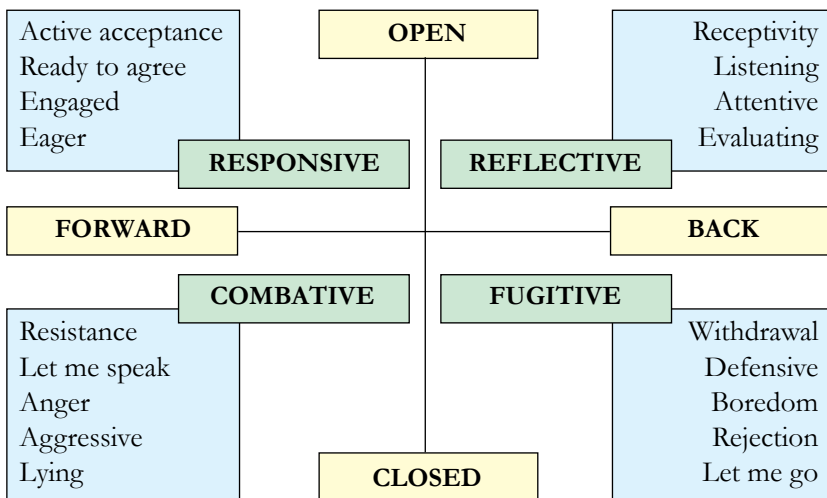
UNDERSTANDING BASIC MODES

Body language is a multidimensional study. It involves every organ of the body and its movement. More than seven hundred thousand non-verbal signals are produced by human beings. Hence, it is necessary to categorize them for the sake of practical implication.

I have found John Mole’s graphic description of the basic modes of body language extremely useful in clinical practice. I have tried to explain it in the context of homoeopathic practice.

Remember that each mode contains all the miasms, but we have to correlate the associated clinical condition as well as the gravity of expressions of mode to define the preponderance of a miasm.

Graphic Presentation of the Basic Modes of Body Language



There are 4 basic modes:

1. Open
2. Closed
3. Forward
4. Back.

Open

This includes the gestures indicating an ‘open’ attitude—open palms, open arms, face to face body direction, broad smile, etc. Extroverts show this

mode more. Usually physical gestures like crossed arms or crossed legs are minimal or absent. However, some patients have the habit of talking with closed gestures, although they are open in conversation.

Closed

Most common gestures and postures which fall into this category are crossed arms, crossed legs, body turned away, etc. Introverts fall here more. Flexion withdrawal is a good example of closed posture.



Fig. 20.2. Broad smile



Fig. 20.3. Crossed legs

Forward

This category consists of postures that indicate activity in communication. He leans forward, gets firmly planted on the ground; he points towards

you when he actively accepts or rejects a message; he also shows strong eye to eye contact and may use a loud voice. The issue here is to render the message and not to keep it withdrawn.

Back

In this category we find leaning back postures, staring at the ceiling, doodling or cleaning one’s glasses, signalling whether the person is passively absorbing or ignoring the message.

There are four combinations of posture groups in four basic modes, as follows:



Fig.20.4. (a) Forward (b) Back

The Responsive Mode (Between Open and Forward)

There is an active acceptance. A person is eager to listen and converse with others. He should be watched out for such gestures as leaning forward, open arms and palms, open legs, a sprint position, head nodding or hands flat on the table. In this mode a person has a good reservoir of energy and he uses it by engaging himself in the immediate surrounding. The orientation of a person is extroverted and he gives out multiple open gestures.



Fig. 20.5. Responsive mode

The patients of psoric (and tubercular too) miasms chiefly reflect the responsive mode of behaviour. These miasms are characterized by hypersensitivity and over-activity, especially at the emotional level. During interrogation, when a physician touches the patient's emotions, he starts exhibiting through overt emotions. The basic emotions of anger, love, fear, anxiety, jealousy, sadness, etc. are exaggerated. In the psoric reaction, the energy, in a usual pattern, doesn't go wayward. In the tubercular expression, however, it can turn into a non-rhythmic response. The physician should see in which direction the speech of a patient, as well as the gestures and postures are moving and why.

The motive in responsive mode is to concentrate on an interrogator

and respond according to the need of the data. The issue is mainly concerned with orienting the energy towards the gain and it is to be noted that many greedy and egocentric patients do exhibit the responsive mode.

Cues of the Responsive Mode

- Leaning forward
- Maintaining good eye contact
- Using hand gestures often to emphasize
- Any type of fidgeting
- Frequent nodding of head
- Tuning between the questions and answers in terms of speech
- Usually unfolded arms and legs
- Open hands with palms visible
- Moving closer
- Arms gently crossing lower body
- Repeated glances
- Warm, relaxed smile
- Firm, sometimes prolonged handshake

The Reflective Mode (Between Open and Back)

A person shows interest and he is attentive but he may not have active acceptance. Frequent body language cues encountered in such mode are: Tilted head, smiles, plenty of eye contact with frequent blinks or looking up and to the right, and head nods. The person may sit with legs crossed in figure-4 position or stand with arms behind his back. He may use mouth-feeders as the frame of his glasses or a pencil or he may stroke his chin, slapping the head, hand on cheek and index finger pointing vertically, etc.

As the name suggests, the basic process in this mode is that



Fig. 20.6. 'I am Evaluating...'

of reflection that is entering within the self for the sake of revealing the inner dimensions. Instead of the extroverted response which we get in the responsive mode, we get the introvert reaction. The process of introspection is at the base of this mode. The energy pattern may be the same or slightly reduced. The person goes within, takes the pause and brings onto the surface the information hitherto not revealed. He scratches the memory box so that the remote information of the past comes to the forth.

Evaluation and judgment play a vital role in reflective mode. A question is first judged, analyzed, evaluated and then answered and while this whole process is executed, a number of cues are represented by the body under the domain of non-verbal brain and then the spoken words get surfaced. Reflective mode is also followed by a cunning person who may take a pause, show a cue of reflective mode and act deceitfully. Here correlating the lie behaviour described elsewhere in the book will be helpful in defining the real stuff. A secretive person may also use the reflective mode for the sake of hiding the information.

The reflective mode manifests the sycotic miasm. Going into introspection, taking a pause, answering slowly and remaining in a shell as if encapsulated are characters of the reflective mode that point towards the sycotic miasm.



Fig. 20.7. Reflective mode

Cues of the Reflective Mode

- Gazing steadily at an object
- General stillness
- Tilting or cocking of head
- Furrowing the eyebrows
- Folding the arms and staring into space



Fig. 20.8. Supporting the chin

- | | |
|---|--|
| <ul style="list-style-type: none"> • Leaning back in a chair • Looking upward • Scratching the head • Resting the chin on the hands | <ul style="list-style-type: none"> • Head shaking • Turning of the corners of the mouth • Exhaling through the teeth • Evaluation gestures |
|---|--|

The Fugitive Mode (Between Closed and Back)

There is an attempt to escape, either physically by leaving the place or mentally into boredom. Clear clues will be the blank stare, frowning, clenched hands and slumped posture, legs crossed at the knees, flexion withdrawal, foot tapping, looking around, head down, moving back, buttoning the jacket and feet pointing to the exit.



Fig. 20.9. Gestures of fugitive mode

The fugitive mode reflects disinterest, apathy, rejection or depression. If a physician is dull and unable to infuse inspiration in the patient, fugitive mode is often the result. Many melancholic, depressed and anxious patients manifest the gestures of fugitive mode. Fugitive mode is a good parameter of assessing the low energy level of the patient. Miasmatic assessment of an individual exhibiting this mode mainly points to a deep sycotic miasmatic process unlike the earlier reflective mode. Their energy level is low because it has been drained and they have become more passive and now they are in fugitive mode. This is a kind of a fog end. Remember that fugitive mode may be presented by tubercular and syphilitic miasmatic patients when their strong pathologies drain their energy.

Cues of the Fugitive Mode

- Glancing often at a watch or other objects
- Sighing
- Yawning
- Fiddling with pen, eye glasses, paper, etc.
- Doodling
- Shifting weight
- Rolling the eyes
- Stretching
- Picking at fingernails or imaginary lint
- Pointing the body away from the other person
- Low tone of voice
- Relaxed, slumped or slackened body
- Downcast eyes
- Inattention to hygiene and dress
- Becoming silent
- Coughing nervously
- Clearing the throat
- Wringing the hands

The Combative Mode (Between Closed and Forward)

There is active resistance and the obvious pointers to it are the gestures like staring, frowning, pointing, tapping a finger and / or foot, leaning forward in more intensity, or hands on hips. If a person is lying, he will cover his mouth, touch his face, pull his ear, glance at you, shift in his seat, keep his eyes on the floor or look down and to the left. Note that in reflective mode also there may be lying but it is associated with a low energy pattern and hence there are fewer movements. In combative mode, however, lying is associated with exaggerated movement of gestures.

Power displays like pointing the index finger, forming a fist, dominant palm position are some of the prominent gestures of combative mode.

Combative mode is an exaggerated response of antipathy, hostility, negativity, aggression, defiance, etc. against what is going on around the patient. It may be the result of pent up anger because of his illness or out of causes like being offended or rejected. The inborn state of high self-image and aggression predispose a person to adopt this mode and when a tender area is probed and pricked, the combative mode is exhibited.

Combative mode commonly represents tubercular and syphilitic miasm. These miasms make a person agile and overt. He can't harmonize the energy and it bursts out. The physician should keep a watch on modulations of voice in order to determine the state of combative mode. Transient outbursts, situational in nature, represent a psoric reaction, but this reaction is controlled. In tubercular and syphilitic miasms, the reaction is uncontrolled. Patients in combative mode are sensitive in their pride

and they get hurt easily. There is an ego-hypertrophic response and they go ahead with their views. They are self-opinionated people and are not ready to compromise. Often, medicolegal issues develop due to exchange of hot arguments.

The physician should not add fuel to the fire and should try to soothe the patient by his polite behaviour.



Fig. 20.10. Combative mode

Cues of the Combative Mode

- Hands on hips
- Redness of face
- Short or rapid breath
- Frequent repetition of certain phrases
- Rapid and loud speech
- Rapid body motions
- Locked jaw
- Tightly closed lips
- Scowling
- Stiff, rigid posture
- Clenched fist
- False, sarcastic laughter
- Frequent, exaggerated use of pointers
- Pouting of lips
- Firm handshake
- Strong eye contact

If a homoeopath keeps in mind these basic modes and applies them correctly, it is easy to understand the utility of body language. Remedies could be categorized for the sake of their application. However, one

should bear in mind that the importance of understanding the mode of a patient is a crucial factor, it should define the personality, it should assist him in exploring the inner self in an unambiguous and convincing way and it should be consistent in varying situations.

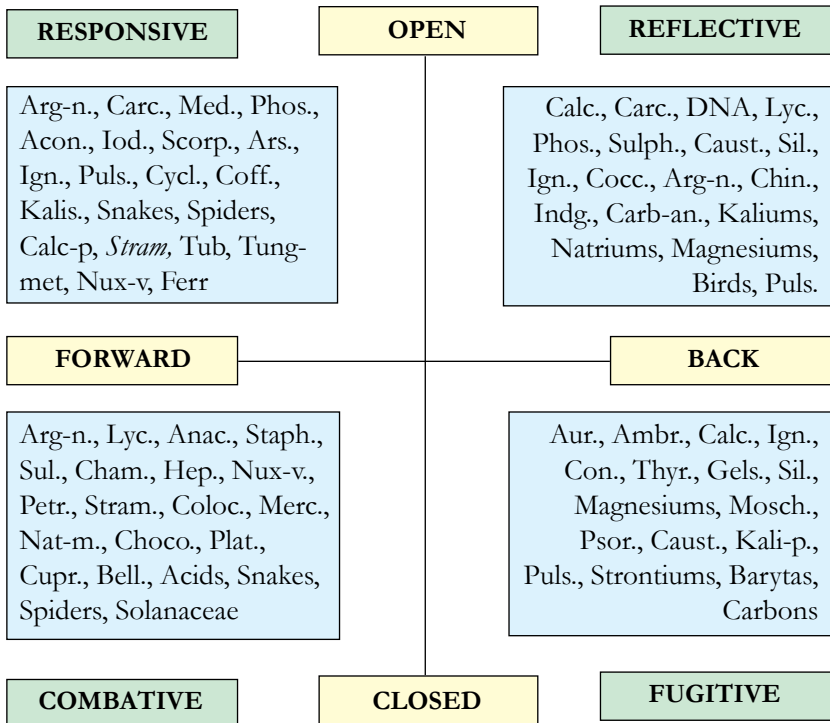
Remember that a patient may present all the modes in the interview. Study the mode with three questions—which is the crucial mode, how it is presented and why it is presented.

For the sake of application of basic modes to the remedies, the readers are requested to refer to concerned chapters like, Body Language and Kingdoms, Vocabulary of Body Language and Homoeopathic Repertory. Remember, don't be after shortcuts.

LINKING REMEDIES WITH BASIC MODES

Some polychrest remedies are presented below by linking their dispositional characters with the basic modes of body language.

Basic Modes and Materia Medica



Explanation of Remedies of the Respective Mode

Argentum nitricum

It represents the theme of kineticism. Words like agility, momentum, roaming, vagrant, etc. define the energy pattern of *Arg-n.* He is always on the move, restless and agitated. The central theme is to be in kinetic pattern of energy. He, however, can't coordinate the energy and becomes crazy. His whimsical and bizarre nature should be understood from the uncoordinated pattern. The central emotion in *Arg-n.* is anxiety and confusion resulting from it. The state of anxiety assumes the character of panic, phobic reaction and a trapped state. The feeling is that all exits are blocked and there is no way out.

With this energy pattern, it is likely that *Arg-n.* will enter the clinic walking rapidly and will begin his history in a responsive mode. He will be eager to talk with the physician. He will have a rapid speech and answer the question before it is completed. There may be trembling of the tongue and hands. His face will be covered with a veil of anxiety and will make his attendants open the doors and windows of the consulting room if at all they are closed. He wants to go in the open air and move about. He will assume his sitting posture by leaning forward and will never be at rest. He will always be in a hurry to go out which is reflected in his way of sitting on the edge of the chair. Most of the time he will be in a responsive mode but as he suffers from weakness of memory and confusion of mind, he may also express the reflective mode of body language in a short way. It is less likely that *Arg-n.* will project the fugitive mode—between back and closed. Many *Arg-n.* show the combative mode—



Fig. 20.11. 'Time sets me in motion'

between forward and closed as they are eccentric and whimsical.

Arg-n. is one of the liars and inherent lie detector machine will represent this before the astute homoeopath.

Carcinosinum

Carcinosinum revolves around the core of 'high sense of responsibility, sincerity and honesty'. He chiefly represents responsive and reflective modes in the interview. 'I must give hard facts and must not lie.' He begins with a responsive mode and the interview usually heads smoothly, often changing to the reflective mode. He is analytical and frank in speech and doesn't want to hide the information. Evaluation gestures are frequent and body language synchronizes well with the verbal language.

Carc. enters the clinic with a genius look. His dress is clean, manners are appropriate and he is well groomed. The face is like that of an angel, voice is soft and eye expressions are innocent. He can be tense too, given his anticipatory anxiety.



Fig. 20.12. Your smile shows how transparent, how candid you are!

Body Language of Carcinosinum in a Nutshell

- Impression of being polite, smiling, mild, gentle and soft; tidy
- Impression of being talented
- Frank (open, simple, transparent), yet unable to cry
- Consciousness increased—startling, sharp
- Reading books of mysticism, spiritualism, medicine, etc.
- Answers in monosyllables, hastily
- Sighing while talking or weeping
- Nervous tics: Grimaces, blinking of eyes, involuntary motions of hands, tapping the head with fingertips, biting of fingertips and nails, tears the skin around nails, bizarre antics, repeats actions

Ambra grisea

Ambra grisea suffers from ego-atrophy. *Ambr.* is a combination of delicacy, timidity and bashfulness. A neurotic individual who has lost the 'go' (energy) of life and has become apathetic and passive. A worn out individual who has become a cocoon and prefers to remain in his shell.

What can be the body language of a man with a nervous breakdown? 'Inhibition' is the right word to describe the essence of *Ambr.* Hence, he is close with his trunk, arms and legs crossed and he has poor eye contact. He feels embarrassed in the crowd. He can't pass urine in the presence of others. *Ambr.* is a

serious individual and he is averse to laughing. There is also another side of *Ambr.*—he jumps from one subject to another, never waiting for the first question to be answered, a kind of chaotic stupidity.

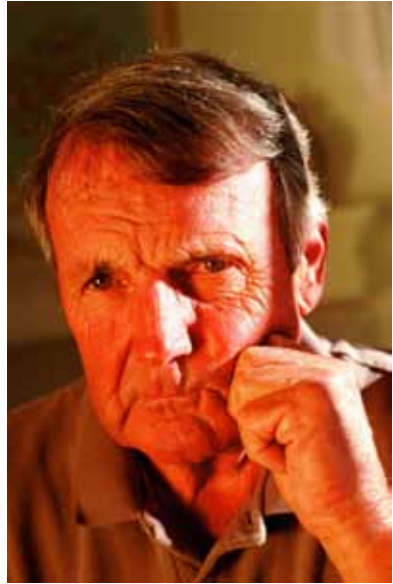


Fig. 20.13. 'I am worn out'



Fig. 20.14. Embarrassed

Ambr. will be less in responsive mode and unlikely to be in combative mode. The choreography will be mostly in reflective and fugitive modes. The consistent pattern will be more of the fugitive type. There is a strong aggravation from conversation and this is at the base of *Ambr.* as far as fugitiveness is concerned. He can't sustain the heavy conversation and wants to close off.

Cuprum metallicum

Rage, competitiveness and maliciousness form the essence of *Cuprum met.* He always wants to be the first. He is the man of tremendous energy that explodes into spasms, tremors and convulsions. The mind of *Cupr.* also speaks the same language of emotional turbulences. There is a proving symptom, 'uses words not intended'. This sentence indicates that he can't control his emotions. One more symptom, 'sense of losing consciousness' further validates the same theme. The proving has yielded a delusion that he is a general; thinks himself a person of rank. Bellowing; attacks of rage; wants to bite bystanders. This is an ego-hypertrophic response*. *Cupr.* likes to imitate others and also do mimicry. There is a malicious motive behind mimicry of others and he enjoys doing so by making grimaces and foolish gestures.

It is interesting to study fears of *Cuprum*. There are multiple fears—of company, of everybody who approaches him, of death, fear things will catch fire, fear must thread lightly or will injure himself, of falling, of strangers, etc. *Cuprum* is one of the remedies for complaints from fright. With these fears, there is a symptom, desire to hide on account of fear. He sees spectres, ghosts and spirits. These fears indicate ego-atrophy and the body language mode will be fugitive.

Cuprum will, however, manifest combative mode more often with respect to the reservoir of energy and its speed. He will pose in a fugitive mode while narrating his fears and while expressing anger, he will assume a combative mode. He may swing the modes too. The proving of *Cuprum* shows, a yielding disposition alternating with a headstrong attitude (obstinacy).

Important body language cues of Cuprum

- Weeps violently
- Convulsive laughter
- Loquacious
- Restless; tossing about
- Crying like a child

- Obligated to think for a long time before answering
- Bellowing
- Weeping alternating with queer antics
- Ridiculous or foolish gestures
- Grimaces
- Spits in faces of people
- Bashful timidity



Fig.20.15. *Cuprum* manifests misdirected, misplaced energy

Carbo vegetabilis

Stasis and indolence coupled with sensitivity of mind typify *Carbo veg.* Slow thinking, dejected feeling and indifference are marked and on this essence it is easy to categorize the modes of reflective and fugitive.

Carb-v. is a person with slow ideas. He has also confusion of ideas. There is an aversion to thinking with mental weakness. There is loss of memory; for what he just said, for words that he heard. In the interrogation, *Carb-v.* often goes in reflective mode to recall the past from the memory box. He may be a liar and his body language cues will reveal his lying attitude. He becomes restless in company. There is timidity, irresolution and embarrassment in society. He becomes timid while appearing in public. Hence in the interview, *Carb-v.* represents more reflective and fugitive modes. The devitalized state of economy is also responsible for the fugitive mode.



Fig. 20.16. Weakness of attitude becomes the weakness of character

Tarentula hispanica

(From A Select Homoeopathic Materia Medica Vol. III, unpublished)

Tarentula is all commotion. He is always on the go and is restless, even without any purpose. A tall talker, he earns by befooling and amusing people. He wears the attire which is attractive and gaudy. He is charmed by colours like blue, green and red. Drives restless insanity. Cheerful; buyont. He likes to show off. Erratic, unreliable and undependable. Subtle cruelty of a smiling wizard. Foxy. Sly. Elusive. Tricky. Highly ambitious, which never thrives without selfishness, of which there is here a full fare. Music lovers or masters of elegant diction (like *Lachesis*). Most dishonest, sweet tongued – saccharine, cunning and selfish.

*The terms hypertrophy and atrophy of ego need some explanation. Some views on hypertrophy of ego are presented. The opposite characters are possessed by ego-atrophied people.

1. Grandiosity: An abnormally hypertrophic (over-grown) ego, an absolutely inflated feeling of one's self with strong egocentric tendencies. They believe they are the most beautiful, intelligent, predestined, messianic and seductive people.
2. Exhibitionism: They need constant attention and admiration.
3. Omnipotence: Try to establish goals and projects that overwhelm their real capacities and the real possibilities that the environment offers.
4. Fragile Self-esteem: The inflated ego determines the need of insatiable narcissistic provisions. When frustration occurs, the personality sinks.
5. Incapacity to Love: Since the entire affective load is concentrated in their own ego, there is no affection left in them for others. But they use the others for the profit of their intentions. The narcissists lack scruples and one could say, 'They walk on corpses.'
6. Reality Judgment: Since they are not being able to see beyond their own ego, they tend to fake and to deny obvious aspects of the reality that do not agree or favour their intentions. The narcissists usually fail in their projects, because they only see what agrees to them. They project the fault on others when something does not come out well.
7. Narcissist Rage: The frustrations, the critic in their surroundings and the disgusting aspects of reality, can cause such reactions called 'narcissist rage', because of the violent and disproportionate response. These rages can blind the conscience and sometimes can

create transitory psychotic reactions with paranoid characteristics.

8. Envy: This is the unconscious predominant affection of the narcissist personality. Outside their huge ego, it cannot have anything valuable. They are highly destructive personas. All good and valuable must be destroyed by the narcissist, so that nothing is left to envy.
(Abridged and modified from Psychological Profile of Hugo Chávez Frias, by Dr. Prof. Eloy Silvio Pomenta, Psychiatrist, personality behaviour studies).

Their laugh is peculiar – sardonic, mocking, forced. Lavish for themselves.

The above data suffices to give the totality of signals of body language. (The readers are advised to erect the totality of body language of *Tarentula* and send it to the author.)

CONCLUSION

The categorization of body language signals into the modes described in this chapter is rewarding from its applicability. The pattern of energy which an individual exhibits along with miasmatic assessment makes the theme of body language much more approachable. Observe carefully your patient's gestures and postures, not in isolation but in totality. Try to look for the patterns. Define the context. Define the prominent mode your patient was in for most of the time. Then enter into the persona part of the individual. Take the appropriate rubrics from the Repertory of body language and be pervasive in giving the simillimum.



Chapter 21

THE KINGDOMS AND BODY LANGUAGE



THE REMEDY AS A PERSONALITY

There are many ways of studying materia medica. One of the interesting ways is to perceive the remedy as a living individual. In order to build a living portrait of a remedy and understand its facets as a human being, with its intellectual and emotional attributes, with its behavioural responses, the study of body language is important. Such integrated approach adds depth and interest in the study and leaves a permanent imprint of a remedy on the student's mind and helps a physician in the application of materia medica.



Fig. 21.1. The most important product of man's efforts is his own personality

We have already seen that the study of a remedy is basically a process of synthesis. The pathogenetic action, symptomatology, personality, evolution, pathology, miasmatic study—all are interconnected as a single unit. There are keynote symptoms and keynote themes. There is nucleus and periphery. There is central government and state government. There are metaphors and symbols. The unifying principle connects all dimensions and gives a unique meaningful sense to it.

Every individual has his own life which he wants to live in his way.

It solely rests upon him whether he is able to groom his life by giving a unique pattern, uniformity and wholeness to it. Life is not an isolated process but is a blend. Life is neither individual nor collective. Life is one individual whole. Unity is the nature of life. Life is a complex and uniform process of integration. Life of any individual can't be studied in isolation and the concept of integration is the very basis of study of materia medica. Integrated study helps us to perceive life as an evolving phenomenon, through a single spectrum. Fragments of life without relevant connections form a mess. This is applied not only to our patients but also to our remedies.

Body language represents the personality. It represents the core. The centrality can only be perceived, if all fragments and their interpretations are interwoven logically. Every personality is an indivisible whole. It has past and present in it and it heads to the future with collective unconscious (Jung). It has condensation, it has consolidation of energy. When a patient is before a physician, he gives out his own 'self'. The all pervading vital energy animates the physical body and expresses its urges, impulses, motives, tendencies, traits, interests, attitudes, moods, etc. in different ways. These are nothing but different colours of a personality. It is through the blend of these colours that a physician has to recognize the forms, patterns, symbols and metaphors. Remember that mere forms may be deceitful.



Fig.21.2. Fragments of personality: The inside-out

Miasmatic energy changes the rhythm and tune, and stimulates the hidden extra-human or the non-human to come on the surface. The song sung in health and disease is different, the choreography is different and now the real work of a vigilant homoeopath begins. What does the deviated projection indicate? Where does this projection lead to a physician? Which form of universe does it point to? Does it indicate plant kingdom, animal kingdom, mineral kingdom or imponderabilia? Does it project the five elements—water, fire, earth, ether and air? Which one is dominant? Why is it dominant?

The following discussion, which may seem off-beat, is offered to

know the Indian philosophy that propounds the relation between a human being and the universe and the concept of karma.

THE CONCEPT OF KARMA, REINCARNATION AND KINGDOM



Fig. 21.3. (a) Symbol of karma (b) What we sow, so we reap

Karma is a Sanskrit word meaning ‘action’. It is the ‘action’ for which we are here and it is the same ‘action’ which will carve out our destiny after death. And for this ‘action’, Almighty has endowed us with the blessing of ‘intellect’ which again makes us superior and powerful than all the creations in the universe. ‘Action’ is the core around which the whole philosophy of life revolves. What you are is because of your past ‘actions’ and your present ‘actions’ will make you, what you will be in the future births. Every little thing, whether animate or inanimate, has a soul in it and it will never reach its destiny without making its way by taking birth as a ‘human being’. Nature has made ‘humans’ as the best of her creations and it is through this creation that we will attain spirituality and divinity which is unbound to the limitations of time and space. It is because of ‘actions’ that we are humans and our present ‘actions’ will decide which form of life we will represent in our next life. ‘Action’ is the pendulum which leads us to either side – good or evil, heaven or hell.

Explaining the hierarchy of the spiritual and mortal life based on the concept of ‘actions’ is beyond the scope of this book. To summate in a nutshell we would add that karma includes the universal principle of cause and effect, action and reaction that governs all life. Karma is not fate, for man acts with free will creating his own destiny. The concept

of karma is understood to be a sum of all that an individual has done, is currently doing, and will do. Karma is not about retribution, vengeance, punishment or reward; it simply deals with what it is. The effects of all deeds create past, present and future experiences, thus making one responsible for one's own life and the pain and joy it brings to others. The concept of karma incorporates reincarnation; it extends through one's present life and all past and future lives as well.

VEDAS AND PATANJALI YOGA

According to Vedas, if we sow goodness, we will reap goodness; if we sow evil, we will reap evil.

In the scholarly work, *Nature of Human Thought, Essays on Mind, Matter, Spirituality and Technology* Mr. Anil K. Rajvanshi writes, 'In Indian yogic tradition, transition of soul from body to body is like changing into new clothes. It goes through all the living species and evolves towards Godhead after its karmas are resolved through various births. Katha Upanishad, Patanjali Yoga Darshan and Brahma Sutra do talk briefly about the rebirth of soul in human form and how it can also be transformed into various species.'



Fig. 21.4. Vedas

According to Patanjali Yoga 'The transformation of one species into another is caused by inflowing of nature. Good or bad deeds are not the direct cause of this transformation but only act as a breaker of

the obstacles to natural evolution – just as a farmer breaks down the obstacles in a water course so that water flows by its own nature.’ Hence, the transfer of soul from one species to another seems to be an accepted thesis in Indian religion.



Fig. 21.5. Patanjali Yogi

THE EVOLUTION FROM LOWER TO HIGHER

However, note that natural evolution is a secondary process dependent upon the actions committed by an individual in his life. Lawful, good, moral, acceptable and permissible actions (as advocated by religions) inject ‘spiritual energy’ in an individual and ascend him towards Divinity while on the other hand, unlawful, evil, unacceptable and forbidden actions deplete this divine energy in an individual and eventually he takes birth in the lower forms of species. Accordingly, all forms of life are classified on the basis of the actions he committed in his previous lives. All creations are classified into four classes – first, minerals which forms the crust of the earth and which are immovable and static at one place; second, vegetations which grow out of the earth and rise above it but are still immovable and adhered to the earth; third, the animals which are

movable and can roam about on land freely but still they face towards the earth and are not erect; fourth, humans who are erect, face the sky, roam about freely and above all, they have an evolved intellect which is not the case of any previous creation.

If we study the evolution, all creation is ordered from below upwards, from lower to higher, finally heading towards divinity and Godliness. Hence, out of all creations, human is the most evolved being of all. All the creations below human species will have to pass through the human stage, only then will they attain their divinity. Hence, a mineral will have to become a plant, a plant an animal and every animal will have to become a human – this will complete the whole cycle of life. Interestingly, the beginning of life is in the reverse order.

Mr. Anil K. Rajvanshi comments thoughtfully, ‘Each one of us can be thought of as an individual molecule moving “randomly” in the sea of humanity; the forces of opportunity continuously acting on us. However as a whole we may produce a “dissipative structure” which is the evolution of mankind. Thus, the evolution of mankind towards a greater spiritual and technological sophistication is the “chaotic attractor” towards which we are all attracted. This evolution is quite certain and therefore deterministic, unlike our individual lives. Thus, on a bigger macroscopic scale the system may be deterministic and may have a destiny.’

MEMORY AND REINCARNATION

Our physical bodies are animated by the dynamic ‘soul’ which is dependent upon the body to express itself. ‘Soul’ is a unique entity which is the fountainhead of all the mental expressions. In fact, it is a summation of all its memories which also includes the body form and structure. ‘The ego sense ‘I’ or identity of a living entity comes from the body. This sense is rendered rootless and unanchored without the body, which it is bound to. Then this rudderless soul or memory is at the mercy of the forces, which exist in its vicinity. This memory or individual soul is called *atman* in Indian traditional thought. It is quite possible that the *atman* or soul of a person, at the time of death, may contain substantial, ‘memory’ of body or form.

Mr. Rajvanshi writes further, ‘These memories can only be shed or modified within a physical body and not otherwise without it. This may make it possible for it to be born wherever it gets a body and thus the transfer of soul takes place among different species.’

‘So what happens in reincarnation? It seems that there is a transfer of memory or software from one body to another (the hardware). This memory contains the basic template of knowledge acquired in previous births. Thus, the memory of mundane things is left out. If this were also transferred then it would have over-loaded the memory in the new body and allowed very little space for working memory. Probably this is the reason why most of us do not remember information of our previous births.’

Previous births may have taken place in some different species which may be of plant, animal or mineral kingdom. Not only is the memory of immediate previous birth retained but also of past remote births. It is this memory or template of the previous births of different species that is unfolded in an individual in the state of health or sickness. This template may belong to animal, plant or mineral kingdom and harbour its characteristics. Unfolding of these characters may indicate the remedies corresponding to the kingdoms from which the remedies have been prepared. To illustrate, if a person is showing snake characters, it is likely that in the previous birth he was a snake and the residual characters of a snake that is, the signature will manifest itself on the surface in symptoms, modalities, sensations, symbols, metaphors, gestures, postures and modulations of voice.



Fig. 21.6. Births in different species

PAST LIFE REGRESSION THERAPY

Can there be such a therapy?

‘This therapy is earning fame and getting popular among all the leading metros of India. People of all ages have shown their interest in this therapy and all of them are tempted to try it.’

‘This may sound incredible or absurd at one point of time, but “Past Life Regression Therapy” definitely seems to be the latest rage. It is based on the teachings of Bhagvat Gita and Hindu philosophy of reincarnation. The therapy works subconsciously, on the premise that the cause of a



Fig. 21.7. It's all part of 'nature's web'– where everything is connected to everything else

person's physical and/or psychological ailments might result from a trauma that a person had experienced in an earlier existence or at any point in a previous life, by some sort of personal ordeal buried deep within the subconscious.' (Source: India Syndicate, published by MSN life and style dated January 9, 2009.)

RELATION OF HUMAN BEINGS WITH PLANTS, ANIMALS AND MINERALS

Before propounding on the concept of relation of human beings with plants, animals and minerals, I would like to quote Edward C. Whitmont, 'The mind is an epiphenomenon (a secondary phenomenon that is a by-product of another phenomenon) of the body and the body is an epiphenomenon of the mind. We operate as body-minds. Body is the visibility of the soul, and the soul is the life of the body. You cannot deal with everything by sheer will power or mental approaches. We are embodied in a physical cosmos and we have our bill to pay to physical existence. And that includes our relationship to the physical aspect of the earth; it means to plants, stones, and animals.'

Plant in the Human

Relation Between Homo Sapiens and Plants

The following words by Charles A. Lewis amply demonstrate the pivotal role played by the green nature.

‘Long before Homo sapiens appeared, nature cloaked the earth in a green mantle that nurtured all existing forms of life. Nature’s mantle is visible in forests and meadows, city parks and window-sills. It paints our world with rainbow hues of flowers and fruits, offering pleasure and sustenance for body and spirit. Nature acted as a fertile soil on which the complexity and perplexity of the different forms of life was cultivated by Almighty. Hence, very often we say, “Mother Nature”.’



Fig. 21.8. Nurturing of the green mantle in Homo sapiens

‘The constant interplay of inherent biologic and environmental elements creates a continuum of ecosystems. Plants signal the presence of an unremitting life energy that pervades throughout the universe.’



Fig. 21.9. Plants signal the presence of unremitting life energy

‘Green nature is a foundation on which the whole process of evolution keeps on going continuously. The human species was born in

an environment which was already populated with a wide diversity of plants, which have continually interacted with each other during our shared evolutionary journey.’

The two life forms—plants and *Homo sapiens* are joined in ways that denote a very close relationship. To illustrate, the chlorophyll molecules of green plants bear an intriguing similarity to haemoglobin, the prime constituent of mammalian blood. Both are composed of a ring of carbon and nitrogen atoms surrounding the single atoms. Their difference lies in a central atom which is magnesium in chlorophyll and iron in haemoglobin. The similarity of these two essential biological components suggests a common origin, somewhere in the primordial soup where life began on earth.

Green plants act as a respiratory apparatus or lungs of the earth. They produce oxygen and consume CO₂, thus making conditions favourable for the existence of mankind and all other forms of life.

Plant Morphology

This is related to the study of physical form and external structure of plants. This is usually considered distinct from plant anatomy, which is the study of the internal structure of plants, especially at the microscopic level. Plant morphology is useful in the identification of plants.

Plant morphology ‘represents a study of the development, form and structure of plants. In other words, it is an attempt to understand the different parts of plants on the basis of similarity of plant and origin.’ There are four major areas of investigation in plant morphology and each overlaps with another field of biological sciences:

1. Morphology is comparative, meaning that the morphologist examines structures in many different plants of the same or different species, then draws comparisons and formulates ideas about similarities.
2. Plant morphology observes both vegetative and reproductive structures. The vegetative structures of vascular plants include the study of the shoot system, composed of stems and leaves, as well as the root system. The reproductive structures are more varied and are usually specific to a particular group of plants, such as flowers and seeds, fern sori and moss capsules. The detailed study of reproductive structures in plants led to the discovery of the alternation of generations found in all plants and most algae. This area of plant morphology overlaps with the study of biodiversity and

- plant systematics.
3. Plant morphology studies plant structure at a range of scales. At the smallest scales are ultrastructure, the general structural features of cells visible only with the aid of an electron microscope. At this scale, plant morphology overlaps with plant anatomy as a field of study. At the largest scale is the study of plant growth habit, the overall architecture of a plant. The pattern of branching in a tree will vary from species to species, as will the appearance of a plant as a tree, herb or grass.
 4. Plant morphology examines the pattern of development, the process by which structures originate and mature as a plant grows. While animals produce all the body parts they will ever have from early in their life, plants constantly produce new tissues and structures throughout their life. A living plant always has embryonic tissues. The way in which new structures mature as they are produced may be affected by the point in the plants life when they begin to develop, as well as by the environment to which the structures are exposed. A morphologist studies this process, the causes and its result. This area of plant morphology overlaps with plant physiology and ecology. The study of plant morphology is essential to understand the doctrine of signature.

The Doctrine of Signature

While perceiving the plant remedies from the materia medica point of view, we cannot ignore the concept of doctrine of signature.

The signature is a token of identity and identification. The doctrine of signature, in its true sense and originality was not formulated for the medical profession. It is based on a spiritual philosophy and simple concept that Almighty had marked everything he had created with a sign.

The doctrine of signature is an ancient philosophy which postulates that the parts of plant that bear resemblance with the parts of human body or animals has useful relevance to them. It can also refer to the environment or places where the plants grow. Originally relating to herbs and medicinal plants, the modern day application of this doctrine contends that every plant has a pattern that resembles a body organ or physiological function which acts as a signal or sign.

The outward appearance of a body signalizes its special properties (as of magic or healing virtue) and there is a relationship between the

outward qualities of a medicinal object and the diseases against which it is effective. The doctrine of signature points to the mysterious healing power unfolded by the merciful nature.

‘The Doctrine of Signature is one of the first and most significant works of our time to show how closely connected the liberal arts are to the clinical medicine. It is the seminal work in the recent history of the philosophy of medicine, a field that is enjoying a renaissance throughout the world today’ wrote Edmund D. Pellegrino, MD.

Some examples:

1. A sliced carrot looks like the human eye. *The pupil, iris and radiating lines look just like the human eye...*and the present science does support its role in improving the blood supply of the eye and the vision.
2. A tomato has four chambers and is red. *The heart is red and has four chambers.* Recent research portrays tomatoes as a useful vegetable for heart and blood.
3. Grapes hang in a cluster that has the *shape of the heart*. Each grape looks like a *blood cell* and it is a well proved fact that grapes are good for the heart and it acts as a blood vitalizer.



Fig. 21.10. The resemblance between carrot and human eye



Fig.21.11. The resemblance of tomato to the inner view of heart



Fig. 21.12. Each grape looks like a blood cell

4. A walnut looks like a *little brain*. Even the wrinkles or folds on the nut are just like the neocortex. We are now aware of the fact that walnuts help in the development of over 3 dozen neurotransmitters essential for normal neurological functioning.
5. Kidney beans actually heal and help in maintaining the kidney function and surprisingly they look exactly like the human kidneys.



Fig. 21.13. Walnut looks like a little brain



Fig.21.14. Kidney beans look like human kidneys

6. Celery, Bok choy, Rhubarb and more look just like *bones*. These foods



Fig. 21.15. (a) Bok choy (b) Celery

specifically target bone strength. *Bones are 23 percent sodium and these foods are 23 percent sodium.* If you don't have enough sodium in your diet the body pulls it from the bones, making them weak. These foods replenish the skeletal needs of the body.

7. Eggplant, avocados and pears are related to the normal functions of uterus and cervix of the female – they look just like these organs. It has been postulated by research that when a *woman eats one avocado a week, it balances hormones, sheds unwanted birth weight and prevents cervical cancers. And the striking similarity is that, it takes exactly nine months to grow an avocado from a blossom to a ripened fruit.* There are over fourteen thousand phytochemical constituents of nutrition in each one of these foods (modern science has only studied and named about one forty one of them).



Fig. 21.16. Avocados, eggplants and pears look like the uterus

8. Figs are full of seeds and hang in twos when they grow. They increase the count and *motility of male sperm* and also improve the overall fertility of the male.
9. Sweet potatoes look like the *pancreas* and *actually balance the glycemic index of diabetics.*



Fig. 21.17. Figs resemble the sperms



Fig. 21.18. Sweet potatoes look like the pancreas

10. Olives assist the health and function of the ovaries.
11. Grapefruits, oranges, and other citrus fruits look just like the mammary glands of the female and actually improve the health of the breasts and its lymphatic circulation.



Fig. 21.19. Olives look like ovaries



Fig. 21.20. Resemblance to the mammary glands

12. Onions look like *body cells*. Today's research shows that onions help clear waste material from all of the body cells. They even produce tears which wash the epithelial layers of the eyes.
13. Bananas, cucumber and zucchini resemble the male sexual organ and also increase the strength.
14. Peanuts have a profound



Fig. 21.21. Looking like body cells



Fig. 21.22. Resemblance to the male sexual organs

effect on the testicles and sexual libido. Peanuts were banned as a food for males by the church often during the middle ages. Most of us are unaware about the fact that arginine, which is the main ingredient of Viagra, is extracted from peanuts.



Fig.21.23. Resemblance between peanuts and testicles

Does the memory of previous plant characters remain in the form of ‘signature’ which a person expresses in his manifestations?

However, we should also know the limitations of the application of doctrine of signature. It does not tell the whole story about a plant. To illustrate, the ancients identified willow bark as a remedy for rheumatism, by observing the damp environment in which willow trees grow. Willow bark contains what we now know as aspirin, but the doctrine of signature failed to identify many other potential medical uses of aspirin. Furthermore, the doctrine of signature tells us nothing about the proper preparation and use of the herb, the proper dose and the possible interactions (synergy or interference) between multiple herbal remedies.

In a similar way, doctrine of signature can’t explain the whole theme of a remedy. The doctrine has a limited scope of application because a remedy has a deeper action on multiple planes. Effects of a remedy are beyond the reach of the doctrine of signature. Furthermore, we should remember that life is a perfect blend of multiple colours and unity is the nature of life. There is always a cross connection between the kingdoms. Every plant contains minerals and it has a definitive role in proving symptoms and in alleviating variable disease conditions. Analyzing

the remedies of the plant kingdom, we often come across aggression, violence, etc. as proving symptoms. The same is also true for mineral and animal remedies. Many minerals exhibit sensitivity and many animal remedies exhibit calmness. In other words, kingdom classification is not a rigid compartmentalization. Study of a remedy as a separate, independent, unitary and existential potential is the real stuff.

Connecting all these considerations to body language, simply underscores the basic concept of totality on which every philosophical and practical implication revolves.

Characters of Plant Kingdom

- Gentle, feminine, submissive
- Unconditional love, give and take relationship, sentimental
- Artistic
- Conscientious
- Desires company
- Timid, dependent, shy, lacking confidence, flight response
- Sensitive, hurt easily
- Mood oscillations, hysterical
- IPR (inter-personal relationship)—strength as well as weakness



Fig. 21.24. Words represent your intellect. The sound and gestures represent your feelings

Body Language of Plants

- Personal appearance–Clothes, feminine
- Facial flushing
- Mutual gaze
- Sitting with arms and legs crossed
- Head tilted to required side
- Touching, caressing, hugging others
- Hesitating voice from emotions
- Talk: descriptive, incomplete
- Patting or fondling hair
- Lowered steeple, listening when
- Leaning forward with open palms

Mode: Reflective³. Responsive⁴. Fugitive³. Combative².

Solanaceae Family

Characters of Solanaceae Family

- Anger, aggressive, rage
- Abusive
- Absorbed
- Absent minded
- Anxiety with fear
- Morose
- Foolish



Fig. 21.25. Capsicum

Remedies: *Bell., Caps., Dulc., Hyos., Sol-n., Stram., Tab., etc.*



Fig. 21.26(a) Dulcamara (b) Hyoscyamus (c) Belladonna (d) Stramonium

Body Language of Solanaceae Family

- Swagger walk
- Talks with vigour
- Hands on head or on hips
- Head tilted back while talking
- Grasping



Fig. 21.27. Hands on hips

- Redness of face from emotional excitement
- Plays antics
- Restless, changeable
- Self-touch: Raised steeple in active communication

Mode: Reflective³. Responsive³. Fugitive¹. Combative⁴.

Body Language of Stramonium

- Earnest, beseeching and ceaseless talking; talks in foreign language
- Laughing, singing, swearing, praying, rhyming
- Proud, haughty body language
- All motions hasty and forcible; speaks more by motions of hands.
- Wants his hands to be held by others
- Stupid indifference to everything
- Sexual body language



Fig. 21.28. Stupid indifference

Anacardiaceae Family

Characters of Anacardiaceae Family

- Inferiority versus Superiority
- Rage, fury
- Confusion of mind
- Aversion to company
- Quarrelsome
- Two wills or impulses



Fig. 21.29. (a) *Anacardium* (b) *Rhus-toxicodendron* (c) *Comocladia*

Remedies: *Anac.*, *Anac-oc.*, *Com.*, *Mangi.*, *Rbus-a.*, *Rbus-g.*, *Rbus-r.*, *Rbus-t.*, etc.

Body Language of Anacardiaceae Family

- Anger: During talk, with clenched fist, trembling
- Head slap from weakness of memory
- Speech: Incoherent, wandering
- Sighing
- Remain in narrow space

Mode: Reflective². Responsive³. Fugitive¹. Combative⁴.



Fig. 21.30. Evil communication corrupts good manners

Cactaceae Family

Characters of Cactaceae Family

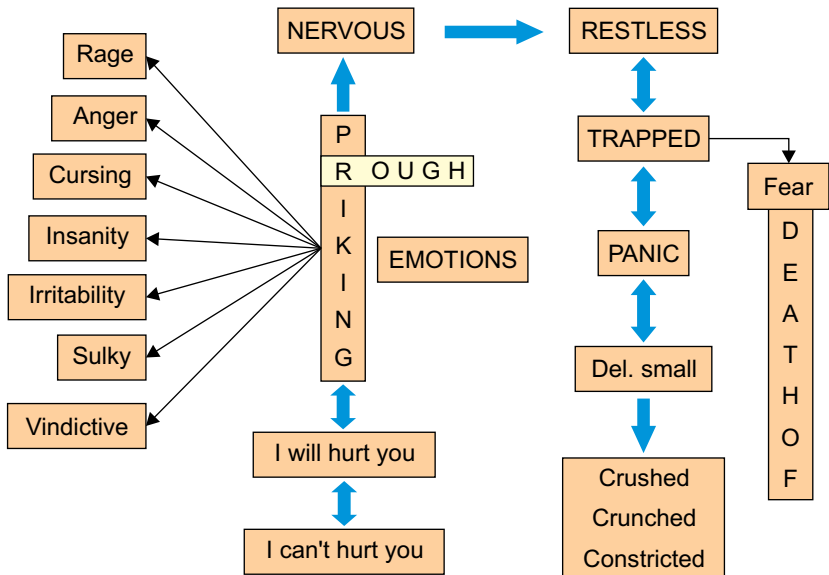


Fig. 21.31. (a) *Cactus grand* (b) *Anhalolium Lewinii*

- Prickly
- Rough outside, sweet inside
- Desert plant
- Needs less water
- ‘You can’t touch me without care’
- Weapon ever ready; survival against odds
- ‘If you trouble me, I will torture you’
- Security, protection, vigilance
- Ailments after disappointment

Remedies: *Anh., Cact., Cere-b., etc.*

The Structure of Cactaceae Family



Body Language of Cactaceae Family

- Stretching the chest, the arms
- Narrow space
- Lowered steuple
- Tapping in front of the nose from resentment
- Bowing head to appear smaller than actual height

Mode: Reflective³. Responsive³. Fugitive². Combative⁴.

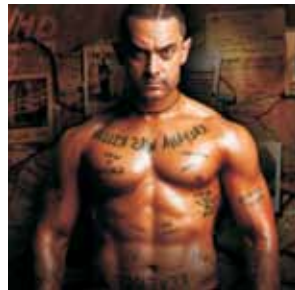


Fig. 21.32. The muscles, the face, the body talks

Loganaceae Family

Characters of Loganaceae Family

- Paralysis, after emotions
- Silent grief
- Ailments after disappointment
- Shattered, torn to pieces
- Cowardice
- Dreams of abortion
- Oversensitive
- Alternating states

Remedies: *Cur.*, *Gels.*, *Ign.*, *Nux-v.*, *Spig.*, *Stry.*, etc.



Fig. 21.33. (a) Gelsemium (b) Spigelia (c) Nux vomica

Body Language of Loganaceae Family

- Too little eye contact
- Eyebrow lower
- Gaze: Down, cut-off
- Hand to face gestures
- Voice: Moaning, groaning
- Walking with hands in pockets
- Shoulders hunched

Mode: Reflective³. Responsive². Fugitive⁴. Combative¹.

Composite Family

Characters of Composite Family

- Injuries, shock
- Fear to be touched or approached
- Sensation of burn or scald
- Anxiety
- Restlessness



Fig. 21.34. Walking with hands in pockets



Fig.21.35. (a) *Arnica montana* (b) *Calendula* (c) *Chamomilla*

Remedies: *Arn.*, *Art-v.*, *Bell-p.*, *Calen.*, *Cham.*, *Cina*, *Echi.*, *Erig.*, *Eup-per.*, *Gnaph.*, *Lac-v.*, *Mill.*, etc.

Body Language of Compositae Family

- Flexion withdrawal
- Crossed arms and legs
- Gaze: Avoidance, stranger anxiety
- Remain in narrow space
- Fidgeting, desk drawer movement, tapping fingers

Mode: Reflective². Responsive³. Fugitive⁴. Combative¹.



Fig. 21.36. The avoidance gestures

Fungi

Characters of Fungi Group

- Dictatorial
- Scheming
- Vindictive
- Boldness
- Delusion of grandeur

Remedies: *Agar.*, *Bol-l.*, *Bov.*, *Moni.*, *Sec.*, *Sol-t.*, *Ust.*, etc.



Fig. 21.37. (a) *Agaricus* (b) *Bovista* (c) *Ustilago*

Body Language of Fungi Group

- Awkward, clumsy
- Pointers
- Walking: Erect; with hands on hips; in pockets
- Head tilted back, hands behind head
- Irregular, uncertain, exaggerated movements
- Girls: Fearless, singing, loquacious
- Mischievous through winking, jesting, etc.
- Plays antics

Mode: Reflective¹. Responsive³. Fugitive². Combative³



Fig. 21.38. Body language: The choreography of emotions

Animal in the Human

It is interesting to see what Malcolm Kenton writes in ‘*The Animal and The Human*’,

‘Recent DNA analyses have revealed that humans share a majority of genetic make up with other animals. Physically speaking, our similarities with our fellow beings far outweigh our differences. Despite the division in our thinking, we still have intimate relationships with the animals closest to us and cannot seem to resist anthropomorphizing them.’

Malcolm further elaborates, ‘Several cultures which hold traditionally animistic religious beliefs share the concept of a time long ago during which humans were animals and vice versa. In this “Distant Time,” “Dreamtime” or “Time of Myth,” as it is variously referred to, animals were able to take human form.’ Most animals, it is believed, once possessed human souls and some cultures think that they still do, although the average person is now unable to perceive them.



Fig. 21.39. Animal Vs Human

Folklorist Charles L. Edwards hints that, ‘This idea may have evolved out of a memory of a much earlier period in the evolution of the human species, when the common ancestor of both humans and apes roamed the earth. This ape-like being lived no differently from the other predatory mammals who shared his environment. Some of his offspring later began the process of change and adaptation that would produce our species. In outwitting his foes, instead of throttling them the diverging elementary man began to make plans of strategy.’

As their thought process grew more complex, Edwards argues, ‘Early humans expanded their thinking beyond their immediate surroundings and contemplated the unseen forces that governed their world. These forces took form in the Gods who dwelt beyond the clouds and the myths of cosmogony and transformation arose. Now, when people belonging to animistic traditions look for ways of explaining the phenomena around them and of connecting their rituals to the greater processes of continuing cyclical transformation, they recall the time when myths were formed, when humans were much closer to other animals than we are today.’

‘The grand variability of ideas about the human/animal division is indicative of our species’ multifaceted relationship with other species. The fact that humans are almost universally seen as unique may, in some respects, serve to qualify the uniqueness of non-human animal species.’

Emotion in non-human animals raises the question of whether they

feel emotions or not and that too in the way we humans understand it.

Recent research suggests strongly that animals have emotions as people do, albeit lacking certain cognitive insights. This matches recent advances that have revolutionized prior understanding of animal language, cognition and tool use and even sexuality. Research suggests that animals can experience negative emotions in a similar manner to people, including the equivalent of certain chronic and acute psychological conditions.

Animal Communication and Human Behaviour

It is known that humans possess behavioural patterns which resemble animal communication. Some of our bodily features like eyebrows, beards, moustaches, deep adult male voices, perhaps female breasts, strongly resemble adaptations to producing signals. Ethologists like Iraneaus Eibl-Eibesfeldt have argued that facial gestures such as smiling, grimacing and the eyebrow flash on greeting are universal human communicative signals that can be related to corresponding signals in other primates. Given the decency with which spoken language has emerged, it is likely that human body language does include some more or less involuntary responses that have a similar origin to the communication we see in other animals.

Humans also mimic animals' communicative signals while interacting



Fig.21.40. Lots of people talk to animals.... not very many listen, though.... that's the problem

with the animals. For example, cats have a mild affiliative response like closing the eyes with a typical delicate sound; so while interacting with a cat we often mimic the gestures of the cat to reinforce the relationship and build a good rapport. Stroking, patting and rubbing pet animals are all actions that probably work through their natural patterns of inter-specific communication (Animal communication, From Wikipedia, The Encyclopedia).

Some species of animals astutely detect both voluntary and involuntary human body language. This is the basis of the ‘Clever Hans effect’ (Clever Hans was a horse that was claimed to perform arithmetic and other intellectual tasks. The psychologist Oskar Pfungst demonstrated that the horse was not actually performing these mental tasks, but was watching the involuntary cues in the body language of the human trainer, who had the faculties to solve each problem. The trainer was entirely unaware that he was providing such cues).

The field of study should not be limited to emotions or to animal language or communication. It should also incorporate body language—gestures and postures. The animal in a human presents its unique characters which a homoeopathic physician has to observe vigilantly. This will guide him to select an appropriate animal remedy.

Characters of Animal Kingdom

- Energetic
- Violence; aggression; victimizing others
- Dictatorial; lust for power
- Vindictive; malicious; revengeful
- Egoistic; superiority
- Sexuality
- Competition



Fig.21.41. Recognize the pattern of energy, each is different!

- 'Id' dominates over 'Superego'
- Survival instinct

Body Language of Animal Kingdom

- Personal appearance: Clothes: masculine, attractive, bright; heavy make up
- Eyes: Direct contact. Eyebrows raised with head tilted backwards.
- Pointing the finger
- Hands: Head-clamp posture; on hips. Aggressive gesture, clenched fist
- Handshake, knuckle-grinder
- Sitting with leg over arm of chair
- Wants more space
- Speech: Speaking loudly and rapidly

Mode: Reflective¹. Responsive³. Fugitive². Combative⁴.



Fig. 21.42. Saying nothing... sometimes says the most

The Spider Group

Characters of Spider Group

- Hypersensitivity
- Selfish
- Fear of survival
- Activity: Fidgety, agile
- Industrious
- Sexuality

- Destructive
- Cunningness



Fig. 21.43. Tarentula: ‘Entangling others is my life’

Remedies: *Aran., Mygal., Lat-m., Tarent., Tarent-c.*

Body Language of Spider Group

- Constant movements
- Touching/rubbing the eye/nose; liar’s body language
- Crossing fingers
- Intense head nodding from rage
- Wants more space for libertinism
- Handshake: Aggressive, the palm down thrust
- Sitting with legs apart
- Dancing



Fig. 21.44. The gesture and the tone: The entrance and the exit

Mode: Reflective³. Responsive³. Fugitive². Combative⁴.

The Fish Group

Characters of Fish Group

- Anxiety
- Excitable; nervous agitation
- Sexual excitement (even nymphomania)
- Sensitive to emotions, especially contradiction
- Indifference especially to family, to work, to surrounding
- Weeping disposition; sadness
- Delicacy of moral perceptions
- Hysterical behaviour; hysterical epilepsy

Remedies: *Ambr., Astac., Eryth., Murx., Sep., etc.*



Fig. 21.45. (a) Murex (b) Sepia: The cuttle fish

Body Language of Fish Group

- Blank face; absorbed in own state
- Poor eye contact
- Hands and legs crossed
- Remain in narrow space
- Touching others while talking

Mode: Reflective³. Responsive³. Fugitive². Combative¹.



Fig. 21.46. (a) Blank face (b) Absorbed

The Bird Group

Characters of Bird Group

- Freedom

- Spiritualism
- Emotionalism / Attachment
- Work / Creativity / Adventure
- Awareness / Consciousness
- Sensitivity / Activity
- Aloofness / Gregarious
- Territory
- Art / Beauty / Skills
- Joy / Enjoyment / Exhilaration



**Fig. 21.47. (a) Bald eagle (b) Brown pelican (c) Buteo jamaicensis
(d) Wood pigeon (e) Scarlet macaw**

A joy. A dignity. A beauty. A freedom. An openness. A bird.

Remedies: *Bald eagle, Brown pelican, Buteo jamaicensis, Larus-a, Scarlet macaw, Wood pigeon*

Body Language of Bird Group



Fig.21.48. (a) Smiling face (b) 'I'm light weighted'

- Smiling face
- Sitting with forward bending
- Open gestures
- Uncrossed hands and legs
- Touching, caressing or hugging others

Mode: Reflective³. Responsive⁴. Fugitive³. Combative¹.

Mineral in the Human

Minerals are the foundation on which the whole edifice of evolution and

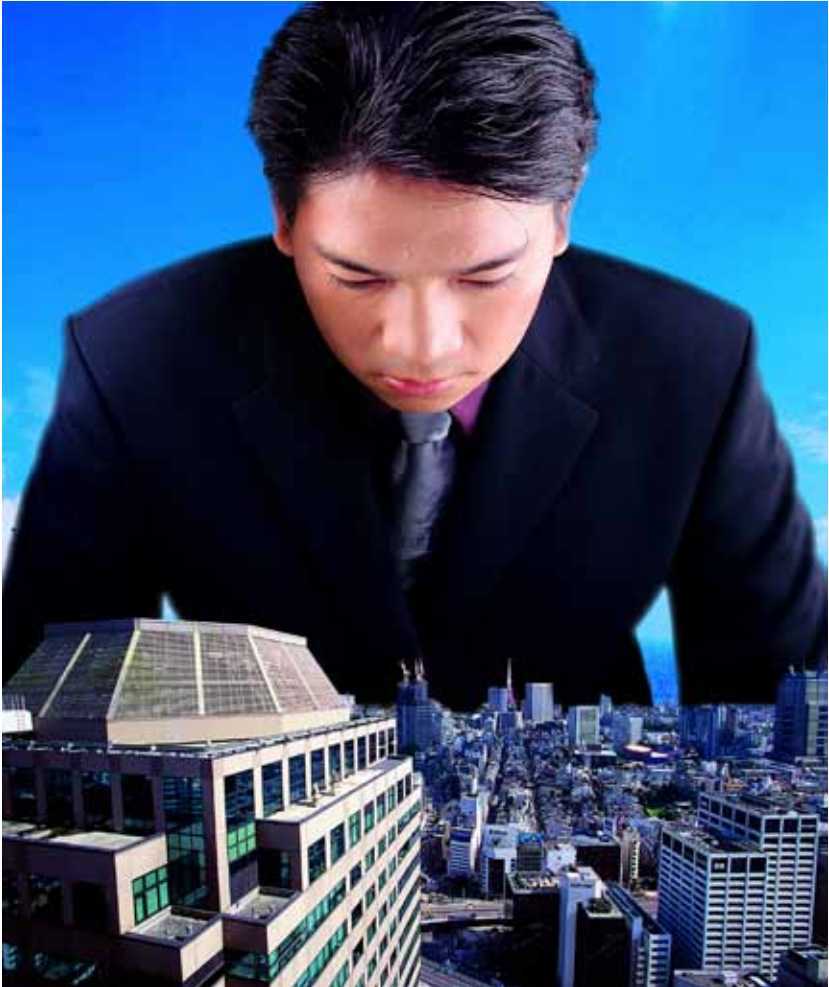


Fig. 21.49. Every facet of human life has a touch of metals

creation has been erected by nature. Understanding minerals is nothing more than understanding matter. It is with the help of minerals that a human being has established his position in the world and has transformed the face of the earth. The skill and tactfulness of classifying minerals and extracting specific metals as the final product is an evolutionary quality of humans which has pushed him above all other creations. The history of their discovery, extraction and utilization is a significant chapter in human development. Every facet of human life has a touch of metals. An engineer or an architect studies the metals for the purpose of constructing and building structures, the walls and the decoration. A physician correlates the study of metals with its functions in the human body. He ascertains the role of metals and trace elements in the pathogenesis of disease and its implication in curing the deficiency states. A poet hunts for the attributes and appearance of the metals and creates the song that explores the deeper meaning of the metals; the dictionary gives innumerable proverbs of the metals which are being used by the people and which precisely convey the crux of communication.

Wilhem Pelikan in his outstanding work, *'The Secret of Metals'*, writes beautifully, 'The concord of man's bodily functions depends, in many important processes, on marvelous metal borne effects. Every decade of research acquaints us with new facets of a cosmos of metals within us. We repeatedly come across the new deposits in the earth's crust with the advances in the technology. We study and explore their utility in our daily life and it helps us in the improvement and progress of our civilization. Discoveries of newer elements help us to throw light on their role in our normal functions of the body and the complexity of inner world of the body is unveiled. This whole process helps us to understand the new layers of activities permeated by metals in our bodies.'

Among the great variety of phenomena on the earth, the metallic nature stands out in an extraordinary way. The metals are lustrous, polished, durable, flexible yet solid, and impress us with their weight; we feel they have significance and dignity. Not only are we aware of them by our usual sense of perception, but our 'unknown' senses are also aware of them. The physical properties of metals have helped us to utilize them in making tools in the service of mankind. The extent of their usefulness is evident from the fact that the 'ages' derive their names from them like Copper Age, Bronze Age, Iron Age. Man cannot be separated from the metal; it is within him and all around him in the outside world. Metals have

had a deep interdependent relationship with the humans in the past. This relationship has carved out a deep impression within us which will remain forever. This relationship and congruence expresses itself in the way we use metals in making ornaments, charms, vessels, etc. Even our festivals are incomplete without the use of metals. What else could we think about more? Metals, however, have their relationships not only with man but also with all forms of earth existence. As we compare these relationships, we become aware of the great transformations that the metals undergo as they function in the various kingdoms of nature.

‘Metals are found everywhere above and beneath the earth’s crust. They are indispensable constituents of many minerals and rocks. Just as the blood oozes from a cut given anywhere on the body, metals are found everywhere on the earth, but varying in the quantity and quality which again varies according to different places. This is similar to the presence of blood which is less in the skin, more in the blood vessels and highest in quantity in the heart. Metals on the earth also vary in the same way.’

Metals also form an important constituent of plants and animals. Researches done in the study of role of metals in the plants and animals will yield fruitful results in the future and will open new dimensions for us. But it is certain that metals do play a pivotal role in the existence of all forms of life.

Plants cannot form the chlorophyll or attain height and growth without magnesium. Lower animals cannot breathe without copper and the higher animals and man without iron. Lack of cobalt in the soil causes serious epidemics of pernicious anaemia in cattle and man. There are innumerable trace elements like gold, silver, copper, mercury, etc. found in the human body which has specific role in the normal functioning and metabolism. Some minerals play a vital role in the development of certain organ or tissue while large quantities of certain minerals like calcium carbonate and calcium phosphate are required as building blocks for formation of the bony skeleton of the body. Calcium fluoride is required in the formation of tooth enamel. Most of other minerals or metals are required in traces which indicate that their qualitative functioning and not the quantitative titers are important for the normal functioning of the human body.

Metals characteristically show ‘organotrophy’ to a certain extent which indicates its profound relationship to a particular organ where it is attracted to. Following this organotrophy of the individual metals, by

modern means, we can get the understanding of correlations between them and the inner organs. The localities or affinity of some remedies to organs or tissues assume an important place in homoeopathy. *Argentum met.*, for example, has an affinity for lower tissues, cartilages, ligaments and mucous membranes especially of the larynx. *Argentum nitricum*, for example, has affinity for nerves and abdominal viscera. *Aurum met.*, the preparation from gold, has an affinity for the heart, arteries, bones and brain.

These correlations were widely accepted and practiced by the people in the ancient times from where we get some definite clues about the usefulness of minerals and metals in healing certain diseases.

‘The metals affect man not only to his body but also his consciousness, his soul and spirit. They speak a language that conveys their nature more impressively as these effects move into higher spheres of existence. What is a mere indistinct stammering in the realm of the organic becomes more articulate as it is taken up and utilized by more perfect realms—through the realm of the merely living plant, into that of a lively animal, and finally into the man. Higher a being rises, the more precise and clearly it expresses its essence. It is then that it can express clearly the regions of the world which it comes from.’

In other words, the expressions of the metals, which are nascent or latent in its crude form, attains maturity as they pass from the lower form of existence to the higher one that is, from soil into plants; from plants into animals; and from animals into man. Man is the highest form of existence and hence, metals reflect their expressions in a perfect, complete, uninhibited and supreme way.

Characters of Mineral Kingdom

- Work
- Energy
- Performance
- Methodical
- Perseverance
- Tough
- Structure
- Creativity
- Confidence
- Result orientation

Body Language of Mineral Kingdom

- Personal appearance: Clothes—checks, linings, symmetrical
- Eye contact: Direct, with confidence
- Gaze: Business, social
- Arms behind back
- Hand to cheek and chin gestures
- Head nod—affirmative
- Pacing, walking with measured steps
- Lincolnesque position (open attitude)

Mode: Reflective³. Responsive³. Fugitive¹. Combative².

Characters of Metal Group

- Tough, strong
- Ambitious
- Dictatorial
- Angry
- Confident
- Industrious



Fig. 21.50. The coin has to be tough

Body Language of Metals

- Thudding the fist
- Eye contact: Direct, dictatorial



Fig. 21.51. 'My strength lies solely in my tenacity'

- Eyebrow raised with head tilted backwards
- Both hands behind head
- Fist clenched from anger
- Crossed legs with figure-4
- Walking: Swagger walk, broad side display, brisk-erect walk
- Handshake with stiff hand
- Speaking loudly

Mode: Reflective³. Responsive³. Fugitive¹. Combative⁴.

Mercury Group

Characters of Mercury Group

- Anarchist
- Domineering; aggressive
- Destructive
- Elusiveness; cunning
- Restless; unpredictable
- Boyish
- Sexual
- Capricious
- Non-idealistic, mistrustful
- Perverted; criminal
- Hurried, impulsive

Remedies: *Merc.*, *Merc-c.*, *Merc-i-f.*, *Merc-i-r.*, *Merc-cy.*, *Merc-s.*, etc.



Fig.21.52. (a) The elusive mercury (b) Raw mercury

Body Language of Mercury Group

- Cosmetics: Heavy
- Fidgeting, desk-drawer movements
- Laugh: Ho-Ho, He-He, Hee-Hee

- Arms swinging while walking
- Walking fast
- Speech : Rapid; liar's body language
- Wants space for libertinism
- Tapping the fingers
- Nonsense smile
- Sitting on the edge of chair

Mode: Reflective². Responsive³. Fugitive¹. Combative⁴.



Fig. 21.53. Mercurius The fluid consciousness

The Ferrum Group

Characters of Ferrum Group

- Angry, abusive
- Excitable
- Ambitious
- Determined
- Steady
- Strength
- Firmness
- Stubborn



Fig. 21.54. 'My utility speaks of my strength'

- Security
- Performance
- Work
- Never let down feeling

Body Language of Ferrum Group

Openness:

- Open hands with palms visible



Fig.21.55. Open lipped smile

- Leaning forward
- Repeated glances
- Open lipped smile

Enthusiasm:

- Lively and bouncy voice
- Well modulated voice
- Erect body stance
- Hands open, arms extended, eyes wide and alert

Readiness:

- Leaning forward in chair
- Relaxed but alive facially
- Standing with hands on hips
- Legs slightly spread



Fig. 21.56. (a) Confidence and authority (b) Resting feet on desk

- Confidence/Authority

Steepling:

- Resting feet on desk
- Leaning back with hands
- Laced behind head

- Proud, erect body stance with chin forward
- Continuous eye contact

Anger/Aggressiveness:

- Fists clenched
- Lips closed and held in a tight thin line
- Shallow breathing
- Body rigid
- Pointing fingers
- Quick reaction to confrontation
- Head raised
- Hands on hips
- Flushing of face

Ferrum in Clinic–Waiting Room:

- Restless
- Domination over a receptionist
- Rude behaviour/exchange of ‘fiery’ words
- Confident and superior body language

Ferrum in Clinic–Consulting Room:

- Gait confident
- Start the dialogue on his/her own
- Will dominate a physician
- Will not let himself down
- Will not accept that he is wrong
- Critical
- Expressive; will not hide information
- Overtakes others in meeting a physician
- Doesn't give desired respect to physician/assistants/receptionist

Mode: Reflective³. Responsive². Fugitive¹. Combative⁴.

Acid Group

Characters of Acid Group

- Anger – violent, destructive
- Active and hurried



Fig. 21.57. ‘You can’t shake hands with a clenched fist’- Indira Gandhi



Fig. 21.58. Pointer: A double barrelled gun

- Lively
- Extrovert
- Aggression
- Isolation
- Apathy
- Fight response
- Vindictive
- Heightened sexual desire
- Irresponsible gaiety
- Unstrung

Remedies: *Ars.*, *Fl-ac.*, *Nit-ac.*, *Pb-ac.*, etc.

Body Language of Acid Group

- Facial flushing from anger
- Pointer display
- Sexual look
- Detached eyes
- Fist clenched from anger
- Swagger walk
- Boyish
- Sitting on the edge of the chair
- Happy go lucky body language

Mode: Reflective². Responsive³. Fugitive¹. Combative⁴.

Alkaline Earth Group

Characters of Alkaline Earth Group

- Sensitivity
- Excitability
- Dependency
- Anxiety



Fig.21.59 Were you burned by acid or something?

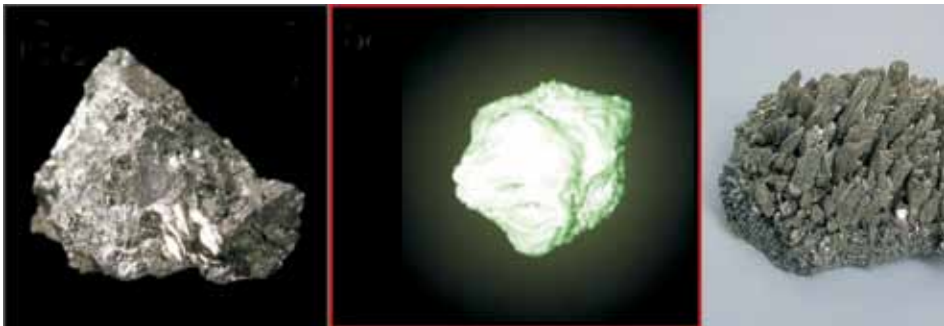


Fig. 21.60.



Fig. 21.61. Shyness can be a personal stumbling block

- Shyness
- Indolence
- Ego development: Poor
- Yielding
- Cowardice

Remedies: *Barytas, Beryllium, Calcareas, Magnesiums, Radiums, Strontiums,* etc.

Body Language of Alkaline Earth Group

- Cosmetics: Light
- Footwear: Children style



Fig. 21.60.

- Facial flushing from shyness
- Eye contact poor, flashbulb eyes
- Walking: Slow, hands in pockets
- Hands: Rubbing
- Crossed legs, with crossed arms
- Handshake: Dead fish, arm pulling
- Head slap, from weakness of memory
- Voice low
- Throat clearing
- Remain in narrow space

Mode: Reflective¹. Responsive³. Fugitive³. Combative¹.

To sum up, the study of materia medica is presented from the standpoint of relation of Homo sapiens with plant, animal and mineral kingdoms. The characters of each kingdom, family or group, along with their body language, are presented in a succinct way. The study is based on original data proving and inferences are drawn on the basis of generalization. Several software programmes are used to infer in an authentic way. This study requires a serious study to perceive the true nature of homoeopathic remedies.

The readers are requested to refer to the concerned chapters for the sake of application.



Chapter 22

DISCOVERING THE PATTERNS



THE STUDY OF PATTERNS

Pattern is derived from a French word 'Patron', and it stands for recurring events of constituents, elements or objects. Pattern can be a model used to generate things which should have enough of common elements in them. The extent of commonness between the generated things leads to the inference of the underlying 'pattern'. The generated things, then, are said to have a unique pattern. **The most basic patterns are based on repetition and periodicity. Hence, its behaviour is predictable. It is a pattern if it occurs repeatedly. Pattern is not formed on the basis of one occurrence.**

Patterns are of two types – simple and complex. Simple patterns are directly observable, for example, decorative patterns like stripes, zigzags, etc. Complex patterns have a complicated structure and they require an in-depth knowledge, theory, technical know-how and practical application skills.

The study of patterns is performed in fields like computer science, psychology etc. The study of patterns is basic to homoeopathy. Both simple and complex patterns characterise homoeopathy. What appears as a simple pattern in the first instance may be a complex pattern in its depth. For example, a decorative body appearance may sound as a simple pattern but careful analysis may unfold a complex pattern within.

PATTERN: MATCHING, RECOGNITION AND FORMATION

The theme of pattern is studied in the following terms:

1. ***Pattern matching* is the process of scrutinizing the constituents of pattern. These constituents, in a given case, are the collection of information which is gathered by the physician. Constituents are not patterns but mere data components.** We have to examine which constituent is important in forming a particular pattern. We need to deduce the specificity of a symptom (constituent) indicating an underlying pattern. It is highly improbable that each and every symptom would fit in our inclusion criteria. It must have a value to become a part of the field of pattern. Pattern matching is used to test whether things have a desired or relevant structure and to retrieve the aligning parts and substitute the matching part with something else.
2. ***Pattern recognition* is detection for underlying patterns. It follows the process of pattern matching. It is based on the doctrine of generalization.** In pattern recognition, the constituents

selected in pattern matching are considered as ‘units’ in ‘association’ and are categorized and acted upon methodically. It is more complex when the detected patterns are used to generate variants. This allows multidimensional space. Pattern recognition aims to classify data (patterns) based either on a priori knowledge or on statistical information extracted from the patterns. Pattern recognition system consists of a sensor, a feature extraction mechanism and a classification or description scheme. Sensor gathers the observations to be classified or described while feature extraction mechanism computes symbolic information from the observations. The classification or description scheme does the actual job of classifying or describing observations, relying on the extracted features.

3. ***Pattern formation is the scientific field which deals with the visible and orderly outcomes of self-organization and the common principles behind similar patterns. It deals with portrait.*** It should satisfy the question—how does a pattern emerge? In pattern formation lies the essence, the threads that bind all essential constituents which have already been matched and recognized. It’s like building an edifice where the schema has been outlined, a definitive form has been established and the matrix is also defined with its boundary. Pattern formation is the architect’s vision that has come into reality as facts are understood and a stable structure is established. The logic and required scientific study are tuned well in balance and the resultant complex is easy to perceive. It’s like ‘easily comprehensible principles’ in the language of Hahnemann.

Remember, the use of body language is like a jigsaw puzzle. If you don’t know the logic and the game plan, you may fumble upon the diagnosis. The vital information of the patient elicited by the process of case taking through verbal exchange and non-verbal cues is the raw material which needs analysis and refinement so that a clear understanding of the patterns, in a given case, is obtained. The collection of the vital information practically seems to be of no use unless it is worked upon and transformed into meaningful codes of patterns.

How to Discover Meaningful and Reliable Patterns

1. Notice and grasp the most peculiar (PQRS) traits of the patient and as you gather the information, see whether the other traits are consistent or not.

2. Look for the cues which are abrupt and extreme.
3. The degree and level of trait is very important as it typifies the personality.
4. Consider each characteristic in the light of totality, not in isolation.
5. Identify deviations from the 'normal' pattern. See whether it is physiological or pathological. Deviations themselves also form the patterns.
6. Verify by asking yourself whether your observation reflects a temporary state of mind or a consistent quality.
7. Distinguish between elective and non-elective traits.
8. Have an unbiased attitude and always ask yourself, 'What do you feel about your patient's traits? Under which category does your patient's patterns fall?'
9. Search for sequence and repetition in cues and study them in the context of life of the patient and his emotions.

LAYERS OF INFORMATION

The First Layer

It consists of introductory or preliminary data like name, age, sex, race, marital status, education, dependents, occupation, etc. It also includes physical characteristics and vocal mannerisms of body language. This layer helps in establishing a rapport with the patient and is meant for gathering constituents. It coincides with the process of pattern matching.

The Second Layer

It is based on physically observable traits and is subjective because it requires interpretation—the meaning of body language, the significance of vocal qualities and the importance of specific actions. You require a good knowledge of body language in all its constituents and meaning like facial and eye expressions, gestures, postures, voice and intonation, tactile communication and physical appearance with their different signals. This layer must be integrated with spoken language to understand the objectivity of data. It coincides with the process of pattern recognition.

The Third Layer

It deals with the conclusion about the patient's character based on analysis of information deduced in the first two layers. Here a physician has to

give a final touch of a shape or design to the data gathered in the first two layers.

The third layer should consist of a meaningful order deduced out of the gross informational chaos. Physician's ability of coordinating innumerable body cues and spoken words of the patient is the main attribute of this layer. The third layer is actually a portrait which is formed by the physician by objectively observing the body language signals.

The process of undertaking an interrogation is not static but dynamic. It is the process of addition and deletion, confirmation and negation, analysis and evaluation through pattern matching, pattern recognition and pattern formation. The final product should be objective and explain the connectivity between constituents in the form of patterns. It is a process which needs an integrated study of different subjects in 'totality'.

DYNAMICS OF PATTERN IN INTERROGATION

Let us take an example. I began with the case of a 40 years old male patient in one of my European seminars. The first impression I got was that of a neatly dressed and well-mannered person with etiquettes. I cautioned my mind that I should not get carried away by the first impression and that I have to erect the objective totality. I have to scrutinize the equality of his first impression whether it is short lived or ingrained deeply. The patient reacted in the responsive and reflective modes in the interview but very often he kept his index finger vertically on his lips (shut up gesture). Another gesture which frequently got exhibited was lip compression. The frequency of these two gestures served as the entry point to define the exact problem of the patient in communication. Why was this nice man frequently shutting his mouth and compressing his lips? Mouth and lips are basic organs of speech and I had to find out the truth 'behind the screen.' Indeed, his impressionable attitude was a veil over his underlying emotional turbulence. It was only when the issue of relation with his girlfriend cropped up, he showed a dramatic increase in the expression of lip compression coupled with blinking of eyes and a hesitating tone. When he was asked to throw more light over his relation with the girlfriend, he abruptly exhibited the 'shut up' gesture reflecting that he would not like to talk on that topic. A pervasive technique in the same direction revealed that he had betrayed many women and he didn't want to disclose it. His work area also revealed the same behaviour of deception. Here, a well-mannered and cultured individual wearing an innocent look turned out to

be a dishonest and untrustworthy man in reality.

I might have selected a remedy based on the simple pattern of first impression and relying on elective traits, but peculiar gestures opened up newer ways of exploration for objectivity.

PATTERNS AND PERSONALITY DISORDERS

It is necessary for a physician to cultivate the skill of linking patterns with personality. Once the patterns are recognized, the next job is to scrutinize them in a broader sense. Why did a particular pattern develop? What do they really mean? What do they represent of a person?

The clinical correlation of patterns is one of the most interesting ways of study. Most of the personality disorders represent a problematic and deviated pattern(s) in its extreme. The following table shows the patterns that correspond to a particular personality disorder.

Personality Disorder	Pattern
Paranoid	Suspicious, proud, victim
Schizoid	Isolated
Schizotypal	Isolated
Antisocial	Deceptive
Borderline	Needy, victim, aggressive
Histrionic	Charming
Narcissistic	Proud, entitled, defensive
Avoidant	Insecure
Dependent	Needy, compliant
Obsessive-compulsive	Anxiety, restlessness
Passive-aggressive	Defiant
Depressive	Self-judging

The study can be mutual that is, patterns representing a disorder or a disorder reflecting patterns. Let us reinforce this idea with an example. I came across a boy who continuously stared at me right from the moment he entered in my consulting room. His look was suspicious and he also glanced sideways. I found him detached and isolated. He was lost in his own world of thoughts. This typical pattern reminded me of a disorder like schizophrenia. When I focused on him by keeping this disorder at the

back of my mind, many body language cues were uncovered as found in the specific patterns of schizophrenia.

A case was referred to me by a colleague. He complained of fatigue and had taken vitamin B₁₂ injections for the same. In the first instance, he appeared to be reserved and introspective. His way of talking was slow and he took long pauses during the conversation, often. He also used to forget many words in between. As the interview went into deeper layers, he turned out to be an irresolute person. He showed dependency and led almost a parasitic life. There were four cues which were very important in this case and occurred consistently throughout the interview—slapping the forehead, scratching the neck, stroking the chin and biting the nails. These point towards the ‘reflective’ mode and indicate that the system is in the resigning state with neurotic traits. He was very polite, gentle and submissive. I took the following rubrics from the repertory on body language:

1. Slapping, forehead, forgetfulness, from
2. Neck, scratching, irresolution, from
3. Hand on cheek, chin stroking, deep reflection, in
4. Biting, nails

Silicea prominently covered all the above rubrics and the associated physical generals confirmed that he was a patient of *Silicea* which considerably helped him.

ENTROPY AND PATTERNS

In physics, entropy is a measure of unavailability of a system’s thermal energy for conversion into mechanical work, in some contexts interpreted as a measure of the degree of disorder or randomness in the system. We all know that matter and energy are inter-convertible. Matter is present in various energy states that are temperature dependent. Higher the temperature, greater is the energy. To illustrate, water boils when it is heated to higher temperatures. This increases the disorder (randomness and motion) in the molecules as they are energized. This is entropy. It represents the excitability and chaos of the molecules that constitute matter.

Entropy plays a great role in patterns. Nearly 100 billion neurons are present in a human brain. Thoughts that constantly crowd our mind are the sum total of simultaneous activity of different neurons. Thoughts produce chaos in the waking (conscious) state. Some individuals have innate higher

entropy levels and hence they are distracted easily. They are restless and their excitability increases the entropy. We have seen the vocabulary of a variety of emotions. Anger, for example, causes stimulation of various neuronal circuits. As long as anger is there, continuous stimulation of the neural networks is bound to occur. This is the reason why body language signals like trembling of extremities, uncontrollable arm movements, rapid body motions, clenched fists, etc. are reflected on the physical level.

The simillimum (right remedy) increases the synchronicity of a specific group of neurons and silences the unrelated neuronal activity. In other words, the right remedy decreases the entropy of the neuronal apparatus. In the follow up of a case, if the patient is at peace, it means that the neurons have started becoming synchronous that is they neither modulate nor amplify any incoming signal. **Action of a homoeopathic remedy is to regulate the neuronal signals in such a way that entropy remains at the minimum level.**

MESSAGE CLUSTERS AND PATTERN FORMATION

Body language comes in clusters of signals and postures, depending on the internal emotions and mental states. Recognizing a whole cluster is far more reliable than trying to interpret individual elements. The fifteen clusters given below should be used for pattern formation. Observe carefully the prominent and consistent cluster of your patient. Study it in the context with the situation, emotions and in conjunction with the vocabulary of body language. Document clearly under proper headings the objective data and then use this information for pattern formation.

Clusters

- Aggressive: Showing physical threat
- Attentive: Showing real interest
- Bored: Just not being interested
- Closed: Many reasons are for being closed
- Deceptive: Seeking to cover up lying or other deception
- Defensive: Protecting one from attacks
- Dominant: Dominating others
- Emotional: Identifying feelings
- Evaluating: Judging and deciding about something
- Open: Many reasons for being open

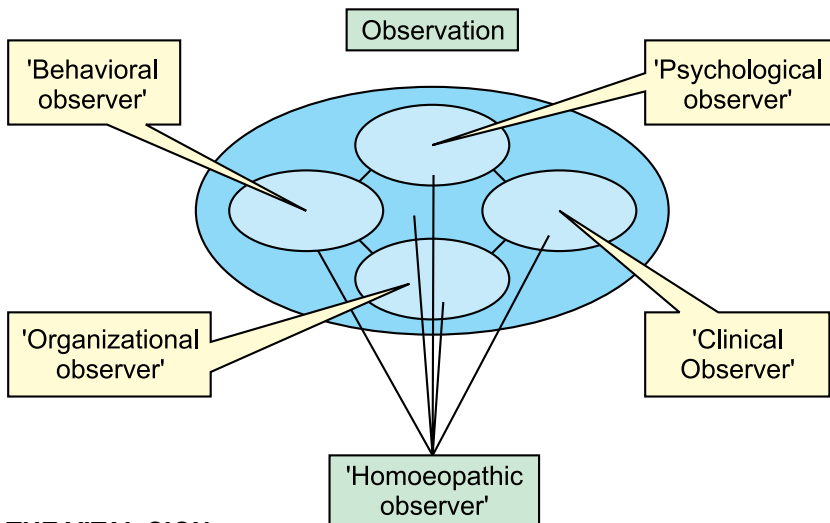
- Power: Demonstrating one’s power
- Ready: Wanting to act and waiting for the trigger
- Relaxed: Comfortable and unstressed
- Romantic: Showing attraction to others
- Submissive: Showing yielding to others

UP AND DOWN POSITIONS FOR PATTERN FORMATION

There are two basic types which should be observed while developing the portrait. The ‘up’ position indicates domineering, superior, authoritarian, confident, self- righteous, etc. The ‘down’ position indicates submissive, yielding, inferior, withdrawing, meekness, shyness, etc.

Observe and record how many times and with what intensity your patient was in ‘up’ or ‘down’ position using his hands, upper part of the body, eyebrows, head and even legs. Observe with what energy your patient uses these positions and in which context.

Following is a chart of the roles a homoeopath will have to take in order to make the concept of totality comprehensible.



THE VITAL SIGN

I repeat what I have quoted and commented upon in the chapter ‘Relevance of Body Language in Homoeopathy’. In ‘*Organon of Medicine*’, in aphorism 211, Hahnemann writes, “This pre-eminent importance of the emotional

state holds good to such an extent that the patient's emotional state often tips the scales in the selection of the homoeopathic remedy. This is a decidedly peculiar sign which among all the signs of disease, can least remain hidden from the exactly observing physician.'

In this aphorism, Hahnemann refers to three aspects viz., the importance of the emotional state, a decidedly peculiar sign and the exactly observing physician. If we scrutinize this para, Hahnemann focuses on mind, on body language and the role of an observing physician who studies a peculiar sign and utilizes it for the sake of selection of a simillimum. Further, Hahnemann talks about a peculiar sign as expressed by the emotional state. It is as if the emotional state takes on the form of a sign of a body language which becomes a unique response of that individual.

The vital sign is the confluence point of body and mind. When you have successfully accomplished the process of pattern matching, pattern recognition and pattern formation, the next step is to observe the vital signal. It is the vital sign which represents the innermost core or essence of the patient.

See this picture. Arms crossed, facial expressions are of despondency, looking at a physician through small eyes. The countenance is sending a message, 'I am in deep agony. Can you help me?' All agony centers round the abdomen. Palm-in-palm position. A closed gesture.

'I often take up this posture when I am in stress.'

The same patient was asked a question in order to arrive at a vital sign. 'When you experience extreme form of stress, how do you express it through body language?'

The answer is this demonstration.

See that arms and legs are completely crossed. The arms are locked in the legs. The message is, 'When I am in deep agony, I close myself



Fig. 22.1. 'I am in deep agony'

completely. It becomes difficult for me then to change myself, to overcome the situation.’ ‘It is as if my hands are so locked that to unlock them will require a lot of effort on my side. I will have to uncross my legs, then to uncross my hands and then to be in very immediate surroundings.’

There is reality behind all ‘change’. Something remains unmodified. In spite of evolution of a disease and of an individual, the posture remains the same. The innermost personality harbours the same image, symbol and body language. It gives the same consistent pattern which is created out of personality, ego and body.

The vital sign can be innate or acquired. The concept of nature and nurture are equally applicable to the vital sign. The strong environmental stressor may change the body language of the patient forever!

I remember a case of a woman who sunk in the sea of grief after the death of her only son. Her sleeping posture before her son’s death was ‘lying on the back with arms and legs kept straight.’ Her son’s death changed her sleeping posture permanently. She started sleeping with her hand on the forehead and legs folded, cuddled up, a kind of knee-chest posture. This indicates the grief.

Take this posture of a woman in a blue shirt. Her unified and consistent response is becoming still and stiff. She just uncrosses her arms but doesn’t set them apart from the trunk. The arms are close to the trunk and the fingers though not crossed, don’t show movement. She is within herself; it is as if she is a statue. This is a fugitive mode. The body speaks. We have to just see the integrated response. This posture is



Fig. 22.2. The freeze frame



Fig. 22.3. The statue frame

her vital sign. When the stress is mounted, she will take up this posture. It is an oft repeated posture. She just becomes stiff, does nothing and it takes several minutes for her to come out of the situation.

This vital sign opened up many windows for me to enter into repertorial language. Is it a real or delusional helpless feeling? Is it a state of *Gelsemium* (paralysis), *Causticum* (stiffness) or *Sepia* (the stifled emotions)?

Observe a lady in a white shirt. The right hand is kept on the forehead with the right elbow rested on the edge of the chair. The head is slightly bent down to the right side. There is no direct eye contact. This is a frustration cue. The pattern is reflective and fugitive. She is speaking with the left hand more. The right hand is engaged in representing frustration while the left hand is making a delicate posture. She wants to show a kind of a flower like a lotus through the left hand fingers. I told this patient to let her right hand down and sit in a relaxed posture. But she would change her posture only for a few minutes and would again represent the same posture. She was in this posture for most of the interview.



Fig.22.4. ‘This anatomy is my destiny’

This is her vital sign. The body will render the same consistent pattern. The right hand says something and the left hand has its own language. Focus on ‘up’ language of right hand and ‘down’ language of left hand. Frustration is of more intensity but left hand lotus movements are trying to solve the issues in a delicate way. It is not utter despair. In despair the head is bent down, may be rested on the desk, forehead is covered with one or two hands completely and the eyes are down and closed. There is a more lingering posture of this type in despair. Here in this patient, the body is kept erect and if you look at the face it is not entirely of melancholic state and there is a small smile on her face. This vital sign suggests that with right similar force she is likely to respond to treatment.

DERIVING THE VITAL SIGN

You have to pass through several steps in order to derive the vital body sign.

1. First train yourself in perceiving the body language signals in cluster and not in isolation.
2. Try to link the body language with the personality traits while actively observing the cues of body language.
3. Establish and clarify the relation between emotions and body language by asking how the body reacts to the emotions.
4. Once you dig out the strong emotion(s) possessed by the patient, see the physiological reaction of the body to the emotion(s).
5. Ask from where this emotion enters in the body.
6. Interrogate how the body represents its reactive pattern.
7. Investigate the anatomical part which reflects the inner malady and in what way.
8. Study the movements, their energy patterns, directions, rotations, circular, oblique, etc.
9. Focus concurrently on the innermost feelings and sensations.
10. See the symbolic representation of the body in connection with the disease, emotions, sensations and context.
11. See the synchronization and the incongruence. Define it clearly in relation with totality.
12. Examine which body language the patient exhibits when stressed out. This should be done for mild, moderate and severe stress. If some micro changes are available, let the patient express them.
13. While the patient is expressing his body's reaction in severe stress, observe carefully how he presents himself in terms of several cues. Literally, make your patient demonstrate.



Fig.22.5. Body: The house of many windows

14. Perceive the patterns in a case. Ask two most important questions – since how long and how often has the patient taken up a particular posture or gesture.
15. Ask the patient how he feels in a particular body language and the message he wants to convey or why he is adopting this body language.
16. Compare how the patient looks while demonstrating the vital body signal with universal symbolism that is, with several forms of the universe.
17. Make a counterpart study at the level of kingdoms – mineral, vegetable and animal.
18. Apply the knowledge of human symbolism to the vital sign.

PATTERN, VITAL SIGN AND SYNTHESIS

It is through patterns that the vital sign is derived with the process of synthesis. It is not speculative and hypothetical. It is based on what you observe. It is purely from the objective side. Rather, if you try to apply your overt imagination, you face some problems. The facts of experience are at the base. However, the process is both experimental and analytical. Synthesis is a dual process where you need to miss one component and simultaneously fill up the gaps between the missing links.

An astute homoeopath knows that there are many missing links in spite of a good interview and body language helps to link them. The missing links are chiefly at two levels – the incompleteness of the words and evaluation of the quantified data. Incompleteness of words deprives a homoeopath of essential data.

Essence is the fundamental attribute. It is the intrinsic nature. Vital sign represents this essence. The vital sign is the quintessence of synthesis. It is the nectar-of mind and body, together. The two directions – mental and physical confluence together at one junction which is nothing but the vital sign.

SOME ILLUSTRATIONS

A Case of Atopic Dermatitis

Let us take the case of a boy of eight years of age suffering from atopic

dermatitis since four years and had taken a lot of steroids – topical and internal. I took a live case of this boy in one of my European seminars and it was discussed at length in the workshop. The essence of the case was centered on body language.

The Data of the Patient

Since three months terrible itching, < after midnight, 12:30 to 2:30 am. Scratches until the skin bleeds.

During itching episode, he develops the following symptoms:

1. Restlessness
2. Stupefied look
3. Crying and moaning without tears in eyes
4. Convulsive and awkward body movements
5. Irritability. Shouting loudly at everybody and asking mother to scratch severely. Harsh tone of voice; quarrelsome talk
6. Staring gaze. Being absorbed; as if not in the reality



Fig.22.6. Before treatment

Mental Data

Likes jesting. Teases his sister. Once acquainted, plays with openness; runs, jumps, likes to bite, to play football, constantly moving, falls often as doesn't take care of himself; likes climbing; lately likes to throw or cut paper–notebooks, journals, etc. throws the clothes off just around. Likes to break things and his toys. Lack of concentration, doesn't take notes in school. Good at mathematics but poor at language. Lately takes everything in contrary. Says 'no' to everything. Feels ashamed of his eruptions. Doesn't want to mix with people. Reckless, doesn't understand danger.

Looks stupefied and nervous while scratching. Staring gaze, absorbed and makes awkward movements. He lies with a staring look. He answers very abruptly and curtly in a loud tone of voice. He shrieks with scratching.

Rubrics

1. Concentration, difficult
2. Absorbed, buried in thought
3. Staring, thoughtless
4. Audacity
5. Shrieking
6. Jesting

Result of Repertorization

Ign.-10/6, *Puls.*-10/6, *Hell.*-10/4, *Cic.*-9/6, *Lach.*-9/5, *Stram.*-9/5, *USulph.*-9/5, *Nux-m.*-9/4, *Op.*-8/5, *Plat.*-8/5

Remedy Selection

In this case *Cicuta virosa* was selected as the remedy.



Fig.22.7. After treatment

Reasons for selection of *Cicuta virosa*:

He is absorbed. He is lying with a staring look. He makes awkward movements. He likes jesting. He teases her sister. His tone of voice is loud. He shrieks loudly while scratching. He is abusive. He quarrels with his sister. He looks stupefied. The case was worked out chiefly on the basis of body language. A single dose of *Cicuta virosa* 1M was given. The subsequent follow ups were fantastic. He required another two doses of

Cicuta 1M and then after one dose of 10M to complete the cure.

Representation of Abandonment

When I asked this patient which gesture soothes you, when you feel humiliated, she adopted a posture by supporting the elbows with hands and legs crossed. She feels abandoned and longs for support. She is also pinching the linen with her left hand by using thumb and index finger. This is seeking support.

Her reserved and non-communicative characters as evident from her body language, however, act as obstacles in resolving the abandoned feeling. The posture also indicates obstinacy.



Fig.22.8. Abandoned and longing for support

I am here to show off

What makes this person upright? What make this person keep the head high? What makes him keep hands away from the trunk and on the thighs? The snap was taken without any notice. He was in this posture throughout the interview. The message is show off and superiority.

He was asked to keep the hands relaxed and normal but the inner disposition dictates his non-verbal brain to take on this posture frequently.

The message is, 'I need more space. I am quick in taking the action. I may be quarrelsome and vengeful. Don't take me lightly.'



Fig. 22.9. 'Don't take me lightly'

To conclude, the vital sign is the result of the personality as a whole. It is not an isolated phenomenon. It is a unified response. The organs speak with each other. They understand their own language. They know the human symbolic language. They understand the emotions linked with them. They unite together to give an amalgamated and unified response.



Chapter 23

HANDY TIPS FOR A SUCCESSFUL PRACTICE



WHAT MAKES PRACTICE A SUCCESS?

What makes some physicians successful? Some are good looking but not successful. Some physicians lack smart looks but are astute practitioners. What is the secret behind their success? Everyone of us has the same physical dimensions: Eyes, hands, ears, legs, palms, fingers and vocal cords; but still each one of us has a distinct performance. By just having a look around, we find that there are many actors and actresses in the world of cinema but very few are able to conquer the screen. Why?

Success in homoeopathic practice depends on your performance coupled with utilization of tools, especially the application of body language. Using body language is not a one-sided affair. It is also important to recognize that the patient \longleftrightarrow physician confrontation involves a two way exchange of non-verbal information. A patient's facial expressions are often good indicators of sadness, worry or anxiety. A physician who reciprocates these non-verbal cues in an appropriate and judicious way is likely to make an impact on the patient's illness to a greater degree than the physician who deals with a patient in a mechanical way. An attentive physician will efficiently be able to soothe the anxiety and redirect the turbulent diseased energy of the patient.

Similarly, the physician's body language and facial expressions also influence the reaction of a patient in a considerable way. The physician who turns up late to his clinic, hurriedly examines the patient, gives an abrupt and short reply to the queries of a patient is likely to portray a picture of disregard and disinterest in the mind of a patient. Thus, it is imperative that the physician must be aware of his or her own implicit body language, as well as recognize the non-verbal cues of a patient.

FORMING A PSYCHIC MAP

A physician should form a 'psychic map' of a patient to ascertain his mood and match the frequency and tempo of his responsive tone with it. A physician should be acutely sensitive to each word and gesture of a patient. Body language is like an 'autobiography' in motion. It is a broadcasting station that works round the clock and keeps on relaying signals to the outer world uninterruptedly. Hence, a physician should act like an antenna receiving all the signals of varying frequencies. Gestures and postures unveil the depth of otherwise unknown dimensions of a character and everyone of us react to it,

consciously or unconsciously. What our body says, what message it conveys makes a difference. Every smile, every frown, every syllable a physician utters has an impact.

What should be done to make the communication clear, confident, credible and charismatic? There is a statement from Zig Ziglar, 'People don't care of how much you know until they know how much you care about them.'

The study of body language is a systematic method of evaluation. It takes years to master and perfect this art. One of the best ways to study is to go to crowded places like railway station, airport, etc. and watch the body language of people. These are excellent spots for viewing the entire human spectrum of a variety of emotions. The other interesting way is to watch a movie with the sound turned off. If we are familiar with the story of a movie then it becomes a wonderful experience to understand the variety of gestures and postures. Having mastered this art, it becomes easy for us to interpret the body language of characters of a movie even if it is watched for the first time with its sound turned off. One more way of improving our own body language is through observing ourselves in front of a mirror. Yeah, it might seem silly but see that no one is watching us. This will give us a good feedback as to how we look in front of other people and give us an opportunity to practice a bit before going out into the world. Observe friends, role models, movie stars or other people who possess good body language. Observe what they do and we don't. Take bits and pieces we like from different people and then try using them. Remember, you must have passion about people, a kind of near-obsessive curiosity, which will help you to develop the skill in the long run.

WHAT STANLEY BING SAYS

The famous, Stanley Bing, tells, in a humorous tone, a few things to avoid:

1. **Yawning Like a Lion:** Small yawns are permissible, but yawning with a roaring sound displays disinterest and conveys a clear message to others that you are least interested in their activities.
2. **Tapping One's Pencil on the Front of One's Teeth:** It makes a clicking sound and shows that you are inattentive to the surrounding.

Any excessive oral activity—sucking noises, teeth grinding, motor boating one’s lips—is equally inadvisable, for similar reasons.

3. Slouching Ironically Low in One’s Chair and Sticking One’s Feet Straight Out Underneath the Boardroom Table:

Indeed, a clear signal that proper respect for authority is not given.

4. Egregious Sighing:

Likewise, snorting from one’s nose, loud utterances like ‘Ha!’ that come out periodically and mutterings like ‘gimme a break’ or ‘as if!’ will engender nothing but resentment in the people exercising authority.

5. Throwing Things at Other People, Even in Fun: Come on, I don’t have to tell you this. Not even paper clips.

6. Jumping on the Table and Howling Like a Monkey: Boardroom tables scratch easily and are very hard to repair.

We do have some animal instincts hidden within us but in no way should we exhibit them at wrong places and at the wrong time. This will put not only yourself in trouble but others too.

It is unfortunate that communication skills are not taught in schools or colleges. We do get the guidelines for the same in the books or from the experts in that field. **Communication skills of a person are directly influenced by his family and social background and his education.** Study of communication skills demand time and continuous practice. It cannot be mastered overnight and there is no shortcut to it. The study of non-verbal behaviour is the most meaningful skill we can add to our bag of earning and learning tricks. Here are some important tricks. Follow them carefully and I assure you, my friends, you will definitely taste the flavour of success.



Fig. 23.1. Avoid tapping the pencil

GUIDELINES CONCERNING USE OF EACH ELEMENT OF BODY LANGUAGE

The First Impression

Simply, be 'open'. To get others to open up, you must first open up to them. Keep a good attitude. Be retrospective and aware of your own body posture. First impressions are indelible. Even before your lips have parted and you have uttered the first word, the impression of the essence of your character has already axed its way in the mind of your patient. The way you look, the way you move and make gestures are more than 80 per cent of first impression. If you are uncomfortable and edgy, you will easily make your patient 'ill' at ease, which will create a wrong impression on him. If you are calm and confident, your patient will feel comfortable and at ease and he will harbour a good impression of yours in his mind.

It is said that a picture is worth a thousand words and it can depict a whole story. The same is true for a physician who, at the time of first consultation of a new patient, is like a picture in front of his patient. Appropriate presentation of your personality is the key to make a striking first impression. Your appearance and attitude symbolizes your personality even before you start talking. Remember, you have to create a good impression without losing your individuality and you have to 'fit in' to the situation and further, you have to 'fit in' your patient too with your behaviour in the situation.

Leil Lowndes, in his fascinating book, *'How to Talk to Anyone'* gives a special advice if anyone wants to portray himself as—intelligent, strong, charismatic, principled, caring, interested in other people —'just give them great posture, a heads-up look, a confident smile and a direct gaze.'

Following vocabulary indicates openness, enthusiasm, confidence and evaluation and helps a physician for successful communication, facilitation in interrogation and projection of self.

Vocabulary for Successful Communication

1. Taking coat off
2. Taking sunglasses off
3. Moving closer, but not too close
4. Leaning forward
5. Uncrossed legs

6. Arms gently crossing lower body
7. Repeated glances
8. Open lipped smiling
9. Open hands with palms visible
10. Small upper or inward smile
11. Erect body stance
12. Hands open, arms extended, eyes wide, alert
13. Lively and bouncy voice, well modulated
14. Slightly titled head
15. Sitting in front portion of chair with tipper torso forward
16. Hand-to-cheek gesture
17. Stroking chin or pulling beard

A physician must coordinate himself in listening, talking, observing a patient and observing his own body language. In addition he has to write down all the details of a patient. Hence, he must have coordination between his hands and brain, of course, through the mind.

Dress and Appearance

Lack of concern about appearance has a negative impact on the patient. Being unshaven, smelly or shabby, disgusts others. A neat, clean and ironed dress appropriate to the profession of a doctor projects an elegant image! Never wear anything sloppy, tight or revealing to the patient. Make sure your shoes and other accessories are clean and polished. Be sure your hair is clean and well-groomed—nothing spiky or wild, and keep your makeup minimal.

Your clothes need not be expensive. They should be suited to your shape and style. They need to represent you at your best and you as well as your patient should feel comfortable.

‘You can be with a good dress; you can do a great deal to make your body more beautiful; you can make your face beautiful with cosmetics and even plastic surgery. A man can have implants. But be sure – great physical beauty with a boring mind is boring. You might get attention but you will never keep that attention.’ – Edward De Bono

Body Posture

This should give a positive demeanor. Do not cross your arms in front of the patient or cross your legs away from the patient you are talking to.



Fig. 23.2. Follow SOLER technique

Crossing arms or legs indicates a blockage in communication. This reflects reserved character of the physician. Face to face interaction with a patient is a must. This amounts to a congenial frame of reference. Erect posture is recommended while standing. Stand evenly on both feet. Keep the arms relaxed and casual. Don't slouch, but don't stand in a stiff manner. Adopt a forward leaning posture showing interest while taking the interview of a patient. Relax your shoulders. Don't lean forward too much to give an impression that you are needy and desperate or lean backward to a great extent to convey the message that you are arrogant and distant.

The body posture should be motivating and gracious and it should render the message that a physician is always there for succor and assurance. Don't be dramatic and unnatural. Your clinic is not a film studio. Don't sit or stand in an awkward position. If you are open and receptive and your body language amply demonstrates that, your patient will become more open. **It is always better to be in responsive and reflective modes of body language.**

Egan (1986) developed the technique called SOLER. It helps the patient to feel safe and to trust the one who takes care and assists in effective communication. SOLER means :

- S – Sit squarely in relation to the patient
- O – Open position
- L – Lean slightly towards the patient
- E – Eye contact
- R – Relax

Converse at the eye level of a patient. Look at others straight on. You should know when and how to maintain eye contact. You should glance away periodically to prevent intimidation but not at crucial moments. Gaze should be drifted elsewhere to keep from staring. Persistent gaze at the patient can make him embarrassed too. If a patient is rendering important information, don't break the eye contact even after he has finished talking. Associated head nodding and responsive mode facilitates the interview. The eyes should give the message, 'I'm here for you'. The eyes must look receptive to the patient. Intense eye contact is needed when a patient is rendering important information. Maintaining eye contact gives an impression of being an intelligent and abstract thinker. It also prevents from torpidity leading to death of conversation.

Many times a physician has to talk in a group of patients or students



Fig. 23.3. Eye contact prevents the torpidity

or colleagues, then it is better to give the same eye contact to the entire group to create a better connection and see if the group is attentive or not. Focussing the attention on only one person in a group may make others feel neglected and this may disinterest them.

Epoxy Eyes

Homoeopathic interrogation is a personal interview and it evokes innumerable responses from both the physician and the patient. A physician must know about sticky or superglue eyes. Such eyes are termed as epoxy eyes. There is a technique called 'Epoxy eyes technique'. It involves more than two persons and the technique is gazing at a target person continuously, without a break, with

romanticism, no matter who is speaking in the group. Be careful in using this technique. As an active and conscientious physician you have to get involved in a patient but remember not intensely. Too much intensity can be as distracting as too little involvement. Lack of eye contact gives the impression that you are talking *at* people instead of *to* them.

Many physicians don't look at the patient because of shyness, too much modesty or they may be lost in their own world of high-flying. A physician should see the causes related to him and try to rectify them.

Touch

Touch helps the patient to know that you consider him as a person. A pat on the back, a light touch on the shoulder can be reassuring to the patient. However, you must know the culture too.



Fig.23.4. Conversation should touch everything

Touch can be a risky proposition. You must be cautious and if your selection or even timing is wrong, perhaps you may receive a slap.

Barriers

Remove physical obstacles between you and your patient. Any object between you and the patient with whom you are talking may interfere with the conversation. These are masks, safety glasses, gloves, bibs, flower arrangements, books, desktop computers, laptops, etc. Such objects clutter the visual space between you and your patient. Even air is an obstacle if there is too much of it.



Fig. 23.5. Do you know that laptop is a major barrier today?

Communicate ‘barrier free’ with the patient. If you want an unconstrained conversation, get rid of any obstacles. Some physicians have the habit of keeping a hand on their mouth while talking. This also acts as a barrier. Not giving a pause to listen to the patient is a major barrier. And remember, don’t just listen, watch.

Remember, the first and foremost barrier is you.

Facial Expressions

The combination of openness, smile, eagerness and interest with seriousness and sincerity works wonders. In most cases, a gentle, pleasant smile does the trick. Too much of smile that never softens can look forced and nervous. A pleasant smile with a twinkle in your eyes will convey

the impression that chatting will be a pleasant experience. Remember the statement, 'Smile and the world smiles too.' When a patient says something funny, respond to it by laughing but don't be the first to laugh at your own jokes.

Dale Carnegie in his famous work, '*How to Win Friends and Influence People*', emphasized on smiling, showing interest in other people and making them feel good about themselves. However, mere smiling or giving sincere compliments is not enough in today's competitive world. How you smile and what is your motive behind smiling also carries importance. Smile is a powerful weapon and it needs to be fine tuned for maximum impact. Some physicians have the habit of flashing the same smile at everyone, which loses its value. The patient needs an exclusive genuine smile.

Facial expressions should be lively and cheerful rather than too carefully controlled and restricted. Even unattractive people appear attractive if they keep lively and expressive faces. Morose and melancholic face of a physician discourages the patient. Remember that a physician has to define his own ego, brush aside his personal dispositions and surrender totally for the sake of his patient. A physician must ignite the conversation and maintain the temperature of it. He has to charge the patient. The patient needs elated feeling coupled with assurance from a physician. At the same time if the patient is expressing his grievances, a physician should tune his energy and mood and give an appropriate response.

Remember the ground breaking research that emotions can *follow* facial expressions as opposed to always *preceding* them.

Voice Techniques

Remember the phrase 'The pen is mightier than the sword but the tongue is mightier than the pen'. The tongue – a boneless piece of flesh constantly in motion, is extremely powerful. Do you know that the tongue is a major cause of conflicts on the earth since eternity? It is highly advisable to keep your tongue behind your mind rather than in front of it.

Keep a polite tone. Polite physicians are always winners. Arrogant speech doesn't yield success. Speak slowly and articulately. Proper enunciation and pronunciation of words is a priority. See that your message is conveyed correctly. A physician should match his vocal tone with that of the patient. This requires an empathetic attitude with the patient. In

the beginning of a conversation, the first words should be sparkling, witty, insightful and riveting to stimulate the patient to talk uninhibitedly. Do let your sense of humour shine and make it fun for people to be with you.

Some kind of parroting is also needed to enhance conversation. Repeating the last words of a patient often helps to throw the ball back into the patient's court. This is called as *reflective technique*. Apart from this, a physician must be elite in using the words of praise for facilitating the conversation like—wonderful, nice, good, very good, elegant, stunning, ravishing, how beautiful, a good explanation, splendid job, great, good efforts, you are clever, you are a planner, smart, how caring you are, superb, extraordinary, fantastic, how sporty, interesting, right, magnificent, remarkable, glorious, etc. While uttering these resourceful words, a physician should exhibit a little more energy in his tone. Conversely, while reacting to the grief and sadness the physician should use words like—how bad, a bad experience indeed, it must have been a painful experience for you, very sad, what a tragedy, etc.

Humour enriches any conversation. Make jokes wherever necessary as they infuse liveliness in the interview. Jokes should not be too long to drive away the patient from the purpose of the conversation. They should evoke positivity in the patient and not a feeling of hatred. They should not be sarcastic and hurting to the sentiments of the patient and this depends on modulations of voice. They should be in conformity with the situation of the patient.

Body Movements

Be expressive but without overdoing. Be open, but not to the point of being contrived and affected. Do not fidget, scratch, twitch, wiggle or squirm in front of a patient – try to avoid, phase out or transform fidgety movements and nervous ticks such as shaking the legs or tapping the fingers against the table rapidly and repeatedly. They distract the attention of your patient. Discontinue all unnecessary movements and try to relax, slow down and focus your movements.

Key Signals in a Nutshell

1. Open palms: Sincerity, openness, receptivity
2. Leaning closer: Interest, comfort
3. Leaning away: Discomfort with the facts being presented or at the person presenting them

4. Nodding: Interest, agreement and understanding
5. A relaxed posture: Openness to communication
6. Arms crossed over chest: Defensiveness, guardedness, resistance
7. Gesturing warmly or talking with hands: Interest and involvement in the conversation
8. Hand to cheek: Evaluating, considering
9. Hands clasped behind back: Anger, frustration
10. Sitting with hands clasped behind head: Arrogance, superiority (except in long-standing relationships)
11. Tapping or drumming fingers: Impatience, annoyance
12. Steepling fingers: Closing off, creating a barrier
13. Fidgeting: Boredom, nervousness or impatience
14. Hand over mouth: Generally negative; often denotes disapproval or reluctance to speak openly
15. Clutching objects tightly: Anxiety, insecurity, nervous anticipation

Remember, if a patient uses a specific body language once, then there is a connection with it. If he uses it many times, there is a definite connection and if he uses it as an expression of a deeper state of the mind, it becomes a vital sign from the standpoint of analysis, evaluation and synthesis.

As a physician, you should avoid 'commando' postures such as hands on the hips or clasped behind the head. Also avoid 'barrier' language, such as turning your body away or keeping your arms folded. It is better to keep the gestures loose yet controlled if the patient is introvert or is nervous. Avoid excessively exuberant or frantic movements. It looks odd. Be sure your words and your body language match or else you'll give a wrong message. Let the gestures flow as a natural accompaniment to the verbal language. What the patient needs is an undivided, uninterrupted and unhurried attention from a physician.

Space

A physician should not be afraid to take up some space when needed for the sake of data elicitation. For example, taking up space by sitting or standing with the legs apart signals self-confidence and that a physician is comfortable in his own skin. However, it should not look odd.

It is the responsibility of a physician to respect the territory of a patient. The patient is comfortable talking to a physician who is within a few feet of him. Generally, the personal space extends to about the distance of an adult's outstretched arms. If it is invaded deliberately, it can make the patient uncomfortable, embarrassed or threatened. Research has shown that individuals who do not respect others' space are less popular and are often rejected by people.

The physician should see that the inner 'animal' within himself doesn't come on to the surface.

FOLLOW UP PATIENTS

One of the ways to win the hearts of follow up patients is to greet them as if they are your old friends. You must have a good memory and even if you don't remember the name of a patient, it is expected that you remember his complaints. This definitely facilitates the rapport. Adherence is more when you empathize with the patient and allow your patient to take active participation in treatment modality.

One of the criteria of follow up should be change in the body language of a patient. A physician should observe the facial expressions, eye expressions and the mode of talking in order to decide if medicinal action has been registered on the system. Also observe if there are any changes after the remedy. Remember, simillimum changes the body language by bringing harmony in a patient.

YOUR OWN AURA

Remember, Leonardo da Vinci's statement, 'The average person looks without seeing, listens without hearing, touches without feeling, eats without tasting, moves without physical awareness, inhales without awareness of odour or fragrance, and talks without thinking.'

Be aware. Bodily self-awareness requires multisensory integration. Signals from our eyes, muscles, skin and sense of balance come together in a way the brain can create a representation of the body and its position in our surroundings.

The first person you need to impact with positive body language is not others, but yourself. You must know your own aura, the electromagnetic energy field created by your body.

Ask Yourself a Simple Question

Are you sending the right signals? Just making a few subtle changes can have a significant impact on how you are perceived by others. Remember, our attitudes, emotions and personality characteristics are distinctly reflected in our non-verbal styles. Create a lasting impression and win patient's respect and trust for a lifetime.

Remember Osho's statement, 'Trust and respect the intelligence of your body and that will lead you, in turn, to a sense of grounding and centering.'

Key Points

1. There is no substitute for attentiveness, patience and listening.
2. Scan the patient from head to toe. The important aspect may be found from any area. But remember, scanning doesn't mean staring.
3. Don't judge the book by its cover. Physical appearance, tattoos, etc. always provide clues, but seldom render definitive answers about the personality of the patient.
4. Hair style, dress, ornaments, etc. point towards a direction and not the final destination. They have less meaning if viewed in isolation than involuntary actions like a sarcastic laugh or compassionate eyes.
5. Focus on what is leaked out through the body language. Then link it with the context and try to see the energy pattern.
6. Watch out for anything that is peculiar or peculiarly unique.
7. Inappropriate actions carry more importance.
8. Always look for consistent combinations of clue. Identify the themes that surround the whole person. Try to find the vital sign that the patient projects as a blend of mind and body, the one that defines the core of the patient.
9. Don't confuse a temporary state of mind for a consistent or permanent state of being.
10. Synchronize your body movements with your patient if you want to show that you are paying attention to him.
11. By having your gestures echo those of your patient, a rhythmic pattern is produced which enhances communication.

12. To know your patient's essence—this point bears repeating—the real skill is in identifying the appropriate patterns.
13. Objectivity is essential. Your pseudo or over-intellectualization is likely to take you away from hard facts. If you can't be objective, at least try to be thorough.

NEED FOR CONSTANT POLISHING

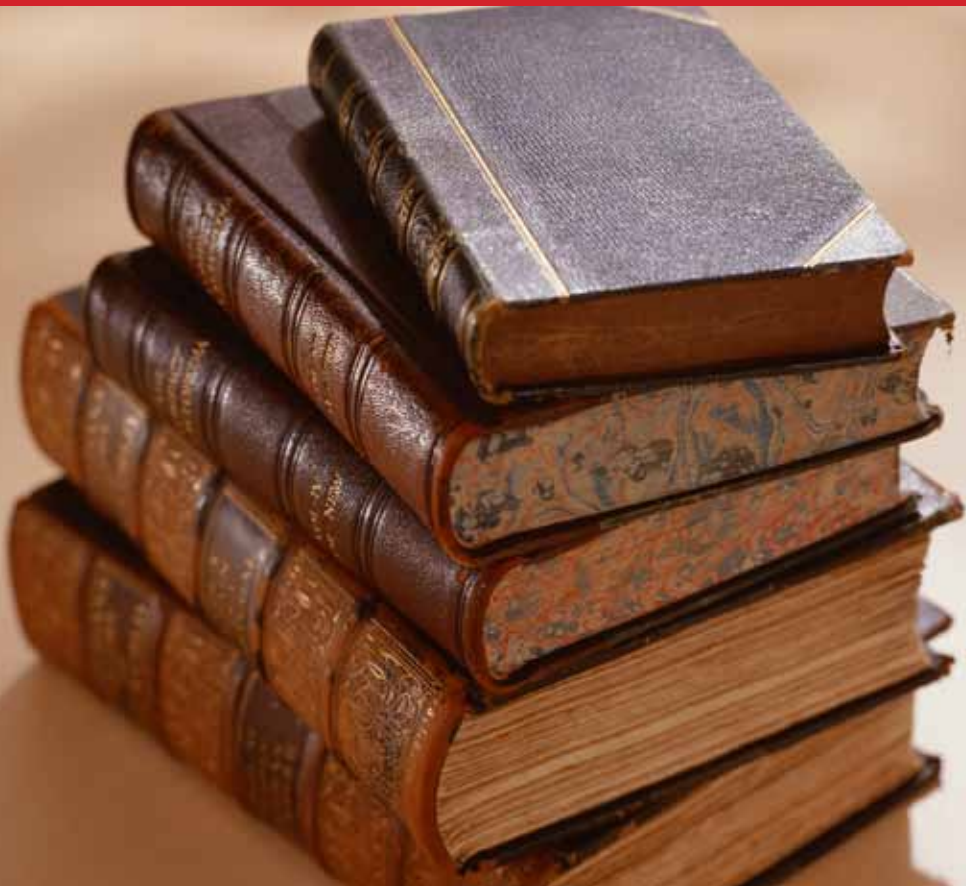
Finally, the art of deciphering the truth through body language is a skill that needs constant polishing. It's not something that you learn overnight. It needs constant application by training yourself to be a keen observer. Spend more time with people. That's the best way to learn and understand them. As mentioned earlier, airport, railway station or bus station, nay, the world of people around us, are the excellent spots for viewing the entire human spectrum. Remember, the real skill is in identifying appropriate patterns.

I wrap up this chapter with Helen Keller's statement, 'Be of good cheer. Do not think of today's failures, but of the success that may come tomorrow. You have set yourselves a difficult task, but you will succeed if you persevere; and you will find a joy in overcoming obstacles. Remember, no effort that we make to attain something beautiful is ever lost.'



Chapter 24

CLINICAL REPERTORY OF BODY LANGUAGE



REPERTORY AS A MICRO-FILMING OF MATERIA MEDICA

Homoeopathic repertory is a qualitative tool. It is not a mere quantitative compilation of symptoms or rubrics with related homoeopathic remedies. We have already labelled homoeopathic materia medica as the product of the 'highest' wisdom. Homoeopathic repertory has its origin in materia medica. Hence, it encompasses the wisdom of materia medica. I would like to call repertory as an instrument of 'refined' wisdom. The repertory is a micro-filming of materia medica. However, although retaining the essence of symptomatology of materia medica, it has its own individuality and characteristic form. It helps to resolve several pitfalls which diverse patients present to a homoeopathic physician.

USING THE TOOL

It is at this point that we are able to appreciate the perception propounded by Boenninghausen who based the repertory on 'grand generalization'. Kent on the other hand, stressed on the polarity of specification. Boenninghausen classified the data and emphasized on the particulars and concomitants while Kent stressed on mentals and generals. With their logical and coherent approach, they carved out the quintessential tool of repertory for the homoeopathic physician. Boger adopted a totally new and different approach of emphasis on the pathological generals. He was able to blend his exemplary knowledge of pathology with his precise, concise and artistic way of presentation.

With the increasing use of psychology, psychiatry and other allied branches, it has now become easy and possible for us to define the rubric, explain it and use it practically. With the added knowledge of body language, it has become easy to perceive the rubric and to give also proper gradation to the rubric.

REPERTORIAL RUBRICS AND BODY LANGUAGE

Understanding 'rubrics' in the repertory is just like understanding 'Patanjali Yogasutras'. Each stanza contains enormous information. Similarly each rubric has a deep meaning and it can be elaborated in many ways.

Let us take an example of the rubric 'Antics, plays'. The cross references for this rubric are:

1. Foolish behaviour
2. Childish
3. Gestures, ridiculous, foolish

4. Gestures, strange
5. Grimaces, makes

The meaning of the rubric is that a person is behaving in an odd, absurd and strange manner and this is expressed through ridiculous gesticulations, being a fool, a grotesque figure, a comedy caper; a mischievous act or gesture.

Such type of act is commonly observed in children. The child makes fun at home or in school, even in front of parents or teachers. They feel no shyness in making grimaces. They might be able to control such foolish acts but at times it may be the disposition, or it may be an involuntary act in some disease conditions.

‘Antics, plays’ is basically an example of body language which an ‘observant’ physician will notice and consider it as an important rubric. The drugs which cover this rubric are: *Bell.*, *Cupr.*, *Hyos.*, *Lach.*, *Op.*, *Phos.*, *Plb.* and *Stram.*

‘Dictatorial’ (cross references - Domineering, Dogmatic) is another classical rubric which may show off a variety of peripheral and characteristic bodily expressions. A person wants to be a dictator and autocrat. He likes to command others and compels others to obey him. Many political leaders are dictatorial in nature. Body language of such people is unique and expressed through gestures like pride of ownership, authoritarian gesture, know-it-all gesture, dominant palm position, head-tilt-back, direct eye contact, proud, erect body stance with chin forward, pointing fingers, fists clenched, steepling gestures, the expansive space, etc.

There are many patients that obviously do not represent the domineering disposition through the spoken words. A homoeopath is often perplexed as to the gradation of the said disposition in such cases and it is here that one can take the help of body language and give an appropriate gradation to the disposition.

The chief remedies which cover ‘Dictatorial’ rubric are *Aur.*, *Campb.*, *Cham.*, *Ferr.*, *Lach.*, *Lyc.*, *Merc.*, etc. Now it is interesting to note that the theme of dictator in each remedy is different and it is associated with an admixture of many other dispositions with their varying energy patterns. These dispositions help in evolving the theme of the remedy and also help in understanding the body language of a remedy.

Body language is replete in our repertory. The aggravating and ameliorating modalities in posture many times assume the character

of ‘characteristic symptoms,’ for example, Dyspnea, > lying down flat with arms spread wide apart in *Psorinum* or > knee-chest position in *Medorrbinum*.

In preparing the repertory of body language, the problem we faced was that each gesture has several meanings and the rubric has to be dissected as per the specific meaning. Another problem was that a specific gesture denotes an emotion or a disposition that can’t be put into the existing repertorial language.

Note that we are using this repertory in our practice since many years and we are witnessing the tremendous benefit of it. The concurrent use of this repertory helps a lot in case taking, fathoming the patient as a person, to perceive the materia medica and repertory.

We request our readers to use this repertory and send in your feedback.

CLINICAL REPERTORY OF BODY LANGUAGE

Basic Modes

Responsive (between open and forward): *acon.*, *agar*, *agath-a.*, *allox.*, *alum.*, *anac.*, *androc.*, *anh.*, *ant-c.*, *apis*, *ara-maca.*, *aran-ix.*, **arg-n.**, *arizon-l.*, *ars.*, *ars-i.*, *aur.*, *aur-ar.*, *aur-s.*, **bell.**, *both.*, *bov.*, *buteo-j.*, *calc.*, *calc-f.*, **calc-p.**, *calc-s.*, *camph.*, *carbn-s.*, *carb-v.*, *carb.*, *caust.*, *cench.*, *choc.*, *cimic.*, *coca.*, *cod.*, *coff.*, *coli.*, *con.*, *crot-c.*, *cupr.*, *cupr-ar.*, *cycl.*, *dream-p.*, *dulc.*, *falco-pe.*, **ferr.**, *ferr-ar.*, *ferr-m.*, *ferr-ma.*, *ferr-p.*, *flor-p.*, *fuma-ac.*, *glycyr-g.*, *grat.*, *haliae-lc.*, *ham.*, *helo-s.*, **hep.**, *hir.*, *hydr.*, *hydr.*, *hydrog.*, *hyos.*, *ign.*, *ignis-alc.*, *kali-ar.*, *kali-bi.*, *kali-br.*, *kali-c.*, *kali-p.*, *kali-s.*, *kola.*, *lac-cp.*, *lac-del.*, **lach.**, *lac-leo.*, *lac-loxod-a.*, *lac-lup.*, *lil-t.*, *limen-b-c.*, *lup.*, *lyc.*, *lyss.*, *m-ambo.*, *m-arct.*, *marb-w.*, *melal-alt.*, *merc.*, *merc-i-f.*, *merc-i-r.*, *merc-s.*, *nat-ar.*, *nat-c.*, *nat-m.*, *nat-s.*, *neon.*, *nit-ac.*, **nux-v.**, *olib-sac.*, *olnd.*, *op.*, *orig.*, *ox-ac.*, *oxal-a.*, *ozone.*, *petr.*, **phos.**, *plac.*, *plat.*, *pod.*, *positr.*, *rhus-t.*, *ruta.*, *sal-fr.*, *scor.*, *sep.*, *sil.*, *spong.*, *staph.*, *staphycoc.*, *stram.*, *sul-ac.*, *sul-i.*, *sulph.*, *symph.*, *syph.*, **tarent.**, *thea.*, *ther.*, *tritic-vg.*, **tub.**, **tung-met.**, *ulm-c.*, *vanil.*, *verat.*, *verat-v.*, *vesp.*, *vip.*, *zinc.*

Reflective (between open and back): *acon.*, *aids.*, *allox.*, *aloe.*, *alum.*, *ambr.*, *am-m.*, *anac.*, *anh.*, *arb-m.*, *arge-pl.*, *arg-met.*, *arist-cl.*, *arn.*, *aur.*, *aur-ar.*, *aur-m.*, *aur-m-n.*, *aur-s.*, *bamb-a.*, *bar-c.*, *bar-ox-suc.*, *berb.*, *bism.*, *bov.*, *calc.*, *calc-s.*, *camph.*, *cann-i.*, *cann-s.*, *canth.*, *caps.*, **carb-an.**, **carb.**, *carl.*, *caust.*, *cench.*, *cham.*, *chin.*, *choc.*, *chord-umb.*, *cic.*, *cimic.*, *clem.*,

cocc., coch., coff., con., *cupr.*, cycl., **des-ac.**, dig., dream-p., dros., dulc., elaps, euphr., eug., euph., falco-pe., ferr-ma., galeoc-c-h., germ-met., gink-b., *granit-m.*, graph., grat., guaj., haliae-lc., ham., **hell.**, hippoz., *hyos.*, **ign.**, ina-i., *indg.*, *ip.*, irid-met., kali-c., kali-n., kali-s., ketogl-ac., kreos., lac-c., lac-d., lac-del., lac-e., *lach.*, lac-h., lac-leo., lac-loxod-a., led., lil-t., limen-b-c., luna, lyc., lyss., *mag-c.*, *mag-m.*, *mag-p.*, *mag-s.*, manc., *mang-act.*, med., meny., merc., mez., morg., morg-p., mur-ac., nat-ar., nat-c., nat-m., nat-s., nat-sil., neon, nux-m., nux-v., ol-ac., ol-an., *olib-sac.*, olnd., op., ozone, petr-ra., **ph-ac.**, phel., **phos.**, plac., plac-s., plan., plat., plb., polys., positr., **puls.**, ran-b., rhus-t., ruta, sabad., sal-fr., sanguis-s., sars., senec., **sep.**, **sil.**, *spect.*, spig., spong., stann., staph., stram., *sulph.*, suprar., thuj., tritic-vg., ulm-c., **vanil.**, verat., viol-o., viol-t., zinc.

Fugitive (between closed and back): acon-ac., *aeth.*, agam-g., *alum.*, alumn., ambr., amph., androc., *ant-c.*, arb-m., **arg-met.**, arg-n., arizon-l., ars., **aur.**, aur-m-n., **aur-s.**, aven., bamb-a., *bapt.*, **bar-c.**, bar-m., berb., borx., bry., cain., *calc.*, **calc-p.**, calc-sil., camph., cann-s., cann-xyz., canth., *caps.*, **carb-ac.**, carb-an., *carbn-s.*, **carb-v.**, *carc.*, **caust.**, cere-s., *chin.*, choc., cic., *clem.*, *cocc.*, coff., **con.**, cori-r., croc., crot-h., cupr., *cupr-act.*, cur., cypra-eg., cystein-l., des-ac., dream-p., dulc., elaps, **ferr-pic.**, *foll.*, galeoc-c-h., *gels.*, germ-met., *graph.*, ham., *hell.*, *belon.*, hippoc-k., hura, **hydr.**, hydrc., *hydrog.*, *hyos.*, **ign.**, ip., irid-met., *kali-c.*, *kali-bi.*, kali-br., kali-i., kali-n., **kali-p.**, *kali-sil.*, kiss., kola, *lac-c.*, *lac-d.*, *lac-e.*, lac-h., *lach.*, lap-la., lath., *laur.*, lavand-a., **lec.**, led., lil-t., *lith-c.*, **lyc.**, *m-arct.*, *mag-c.*, *mag-m.*, manc., *merc.*, mez., mosch., naja, nat-act., *nat-c.*, nat-m., nat-p., nat-s., nat-sil., nit-ac., nux-m., *nux-v.*, *olib-sac.*, ozone, paull., petr., **ph-ac.**, phasco-ci., *phos.*, **pic-ac.**, pieri-b., pin-c., pip-m., plac., plat., *plb.*, podo., positr., *psor.*, *puls.*, querc-r., ran-b., rhus-t., sal-fr., *sars.*, *scut.*, *sel.*, *sep.*, *sil.*, sinus., *spig.*, spira., spirae., spong., *staph.*, *stry-p.*, *sul-ac.*, sulph., symph., tab., taosc., tarent., *thuj.*, *tritic-vg.*, tub., ulm-c., vanad., ven-m., verat., **zinc.**, **zinc-p.**, *zinc-pic.*

Combative (between closed and forward): acon., *aeth.*, **agar.**, agath-a., agn., alco., aloe, *alum.*, alumn., *am-c.*, *am-m.*, *ant-c.*, *ant-t.*, **anac.**, androc., *apis*, arg-met., arg-n., arizon-l., *arn.*, **ars.**, *ars-i.*, ars-s-f., *asaf.*, *atro-s.*, **aur.**, bar-c., **bell.**, *bond.*, *borx.*, *bov.*, **bry.**, bufo., *bung-fa.*, cain., *calc.*, *calc-p.*, *calc-s.*, *camph.*, cann-i., cann-s., cann-xyz., **canth.**, *caps.*, *carb-an.*, *carbn-s.*, carb-v., *card-m.*, *caust.*, cere-s., **cham.**, chel., *chin.*, chinin-s., chlor., choc., cic., cimid., *cimx.*, **cina**, *cocc.*, *coff.*, *colch.*, *coloc.*, con., cori-r., *croc.*, *crot-c.*, *crot-h.*, **cupr.**, *cupr-ar.*, dig., dros., *dulc.*, elec., eupi., *falco-pe.*, fl-ac.,

gels., *germ-met.*, glon., *graph.*, grat., haliae-lc., *bell.*, **hep.**, **hyos.**, hyper., **ign.**, *iod.*, *ip.*, *jatr-c.*, kali-bi., **kali-c.**, *kali-i.*, *kali-p.*, **kali-s.**, *kreos.*, *lac-c.*, *lac-cp.*, *lac-e.*, **lach.**, lac-leo., *lact.*, lat-h., *led.*, *lil-t.*, lob., *lob.*, luna, **lyc.**, **lyss.**, *mag-c.*, *mag-m.*, *mag-s.*, m-ambo., manc., *m-aust.*, med., meli., **merc.**, mercy., merc-meth., *mez.*, *moni.*, *mosch.*, *mur-ac.*, *nat-c.*, **nat-m.**, *nat-s.*, *nicc-met.*, **nit-ac.**, **nux-v.**, **op.**, *pall.*, *pegan-ba.*, **petr.**, ph-ac., *phos.*, positr., *puls.*, *rhus-t.*, *ros-d.*, ruta, *sabal.*, *sal-fr.*, sang., *sec.*, seneg., **sep.**, *sol-n.*, *spig.*, *stann.*, **staph.**, **stram.**, streptoc., *stront-c.*, stry., sul-ac., **sulph.**, *tab.*, **tarent.**, *thuj.*, thyr., trios., *tritic-vg.*, **tub.**, **vanil.**, **verat.**, *vip.*, xanth., *zinc.*

Appearance, Personal

Artefacts

Beards: adam., aeth., aloe, *anac.*, ant-c., ant-t., apis, *arg-n.*, ars., *aur.*, *aur-m-n.*, *bell.*, bry., calc., calc-f., calc-s., camph., **cann-i.**, canth., *caust.*, cham., cina, *cupr.*, ferr., fl-ac., hep., hyos., *iod.*, kali-s., lac-ac., lach., *lyc.*, *mag-m.*, *med.*, *merc.*, *morph.*, nat-c., **nat-m.**, nat-sil., *nicc-met.*, nit-ac., *nux-v.*, ozone, *odo.*, rad-br., phos., *plat.*, sep., *sil.*, spong., **sulph.**, *syph.*, *thuj.*, *tritic-vg.*

Earrings, if worn by men: calc., fl-ac., lyc., plat., puls., sil.

Moustache: adam., agar., alco., alum., ant-t., *arn.*, ars., asar., aur., *aur-m-n.*, *bar-c.*, *bell.*, *bov.*, *bufo.*, *calad.*, calc., calc-f., calc-s., cann-i., carc., *caust.*, chel., cina, crot-h., *dulc.*, *dros.*, *falco-pe.*, *ferr.*, ferr-p., fl-ac., gins., *grat.*, haliae-lc., hyos., *iod.*, kali-c., lac-f., lach., **lyc.**, lyss., *mag-m.*, *med.*, merc., mez., nat-c., nux-v., op., orig., *pall.*, phos., plut-n., positr., sep., squil., staph., *sulph.*, *tab.*, thyr., *tub.*, vanil., *verat.*, verat-v.

Perfume, use of, desire, for: anh., bell., calc-f., cann-i., carc., chin., coff., *ign.*, lach., med., *mosch.*, nat-m., nux-v., op., *phos.*, sulph., *tarent.*, tub.

Wearing

glasses, head, on: alum., **ars.**, ars-h., *aur.*, bell., borx., **bry.**, calc., carb-v., *caust.*, chin., *cic.*, *dig.*, germ-met., graph., hyos., *ign.*, kali-c., **lach.**, lac-h., lil-t., *lyc.*, mag-c., merc., naja, nat-ar., *nat-m.*, nat-s., *nit-ac.*, nux-v., petr., ph-ac., phos., plb., psor., sel., *sep.*, sil., staph., *stram.*, sul-i., sulph., syph., **thuj.**, *verat.*, zinc.

spectacles, in the absence of refractive error: agar., alco., apis,

arg-n., *arn.*, bell., calad., *calc.*, calc-p., coca, falco-pe., kola, *lach.*, lyc., med., **merc.**, morph., nat-m., nux-v., op., *phos.*, plat., plat-m., *puls.*, sep., sil., staph., sulph., syph., *tarent.*, thuj., verat.

sunglasses, dark, preventing reading the soul, from: *agar.*, anac., androc., arg-met., arg-n., *ars.*, aur., aur-m-n., bar-c., **bell.**, *bry.*, bufo, chin., chlam-tr., chlor., coca, *cupr.*, dig., *dros.*, eug., fl-ac., germ-met., *hell.*, *hyos.*, ign., kola, **lach.**, lac-leo., lyc., marb-w., *merc.*, morph., naja, *nat-m.*, nit-ac., *nux-v.*, *op.*, phos., plb., plut-n., *puls.*, sanguis-s., sep., spong., **staph.**, *stram.*, **tarent.**, **thuj.**, *verat.*, zinc.

Clothes

Colourful, desires: *lach.*, *phos.*, plat., tarent.

Differently, every day: *hyos.*, phos., puls., tarent., tub.

Feminine, men, in: bar-act., bar-c., calc., calc-act., cann-i., fl-ac., heroin., lac-ac., *lach.*, lyc., med., phos., *plat.*, **puls.**, sanguis-s., *sil.*, staph., *thuj.*

Grotesque: anan., *arg-n.*, carc., hell., *hyos.*, *stram.*, **sulph.**

Masculine, women, in: acon., anac., ant-c., *ars.*, aur-m-n., *bry.*, calc-f., calc-i., carb-v., caust., cham., cimic., coff., coloc., cortico., ferr., *fl-ac.*, *graph.*, *lach.*, lat-m., lyc., med., **merc.**, nat-ar., *nat-m.*, nit-ac., nux-v., petr., plat., plut-n., sel., **sep.**, sol, staph., sulph., thuj., thyr.

Showy: *arg-n.*, *ars.*, bell., calc-f., calc-s., chin., lac-leo., *lach.*, lil-t., lyc., *merc.*, nux-v., op., petr-ra., *phos.*, *plat.*, puls., sal-fr., sulph., *tarent.*, tax., *verat.*

Tidy, spruce: anac., **ars.**, arg-n., aur., calc., calc-p., **carb.**, *cupr.*, falco-pe., galla-q-r., *graph.*, ham., ign., ignis-alc., ina-i., iod., kali-c., kali-p., kali-s., lac-ac., *lach.*, *lyc.*, med., nat-m., nat-sil., nat-s., *nux-v.*, phos., *plat.*, polys., positr., ruta, sacch-a., sep., *sil.*, spong., sulph., symph., syph., *tritic-vg.*, thuj., tub., vanil., vult-gr.

Unbuttoned jacket: *agar.*, *apis.*, *arg-n.*, bell., calad., **calc-f.**, calc-p., cann-i., canth., caust., con., **fl-ac.**, *graph.*, *hyos.*, *lach.*, lil-t., *limen-b-c.*, lyc., *merc.*, **murx.**, nux-v., op., par., **phos.**, **plat.**, puls., sabin., sil., spong., staph., *stram.*, *sulph.*, tarent., *tritic-vg.*, tub.

Ungracious, elegance, want of: am-c., am-m., *ars.*, bufo, *calc.*, caps., caust., hell., **hyos.**, *lach.*, lyc., nat-c., *nat-m.*, nux-v., plat., puls., sec., sep., sil., staph., *stram.*, **sulph.**, thuj.

Colours

Aversion

black, to: ars-i., cocc., *ign.*, ignis-alc., med., nat-m., *nux-v.*, *phos.*, podo., rob., ruta, *sep.*, stram., *tarent.*, tritic-vg., vanil.

blue, to: choc., ignis-alc., podo., sep., tarent., vanil.

brown, to: *ign.*, plat.

green, to: choc., lach., mag-c., *nux-v.*, polys., *sep.*, *tarent.*

orange, to: *ign.*, lach., nux-v., puls.

pink, to: sep.

purple, to: nux-v., sep.

red, to: *alum.*, ars-i., choc., ign., ignis-alc., *nux-v.*, polys., *sep.*, *tarent.*

violet, to: nux-v., sep.

white, to: ign., nux-v.

yellow, to: *nux-v.*, sacch-l., *sep.*, *tarent.*, tritic-vg.

Desires

black: aur., bung-fa., con., ign., ignis-alc., hyos., lac-h., lach., nat-m., nit-ac., ozone, sep., tarent., vanil.

blue: cocc., *ign.*, *kali-bi.*, lach., neon, *nux-v.*, phos., ruta, *sep.*, *sil.*, spong., staph., taosc., tarent., tritic-vg., *tub.*, vanil.

bright: lac-del.

brown: choc., nux-v., positr., sep., sil.

green: dulc., ign., ignis-alc., *lac-cp.*, neon, *nux-v.*, *sep.*, sil., spong., tarent., tritic-vg., *tub.*

pink: graph., *ign.*, nat-m., nit-ac., *nux-v.*, *phos.*, puls., *sep.*, *sil.*, tritic-vg., tub, zinc.

purple: nat-m., nux-v., sep.

red: aur., dream-p., ign., ignis-alc., lac-h., phos., plut-n., positr., symph., taosc., tarent., tritic-vg.

violet: nux-v., sep., tritic-vg., vanil.

yellow: ars-i., choc., dream-p., falco-pe., *ign.*, **podo.**, ruta, sep., taosc., tritic-vg., vanil.

brown and: choc.

white: ambr., *ars-i.*, calc., caust., haliae-lc., ign., ignis-alc., kali-bi., kali-p., *lach.*, lyc., mangi., med., *nux-v.*, *phos.*, polys., *sep.*, *sil.*, *staph.*, sulph., thuj., *tub.*, **vanil.**, zinc.

Footwear style

Children style: aur-m-n., **bar-act.**, **bar-c.**, bell., *bufo*, calc-act., *calc.*, calc-f., *cann-i.*, carb-an., carc., carb-v., cham., choc., cic., con., croc., hell., hyos., ign., kali-br., lac-ac., nat-c., op., ph-ac., phos., plb., podo., positr., *puls.*, sep., sil., thyr., tritic-vg., tub., vanad., verat., zinc.

Feminine style: (See Clothes, Feminine)

Musculine style: (See Clothes, Masculine)

Hairstyle

Men

Long length: adam., anac., bell., bufo, calc-f., carc., *caust.*, cham., **dulc.**, lyc., merc., nit-ac., *nux-v.*, **phos.**, sep., spong., sulph., tub.

Medium length, side-parted: alum., am-c., ars., *aur.*, bar-c., *bell.*, *carc.*, caust., *cocc.*, con., **hell.**, *ign.*, kali-c., **lach.**, lyc., *nat-c.*, *nat-m.*, **op.**, **ph-ac.**, **phos.**, polys., *sil.*, **sulph.**, *tarent.*, verat.

Short, front-flip: agar., alco., alum., anac., androc., aq-mar., arn., ars., aster., **bufo**, **calc-f.**, *cench.*, cic., cimic., **fl-ac.**, granit-m., hydrog., **hyos.**, ignis-alc., iod., **kali-bi.**, *kali-c.*, kali-i., *kali-s.*, **lach.**, *lac-leo.*, *lyc.*, med., merc., naja, nat-m., nat-s., nicc-met., **nux-v.**, pall., **phos.**, *plat.*, plat-m., plb., positr., sil., staph., *sulph.*, tarent., verat.

Women

Long, straight, blonde: agar., agn., ambr., am-c., *ant-c.*, *apis*, arg-n., ars., ars-i., asaf., aster., *bar-m.*, *bell.*, bufo, cact., calad., *calc-p.*, **camph.**, *cann-i.*, *canth.*, *cench.*, *chin.*, cimx., coca, *coff.*, con., *croc.*, culx., dig., *fl-ac.*, formal., **grat.**, hydrog., **hyos.**, iod., *kali-br.*, kreos., **lach.**, *lil-t.*, *lyc.*, lyss., manc., med., merc., mosch., **murx.**, mygal., nat-m., nat-p., nit-ac., *nux-v.*, op., **orig.**, *phos.*, plat., plb., podo., *puls.*, *raph.*, *rob.*, *sabad.*, sabin., saroth., sel., sep., sil., *staph.*, **stram.**, sul-i., sulph., *sumb.*, **tarent.**, thuj., tub., ust., valer., **verat.**, *vesp.*, visc., xero., zinc., zinc-p.

Medium length, casual: **acon.**, ambr., aur., *bell.*, brosgau., *cann-i.*,

carb-v., **carc.**, caust., cere-b., cocc., des-ac., hydrog., *ign.*, kali-s., **lach.**, *laur.*, **lyc.**, merc., naja, *nat-c.*, *nat-m.*, *nux-v.*, **op.**, **phos.**, *plat.*, puls., *sep.*, *sil.*, staph., **stram.**, sulph., sumb., taosc., tritic-vg., tung-met., vanil., *verat.*

Short, tousled: adam., agam-g., aids., arizon-l., *buteo-j.*, calc-f., cann-i., carc., *caust.*, cench., choc., *falco-pe.*, *ferr.*, *ferr-m.*, *fl-ac.*, graph., heroin., *irid-met.*, *kali-chl.*, *kola*, lach., lil-t., *lyc.*, merc., nept-m., *nux-v.*, op., phos., plat., plut-n., positr., senec., **sep.**, spong., stram., sulfonam., sulph., symph., tub., vanil., *verat.*

Make-up

Caked: act-sp., anac., aster., *bell.*, bufo, calc-f., camph., *cann-i.*, *canth.*, cham., chin., *con.*, *cupr-m.*, falco-pe., ferr., *ferr-p.*, fl-ac., haliae-lc., hep., hyos., kali-bi., *kali-br.*, kali-c., **lach.**, *lyc.*, **med.**, *merc.*, *murx.*, nat-m., nit-ac., *nux-v.*, olnd., op., phos., pic-ac., **plat.**, *sabin.*, sep., *staph.*, *stram.*, sulph., *tub.*, **verat.**

Heavy: anac., androc., *apis*, *arg-n.*, ars., aur., calc-f., *camph.*, chin., con., *croc.*, *cupr.*, *dulc.*, ferr., *ferr-ma.*, **fl-ac.**, *haliae-lc.*, *kali-br.*, **lach.**, **lil-t.**, **lyc.**, *merc.*, *med.*, *murx.*, *nat-m.*, **nux-v.**, *pall.*, **phos.**, **plat.**, *scor.*, sep., *staph.*, sulph., **tarent.**, *verat.*

Light: alum., ambr., bar-act., **bar-c.**, *bar-m.*, *bry.*, bufo, *calc-act.*, *calc.*, carb-an., carb-v., *chin.*, coca, cocc., *cupr.*, gels., ign., kali-bi., kali-i., *kali-p.*, kiss, lith-c., lith-m., *nat-c.*, ph-ac., **puls.**, *sep.*, *sil.*, tab., *zinc.*

No make up: *ambr.*, *ant-c.*, ars., aur., bar-c., calc., *chin.*, con., hell., hyos., ign., kali-p., lac-c., lac-d., *lyc.*, merc., nat-c., nat-m., nit-ac., *ph-ac.*, sec., sep., *sil.*, staph., stram., **sulph.**, thuj.

Ornaments

Desires: adam., aether, alco., anh., *aur.*, *bell.*, cadm-s., caj., calc., *calc-f.*, calc-p., calc-s., *cann-i.*, chin., coca, *coff.*, con., *croc.*, *crot-c.*, cupr., eug., *ferr.*, ferr-ar., ferr-ma., *fl-ac.*, germ-met., haliae-lc., heroin., hydrog., hyos., ign., ignis-alc., irid-met., *kali-i.*, *kali-s.*, *kola*, **lach.**, **lyc.**, *med.*, musca-d., nat-c., *nat-m.*, nat-p., neon, *nux-v.*, olib-sac., **op.**, *pall.*, *phos.*, **plat.**, **plat-m.**, **plb.**, polys., positr., rhod., *sep.*, *sil.*, staph., **stram.**, *sulph.*, *tarent.*, *tub.*, tung-met., *verat.*

Eye

Eye Expressions

Blinking

deception, from: agar., anac., ant-c., arg-n., arg-o., *ars.*, *bell.*, *bufo*, *calc-f.*, cann-i., cench., cic., crot-c., cupr., dig., *fl-ac.*, hep., hyos., kali-ar., kola, **lach.**, lac-leo., *lyc.*, *med.*, *merc.*, *morph.*, mosch., nat-m., nit-ac., **nux-v.**, **op.**, phos., plat., plb., puls., rhus-t., sec., sep., sil., stram., sulph., **tarent.**, *thuj.*, *verat.*

suspicion, from: **acon.**, ambr., **anac.**, apis, *arn.*, **ars.**, *aur.*, *aur-m-n.*, **bar-c.**, bell., **bry.**, *cact.*, calc., calc-p., **cann-i.**, caps., carb-v., carbn-s., carc., **caust.**, **cench.**, **cic.**, cimic., crot-h., *cupr.*, **dig.**, *dros.*, dulc., *elaps*, falco-pe., graph., hell., hydrog., *hyos.*, ign., **kali-ar.**, kali-br., kali-p., **lach.**, **lyc.**, lycps., *med.*, meli., meny., merc., mez., morph., *nat-ar.*, nat-c., nat-s., nit-ac., nux-v., olib-sac., op., ph-ac., phos., plat., plb., plut-n., psor., **puls.**, **rhus-t.**, ruta., sacch-a., sanic., **sec.**, sel., *sep.*, sil., spig., staph., **stram.**, streptoc., sul-ac., sul-i., **sulph.**, syph., thuj., thyr., vanil., verat., verat-v.

refuse to acknowledge, from: agar., *am-c.*, *anan.*, apis, arg-n., *ars.*, aster., bamb-a., bell., calc., carc., caust., chel., chin., con., cuph., cycl., *fl-ac.*, glon., **graph.**, hep., hydrog., hyos., iod., kalm., lac-cp., lac-leo., lach., laur., *lyc.*, merc., merc-d., mez., nat-c., nat-m., *nit-ac.*, *nux-v.*, op., petr., ph-ac., *plat.*, positr., ran-b., rhus-t., sep., spig., staph., stram., *sulph.*, sumb., syph., tanac., *tarent.*, tub., *verat.*, zinc.

Brilliant: **acon.**, *aeth.*, anac., anh., ant-t., apis, *arn.*, *ars.*, atro-s., **aur.**, bapt., bar-s., **bell.**, ben., **camph.**, cann-i., cann-s., *canth.*, **carc.**, *coff.*, *coloc.*, croc., cupr., *eup-per.*, euph., *falco-pe.*, gast., *gels.*, germ-met., graph., *hydr-ac.*, hydrog., *hyos.*, ign., **lach.**, *lyc.*, *lyss.*, m-ambo., *merc.*, mosch., nat-c., nat-m., nux-v., op., ozone, *ph-ac.*, **phos.**, *plat.*, plb., plut-n., *puls.*, rhus-t., santal., sec., sep., **sil.**, *spig.*, *stram.*, stroph-h., **sulph.**, tanac., tritic-vg., verat., veart-v., viol-o., *zinc.*

Conjugate lateral movements: alum., ambr., androc., *anh.*, arg-n., *ars.*, bamb-a., calc-ar., *carb-an.*, *carc.*, cocc., crot-c., *des-ac.*, ham., hyos., ign., *kali-bi.*, *kali-c.*, kola, *lach.*, lac-h., **lyc.**, naja, *nat-m.*, *nat-sil.*, *phos.*, plat.,

positr., puls., sep., *staph.*, stront-c., *sulph.*, tarent., thuj., *vanil.*, zinc., zinc-p., zinc-s.

Downcast: stann., verat.

walks, with: cham., dioxi., plut-n.

Fairy: acon., *agar.*, aids., aloe, am-c., **anac.**, ant-c., apis, arg-n., arn., *ars.*, aur., aur-m-n., aur-s., bar-c., bell., bufo, calc-p., **cann-i.**, cann-xyz., *caps.*, *carc.*, caust., *cham.*, *cina*, con., *cupr.*, dam., dulc., gaert., germ-met., *hyos.*, *lach.*, *lyc.*, *merc.*, nat-c., nat-m., nicc-s., **nux-v.**, op., *petr.*, **phos.**, **plat.**, plb., puls., rheum., sacch-a., *sep.*, *sil.*, spong., **stann.**, *staph.*, *stram.*, *sulph.*, **tarent.**, thuj., *tub.*, *verat.*

Rubbing, boredomness, from: agath-a., *alum.*, ant-c., arge-pl., **calc-p.**, cann-s., caps., carb-an., *carc.*, chel., clem., *con.*, euphr., graph., *hydrog.*, kali-c., kali-i., *lac-e.*, *lach.*, **lyc.**, *merc.*, *nat-c.*, nux-v., phos., *plat.*, *plb.*, positr., puls., ruta, spig., tarent., thuj.

Flashbulb: acon., *agar.*, *agn.*, alum., ambr., apis, **arg-n.**, arn., *ars.*, ars-i., ars-s-f., asar., *aster.*, bar-ar., bar-c., bell., bism., borx., bry., cact., *calc.*, calc-sil., camph., *cann-i.*, caps., carb-an., carb-v., *carc.*, cham., chin., cimid., *cocc.*, *coff.*, dig., graph., hydrog., *hyos.*, iber., kali-ar., kali-br., *kali-c.*, kali-br., kali-sil., *lyc.*, mag-c., *med.*, *merc.*, nat-ar., nat-c., nat-sil., nit-ac., nux-m., *nux-v.*, op., **phos.**, plat., psor., samb., sanguis-s., sars., scroph-n., scut., sep., *sil.*, sin-n., *staph.*, **stram.**, stront-c., *sulph.*, *tarent.*, ther., *tub.*, zinc.

Focused, straight ahead: acon., alum., ambr., androc., anh., apis, *arn.*, *aur.*, aur-m-n., aur-s., bar-c., bell., bov., bufo, calc., calc-s., calc-sil., **cann-i.**, *cann-s.*, canth., caps., carb-an., carl., caust., cham., *chin.*, cic., *cocc.*, *coff.*, con., cupr., cycl., falco-pe., ferr., fl-ac., germ-met., glon., graph., **hell.**, heroin., hydrog., *hyos.*, ign., kali-sil., kola, mang-act., *lach.*, laur., lil-t., lyc., mag-m., m-arct., *merc.*, **mez.**, mosch., nat-c., *nat-m.*, nat-p., nat-s., **nux-m.**, *nux-v.*, *olib-sac.*, *onos.*, op., petr., phos., plat., *puls.*, ran-b., rheum., *rhus-t.*, sec., sel., *sep.*, sil., spong., stann., *staph.*, *stram.*, stront-c., **sulph.**, ther., thuj., *vanil.*, *verat.*, visc., zinc.

Green: *aml-ns.*, anan., *apis*, aur-m-n., calc., *calc-s.*, caust., *cench.*, *coff.*, gal-ac., hep., **hyos.**, kali-c., kola, **lach.**, lil-t., mag-s., *med.*, *nux-m.*, **nux-v.**, op., ph-ac., *plat.*, puls., *staph.*, *stram.*

Mischievous: *agar.*, **anac.**, ant-c., apis, *ars.*, aur., bar-c., bufo, *calc.*, **cann-i.**, *caps.*, caust., *cham.*, *cina*, *cupr.*, dub., dulc., gal-ac., graph., hep.,

hyos., *lach.*, lact-v., lyc., med., *merc.*, **nux-v.**, phos., plat., puls., rheum., sacch., spong., **stann.**, staph., *stram.*, **tarent.**, *tub.*, *verat.*

Positioned, upward to right, paying attention, recent experience, relating, to: absin., *acon.*, adam., agar., allox., alum., **anac.**, androc., anh., arn., bar-c., bell., calc-sil., cann-i., *carb-v.*, carc., cocc., colch., cycl., fl-ac., *graph.*, *hell.*, hydr., *hyos.*, iber., irid-met., kali-p., *lach.*, *med.*, *nat-m.*, nat-sil., *nux-m.*, ph-ac., podo., ran-s., rob., *ruta*, sacch-a., staph., *stram.*, sulph., verb.

upward to left, analyzing emotional side, distant experience, to: ail., *am-m.*, anh., bell., calc., camph., coff., con., elaps, form., ham., *hyos.*, *lach.*, lyc., *nat-m.*, nux-m., *pb-ac.*, positr., seneg., sulph., thuj.

Spread, widely: aeth., alco., ambr., *ars.*, aur., bar-c., bar-i., bar-m., bar-s., bell., bufo, **calc.**, calc-p., calc-s., calc-sil., cann-i., *canth.*, carb-an., carb-n-s., carb-v., **carc.**, **caust.**, cham., **cic.**, **cocc.**, con., croc., des-ac., falco-pe., **gels.**, graph., haliae-lc., hydrog., ign., *iod.*, kali-br., kali-c., kali-sil., kreos., lac-d., lyc., merc., *nat-c.*, *nat-m.*, nat-sil., *nux-v.*, olib-sac., ph-ac., phos., plb., positr., psor., **puls.**, sep., *sil.*, *staph.*, streptoc., sulph., sumb., *sympb.*, syph., ther., *thuj.*, thyr., tritic-vg, **tub.**, vanil., *verat.*, *zinc.*

Sleepy, drowsy: *ant-t.*, asaf., borx., euph., ferr., *gels.*, malar., phos., plb., staph., thuj., viol-o., viol-t.

Speaking: absin., *aeth.*, anh., *ant-t.*, *ars.*, **bell.**, buteo-j., calc., *calc-p.*, **camph.**, cann-i., **carc.**, caust., cic., clem., *coff.*, *cupr.*, des-ac., gels., haliae-lc., *hyos.*, *ign.*, *kali-ar.*, kali-bi., kali-c., *lach.*, lil-t., *lyc.*, mag-m., naja, nat-c., nat-m., nat-s., nux-v., *op.*, ozone, **phos.**, *plat.*, puls., *sabin.*, sil., **stram.**, sulph., sumb., thuj., *tub.*, *verat.*, zinc.

Wild: acet-ac., **acon.**, agar., alumn., am-c., am-m., **anac.**, *apis*, arg-n., ars., ars-i., aster., *bell.*, bry., bufo, calc., calc-ar., *calc-p.*, calc-s., *camph.*, *canth.*, carb-an., *caust.*, **cham.**, *chin.*, cic., cimic., *cina*, cocc., *coloc.*, colum-p., croc., *cupr.*, *ferr.*, ferr-p., glon., graph., haliae-lc., ham., *hep.*, hydr-ac., *hyos.*, *ign.*, *iod.*, ip., kali-br., kali-i., kali-p., *lach.*, lachn., lil-t., *lyc.*, **lyss.**, mag-c., mag-m., manc., m-arct., m-aust., meli., *merc.*, mez., moni., *naja*, *nat-m.*, nat-p., *nit-ac.*, **nux-v.**, *op.*, *petr.*, ph-ac., *phos.*, plat., plb., podo., positr., puls., rhus-t., *ruta*, sang., *scorp.*, scroph-n., sep., sil., stann., **stram.**, stry., *sulph.*, *tarent.*, *verat.*, *verat-v.*, vesp.

Winking, jesting, from: agar., alco., aloe, apis, arg-met., arg-n., ars.,

aur., bar-c., bufo, calc., calc-ar., cann-i., *caps.*, caust., cham., cic., cina, cocc., *coff.*, **croc.**, crot-h., cupr., germ-met., *hyos.*, *ign.*, *kali-i.*, **lach.**, *lyc.*, merc., nux-m., nux-v., *op.*, ox-ac., phos., puls., **rhus-t.**, sep., spong., staph., *stram.*, sulph., sumb., **tarent.**, thea., ther., tub., verat.

Eyebrow

Drawn, towards the centre of face, annoyance, due, to: **ars.**, bell., **bry.**, *caust.*, chin., chinin-ar., cic., cina, cocc., *coff.*, *coloc.*, con., dros., gels., *graph.*, helon., **hep.**, hydr-ac., kali-bi., *kali-br.*, *kali-i.*, *kali-p.*, *lyss.*, *nat-m.*, **nit-ac.**, **nux-v.**, *plat.*, ptel., *rhus-t.*

Flash: *acon.*, alco., anan., arg-n., atro-s., bar-c., bell., calc., cann-i., *carb.*, *caust.*, choc., croc., des-ac., dig., falco-pe., ferr-ma., *hyos.*, *ign.*, kali-bi., *kali-c.*, *kali-s.*, *lach.*, lac-h., *lyc.*, *lyss.*, *med.*, merc., nux-v., *op.*, ozone, *phos.*, *plac.*, *pod.*, *puls.*, ruta, sacch-a., staph., sulph., sumb., vanil., verat.

Lower: *acon.*, agn., alum., *anac.*, *ars.*, aster., *aur.*, calc., calc-sil., *carb-v.*, cham., cench., chel., cemic., crot-h., dig., dros., *graph.*, *hyos.*, *ign.*, **kali-ar.**, **kali-c.**, **kali-s.**, **lach.**, lil-t., *lyc.*, mang-act., nat-c., nat-m., nat-s., *op.*, petr., *puls.*, *rhus-t.*, sec., sel., sep., stann., sulph., tung-met., *verat.*

Raiser: agar., androc., apis, arg-n., *ars.*, bell., *bry.*, cadm-met., cadm-s., cann-i., **cham.**, caust., *chin.*, **cic.**, cupr., cupr-s., ferr., ferr-s., gran., *graph.*, grat., hep., *hyos.*, ip., kali-i., **lach.**, lac-leo., lil-t., *lyc.*, merc., moly-met., *nat-m.*, *nit-ac.*, **nux-v.**, *pall.*, **plat.**, plb., *rhus-t.*, *scor.*, sil., staph., *stram.*, *sulph.*, *verat.*, verat-v., zinc.

Eye Contact

Direct: absin., *acon.*, adam., agar., aids, alum., *anac.*, androc., ant-c., apis, arg-n., arn., **ars.**, aster., aur., bamb-a., *bell.*, bry., cact., calc-f., *camph.*, caust., cham., chin., *choc.*, cina, coloc., cupr., cupr-ar., cupr-s., des-ac., *dulc.*, dys., falco-pe., *ferr.*, ferr-ar., ferr-s., fl-ac., gal-ac., *graph.*, hep., *hyos.*, iod., ip., irid-met., kali-ar., kali-bi., *kali-i.*, *kali-s.*, kola, lac-leo., **lach.**, lat-m., lil-t., *lyc.*, med., merc., nat-c., nat-m., nit-ac., *nux-v.*, pall., petr., ph-ac., *phos.*, *plat.*, puls., pyrus, ran-b., *rhus-g.*, *scor.*, sil., staph., *stram.*, *sulph.*, sumb., *tarent.*, tub., *verat.*, verat-v.

Eyeblock gesture, boredomness, from: *alum.*, *ant-c.*, **calc-p.**, *caps.*, chin., *clem.*, con., cupr., cur., cycl., ferr., hura, *hydrog.*, *ign.*, kali-n., kiss., lac-e., lach., **lyc.**, mag-c., **merc.**, *nat-c.*, nat-m., *nux-v.*, petr., ph-ac., phos., plat.,

plb., rhus-t., sec., *spig.*, sulph., tarent., *thuj.*, tub., zinc.

Long, unflickering looks, dominate, threaten to, a power gaze: agar., *anac.*, *androc.*, apis, ars., aur., aur-s., bell., calc-s., *camph.*, caust., chin., *choc.*, crot-c., *cupr.*, *dulc.*, ferr., *fl-ac.*, hep., hyos., *kola*, **lach.**, lac-leo., **lyc.**, lyss., med., meli., *merc.*, *nit-ac.*, nux-v., phos., *plat.*, staph., *stram.*, *sulph.*, **tarent.**, tub., valer., verat.

Looking, backwards, desire, for: brom., lach., med., sanic., staph.

around: ferr-p., hyos., kali-br., vesp.

up cluster, childishness, from: aeth., *agar.*, *aloe*, ambr., *anac.*, *apis*, *arg-n.*, aur., aur-m., bac., **bar-c.**, *bar-m.*, bell., bufo, *calc.*, calc-p., cann-i., *carbn-s.*, carc., caust., cham., **ci.**, con., *croc.*, gels., graph., *hell.*, hyos., *ign.*, kali-br., kali-c., kreos., *lac-ac.*, lac-d., lach., lyc., merc., *nat-c.*, nit-ac., *nux-m.*, op., *ph-ac.*, phos., pin-s., plb., **podo.**, psor., puls., sep., sil., staph., *stram.*, streptoc., sulph., sumb., syph., ther., thyr., *tritic-vg.*, tub., verat.

Poor: aeth., alum., alumn., alum-p., alum-sil., *ambr.*, am-caust., *anac.*, ang, arg-n., **bar-act.**, **bar-c.**, **bar-m.**, *calc.*, *calc-act.*, calc-ar., calc-f., calc-p., **calc-sil.**, carb-an., carb-v., *carc.*, coca, *con.*, cycl., *dys.*, foll., *gels.*, *ign.*, indg., *kali-c.*, *kali-p.*, *kali-s.*, kali-sil., *lith-c.*, **lyc.**, *med.*, meli., morb., naja, nat-s., *ph-ac.*, plb., *psor.*, *puls.*, ran-b., **sil.**, stann., *staph.*, sulph., *thuj.*, thyr., valer., zinc.

Eyelid

Pulling: *acon.*, agar., alco., allox., ambr., anh., arizon-l., **ars.**, asaf., asar., **bell.**, bry., cact., calc., calc-p., cann-i., carb-n-s., carc., caust., cham., *chin.*, *choc.*, cimid., cina, coca-c., *coff.*, colch., con., crot-h., *cupr.*, cupr-s., *falco-pe.*, ferr., *ferr-p.*, *flor-p.*, galeoc-c-h., hep., hir., *hydrog.*, hyos., *ign.*, ip., irid-met., kali-p., *lac-b.*, *lup.*, *lyc.*, *lyss.*, m-arct., mur-ac., naja, nat-c., nat-m., nit-ac., nux-m., **nux-v.**, **op.**, ox-ac., **phos.**, plb., podo., positr., pyrog, rhus-t., sang., sanguis-s., sil., *spong.*, staph., *stram.*, *stry.*, sulph., tarent., thea, tub., **tung-met.**, valer., *vanil.*, verat., zinc.

boredomness, from: aloe, *alum.*, alumn., amph., *ant-c.*, ars., aur., bar-c., borx., calc., **calc-p.**, *caps.*, carc., caust., chin., cimx., clem., coloc., *con.*, cur., ferr., hydr., *hydrog.*, *ign.*, kali-bi., kali-c., kali-n., *lac-e.*, lach., led., **lyc.**, mag-m., mag-s., manc., **merc.**, mez., *nat-c.*, *nux-v.*, *phos.*, *plat.*, *plb.*, *spig.*, *sulph.*, syph., *tarent.*, *thuj.*, tub., zinc.

Gaze

Avoidance, cut-off, anger or annoyance, from: agar., anac., *ant-c.*, *arn.*, ars., *aur.*, *aur-m.*, **bell.**, *bry.*, bufo, camph., *canth.*, carc., caust., **cham.**, chin., chinin-ar., cimic., **cina.**, *cupr.*, graph., hell. hep., hyos., *iod.*, kali-s., **lach.**, lil-t., *hyc.*, *hys.*, med., **merc.**, *nat-m.*, **nit-ac.**, nit-s-d., **nux-v.**, *petr.*, phos., pitu-a., plat., plb.rauw., sabad., *scor.*, sec., sep., *sil.*, *staph.*, *stram.*, sul-ac., *sulph.*, tab., *tarent.*, *verat.*, verat-v., visc.

shame, from: *acon.*, *ambr.*, *alum.*, **anac.**, ars., **aur.**, *aur-m.*, *aur-m-n.*, *bamb-a.*, *brom.*, *buteo-j.*, *carb-v.*, **carc.**, *caust.*, *chel.*, chin., cob., *cocc.*, *coff.*, *con.*, cycl. *dig.*, ferr., foll., fum., germ-met., graph., *bell.*, *hyos.*, *ign.*, *kali-ar.*, kali-bi., **kali-br.**, kali-c., *lac-c.*, *lac-f.*, *lach.*, *m-arct.*, med., *merc.*, moni., *nat-m.*, *nux-v.*, *op.*, *orig.*, *ph-ac.*, plut-n., *psor.*, *puls.*, sal-fr., *sarr.*, **sil.**, *sulph.*, *thuj.*, tritic-vg, tub., verat., zinc., zinc-br., zinc-chr.

Business: *acon.*, agar., alum., am-i., apis, arg-met., arg-n., arist-cl., arn., ars., ars-s-f., asar., aur., bell., brom., **bry.**, calc., calc-ar., **calc-f.**, calc-p., carc., caust., chin., choc., cina, coca, cocain., con., *cupr.*, fel., **ferr.**, *fl-ac.*, helon., heroin., hydrog., hyos., ign., iod., kali-ar., kali-bi., kali-br., kali-c., kali-s., lach., lil-t., *hyc.*, mag-m., manc., m-arct., m-aust., med., *menth.*, merc., mez., mosch., naja, nat-c., nat-m., nat-s., nept-m., nux-m., nux-v., phos., plat., plat-m, plb., polys., rhus-t., sars., *sep.*, sil., spect., stann., *staph.*, *stram.*, sul-ac., *sulph.*, *tarent.*, tung-met., vanil., verat., *zinc.*

Down: *acon.*, adam., alco., *alum.*, anac., arg-n., arn., **aur.**, **aur-m.**, *aur-s.*, **bar-c.**, borx., *brom.*, *buteo-j.*, *calc.*, caps., carc., clem., coca, *cocc.*, con., *cycl.*, falco-pe., germ-met., gran., haliae-lc., heroin., *hura.* hydrog., hyos., *ign.*, irid-met., *kali-c.*, *lac-c.*, *lac-h.*, lach., *hyc.*, m-arct., med., moni., naja, *nat-c.*, *nat-m.*, *nat-p.*, *nat-s.*, nux-v., olnd., **ph-ac.**, plat., plb., *psor.*, **puls.**, sep., *sil.*, *staph.*, *stram.*, *stront-c.*, sulph., *thuj.*, verat.

Intimate: agar., *ant-c.*, apis, cadm-s., cann-i., *canth.*, *caust.*, *coff.*, con., corv-cor., croc., falco-pe., fl-ac., haliae-lc., hyos., *ign.*, kali-br., *lach.*, lac-lup., lars-arg., *lil-t.*, lyc., merc., *murx.*, *nat-m.*, olib-sac., orig., pelican, *phos.*, *plat.*, sel., senec., *staph.*, *stram.*, sulph., *tarent.*, *thuj.*, ust., vanil., verat.

Mutual: *agn.*, alum., anac., anh., **ant-c.**, *aur.*, *aur-m-n.*, bell., calc., calc-f., *calc-p.*, carc., caust., chin., choc., coca, *cocc.*, cod., *coff.*, *coff-t.*, con., croc., cupr., cycl., ham., hell., hura, hydrog., hyos., *ign.*, kali-c., *lac-d.*, lach.,

med., *murx.*, *nat-c.*, *nat-m.*, *nat-s.*, *nat-sil.*, *nux-v.*, *olnd.*, *op.*, *ox-ac.*, *phos.*, *plat.*, *podo.*, *positr.*, *psor.*, *puls.*, *sabin.*, *sel.*, *sep.*, *sil.*, *stann.*, *staph.*, *sulph.*, *sumb.*, *thea*, *thuj.*, **tub.**, *tung-met.*, *valer.*

Peering, over glasses: *alum-sil.*, *am-c.*, *androc.*, *arg-n.*, *ars.*, *ars-s-f.*, *aur.*, *aur-ar.*, *aur-s.*, *bar-c.*, *bell.*, *brom.*, *calc-ar.*, *calc-p.*, *calc-s.*, *calc-sil.*, *caust.*, *cench.*, *cham.*, *chin.*, *chinin-ar.*, **cic.**, *cocc.*, *elaps.*, *falco-pe.*, *germ-met.*, **graph.**, *helon.*, *hydrog.*, *hyos.*, *ip.*, *kali-ar.*, *kali-c.*, *kali-cy.*, *lac-ac.*, **lach.**, *lac-cp.*, *lil-t.*, *lyc.*, *m-arct.*, *merc.*, *mez.*, *morph.*, *mosch.*, *myric.*, *naja*, *nat-m.*, *nat-sil.*, *nux-v.*, *pall.*, *petr.*, *phos.*, **plat.**, *plb.*, *puls.*, *scor.*, *sep.*, *sil.*, *sol-t-ae.*, *staph.*, *sulph.*, *symp.*, *tarent.*, *vanil.*, *verat.*

Social: *acon.*, *agar.*, *alco.*, *arg-n.*, *ars.*, *bism.*, *carc.*, *caust.*, *choc.*, *des-ac.*, *gal-ac.*, *granit-m.*, *hydroph.*, *hyos.*, *lach.*, *lyc.*, *med.*, *morg.*, *nux-v.*, *phos.*, **podo.**, **puls.**, *spong.*, *stann.*, *staph.*, *sulph.*, *vanil.*

Face

Facial Expressions

Antics, plays: *absin.*, *agar.*, *agar-ph.*, *agath-a.*, *all-c.*, *androc.*, *apis*, *ars.*, *astra-m.*, *aur-m-n.*, *bar-c.*, *bar-m.*, *bell.*, *bufo*, *calc.*, *camph.*, *cann-s.*, *carb-ac.*, *carb-an.*, *carb-v.*, *carc.*, *caust.*, *cic.*, *cina*, *cocc.*, *coloc.*, *croc.*, *cupr.*, *dat-m.*, *dulc.*, *gamb.*, *gels.*, *hell.*, **hyos.**, *ign.*, *kali-bi.*, *lac-del.*, *lach.*, *lact-v.*, *lyc.*, *mag-n.*, *meli.*, *merc.*, *nux-m.*, *nux-v.*, *olnd.*, *op.*, *phos.*, *plat.*, *plb.*, *rheum*, *rhus-t.*, *sacch.*, *sec.*, *sep.*, *stann.*, *stram.*, *sulph.*, *tarent.*, *tritic-vg.*, *tub.*, *verat.*, *verat-v.*, *zinc.*

Anxiety, stranger: *acon.*, *alum.*, *ambr.*, *ant-c.*, *arg-n.*, *ars.*, *bar-c.*, *bar-m.*, *bell.*, *bry.*, *bufo*, *calc.*, *caps.*, *carb-an.*, *carb-v.*, *caust.*, *cic.*, *cina*, *con.*, *cocc.*, *cupr.*, *gels.*, *iod.*, *kali-c.*, *lach.*, *lyc.*, *mang-act.*, *med.*, *nat-m.*, **nux-m.**, **op.**, *ph-ac.*, **phos.**, **puls.**, *sep.*, **sil.**, *spong.*, *staph.*, *stram.*, *tab.*, *tarent.*, *thuj.*

Anxious: *acon.*, **aeth.**, *agar.*, **ail.**, *aloe*, *am-c.*, *am-m.*, *ant-c.*, *ant-t.*, *apis*, **arg-n.**, *arn.*, **ars.**, *ars-h.*, *ars-s-f.*, *aur.*, *bapt.*, *bar-m.*, *bell.*, **borx.**, *cact.*, *calc.*, **camph.**, *cann-i.*, *canth.*, *carbn-s.*, *carb-v.*, *chel.*, *chin.*, *chinin-ar.*, **chinin-s.**, *chlol.*, *cic.*, *cina*, *coff.*, *colch.*, *coloc.*, *crot-h.*, *cupr.*, *cupr-ar.*, *cur.*, *dig.*, *dulc.*, *dys.*, *ferr-m.*, *hell.*, *hydr.*, *hyos.*, *ign.*, *iod.*, *ip.*, *iris*, *kali-ar.*, *kali-bi.*, *kali-br.*, *kali-i.*, *kali-ox.*, *kealm.*, *kreos.*, **lac-c.**, *lach.*, *lat-m.*, *lyc.*, *lyss.*, *merc.*, *merc-c.*, *merc-sul.*, *morph.*, *mygal.*, *naja*, *nit-ac.*, *nux-v.*, *op.*, *phos.*, *plb.*, *raph.*, *sec.*, *sol-ni.*, *spig.*, *spong.*, *staph.*, *stram.*, *stry.*, *sul-ac.*, *sulph.*

tab., **verat.**, vesp., vip., zinc.

Bewildered, confused, stupefied: *aesc.*, *ars.*, bapt., *bry.*, *bufo*, calc., *camph.*, carb-n-s., cocc., con., cupr-act., dulc., gels., glon., *bell.*, hyos., lach., *lyc.*, nux-m., *olnd.*, *ph-ac.*, phos., plb., sep., sil., *stram.*, *verat.*, zinc.

Blank: agar., agn., alum., anac-oc., androc., anh., anthrci., ant-t., apis, arg-n., atra-r., bapt., bism., botul., *bry.*, *bufo*, *cadm-met.*, calc., *calc-f.*, *camph.*, carb-an., carb-n-s., carb-v., caust., cham., chlf., cina, cocc., con., croc., crot-c., crot-h., falco-pe., gels., graph., ham., *bell.*, heroin., jatr., kali-bi., kali-br., kali-c., kali-p., kali-s., kola, lach., lac-h., *lith-met.*, lyc., lycps., mang-act., merc., mez., mur-ac., nat-m., nit-ac., nitro., nux-m., nux-v., onos., op., **ph-ac.**, phos., *pic-ac.*, plat., plut-n., positr., psor., puls., sacch-a., scor., sec., **sep.**, sil., staph., sulph., syph., tarent., tell., thuj., thyr., tritic-vg., vanil., *verat.*, zinc.

cruelty, from: abrot., absin., agar., alco., **anac.**, *ars.*, bell., *bry.*, caust., cere-s., cham., con., croc., crot-c., dros., falco-pe., fl-ac., hell., **hep.**, heroin., *hyos.*, hyper., ignis-alb., *kali-i.*, kali-p., kola, *lach.*, lyss., marb-w., med., *merc.*, *nat-m.*, nicc-met., nicc-s., *nit-ac.*, nux-v., op., ph-ac., *plat.*, plut-n., *sabad.*, sec., sel., sep., staph., *stram.*, sulph., *syph.*, *tarent.*, thyr., *verat.*

Childish, foolish: absin., *agar.*, alum., ambr., *anac.*, ant-c., *apis*, arg-n., aur., aur-m., aur-m-n., bac., **bar-c.**, **bar-m.**, **bar-s.**, bell., **bufo**, calad., *calc.*, calc-p., carb-an., carb-v., carc., cham., **cic.**, con., *croc.*, crot-c., falco-pe., graph., *bell.*, heroin., hyos., *ign.*, irid-met., kali-br., kali-c., kreos., kres., *lac-ac.*, lac-d., lyc., merc., *nat-c.*, nat-m., nit-ac., *nux-m.*, op., ph-ac., phos., plb., **podo.**, psor., puls., rhus-t., seneg., sep., sil., staph., *stram.*, syph., tarent., ther., thyr., tritic-vg., tub., vanad., *verat.*, viol-o., zinc.

Distressed: *acon.*, aeth., ail., am-c., anac., ant-t., arg-n., **ars.**, arum-t., aspar., aur., aur-ar., aur-m., bor., *bry.*, **cact.**, calc-ar., canth., *carb-v.*, carb-n-s., caust., cench., *cham.*, *chel.*, chini-s., *cocc.*, coloc., crot-t., cupr., cupr-n., dig., gels., helon., *iod.*, kali-ar., **kali-c.**, kreos., lach., **lyss.**, mag-c., mag-m., mang., merc., mez., nat-m., nat-sil., nit-ac., *nux-m.*, nux-v., ozone, ph-ac., phos., phyt., plat., plb., puls., sil., spong., *stram.*, stry., **sulph.**, zinc-p.

Fierce: agar., **anac.**, *apis*, **bell.**, borx., *camph.*, canth., caust., **cere-s.**, cimx., *coloc.*, *cupr.*, hell., hydr-ac., **hyos.**, *lac-c.*, **lach.**, lil-t., lyc., **lyss.**, *merc.*,

merc-i-r., *mosch.*, nat-m., **nit-ac.**, *op.*, phos., plat., sec., **stram.**, *sulph.*, *tarent.*, *verat.*

Flushing

anger, from: **acon.**, agar., am-c., am-m., **anac.**, *apis*, arg-n., *ars.*, aster., *bell.*, *bry.*, calc., calc-ar., *calc-p.*, calc-s., *camph.*, carb-an., *caust.*, **cham.**, *chin.*, cic., cemic., *cina*, *cocc.*, *coloc.*, colum-p., croc., *cupr.*, *ferr-p.*, *ferr.*, glon., graph., haliae-lc., ham., *hep.*, *hyos.*, *ign.*, iod., ip., kali-br., kali-p., *lach.*, lachn., lil-t., *lyc.*, mag-c., mag-m., manc., m-arct., m-aust., *meli.*, *merc.*, *mez.*, moni., *naja*, *sang.*, nat-m., nat-p., **nux-v.**, *op.*, *petr.*, ph-ac., *phos.*, plat., podo., positr., puls., *rhus-t.*, ruta, *sang.*, *scor.*, scroph-n., *sep.*, *sil.*, stann., staph., **stram.**, *sulph.*, *tarent.*, *verat.*, *verat-v.*, vesp.

embarrassment, from: *acon.*, alco., alum-sil., **ambr.**, am-c., amlns., anh., ant-t., arg-n., *ars.*, aur-m., **bar-c.**, bar-i., bar-s., bung-fa., calc-sil., caps., carb-v., carl., caust., cham., chel., chin., cinch-b., cocc., coff., dig, ferr., gels., hydr-ac., hydrog., hyos., *ign.*, kali-br., kali-sil., **lyc.**, **nat-m.**, nux-m., nux-v., *olnd.*, op., *phos.*, pic-ac., *puls.*, ran-b., sil., spig., spong., stront-c., sulph., tab., ther., thuj., vanil., *verat.*, *verat-v.*, visc., w-rose.

shame, from: achy., agath-a., *alum.*, alum-p., *am-br.*, *ars.*, *aur.*, *aur-ar.*, aur-br., aur-m., aur-s., bamb-a., *brom.*, *bell.*, buteo-j., calc., *calc-br.*, *calc-sil.*, carb-an., *carc.*, *chin.*, clem., cob., **coff.**, coloc., con., *cycl.*, des-ac., dios., falco-pe., ferr., ferr-p., germ-met., hura, *ign.*, irid-met., kali-bi., *kali-br.*, kali-c., *lac-c.*, lac-f., **lach.**, *lyc.*, mag-c., mag-m., mag-p., mag-s., m-arct., m-aust., med., *mez.*, moni., *mur-ac.*, *naja*, nat-ar., nat-c., *nat-m.*, *nux-v.*, ph-ac., phos., psor., *puls.*, raph., sel., *sil.*, spira only – sprianthes automatic, staph., *stram.*, *sulph.*, symph., syph., *thuj.*, zinc., zinc-ox.

shyness, from: *ambr.*, arg-n., **bar-act.**, **bar-c.**, **bar-m.**, **bar-s.**, *calc.*, *calc-s.*, *calc-sil.*, *carb-v.*, *carc.*, caust., *coca*, coff., con., hyos., *ign.*, kali-p., manc., mang-act., *meli.*, *nat-c.*, *phos.*, puls., *sil.*, staph., tarent.

Frown

anger, from: abrot., acet-ac., agar., alco., alum., am-c., am-m., *anac.*, anthraci., *apis*, arg-n., *ars.*, *aur.*, *bell.*, *bism.*, borx., brom., bry., calc., calc-f., *calc-p.*, canth., carb-an., carb-v., *caust.*, cere-s., **cham.**, chin., cina, crot-t., ferr., fl-ac., gal-ac., *graph.*, *bell.*, hep., hyos., *ign.*, iod.,

kali-c., kali-i, kali-s., kreos., lil-t., **lyc.**, *lyss.*, mag-m., *merc.*, merc-c., *nat-m.*, *nit-ac.*, *nux-v.*, ozone, petr., phos., plb., psor., rheum, rob., sanic., sars., sec., *sep.*, sil., sin-n., spong., staph., *stram.*, sul-ac., *sulph.*, *syph.*, tarent., vanil., verat., zinc., zinc-s.

disposition, to: abies-c., abrot., aesc., alco., alum., ambr., am-c., anac., *ant-c.*, ant-t., ars., asar., borx., bov., bry., bufo, cact., calc-br., canth., *caust.*, *cham.*, croc., cycl., equis-h., ferr., ferr-ma., fl-ac., gran., *graph.*, grat., *bell.*, hyos., **lyc.**, mang-act., med., merc-s-f., *nat-m.*, **nux-v.**, plb., ran-b., rheum, rumx., sabad., sanic., sep., sil., sin-n., sol-ni., sol-t-ae., spig., *stram.*, sulph., syph., vac., verat., verat-v., viol-o., vip., visc., zinc-o., zinc-p.

Gloomy, sinister: *agar.*, *alum.*, am-c., **anac.**, *ant-c.*, *ant-t.*, aran., arg-met., arn., *ars.*, art-v., asaf., asar., **aur.**, *aur-m-n.*, bism., *borx.*, bov., calc., calc-i., calc-sil., cadm-met., carb-n-s., carc., caul., cham., **cimic.**, coloc., *con.*, corn., croc., crot-t., cupr., *cycl.*, cypr., emb-r., *ferr.*, *gran.*, *graph.*, *grat.*, hed., *hep.*, hyos., iod., *ign.*, joan., *kali-c.*, *kali-p.*, *lac-c.*, lac-f., laur., led., lol., lyc., lyss., *mag-aust.*, *mag-c.*, *mag-m.*, mez., morph., mur-ac., *nat-ar.*, *nat-c.*, **nat-m.**, **nat-s.**, nit-ac., olnd., op., pall., pass., penic., petr., ph-ac., **plat.**, **psor.**, **puls.**, **rhus-t.**, sabal, selen., **sep.**, **sil.**, sol-cp., *stann.*, *stann-i.*, **staph.**, *stram.*, stry., stry-p., sul-i., sulph., sumb., thuj., trios., tub., *verat.*, *zinc.*

Happy, smiling: abrom-a., abrot., aesc., aeth., agar., agri., alco., aloe, ang., anthem., apis, ars., asaf., atro-pur., aur., bamb-a., *bell.*, buteo-j., *calc.*, *calc-f.*, **cann-i.**, **cann-s.**, carb-an., *carv.*, caust., choc., *cic.*, cina, cinnb., *coff.*, **croc.**, cypr., des-ac., dros., eupi., ferr., ferr-ar., ferr-ma., *fl-ac.*, hydr., **hyos.**, *ign.*, iodof., irid-met., kali-bi., kali-c., kiss., *lach.*, limen-b-c., *lyc.*, merc., mosch., nat-c., neon, nux-m., nux-v., **op.**, petr., phos., plac., *plat.*, plb., podo., *puls.*, rhod., rose-d., sacch-a., sil., *stram.*, sulph., tab., *tarent.*, tub., vanil., *verat.*, zinc.

Idiotic: *aeth.*, *agar.*, arn., aur., bacch-c., **bar-c.**, *bar-m.*, *borx.*, bry., bufo, *calc.*, cann-i., *carb-n-s.*, *cic.*, cocc., *bell.*, *ign.*, iod., *kali-br.*, kali-i., kreos., *lac-c.*, *lach.*, *laur.*, *lyc.*, morg., mosch., nat-c., nux-m., olnd., oxyt., *phos.*, plb., sec., *stram.*, sulph., sumb., tarent., thyr., thuj., *tub.*, verat., zinc.

Mask: arg-n., *ars.*, atra-r., *bell.*, botul., bufo, *calc.*, chlol., coca, cot., dros., fl-ac., hyos., **lach.**, *lyc.*, lycps., mang-act., merc., *morph.*, *nat-m.*, *nux-v.*, **op.**, phos., plb., *plat.*, *puls.*, sanic., sep., sil., staph., *sulph.*, **tarent.**, tritic-vg., **thuj.**, tub., *verat.*

Pinched: *acon.*, aeth., ant-t., **ars.**, *ars-i.*, camph., carb-an., *carb-v.*, chin., *cina*, cocc., coff., colch., *cupr.*, *dig.*, ferr., *ferr-p.*, iod., kali-ar., kali-n., lyc., merc., merc-c., nat-m., phos., rhus-t., sec., sil., staph., sul-ac., *tab.*, vanil., *verat.*, *verat-v.*, zinc., zinc-s.

Serene: *adam.*, agath-a., aids, alum., carc., chin., choc., coff., dream-p., falco-pe., fl-ac., haliae-lc., hell., hydrog., irid-met., kali-br., lac-h., laur., *led.*, neon, olib-sac., **op.**, ph-ac., plat., plut-n., posit., sal-fr., sep., sil., spect., tab., tung-met., sulph.

Serious: *alum.*, *am-c.*, *am-m.*, *aur-m-n.*, bar-c., *cham.*, chin., *cina*, *cocc.*, *con.*, *hyc.*, merc., **nat-c.**, **nat-m.**, **nat-s.**, *nux-m.*, plat., rumx., **sil.**, staph., *sul-ac.*, tritic-vg., **thuj.**

Stupid: **absin.**, ant-t., *arg-n.*, arn., ars., **bac.**, *bapt.*, **bar-c.**, **bufo**, **cann-i.**, cent., crot-c., *cic.*, *cupr.*, dulc., ferr., ferr-p., gels., *bell.*, hydr., *hyos.*, kali-br., kali-sil., kreos., lyc., lycps., *morb.*, nux-m., **onos.**, phos., sep., *stram.*, sumb., thyr., xero., zinc.

Wild: See Eyes, wild

Wretched: aesc., ambr., ars., berb., nat-m., sul-ac., sulph.,

Laughing

Causeless, easily: aether, *agath-a.*, arg-n., arn., ars., bar-c., *bufo*, *calc.*, cann-i., carb-n-s., carb-v., choc., *coff.*, dulc., ham., lac-del., nat-m., nept-m., podo., positr., *puls.*, sacch-a., sal-ac., sal-fr., *stram.*, syph., tab., tritic-vg., ulm-c.

Childish, giggling: *adam.*, agath-a., aids., androc., arizon-l., bamb-a., bar-c., bufo, calc-s., cann-i., choc., coca-c., coli., croc., cypraeg, dulc., falco-pe., germ-met., heroin., hyos., irid-met., kali-f., nat-m., neon, nept-m., positr., stry., vanil.

Constant: **cann-i.**, cann-s., cann-xyz., *hyos.*, nat-m., nept-m., olib-sac., *verat.*, *verat-v.*, *zinc.*

Crying, same time, at: agath-a., aur., calc-sil., camph., cann-i., cann-s., *caust.*, ferr., granit-m., ign., lyc., nat-m., nux-m., **puls.**, sep., *staph.*, sumb.

Contemptuous: alum., *ars.*, *chin.*, *cic.*, lach., *hyc.*, *nux-v.*, pall., *plat.*, *verat.*

Grinning: agath-a., bell., podo.

Ha-Ha: alum., ara-maca., *ars.*, bov., calc., *cann-i.*, carb-n-s., *carc.*, *caust.*, *choc.*, *coff.*, **des-ac.**, falco-pe., *hyos.*, *ign.*, ina-i., kali-ar., *kali-c.*, lac-e., lach., *lyc.*, nat-c., *nat-m.*, olib-sac., **op.**, ozone, **phos.**, plat., podod., positr., *sil.*, stram., tarent., tritic-vg., vanil., verat., zinc.

He-He: acon., *alco.*, aloe, alum., am-caust., androc., arist-cl., **ars.**, *aur-m-n.*, **bell.**, *bry.*, cann-i., **carb-v.**, *caust.*, *cedr.*, cham., chen-a., chin., choc., cic., cinnb., *colch.*, conv., crot-c., *cupr.*, *dulc.*, gal-ac., **graph.**, guaj., *hyos.*, hyper., *ign.*, influ., ip., kali-i., kali-p., kali-s., lac-ac., **lach.**, lat-m., *lyc.*, *lyss.*, med., nit-ac., nux-m., *nux-v.*, *oena.*, op., pall., par., petr., plat., plb., psor., puls., rad-br., rhus-g., rhus-r., rhus-t., ruta, sacch-a., sacch-l., sal-fr., *sec.*, sep., *stram.*, syph., **tarent.**, tax., verat.

Hee-Hee: *acon.*, alum., alum-sil., am-c., amyg., **anac.**, ang., ant-c., ant-t., apis, **ars.**, ars-s-f., *aur.*, aur-ar., aur-i., aur-s., bar-c., bar-i., bar-m., bar-s., *bell.*, *borx.*, bov., brom., bry., bufo, *calc.*, camph., cann-i., canth., carb-an., **carb-v.**, *carc.*, *caust.*, *cedr.*, cham., chion., cic., cimid., cina, *colch.*, coloc., con., crat., *croc.*, *cupr.*, dros., elaps, graph., grat., *hép.*, hydr-ac., hydrog., *hyos.*, *ign.*, iod., kali-ar., kali-br., kali-i., kali-p., lac-ac., *lac-c.*, **lach.**, lachn., *led.*, *lil-t.*, *lyc.*, lyss., mag-c., manc., mang-act., m-arct., m-aust., med., morph., mur-ac., naja, nat-ar., *nat-c.*, nat-m., nat-p., *nit-ac.*, nux-m., *nux-v.*, *oena.*, ozone, pall., *pb-ac.*, phos., phyt., plat., plb., ptel., puls., ran-b., ran-s., sanic., sars., scut., *sec.*, sol-ni., spig., stann., *staph.*, *stram.*, stry., sul-ac., tarent., ther., thuj., **tub.**, tus-fr., verat., viol-o., zinc., zinc-o., zinc-ox., zinc-p.

Ho-Ho: *acon.*, *anac.*, ant-c., *ars.*, bar-c., *brom.*, bry., cann-i., carb-v., **caust.**, cham., chin., *coff.*, dros., germ-met., graph., helon., ip., **lach.**, *lyc.*, **merc.**, *mez.*, *nat-sil.*, nit-ac., *nux-v.*, op., *phos.*, *plat.*, *sep.*, *sil.*, *sulph.*, *sympb.*, tarent., tritic-vg., vanil., **verat.**

Hysterical: *acon.*, *agath-a.*, *alum.*, alum-sil., am-c., *anac.*, ant-t., apis, arn., *ars.*, asaf., *asar.*, **aur.**, *bell.*, *calc.*, cann-s., carb-an., *caust.*, cic., *cocc.*, *con.*, *croc.*, *cupr.*, elec., hydrog., *hyos.*, **ign.**, kali-p., limest-b., *lyc.*, nat-c., nat-m., nux-m., *phos.*, plat., puls., santin., *sec.*, sel., *sil.*, **stram.**, sulph., sumb., tarent., **valer.**, verat., *zinc.*

Immoderate: *alco.*, *am-c.*, *anac.*, *aur-m-n.*, bar-c., *bell.*, calc., **cann-i.**, carb-v., *coff.*, *croc.*, *cupr.*, *ferr.*, granit-m., graph., *hyos.*, *ign.*, kali-br., *kola*, mang-act., *mosch.*, **nat-m.**, nitro-o., *nux-m.*, *nux-v.*, olib-sac., *plat.*, plb., ran-s., stram., *stry.*, stry-p., tarent., verat., verb., zinc., zinc-o., zinc-s.

Joy, excessive, with: *acon.*, aeth., *agath-a.*, agar., aloe, asaf., bad., bar-c.,

bell., *borx.*, brom., bufo-s., camph., **cann-i.**, cann-s., caps., carb-an., carb-v., **carbn-s.**, chin., cic., cemic., cocc., **coff.**, con., *croc.*, cupr., dros., dulc., falco-pe., fl-ac., **hyos.**, ign., **lach.**, *lyc.*, manc., merc., naja, neon, nit-ac., **op.**, pall., *ped.*, *phos.*, *plat.*, plb., puls., sacch-a., *stram.*, sulph., sumb., *tarent.*, valer., *verat.*, verb.

Loudly: agar., **bell.**, beryl., cann-i., *croc.*, dulc., hydr-ac., *hyos.*, *op.*, *stram.*

Sad, when: ign., kali-c., lac-leo., limest-b., *phos.*, puls.

Sardonic, a derision laughter: **bell.**, *caust.*, *cedr.*, cic., *colch.*, *cupr.*, *hyos.*, *nit-ac.*, *oena.*, *sec.*, *stram.*, *tarent.*

Silly: aether, agath-a., apis, atro-s., bamb-a., bell., bufo, cann-i., carbn-s., cic., cemic., *croc.*, crot-c., dulc., falco-pe., **hyos.**, irid-met., *lach.*, *lyc.*, merc., merc-meth., *nux-m.*, ozone, par., podo., spong., *stram.*, stry., sumb., symph., *tarent.*, ulm-c., zinc-p.

Stupid expression, with: apis, atro-s., *nux-m.*, *tarent.*

Wild: atro-s., bell., calc., cann-i., *croc.*, cypr., *hyos.*, *stram.*

Smile

Broad: abrot., acon., ant-t., ara-maca., arg-n., calc., *carc.*, *choc.*, cemic., *croc.*, des-ac., dig., ign., kali-p., kali-s., lac-del., *lach.*, meny., *olib-sac.*, orig., ozone, **phos.**, plac., plat., puls., *scor.*, sul-ac., *sulph.*, *tritic-vg.*, vanil., zing.

Drop-jaw: agar., androc., apis, arg-met., arg-n., *ars.*, *aur-m-n.*, bar-c., *bell.*, bufo, calc., cann-i., caps., carb-v., choc., cic., coca, cocc., con., *croc.*, cupr., dros., fl-ac., *hyos.*, ign., iod., kali-i., **lach.**, **lyc.**, *med.*, merc., morph., *nat-m.*, nit-ac., **nux-v.**, *op.*, phos., plat., *puls.*, sanic., sep., *sil.*, spong., *staph.*, *stram.*, *sulph.*, tab., **tarent.**, ther., thuj., *tub.*, *verat.*

Fake: aethyl., agar., am-c., androc., ant-c., apis, aq-mar., arg-n., *ars.*, aster., aur., aur-m., *aur-m-n.*, *bell.*, borx., bry., bufo, calad., calc., calc-f., calc-p., camph., cann-i., cann-s., canth., cench., chin., coca, coff., con., cupr., dros., falco-pe., fl-ac., haliae-lc., heroin., hydrog., *hyos.*, hyper., ign., iod., irid-met., kali-br., kali-c., **lach.**, lat-m., lil-t., *lyc.*, lyss., m-arct., *med.*, *merc.*, *morph.*, mosch., *nat-m.*, nuph., *nux-m.*, *nux-v.*, onos., *op.*, orig., ph-ac., phos., pic-ac., plat., plb., plut-n., puls., raph., rhus-t., ruta, sabad., *sacch-a.*, sel., sep., sil., *staph.*, *stram.*, sulph., syph., *tarent.*, *thuj.*, tub., ust., *verat.*, verb., zinc.

Fixed, look, with: aran-ix., arn., bell., brom., cann-i., carbn-s., cench., chin., choc., cic., cupr., *dulc.*, gels., **graph.**, hell., hydr-ac., hyos., kali-i., kali-s., **lach.**, *lyc.*, lyss., *med.*, merc-c., *nat-m.*, *nux-v.*, op., pall., ph-ac., phos., *plat.*, plb., puls., ran-b., ruta, scor., **sep.**, staph., stram., sulph., tarent., verat.

Forceful: agar., *ambr.*, *am-m.*, anan., atro-s., *aur-m-n.*, bell., cadm-s., *calc.*, carc., chin., chlor., cocc., croc., eug., ferr-ma., galv., *gels.*, germ., granit-m., *hell.*, hep., hura, *hyos.*, *ign.*, kali-c., lac-c., lac-d., mag-c., mag-m., *mang-act.*, marb-w., merc., *mur-ac.*, nat-m., op., ph-ac., *phos.*, *plat.*, plb., *puls.*, *stann.*, *staph.*, sumb., *thuj.*, verat.

Hearing, self-praise, after: anh., ant-c., arg-n., *arn.*, ars., *aur-m-n.*, bar-c., *borx.*, bufo, *cact.*, *calad.*, *calc.*, calc-sil., *carc.*, *caust.*, **cocc.**, des-ac., hydrog., hyos., lach., *lyc.*, mag-c., mag-m., *m-arct.*, manc., nat-m., pall., *phos.*, positr., **puls.**, **rhus-t.**, *sep.*, **sil.**, *spong.*, staph., *thuj.*, *verat.*, w-rose.

How do you do smile: *aloe*, alum., *ambr.*, anac., anh., apis, arn., ars., *aur-m-n.*, bapt., bar-c., bell., *calc.*, calc-p., carbn-s., carb-v., cham., *chin.*, cimic., cocc., con., crot-c., gels., graph., *hell.*, hydrog., *ign.*, kali-p., *led.*, lil-t., *mang-act.*, mez., *mur-ac.*, nat-c., **nat-m.**, nux-m., nux-v., onos., op., *ph-ac.*, phos., *plat.*, psor., puls., scor., sec., sep., sil., *stann.*, *staph.*, stram., sulph., syph., tab., tell., thuj., thyr., tritic-vg., tub., verat., viol-t., zinc.

Lip-in: acon., aeth., alum., alum-p., alum-sil., **ambr.**, am-m., ant-t., apis, aq-mar., arg-n., arn., ars., asar., *aur.*, bism., *borx.*, *cact.*, *calc.*, chin., con., cupr., *cycl.*, dros., *gels.*, *hell.*, hyos., *ign.*, lac-h., *lyc.*, mag-c., mag-m., mur-ac., *nat-c.*, **nat-m.**, nicc-met., ph-ac., phos., puls., sacch-a., staph., stram., sulph.

Nonsense: absin., *anac.*, agar., alco., alum., apis, arg-n., ars., *atro-s.*, aur., bar-c., bar-s., bell., bufo, calc., camph., cann-i., carl., chin., cic., cocc., cupr., falco-pe., *hydrog.*, *hyos.*, *lach.*, lact-v., lil-t., lol-t., lyc., lyss., mang-act., *merc.*, merc-meth., mosch., nat-i., *nat-m.*, *nux-m.*, ozone, phos., *plat.*, plb., sacch-a., sol-ni., *stram.*, sulph., syph., *tarent.*, tub., verat.

Zygomatic: *ambr.*, am-br., ara-maca., calc., calc-sil., *carc.*, choc., croc., *des-ac.*, falco-pe., ham., hyos., lach., lyc., nux-v., olib-sac., ozone, *phos.*, *pod.*, positr., puls., *sep.*, sil., *staph.*, *sulph.*, tritic-vg., tung-met., *vanil.*

Weeping

Aloud: acon., agar., aloe, am-c., am-m., anac., ant-c., apis, arg-n., ars., aur., bell., bov., *cact.*, calc-f., calc-s., cann-i., canth., carb-an., carbn-s.,

caust., cere-b., cere-s., **cham.**, cic., cimid., **cina**, *cocc.*, coff., con., cor-r., crot-h., cupr., cur., dub., dulc., ferr., fl-ac., foll., gal-ac., graph., hell., *hep.*, hyos., *ign.*, ip., jug-r., kali-c., kali-i., lac-c., lach., lact-v., lil-t., lup., **lyc.**, lyss., *mag-p.*, med., merc., mosch., nat-c., nat-m., nit-ac., nux-m., nux-v., oena., *op.*, pall., petr., phos., phys., plat., plb., puls., ran-b., rheum, sabad., sabin., seneg., *sep.*, sil., spong, staph., **stram.**, sulph., sumb., syph., *tarent.*, thyr., *tub.*, valer., vanil., verat., viol-t., zinc., zinc-p., zinc-v.

Answering a question, when: *puls.*

Cannot weep, though sad: aeth., am-m., apis, arizon-l., **aur-m-n.**, carc., crot-c., **gels.**, germ-met., granit-m., haliae-lc., **ign.**, kali-fcy., lac-h., lap-la., marb-w., **nat-m.**, nat-sil., **nux-v.**, op., positr., puls., sacch-a., sep., staph, tere-la., **vanil.**

Covered,

eyes, with: alco., androc., arg-n., *aur.*, *aur-m.*, *aur-m-n.*, *bar-c.*, *bell.*, carb-v., caust., coc, con., crot-c., *ign.*, *lach.*, *lyc.*, *med.*, merc., morph., mygal., naja, *nat-m.*, *nux-v.*, *op.*, phos., *podo.*, puls., *sacch-a.*, *sal-fr.*, *sanguis-s.*, *sep.*, sil., staph., sulph., *tarent.*, ther., *thuj.*, verat.

face, with: aesc., ambr., am-m., androc., arg-n., arn., ars., aster., aur., aur-m., bell., bry., calc., calc-s., carc., caust., *cham.*, *cocc.*, *coff.*, con., dulc., ferr-ar., gels., granit-m., graph., hell., hura, ign., kali-c., lyc., lyss., mag-c., mag-m., mag-sil., mang-act., m-aust., *mosch.*, nat-ar., nat-c., nat-m., nat-p., nat-sil., *nux-v.*, olnd., ph-ac., phos., *plat.*, psor., puls., sabin., sep., sil., spong, staph., stront-c., syph., *thuj.*, vanil.

Desire to weep, but eyes dry: *camph.*, *nat-m.*

Hidden face against an object, company, in: arg., *aur-m-n.*, bell., calc., caust., con., *kola*, **lach.**, *lyc.*, *med.*, *morph.*, *nat-m.*, **nux-v.**, **op.**, sacch-a., sep., sil., sulph., syph., *tarent.*, *thuj.*, verat.

solitude, in: aq-mar., *aur-m-n.*, con., *cycl.*, ign., lith-c., lyc., *nat-m.*, oci-sa., ozone, ph-ac., positr., sil., spong, stry., tritic-vg., vanil.

Looked at, when: ant-c., brom., kiss., *nat-m.*, puls., *tarent.*

One hand near the eyes, with: alum., alum-sil., ambr., aur., aur-ar., aur-m., *aur-m-n.*, aur-s., bar-act., bar-c., beryl., bry., *calc.*, calc-act., calc-n., calc-sil., carb-an., carb-v., cocc., coc-c., con., cupr., *gels.*, graph., *bell.*,

hyos., *ign.*, kali-ar., kali-bi., kali-c., kali-i., kali-n., kali-p., kali-sil., lac-c., lac-f., lith-c., lyc., mag-c., mag-m., mag-sil., *mang-act.*, *mur-ac.*, nat-ar., **nat-m.**, nat-sil., nit-ac., **phos.**, *plat.*, plb., positr., *puls.*, sacch-a., *stann.*, *staph.*, stront-c.

Piteous, miserable, unfortunate, feeling, with: agar., aids, androc., anthraci., **ars.**, **aur.**, **aur-m.**, *aur-m-n.*, aur-s., bamb-a., bar-c., cadm-i., **calc.**, carb-v., *carc.*, caust., cham., *chel.*, *chin.*, cich., *cina*, cub., fl-ac., *graph.*, hell., hura, hydrog., ign., kali-c., kreos., lach., lat-m., lyc., moni., musca-d., *nat-m.*, *nat-sil.*, *nit-ac.*, plut-n., podo., **psor.**, **puls.**, sars., scor., sep., *staph.*, stram., *tab.*, tarent., tritic-vg., **vanil.**, zinc.

Real: aeth., alum., *ambr.*, am-m., *anac.*, **anthraci.**, *arn.*, *ars.*, **aur.**, aur-ar., aur-m., *aur-m-n.*, aur-p., *bell.*, *bry.*, cact., *cann-xyx.*, *carc.*, **caust.**, *cocc.*, *coloc.*, crat., *cycl.*, des-ac., *dig.*, *dros.*, falco-pe., *ferr.*, foll., *gels.*, *graph.*, grat., haliae-lc., *hell.*, hura, *iber.*, **ign.**, kali-ar., kali-bi., kali-br., kali-c., kali-chl., kiss., kreos., *lac-c.*, *lach.*, lat-m., lil-t., *mag-c.*, *mag-m.*, mang-act., morb., nat-ar., nat-c., **nat-m.**, nat-s., olnd., pelican, *ph-ac.*, *phos.*, plat., psor., **puls.**, pyrus., **rhus-t.**, samb., *sep.*, **staph.**, streptoc., stront-br., stront-c., **symp.**, uran-n., vanil., verat., zinc.

Rubbing eyes, with: aeth., *agar.*, *aloe*, ambr., *apis*, *arg-n.*, ars., aur., *bar-act.*, **bar-c.**, *bar-m.*, bell., borx., bufo, calad., *calc.*, calc-p., cann-i., caps., carb-an., *carbn-s.*, carb-v., caust., cham., chin-b., **cic.**, *cina*, *cocc.*, con., *croc.*, *cupr-act.*, cycl., falco-pe., ferr-p., graph., *bell.*, hyos., *ign.*, kali-c., kali-p., *lac-ac.*, lyc., mosch., *nat-c.*, nat-p., nat-sil., *nux-m.*, op., *ph-ac.*, phos., plb., **podo.**, psor., **puls.**, sacch-a., sanic., sep., sil., spong., squil., *stram.*, streptoc., sumb., syph., tarent., thuj., thyр., *tritic-vg.*

Showing, with: alum., anac., ant-c., ars., *asar.*, aur-ar., brom., cact., *carc.*, *coff.*, con., dulc., graph., ictod., *ign.*, kali-br., *kali-p.*, kiss., lach., lyc., mosch., *nat-m.*, nat-s., op., ph-ac., positr., *puls.*, raph., sep., sil., *staph.*, sul-i., sulph., sumb., *tarent.*, thuj., tub., *verat-v.*, zinc-v.

Sighing: acet-ac., **acon.**, agar., agath-a., alco., alum., am-c., anac., androc., ant-c., aq-mar., *arn.*, ars., aur., **bell.**, **bry.**, *bufo*, **calc-p.**, **camph.**, *carc.*, *cench.*, chin., cic., **cimic.**, *cocc.*, *coff.*, colch., *corn.*, dig., dream-p., *eup-pur.*, ferr-m., *gels.*, *glon.*, gran., graph., *bell.*, hura, *hydr-ac.*, hyos., **ign.**, **ip.**, irid-met., *lac-e.*, *lach.*, lact., lil-t., *lyc.*, malar., *m-arct.*, mosch., naja, *nat-p.*, **nux-v.**, **op.**, phos., *puls.*, *rhus-t.*, sars., sec., sel., *sep.*, sil., spong., *stann.*, *stram.*, ther., thuj., vanil., vip., *zinc.*

Tears in eyes, silently, though aggrieved: aeth., alum., ambr., *am-m.*,

anthraci., *aq-mar.*, arg-n., arist-cl., ars., aster., *aur.*, *aur-m.*, *aur-m-n.*, bar-c., bell., bry., cact., calc., calc-ar., calc-p., calc-s., calc-sil., cann-i., caps., carb-n-s., carb-v., carc., caust., chin., cic., cemic., cocc., *coff.*, *coloc.*, con., cupr., *cycl.*, *dulc.*, elec., ferr., *gels.*, graph., hyos., ign., iod., kali-bi., kali-br., kali-c., kali-p., kali-sil., kiss., kreos., lac-c., lil-t., lyc., mag-c., mag-m., mag-p., mang-act., med., morb., *mur-ac.*, nat-c., **nat-m.**, nat-sil., nux-v., oldn., op., pall., *pb-ac.*, phos., plat., *puls.*, pyrus., rhus-t., sabin., *sep.*, sil., spong., staph., streptoc., sul-ac., sulph., **symph.**, tell., trios., verat., visc.

boisterous, after: nat-m.

feeling, of: clem.

affect, does not: carc.

recalls old grievances: glon.

fear, mortification, of: carc., clem., lyc., puls., sep., staph.

old dependants, of: bry., con., lyc., sil.

Touched, when: ant-c., ant-t., arn., bell., **cham.**, cina, hep., kali-c., op., ruta, sanic., sil., stram.

Whimpering: acet-ac., acon., agar., *alum.*, apis, *arn.*, ars., asaf., *aur.*, bamb-a., bar-c., bell., *borx.*, *calc.*, camph., caps., carb-an., carb-n-h., **carc.**, **caust.**, cham., chin., cic., cina, *cocc.*, coff., con., cortico., coty., cupr., dulc., galv., *gels.*, graph., *hell.*, hep., hyos., **ign.**, iodof., kali-br., *kali-c.*, kali-i., kreos., lach., lat-m., lob., *lyc.*, lyss., mag-c., *mag-p.*, *merc.*, moni., *mosch.*, nat-c., nat-m., nit-ac., nux-v., op., ozone, *pb-ac.*, phos., phys., pic-ac., plat., plb., positr., *psor.*, **puls.**, rheum, rhod., sabin., sacch-a., sal-fr., seneg, sep., *sil.*, spig., staph., *stram.*, sulph., syph., tarent., *tril-p.*, vanil., verat-v., xanth., zinc-p.

Facial Physiognomy

Chin, weak, chinless: *alum.*, alum-sil., ambr., *anac.*, *ang.*, *anh.*, asaf., aster., *bar-act.*, **bar-c.**, bism., **calc.**, calc-ar., calc-sil., carc., caust., chin., cemic., cocc., coff., *con.*, *croc.*, graph., *haem.*, hell., ign., irid-met., kali-c., kali-sil., *lyc.*, *mez.*, moni., morph., nat-c., nat-m., nat-sil., op., *pic-ac.*, *puls.*, rheum, *rhod.*, *sil.*, staph., stry-p., sumb., tarent.

Contortion, frown, drawing in: *acon.*, agar., alum., ambr., am-m., anac., ang., ant-c., ant-t., arg-met., arn., ars., asaf., **bell.**, bism., bry., **calc.**, *camph.*, canth., carb-an., carb-v., **caust.**, *cham.*, *chel.*, *chin.*, *cic.*, cina, cocc.,

coff., colch., **coloc.**, con., *cupr.*, cycl., dig., dros., dulc., euph., ferr., **graph.**, hell., *hydr-ac.*, hyos., kali-c., kali-n., *lach.*, laur., **lyc.**, m-aust., mag-m., meny., *merc.*, mosch., nat-c., nat-m., nit-ac., nux-v., op., petr., phos., plat., plb., puls., ran-b., rheum, rhus-t., ruta, sabad., sabin., sars., **sec.**, sep., sil., spig., spong., stann., *stram.*, sul-ac., *sulph.*, verat.

Dimple on face, funny people, in: aeth., aether, agam-g., agar., *agath-a.*, agav-t., alco., aloe, alum., androc., ant-c., arg-met., ars., bar-c., bell., bry., cact., calc., cann-i., *caps.*, carb-v., chic., *cic.*, cocc., *coff.*, con., **croc.**, cupr., cur., dulc., falco-pe., ferr-p., glon., ham., heroin., hyos., **ign.**, ip., kali-cy., *kali-i.*, kali-s., kola, lac-del., *lach.*, limest-b., lyc., marb-w., meny., merc., nat-m., *nux-m.*, nux-v., olib-sac., *op.*, ox-ac., **phos.**, plac., *plat.*, *pod.*, positr., psor., puls., rad-br., rhus-t., *rhus-t.*, ruta, sars., sec., spong., *stann.*, staph., *stram.*, sul-ac., sumb., tab., *tarax.*, *tarent.*, thea, tritic-vg., vanil., verat.

Furrows, vertical brows, between, sour temperament: *agar.*, am-c., am-m., **anac.**, **ant-c.**, apis, arn., ars., ars-i., *aur.*, aur-ar., *aur-m-n.*, *aur-s.*, bar-c., bov., brom., *calc.*, canth., carb-an., carb-n-s., carc., carl., *caust.*, *cham.*, chel., *cic.*, *con.*, fl-ac., hep., hura, kali-ar., kali-bi., kali-br., *kali-c.*, lac-ac., *lac-c.*, *lach.*, *lac-leo.*, lachn., *led.*, lyc., lyss., mag-c., **merc.**, **moni.**, mosch., mur-ac., mygal., **nat-m.**, **nit-ac.**, *nux-v.*, pall., petr., pitu-a., *plat.*, *raph.*, *rhus-g.*, rhus-t., sars., sep., spig., spong., stann., *stram.*, stront-s., sul-ac., **sulph.**, *tarent.*, thuj., tub., verat., zinc.

long, from side of nose, down to chin: *agar.*, alum-sil., am-c., anac., androc., ant-c., apis, *arn.*, **ars.**, ars-s-f., *aur.*, aur-ar., *bar-c.*, *brom.*, calc-p., calc-sil., caps., carc., *caust.*, cench., cham., chin., cupr., dulc., *germ-met.*, **graph.**, *belon.*, hep., hydrog., hyos., *ip.*, kali-cy., kali-s., lac-ac., *lach.*, lachn., lil-t., *lyc.*, lyss., mag-c., med., *merc.*, mez., morph., mur-ac., naja, nat-m., **nat-sil.**, *nux-v.*, petr., *phos.*, *plat.*, plb., puls., *sep.*, sil., staph., **sulph.**, **symp.**, thuj., tub., *vanil.*, verat.

Hooked, nose: abrot., *acon.*, *agar.*, am-c., am-m., **anac.**, androc., ant-c., *ars.*, *aur.*, *bell.*, *borx.*, bry., bufo, calc., calc-s., cadm-i., canth., caps., carb-n-s., *cham.*, *cic.*, *cocc.*, coloc., crot-h., *cupr.*, *cur.*, dros., fl-ac., haliae-lc., *hep.*, *hyos.*, iod., kali-bi., kali-c., kali-i., kali-p., lac-c., *lach.*, *led.*, *lil-t.*, *lyc.*, med., merc., *nat-c.*, **nat-m.**, *nit-ac.*, **nux-v.**, *ozone.*, *pb-ac.*, puls., rhus-t., *scor.*, sep., *staph.*, **stram.**, sulph., syph., *tarent.*, thuj., *tub.*, verat., vip., x-ray, zinc, zinc-pic.

Jaw

chewing, motion, of: *acon.*, *aml-ns.*, *ant-t.*, *art-v.*, *asaf.*, *aster.*, *bell.*, *bry.*, *calc.*, *calc-p.*, *canth.*, *carb-v.*, *caust.*, *cham.*, *cic.*, *cimic.*, *cina*, *cupr.*, *cupr-act.*, *fl-ac.*, *gels.*, *hell.*, *hyos.*, *ign.*, *lach.*, *lat-m.*, *lyc.*, *mang-act.*, *merc.*, *mosch.*, *nat-m.*, *phos.*, *plb.*, *podo.*, *ruta*, *sec.*, *sep.*, *sol-ni.*, *stram.*, *strych-g.*, *sulph.*, *thal-xyz.*, *verat.*, *verat-v.*, *visc.*

clenched: *acet-ac.*, *acon.*, *act-sp.*, *agar.*, *am-caust.*, *ars.*, *bamb-a.*, **bell.**, *camph.*, *cann-i.*, *cann-s.*, *carb-ac.*, *carbn-dox.*, *carbn-h.*, *carl.*, *caust.*, *cham.*, *cic.*, *cit-ac.*, *cob-n.*, *colch.*, *cupr.*, *dig.*, *dios.*, *glon.*, *hydr-ac.*, *hyos.*, *hyper.*, *ign.*, *laur.*, *lyc.*, *m-arct.*, *mag-p.*, *merc.*, *merc-i-f.*, *morph.*, *nux-v.*, *oena.*, *op.*, *ox-ac.*, *phos.*, *phyt.*, *plac-s.*, *podo.*, *positr.*, *pot-e.*, *rhus-t.*, *sec.*, *staph.*, *stram.*, *streptoc.*, *sulph.*, *syph.*, *tarent.*, *tub.*, *vanil.*, *verat.*, *vip.*

jutting: *aloe*, *anac.*, *androc.*, *arn.*, **ars.**, *aur.*, *aur-ar.*, *aur-s.*, *calc.*, *calc-f.*, *calc-s.*, *carc.*, *caust.*, *chin.*, *coloc.*, *crot-c.*, *cupr.*, *des-ac.*, *dulc.*, *falco-pe.*, *fl-ac.*, *granit-m.*, *kali-bi.*, *kola*, *lach.*, **lyc.**, *med.*, *nat-c.*, *nat-m.*, *nux-v.*, *ozone*, *petr.*, *phos.*, *plat.*, *scor.*, *sep.*, *sil.*, *spong.*, *staph.*, *stram.*, *sulph.*, *verat.*

Pug, nose: *alum.*, *bell.*, *calc.*, *calc-p.*, *calc-sil.*, *carc.*, *haliae-lc.*, *ign.*, *lach.*, *nat-m.*, *ozone*, *phos.*, *puls.*, *sil.*, *tub.*

Gestures

Arm Gestures

Behind back, inner conflict, with: *adam.*, *agar.*, *aids.*, **anac.**, **arg-n.**, *arizon-l.*, *carc.*, *choc.*, *cina*, *coloc.*, *cocc.*, *dream-p.*, *falco-pe.*, *ferr.*, *heroin.*, *irid-met.*, *kola*, *lach.*, **lyc.**, *mang-act.*, *nat-m.*, *nept-m.*, *nit-ac.*, *pall.*, *phasco-ci.*, *plat.*, *plut-nit.*, *polys.*, *positr.*, *rhus-g.*, *sal-fr.*, *sep.*, *spect.*, *staph.*, *stram.*, *sulph.*, *vanil.*, *verat.*

Coffee-cup barrier: *agar.*, *alum.*, *alum-p.*, *ambr.*, *am-c.*, *anac.*, *arg-n.*, *arn.*, *ars.*, *asaf.*, **bar-act.**, *bar-c.*, *bism.*, *bufo*, *cact.*, *calc.*, *calc-p.*, *calc-sil.*, *canth.*, *carc.*, *caust.*, *cench.*, *chin.*, *chinin-s.*, *clem.*, *cocc.*, *con.*, *dig.*, *dros.*, *ferr.*, *fl-ac.*, *graph.*, *grat.*, **hell.**, *hydrog.*, *hyos.*, **ign.**, *iod.*, *kali-ar.*, *kali-i.*, *kali-s.*, *kali-sil.*, *lach.*, *lyc.*, *mag-m.*, *mang-act.*, *med.*, *merc.*, *mez.*, *naja*, *nat-c.*, *nat-m.*, *nat-sil.*, *nit-ac.*, *nux-m.*, *nux-v.*, *onos.*, *op.*, *pall.*, *petr.*, *ph-ac.*, *phos.*, *plat.*, *plb.*, *psor.*, *puls.*, *rheum*, *sabad.*, *sacch-a.*, *sep.*, *sil.*, *spig.*, *stann.*, *staph.*, *sulph.*, *tarent.*, *ther.*, *thuj.*, *zinc.*

Crossed

disguised: agar, anac, androc., arg-met., *arg-n.*, arg-o., *ars.*, *aur-m-n.*, aur-s., *bell.*, bufo, calc., cann-i., chin., chlol., chlor., coca, corv-cor., crot-c., *cupr.*, dendr-pol., dig., dros., *dulc.*, *fl-ac.*, hep., hyos., kola, **lach.**, lac-leo., lil-t., *lyc.*, *med.*, **merc.**, morph., mosch., *nat-m.*, nit-ac., **nux-v.**, *op.*, phos., plat., plb., puls., *sacch-a.*, scor., sep., sil., *sulph.*, **tarent.**, *thuj.*, verat.

leaning, forward, with: aids., *aur.*, bar-s., calc., carb-v., *carb.*, *coca*, *cori-r.*, *croc.*, foll., *gels.*, graph., **lac-c.**, *lac-d.*, *lac-h.*, *lac-mat.*, *lyc.*, *m-arct.*, mosch., **puls.**, *sil.*, *staph.*, streptoc., sulph., *tritic-vg.*, *thuj.*, **zinc.**

partial: acon., agar, aids., alum., alumn., alum-sil., ambr., am-br., am-c., am-caust., am-m., anac, ang, anh., aq-mar., arist-cl., arn., *ars.*, asar., aur-i., aur-s., bamb-a., **bar-act.**, **bar-c.**, *bar-m.*, *bar-p.*, *borx.*, *bry.*, buth-a., **calc.**, **calc-act.**, calc-f., **calc-s.**, calc-sil., *carb-v.*, carbn-s., carc., *caust.*, chin., cocc., coli., con., crot-h., dros., *dulc.*, dys.co., ferr-p., **gels.**, hydrog., *ign.*, *kali-ar.*, **kali-c.**, *kali-p.*, *kali-sil.*, kola, lac-c., lac-e., lac-h., lac-leo., laur., **lyc.**, m-arct., mag-c., *mag-s.*, med., moni., naja, nat-ar., **nat-c.**, nat-m., nat-s., nat-sil., **petr.**, ph-ac., **phos.**, pic-ac., **plb.**, psor., puls., santin., **sep.**, **sil.**, spong., staph., stram., stront-c., *sulph.*, sul-i., sumb., syc., symph., syph., *thuj.*, tub.

pointing, thumbs upwards, defensive and superior, combined attitude, from: arn., ars., *aur.*, *aur-s.*, bell., bism., cact., calc-s., carc., caust., cham., chel., *chin.*, coloc., *con.*, *dulc.*, ferr., fl-ac., kali-c., kola, *lach.*, *lyc.*, mang-act., *med.*, mur-ac., *nat-m.*, nit-ac., nux-v., op., ozone, pall., phos., *plat.*, plb., puls., sabin., sep., *sil.*, spong., stann., *staph.*, stram., sul-ac., *sulph.*, tarent., *thuj.*, vanil., verat.

reinforced: agar., am-c., am-caust., am-m., *anac.*, ang, apis, ars., ars-i., *aur.*, *aur-m-n.*, *aur-s.*, both., calc-s., cench., *cham.*, **cic.**, colum-p., crot-h., cupr., falco-pe., fl-ac., hep., kali-i., kola, *lac-c.*, *lach.*, *lac-leo.*, *led.*, *lyc.*, med., merc., moni., naja, **nat-m.**, **nit-ac.**, **nux-v.**, pall., plat., positr., puls., *raph.*, thus-g, sep., staph., stram., stront-c., **sulph.**, tarent., tub., vip., zinc.

self-wrapping posture: agar., agath-a., agn., *alum.*, alum-p., alum-sil., ambr., anh., aq-mar., *aur.*, bar-c., bry., calc., calc-sil., **carb-v.**, *carb.*, carl., caust., chin., chinin-s., *cocc.*, colum-p., con., *cori-r.*, *cycl.*, dros., falco-pe., *foll.*, graph., ign., insul., kali-c., *kali-p.*, **lac-c.**, *lac-d.*,

laur., **lyc.**, mang-act., *m-arct.*, *morb.*, *nat-ar.*, nat-c., nat-m., *nat-sil.*, nit-ac., olnd., op., *ph-ac.*, phos., pic-ac., pitu-a., positr., **puls.**, *sacch-a.*, sep., *sil.*, spong., stann., staph., sul-ac., sulph., *tab.*, **thuj.**, *tritic-vg.*, valer., visc., **zinc.**

Swinging

back and forth, rhythmically, walking, while: **acon.**, **agar.**, alco., alum., ambr., *anac.*, arg-met., **arg-n.**, **ars.**, ars-s-f., aur-ar., aur-i., aur-s., *bapt.*, bar-s., *bell.*, *calc.*, calc-f., **calc-p.**, calc-sil., **camph.**, cann-i., carb-n-s., carc., caust., chinin-ar., *cimic.*, *cocc.*, *coloc.*, crat., croc., **cupr.**, **cup-ar.**, cur., **ferr.**, **ferr-ar.**, ferr-s., *bell.*, hep., **hist.**, **hyos.**, iod., kali-ar., *kali-br.*, kali-c., kali-i., kola, lach., lec., lil-t., mag-m., mang-act., med., **merc.**, *mez.*, mur-ac., nux-v., **plb.**, *puls.*, ran-b., **rhus-t.**, rib-ac., *sulp-ac.*, **sec.**, sil., *staph.*, **stram.**, **sulph.**, sumb., syph., **tarent.**, thuj., valer., verat., **zinc.**, zinc-p.

romanticism, from: *agn.*, **ant-c.**, asaf., *aur-m-n.*, cann-i., *calc-p.*, canth., carc., caust., cic., *cimic.*, *cocc.*, *coff.*, colum-p., con., croc., *cupr.*, *cycl.*, *graph.*, haliae-lc., hyos., iber., **ign.**, *indg.*, lach., lac-lup., lars-arg, lyc., lyss., med., nat-c., *nat-m.*, nat-s., *nat-sil.*, neon, *nux-v.*, olib-sac., pelican, *phos.*, plat., podo., *psor.*, puls., *sacch-a.*, *sel.*, sep., *staph.*, sulph., **tub.**, tung-met., vanil., zinc., zinc-p.

Shoulder shrug display: aether, agar., agath-a., agn., *alum.*, ambr., am-c., *anac.*, anh., aq-mar., arg-n., ars., aur., bamb-a., *bar-c.*, *bell.*, *bry.*, calad., calc., carc., **calc-f.**, *cann-i.*, caps., *caust.*, cench., *cham.*, chel., coca, colum-p., *con.*, falco-pe., **fl-ac.**, foll., *gels.*, germ-met., *bell.*, *hyos.*, kali-br., kali-p., lac-c., *lach.*, lith-c., *lyc.*, lyss., *merc.*, moni., naja, nat-act., *nat-m.*, *nux-m.*, olnd., onos., **op.**, ozone, *ph-ac.*, *phos.*, pic-ac., plat., polys., positr., puls., rad-br., *sacch-a.*, **sep.**, sil., staph., **sulph.**

Back and Neck

Pain-in-the-neck gesture, anger, frustration, from: *acon.*, agn., *alum.*, **ambr.**, *anac.*, ant-c., *ant-t.*, *arg-n.*, **ars.**, ars-i., **aur.**, **aur-ar.**, *aur-m.*, *aur-m-n.*, *aur-s.*, cact., **calc.**, calc-p., *calc-sil.*, *cann-i.*, *carb-v.*, carc., *caust.*, cham., *chin.*, *cocc.*, *coff.*, **coloc.**, *con.*, *crot-t.*, *cupr-act.*, *dulc.*, *gels.*, *graph.*, **hell.**, *ign.*, *kali-p.*, *lach.*, *lept.*, lil-t., lith-c., **lyc.**, *merc.*, *mez.*, *nat-ar.*, nat-c., **nat-m.**, *nit-ac.*, *nux-m.*, nux-v., op., ph-ac., pic-ac., **psor.**, *puls.*, *rhus-t.*, *sep.*, sil., **spong.**, *staph.*, *stram.*, sul-i., **sulph.**, syph., *tab.*, *tarent.*, thymol., *thyr.*, tub., valer., *vanil.*, **verat.**, verb., vip., zinc.

Patting on back, encourage, to: arg-n., aur., bar-c., *calc.*, calc-p., **carc.**, **caust.**, *choc.*, *cocc.*, dig., des-ac., falco-pe., ferr-ma., germ-met., hyper., ign., irid-met., kali-s., kola, *lach.*, *lac-h.*, *lyc.*, *nat-c.*, op., oxyg., *phos.*, plat., plut-n., positr., **puls.**, sang, *sil.*, *sil-mar.*, spect., spong., sulph., tarent., thuj., tub., vanil., verat.

Rubbing, palm, back of, lying, from, a collar-pull gesture: acon., agath., alco., androc., ang., arg-met., arg-n., *ars.*, *aur-m-n.*, *bar-c.*, bell., calc-f., carb-v., coca, *cocc.*, con., crot-c., cupr., cycl., ferr., fl-ac., graph., hyos., ign., *kola*, lac-c., **lach.**, *lyc.*, *med.*, merc., **morph.**, *nat-m.*, **nux-v.**, **op.**, phos., plat., plb., puls., sacch-a., scor., sep., sil., staph., stram., sulph., syp., *tarent.*, thuj., tub., **verat.**

Scratching, doubt, from: alum., anh., **ars.**, **aur.**, **bar-c.**, bell., *calc.*, calc-sil., **carb-v.**, chel., cycl., dig., *graph.*, **hell.**, hyos., **ign.**, **lach.**, *lept.*, *lil-t.*, *lyc.*, mag-c., merc., mosch., mur-ac., nat-s., nit-ac., nux-v., *petr.*, phos., psor., **puls.**, sep., sil., *stann.*, staph., *sulph.*, thuj., *tung-met.*, *verat.*

irresolution, from: *agar.*, *alum.*, alum-p., alum-sil., *aran-ix.*, *arg-n.*, *ars.*, aur., aur-ar., aur-m-n., *bar-act.*, **bar-c.**, *bar-m.*, bufo, *calc.*, calc-ar., calc-p., *calc-sil.*, *carbn-s.*, *carc.*, caust., chin., *chlol.*, *cocc.*, *coli.*, *con.*, *cur.*, *graph.*, **hell.**, **ign.**, kali-p., *kali-sil.*, *kola*, lac-c., **lach.**, *lac-lup.*, *lyc.*, mag-m., *m-arct.*, *merc.*, *mez.*, *naja*, *nat-m.*, nat-sil., **onos.**, **op.**, **petr.**, *puls.*, sacch-a., *sep.*, *sil.*, *stann.*, *sulph.*, **symp.**, thuj., zinc., zinc-p.

Chest

Puffed, pride, from: anac., ars., aur., aur-s., bell., bry., calc-f., *caust.*, cupr., cupr-s., ferr., ferr-s., fl-ac., gal-ac., gran., *graph.*, *grat.*, *hyos.*, *ip.*, kali-i., *lach.*, lil-t., **lyc.**, merc., *naja*, nat-m., nux-v., *pall.*, **plat.**, sabad., sep., *sil.*, *staph.*, *stram.*, **sulph.**, **verat.**, *verat-v.*

Colour Signal Gestures

Yellow signal, defensive gestures: agn., *aloe*, *alum.*, alumn., alum-p., alum-sil., ambr., anh., *ars-i.*, aur., aur-ar., aur-s-f., bar-c., calc., calc-ar., calc-sil., carb-an., carb-v., *carc.*, carl., cast., caust., chin., *choc.*, *cocc.*, cypr., falco-pe., gels., graph., hydr., hypoth., *ign.*, kali-bi., kali-c., *kali-p.*, kali-sil., kiss., lac-c., *lyc.*, mag-c., mag-m., manc., m-arct., m-aust., mur-ac., *naja*, nat-m., *nat-sil.*, ol-an., *pb-ac.*, phos., pip-m., *podo.*, psor., puls., *ruta*, sacch-a., *sep.*, sil., staph., stront-c., sumb., *tab.*, thuj., thyr., *tritic-vg.*, valer., *vanil.*, w-rose, zinc., zinc-p.

Red signal, defiance gestures: agar, agra, am-m., anac., androc., ant-c., *arn.*, ars., *asaf.*, **aur.**, bell, bry, bufo, buteo-j., canth., **caust.**, *cham.*, *cina*, cupr., **dulc.**, falco-pe., haliae-lc., hep., *hyos.*, *ign.*, kali-br., *keres.*, **lach.**, *lyc.*, med., merc., nit-ac., *nux-v.*, *petr.*, phos., plat., plb., puls., rhus-t., ruta, sabad., sec., *sep.*, sil., spong, staph., stram., sulfon., *sulph.*, *symp.*, syph., **tarent.**, thuj., *tub.*, tub-k., valer., verat., verat-v.

Green signal, positive gestures: arn., aur., calc., calc-f., calc-p., calc-sil., camph., cann-i., carc., *caust.*, cench., chin., choc., crot-c., des-ac., dig., *dulc.*, falco-pe., *ferr.*, fl-ac., haliae-lc., hydr., hyper., ign., kali-bi., kali-c., kola, lac-ac., lach., *lac-cp.*, lac-leo., lyc., manc., merc., naja, nat-m., nat-s., nit-ac., nux-m., **nux-v.**, *op.*, ph-ac., phos., podo., positr., puls., rhus-t., sang, scor., *sep.*, sil., staph., stram., *sulph.*, *tub.*, vanil., verat.

Ear

Finger-drill, contemptuousness, from: agn., *aloe*, am-c., *anac.*, *androc.*, apis, arg-n., arn., *ars.*, arum-t., croc., arund., aur., aur-ar., bar-c., brom., bry, canth., carc., cham., *chin.*, **cic.**, cina, coloc., dros., elaps, falco-pe., granit-m., hep., hyos., ign., *ip.*, kali-ar., kali-br., kali-p., lac-ac., *lach.*, lachn., lac-leo., lac-ac., *lyc.*, merc., mosch., mur-ac., naja, nat-m., nit-ac., *nux-v.*, *psall.*, **plat.**, psor., puls., scor., sec., sil., spong, staph., stram., *sulph.*, *tub.*, *verat.*

Pulling or tugging, indecisiveness, due, to: adam., *agar.*, *alum.*, alum-p., alum-sil., ambr., am-caust., *anac.*, ang., anh., *aran-ix.*, *arg-n.*, arn., *ars.*, *asaf.*, *bar-act.*, **bar-c.**, bar-i., *bar-m.*, beryl., bism., borx., brucel., bry., bufo, cact., calc-ar., *calc.*, calc-f., calc-i., calc-p., *calc-sil.*, camph., cann-i., cann-s., carb-v., *carbn-s.*, *carc.*, chel., chin., *chlol.*, cic., cina, coca, *cocc.*, coff., *coli.*, *con.*, cortico., cub., cupr., *cur.*, cycl., daph., dig., dream-p., erig., falco-pe., ferr., germ-met., granit-m., *graph.*, grat., haliae-lc., **hell.**, helon., heroin., hydrog., hyos., **ign.**, iod., irid-met., kali-c., kali-p., *kali-sil.*, *kola*, lac-c., **lach.**, *lac-lup.*, laur., led., lil-t., lith-c., *lyc.*, lyss., mag-c., m-ambo., mang-act., *m-arct.*, m-aust., *merc.*, *mez.*, *moni.*, mur-ac., musca-d., *naja*, *nat-m.*, nit-ac., nitro., *nux-m.*, *nux-v.*, **onos.**, **op.**, osteo-a., oxyg., ozone, **petr.**, ph-ac., *phos.*, pic-ac., plb., *psor.*, *puls.*, rad-met., rauw., rheum, rhod., rhus-r., ruta, sacch., sacch-a., sanic., *sep.*, *sil.*, *stann.*, *sulph.*, **symp.**, tab., thuj., *titan.*, vanad., xanth., zinc.

Female Courtship Gestures

Crossed, legs, the leg twine: *acon.*, alco., alum-sil., ambr., **am-c.**, anh.,

ant-t., arg-met., *arg-n.*, ars., aur., aur-s., bar-ar., **bar-c.**, *bry.*, calc., calc-ar., calc-sil., carb-v., chel., *chin.*, coff., foll., **gels.**, hydr., ign., kali-bi., kali-c., kali-p., kali-sil., lac-c., lil-t., lith-c., **lyc.**, m-arct., mez., nat-c., nat-m., *nux-m.*, olnd., **op.**, ozone, ph-ac., phos., pic-ac., *puls.*, *rhus-g.*, *rhus-t.*, sep., *sil.*, staph., *stram.*, ther., thuj., *verat.*, visc., w-rose., zinc.

Exposed wrist, sensuality, from: absin., agn., ambr., *ant-c.*, **apis**, ars., asaf., aster., *aur.*, *bar-c.*, *bar-m.*, *bell.*, *bufo*, calad., calc., **calc-f.**, *calc-p.*, camph., *cann-i.*, *cann-s.*, *canth.*, carb-v., caust., cedr., *chin.*, cinnb., coca, *coff.*, con., *croc.*, *dig.*, **fl-ac.**, graph., **grat.**, haliae-lc., hep., **hyos.**, ign., kali-bi., *kali-br.*, kreos., lac-c., **lach.**, *lil-t.*, *lyc.*, lyss., marb-w., med., *merc.*, **murx.**, nat-ar., nat-c., nat-m., *nux-v.*, op., **orig.**, ph-ac., *phos.*, pic-ac., **plat.**, *puls.*, *raph.*, *rhus-g.*, *sabad.*, *sabin.*, *sec.*, sel., sep., sil., stann., *staph.*, **stram.**, sumb., taosc., *tarent.*, tub., ust., *verat.*, vesp., *xero.*, *zinc.*, zinc-p.

Face platter: *bell.*, carb-v., lac-ac., lil-t., *lyc.*, marb-w., *merc.*, *nux-v.*, **pall.**, *plat.*, *puls.*, staph., *sulph.*, *verat.*

Flicked, head to toss the hair back, shoulders over: aether, anh., *bell.*, calc., *cann-i.*, coca, *croc.*, crot-c., haliae-lc., heroin., ign., kali-c., kola, *lach.*, lars-arg., lyc., naja, nat-m., nat-p., op., pall., *phos.*, *plat.*, puls., sil., stram., sulph., *verat.*

Inviting, buttocks: ant-c., aur., *bell.*, *bufo*, calc-f., *camph.*, *cann-i.*, *cann-s.*, *canth.*, carb-v., *caust.*, chin., coff., coloc., con., *cub.*, erig., fl-ac., graph., **hyos.**, **lach.**, lyc., lyss., merc., mosch., murx., nat-m., nit-ac., *nux-v.*, *olib-sac.*, op., *phos.*, *pic-ac.*, **plat.**, puls., *raph.*, sep., staph., stram., sulph., tub., *verat.*

Parallel legs, the attractive female sitting position: **apis**, *aur.*, aur-m-n., *bar-m.*, *bell.*, calad., *cann-i.*, *cann-s.*, *canth.*, *chin.*, *coff.*, *croc.*, *fl-ac.*, gal-ac., **grat.**, ham., **hyos.**, ign., kali-br., kali-c., **lach.**, *lil-t.*, *lyc.*, marb-w., *med.*, *merc.*, mosch., *murx.*, nat-c., nat-m., *nux-v.*, op., **orig.**, ph-ac., *phos.*, plac., **plat.**, plb., positr., puls., *sabin.*, sanguis-s., *sec.*, *staph.*, **stram.**, *tarent.*, valer., *verat.*, zinc.

Finger Movements

Bang bang, a gesture of pistol: acon., agar., am-m., anac., *androc.*, *ant-c.*, apis, ars., ars-i., atro-s., aur., *bell.*, *canth.*, caust., cham., choc., cocc., *croc.*, *crot-c.*, cupr., **dulc.**, elaps, ferr-ma., graph., hep., hydrog., hyos., ign., kali-i., kali-s., **lach.**, *lac-leo.*, lyc., lyss., m-aust., med., meli., merc., nat-m., nit-ac., *nux-v.*, petr., *sabad.*, *scor.*, sep., staph., *stram.*, sulph.,

syph., *tarent.*, *tub.*, *valer.*

Counting, numbers, continually: *arg-n.*, *ars.*, *bry.*, *calc.*, *cocc.*, *hyos.*, *lach.*, *lyc.*, *merc.*, *moni.*, *neon*, **nux-v.**, *ph-ac.*, *phys.*, *plat.*, *plb.*, *positr.*, *sep.*, *sil.*, *staph.*, **sulph.**, *tarent.*, *verat.*

money, as if: *ars.*, *bry.*, *calc.*, *cocc.*, *hyos.*, *lach.*, *lyc.*, *merc.*, **nux-v.**, *ph-ac.*, *plat.*, *plb.*, *sep.*, *sil.*, *staph.*, **sulph.**, *tarent.*

Crossed, assuring others as truth telling, a plea for good luck: *agar.*, *anac.*, *arg-n.*, *bell.*, *calc.*, *calc-p.*, *carb-n.*, *caust.*, *coca*, *dros.*, *con.*, *hep.*, *kola*, *lach.*, *lyc.*, *med.*, *merc.*, *morph.*, *nat-m.*, *nit-ac.*, *nux-v.*, *op.*, *sacch-a.*, *staph.*, *syph.*, *tarent.*, *ther.*, *thuj.*, *ulm-c.*, *verat.*

Drumming, or feet, continual tapping, on floor, impatience, from: *acon.*, *adam.*, *agar.*, *alco.*, *allox.*, *aloe*, *alum.*, *anac.*, *androc.*, *apis*, **arg-n.**, *ars.*, *ars-h.*, *ars-i.*, *bell.*, *bry.*, *cadm-met.*, *cadm-s.*, *calc.*, *calc.*, *calc-p.*, *cann-i.*, *cann-s.*, *carb-ac.*, *carc.*, **cham.**, *cimic.*, *cina*, *coca*, *coloc.*, *culx.*, *dig.*, *dulc.*, *gins.*, *goss.*, *graph.*, *hep.*, *hura*, *hyos.*, **ign.**, *iod.*, **ip.**, *kali-bi.*, *kali-c.*, *kali-s.*, *kreos.*, *lach.*, *lac-leo.*, *lith-c.*, *lyc.*, *lyss.*, *med.*, *merc.*, *mosch.*, *murx.*, *nat-ar.*, *nat-c.*, *nat-m.*, *nicc-met.*, *nid.*, *nit-ac.*, *nuph.*, **nux-v.**, *olib-sac.*, *plan.*, *plat.*, *plut-n.*, *psor.*, *puls.*, *pulx.*, *rhus-t.*, *ruta*, *sacch-a.*, *sars.*, *scor.*, **sep.**, **sil.**, *staph.*, *stram.*, *sul-ac.*, *sul-i.*, **sulph.**, *sumb.*, *tarent.*, *thuj.*, *tritic-vg.*, *tub.*, *verat.*, *zinc.*

Fingertip kissing, affectionate people, in: *ars.*, *aur-m-n.*, *bar-c.*, *borx.*, *calc.*, *calc-p.*, *carb-ac.*, **carc.**, *caust.*, *choc.*, *coff.*, *des-ac.*, *ham.*, *hura*, *ign.*, *hyos.*, *kali-c.*, *lach.*, *lyc.*, *nat-m.*, *nat-sil.*, *ox-ac.*, *ph-ac.*, **phos.**, *plat.*, *positr.*, **puls.**, *sil.*, *staph.*, *sulph.*, *tub.*

Picking, at: *ars.*, *art-v.*, *arum-t.*, *bapt.*, *calc.*, *canth.*, *cina*, *con.*, *hell.*, *hydrog.*, *hyos.*, *kali-br.*, *kali-n.*, *lach.*, *mur-ac.*, *petr.*, *tarent.*, *ther.*, *thuj.*

Plays, with: *ars.*, *arum-t.*, *asar.*, *bell.*, *calc.*, **cina**, *con.*, *crot-c.*, *hell.*, *hyos.*, *kali-br.*, *lach.*, *mosch.*, *nat-m.*, *rhus-t.*, *tarent.*, *ther.*, *thuj.*

buttons, with: *asar.*, *mosch.*, *nux-v.*, *staph.*

Pointing, index finger, anger in, a stabbing motion: *am-m.*, **anac.**, *androc.*, *ant-c.*, *ant-t.*, *apis*, *arg-n.*, *arn.*, *asaf.*, **ars.**, **aur.**, *aur-ar.*, *aur-s.*, *bell.*, *camph.*, *bov.*, *bry.*, *buth-a.*, *calc.*, *carc.*, *caust.*, *cench.*, **cham.**, *chin.*, **cina**, *coloc.*, *crot-h.*, **cupr.**, *cupr-ar.*, *ferr.*, *ferr-ma.*, *fl-ac.*, *gink-b.*, *granit-m.*, *graph.*, **hep.**, *hydrog.*, *ign.*, *kali-ar.*, **kali-c.**, *kali-i.*, **kali-s.**, *kola*, *kreos.*, *lach.*, *lact-v.*, **lyc.**, *lyss.*, *mag-c.*, *mag-m.*, *mang-act.*, *med.*, *merc.*, *mez.*, *mur-ac.*,

nat-ar., *nat-c.*, **nat-m.**, *nat-s.*, **nit-ac.**, **nux-v.**, op., ozone, *pall.*, plat., *petr.*, polys., puls., sanic., scor., **sep.**, sil., **staph.**, *stram.*, **sulph.**, syc., syph., *tarent.*, thea, vinc., thuj., verat., zinc-cy., zinc-p.

emphasizing, while: androc., apis, aran-ix., arizon-l., arn., **ars.**, *aur.*, aur-m-n., aur-s., bamb-a., *calc-s.*, camph., *carb.*, *caust.*, cham., chel., *chin.*, con., *cupr.*, dulc., falco-pe., *ferr.*, fl-ac., granit-m., *kali-c.*, kola, *lach.*, lac-h., lac-leo., **lyc.**, med., *nux-v.*, *pall.*, *phos.*, plat., puls., ruta, sal-fr., sep., *sil.*, spong., stram., sul-ac., *sulph.*, tax., thuj., vanil., verat.

Precision grip: acon., aloe, alum., am-c., anac., androc., apis, arg-n., **ars.**, ars-s-f., aur., aur-ar., aur-m-n., aur-s., brom., calc-ar., calc-p., calc-sil., cand-a., **carb.**, caust., cench., cham., chin., chinin-ar., cupr., der., dulc., falco-pe., germ-met., granit-m., **graph.**, haliae-lc., helon., hydrog., hyos., ignis-alc., iod., ip., *kali-ar.*, kali-bi., *kali-c.*, kali-s., lac-ac., lach., lac-h., **lyc.**, med., merc., *nat-m.*, nat-sil., nat-s., **nux-v.**, petr., *phos.*, *plat.*, plb., polys., positr., puls., *sep.*, sil., staph., *sulph.*, tarent.

Put, mouth, into, glasses, pen or: ail., aids., aloe, alum., alum-sil., amlns., anac., anh., aq-mar., arizon-l., ars., bamb-a., **bar-act.**, **bar-c.**, berb., bry., buteo-j., *calc.*, calc-ox., calc-p., cann-s., caps., carb-an., carb-v., carc., caust., cean., *cham.*, chinin-s., choc., cic., coff., dig., falco-pe., gels., granit-m., graph., hep., hydrog., hyos., **ip.**, kali-c., kali-p., lac-d., lith-c., *lyc.*, mag-c., med., meny., merc., nat-ar., nat-c., nat-m., nat-p., nat-s., nit-ac., nux-v., phos., plb., psor., puls., ruta, *sacch-a.*, scor., sec., sep., sil., spong., stann., staph., stram., stront-c., sulph., sumb., tab., tarent., ther., thuj., uran-n., valer., vanil., verat., vesp., zinc.

Scratching, with: ant-c., arg-met., arn., arum-t., bell., calc., canth., cham., cina, cupr., falco-pe., heroin., hyos., marb-w., psor., stram., tarent., tritic-vg.

ears, behind: calc.

head, waking, on: calc.

mouth, to: sol-ni.

walls, on: arn., canth., cham., stram.

Thumb Displays

Clenching: *aeth.*, *apis*, ars., art-v., arum-t., bell., brach., *bufo*, *camph.*, *caust.*, *cham.*, *cic.*, *cocc.*, **cupr.**, *glon.*, hell., hyos., ign., *lach.*, mag-p.,

merc., oena., phyt., **plb.**, *sec.*, sep., stann., staph., stram., sulph., viol-t.

Down: agar., aloe, alum., am-c., **anac.**, ant-c., apis, arg-n., arizon-l., arn., ars., *aur.*, aur-m-n., aur-s., borx., bell., caust., *cham.*, **cic.**, croc., dulc., ferr., *hep.*, ign., ip., *kali-br.*, kali-c., kali-i., lac-c., lac-leo., *lach.*, lact-v., led., lil-t., *lyc.*, mag-c., mag-m., *merc.*, moni., **nat-m.**, nat-sil., neon, **nit-ac.**, *nux-v.*, ozone, petr., phos., *plat.*, plb., *psor.*, *puls.*, raph., rauw., rhus-g., rhus-t., sacch-a., *sep.*, sil., spong., stram., **sulph.**, tarent., thuj., vanil.

Protruding pockets, from: act-sp., agar., alco., **anac.**, anan., androc., *ant-c.*, apis, aran-ix., arizon-l., arn., *ars.*, aster., aur., bamb-a., *bell.*, *bry.*, bufo, calc-f., calc-s., camph., *caust.*, cench., cham., chin., cina, *cupr.*, coloc., cupr-s., dulc., falco-pe., **ferr.**, ferr-ma., ferr-s., fl-ac., granit-m., *graph.*, *hep.*, hydrog., *hyos.*, ignis-alc., iod., ip., kali-c., kali-i., *kali-s.*, kola, **lach.**, lac-leo., **lyc.**, med., **merc.**, nat-m., nicc-met., nit-ac., *nux-v.*, ozone, *pall.*, par., phos., plat., plb., *polys.*, positr., sep., *sil.*, *staph.*, *stram.*, sul-i., *sulph.*, tarent., tub., vanil., **verat.**, verat-v., vitis-v.

Rub, middle finger with, money expectancy, from: aur., *bry.*, calc., *calc-f.*, cann-i., carb-v., carc., chinin-ar., coca, con., hyos., ign., kali-c., lach., lyc., med., merc., mygal., nat-c., **nux-v.**, op., phos., plat., *plb.*, sep., stram., sulph., *tarent.*

Shaking, ridicule others, to: *acon.*, agath., agn., alco., all-s., aloe, am-br., anac., androc., arg-n., *ars.*, aur., *bry.*, bufo, cann-i., canth., carb-o., carb-v., caust., cham., chen-a., chin., choc., **cic.**, cina, cocc., croc., crot-c., cupr., dulc., elaps, falco-pe., gal-ac., gran., granit-m., *graph.*, *hyos.*, hyper., ign., iod., ip., kali-i., kali-s., *lach.*, *lyc.*, lyss., m-arct., med., naja, nat-m., nit-ac., nux-m., *nux-v.*, *pall.*, ped., petr., *plat.*, plb., puls., rhus-g., rhus-r., rhus-t., sep., stram., sulph., syph., *tarent.*, thuj., tub., verat.

Tucked, belt or tops of the pockets, into, a cowboy stance: agn., anac., **ant-c.**, apis, aster., aur., bell., borx., *bufo*, calad., *calc.*, **calc-f.**, *calc-p.*, *camph.*, cann-i., *canth.*, *carb-v.*, *caust.*, cench., *chin.*, con., croc., ferr-ma., **fl-ac.**, gins., grat., *haliae-lc.*, *hyos.*, *ign.*, *kali-br.*, **lach.**, lil-t., **lyc.**, lyss., manc., marb-w., m-arct., **med.**, **merc.**, **murx.**, *nat-m.*, nit-ac., **nux-v.**, orig., *pb-ac.*, *phos.*, pic-ac., **plat.**, rhus-g., *sabin.*, sel., *sil.*, *staph.*, *stram.*, sulph., syph., tarent., thuj., tub., ust., *verat.*, *vesp.*

Up: acon., agar., agath-a., arg-met., ars., ars-i., asaf., aster., atro-s., aur., aur-ar., bamb-a., bar-c., bell., brom., buteo-j., cact., *calc.*, calc-p., calc-sil., cann-i., cann-s., carb-an., carb-ox., carbn-s., carb-v., *carc.*, cic., cimid., cinnb., coca, cocc., *coff.*, croc., cypr., *des-ac.*, falco-pe., ferr-ar., ferr-ma., fl-ac., form., grat., haliae-lc., hep., heroin., hydrog., hyos., **ign.**, kali-ar., *kali-c.*, kiss., lach., lars-arg., *lyc.*, merc., mosch., naja, *nat-c.*, nat-m., nit-ac., nux-m., nux-v., **op.**, *phos.*, plat., pod., *puls.*, rhus-t., ros-d., sabin., *sil.*, spong., stram., sul-ac., sulfa., sulph., *sumb.*, tab., tarent., thea, thyr., tub., verat., zinc.

‘V’ for victory: acon., agar., alco., anac., *ars.*, aur., *aur-m-n.*, bell., calc-f., cann-i., carb-an., carbn-s., *carc.*, *caust.*, chin., coca, *cocain.*, cocc., *coff.*, *coloc.*, con., cortico., cortiso., croc., crot-h., cupr., dros., ferr., ferr-ma., ferr-p., fl-ac., form., graph., hyos., *ign.*, kali-bi., kali-c., kali-br., kola, **lach.**, lil-t., *lyc.*, lyss., med., merc., nat-c., nat-m., nat-s., **nux-v.**, op., pall., phos., *plat.*, sil., staph., stram., sulfa., *sulph.*, *sumb.*, tarent., thea, tung-met., verat.

Fist

Clenched,

anger, from: abrot., *aeth.*, **agar.**, allox., am-m., **anac.**, *apis*, *arn.*, *ars.*, *atro-s.*, aur., aur-ar., aur-s., **bell.**, *borx.*, *bry.*, calc-p., *camph.*, **canth.**, *carbn-s.*, *carc.*, *caust.*, *cham.*, chin., cimx., cina, cocc., *colch.*, *coloc.*, cor-r., crot-h., *cupr.*, cupr-ar., *des-ac.*, **ferr.**, foll., germ-met., graph., *bell.*, *hep.*, helon., hura, **hyos.**, *ign.*, ip., *kali-c.*, *kali-i.*, kali-s., lac-c., **lach.**, lac-leo., *lol.*, **lyc.**, manc., *merc.*, **mosch.**, *nat-c.*, *nat-m.*, *nit-ac.*, *nux-v.*, **op.**, *petr.*, *phos.*, plan., plb., plut-n., positr., *puls.*, rad-met., *sabad.*, *sanic.*, scor., *scrofula.*, *sec.*, *sol-ni.*, spig., **staph.**, **stram.**, *sulph.*, *tab.*, *tarent.*, thuj., trios., **verat.**, vip., xanth., zinc-cy., zinc-p.

fear, from: **acon.**, *agar.*, aloe, alum., alum-sil., ambr., anac., arg-met., **arg-n.**, arg-p., *arn.*, *ars.*, ars-s-f., art-v., bar-c., bell., *borx.*, *bry.*, bufo, **calc.**, calc-sil., *camph.*, *cann-i.*, caps., carb-an., carbn-s., carb-v., *carc.*, *caust.*, *cham.*, chin., cimid., cina, *coff.*, cupr., cupr-ar., dig., erig., ferr., gels., *hyos.*, hyper., *ign.*, iod., *kali-ar.*, kali-br., *kali-c.*, kali-p., lach., laur., lith-p., *lyc.*, lyss., mag-c., med., merc., morph., nat-ar., nat-c., nat-m., nat-sil., nit-ac., nux-m., nux-v., **op.**, **phos.**, *puls.*, rhus-t., *samb.*, scor., sil., spong., stann., staph., stram., stry., sulph., tarent., thuj., tub., vanil., verat., vib., visc., zinc., zinc-p.

Decision grip: adam., *agar.*, *aids.*, *alum.*, anac., apis, arn., ars., aur., bell., bry., *buteo-j.*, calc-f., *calc-p.*, carc., *caust.*, cina, con., *falco-pe.*, **ferr.**, ferr-ar., fl-ac., haliae-lc., hep., irid-met, kali-bi., kali-c., kali-s., *kola.*, lach., *lyc.*, merc., naja, nat-m., *nit-ac.*, **nux-v.**, op., pall., *phos.*, plat., plb., polys., positr., *rhus-g.*, sal-fr., sil., staph., stram., sulph., *vanil.*, verat.

Doubling, as in furious anger: calc.

Fig sign: abrot., *acon.*, agar., alco., aloe, alum., am-c., am-m., **anac.**, ant-c., **ars.**, *aur.*, aur-ar., bar-c., *bell.*, berb., *borx.*, bry., bufo, *calc.*, calc-s., carb-n-s., caust., *cham.*, chin., cic., cina, coloc., *com.*, croc., *cupr.*, fl-ac., *hep.*, *hyos.*, ip., kali-i., *lac-c.*, *lach.*, *led.*, levo., lyc., med., merc., nat-m., nice-met., nit-ac., **nux-v.**, pall., petr., scor., sec., sep., stann., staph., **stram.**, sul-i., sulph., syph., tarent., thuj., **tub.**, valer., verat., vip., x-ray, zinc.

Gestures in General

Affectation, gestures, acts, in: bell., carb-v., chin., graph., hell., *hyos.*, *ign.*, lach., *lyc.*, mez., nat-m., *nux-m.*, phos., plat., puls., sep., sil., *staph.*, *stram.*, sulph., tarent., *verat.*

Contradictory: *agar.*, alum., am-c., anac., ant-c., *arg-n.*, arizon-l., ars., asaf., aur., bar-c., calc-p., cann-s., caps., carb-n-s., cham., chin., cocc., crot-c., hep., **ign.**, kali-c., lac-c., *lach.*, *lyc.*, **merc.**, nit-ac., nux-m., nux-v., petr., phos., puls., rhus-t., ruta, sep., sil., sulph., tarent., *thuj.*, tub., tub-k., *valer.*, verat., zinc.

Flashing, indecent exposure: aids, alco., *anac.*, bar-m., bell., *bufo*, but-ac., camph., cann-i., cann-s., canth., cench., cham., croc., cub., cupr., fl-ac., ham., hell., **hyos.**, kali-br., lach., lyc., lyss., mag-c., med., merc., merc-c., mosch., murx., nat-m., *nux-v.*, *op.*, ph-ac., **phos.**, *phyt.*, **plat.**, puls., raph., **sec.**, sel., staph., *stram.*, sumb., *tarent.*, thuj., *tub.*, **verat.**

Repeating, actions, same: chen-a., *hyos.*, lach., plat., *syph.*, tub., **verat.**, *zinc.*, zinc-i., zinc-m., zinc-n., zinc-p.

Strange, attitudes, positions: agar., agar-ph., camph., caust., cina, cocc., coloc., hyos., lyc., merc., *nux-m.*, nux-v., op., *plb.*, rheum, sep., stram., sulph., tanac., zinc.

Supplemental gesture, end a sentence in conversation, to: ambr., *androc.*, apis, ars., ars-s-f., *aur-s.*, bell., bry., *camph.*, carb-an., carc., cham., chin., *cupr.*, *dulc.*, elaps, ferr., fl-ac., gels., hell., ign., *kola*, **lyc.**, *med.*, *merc.*, nat-m., nat-s., nux-v., pall., *plat.*, plb., *sil.*, staph., *sulph.*, tarent.

Tics, twitching: acon. **agar.**, agn., am-m., ambr., aml-ns., ant-c., ant-t., arg-met., arg-n., arn., ars., ars-i., ars-s-f., atra-r., atro-s., aur-n., bamb-a., bar-c., bar-s., bell., bism., bism-met., borx., brom., bry., bufo, calc., calc-i., calc-p., camph., cann-s., carb-ac., carb-v., carc., caust., cham., chel., chlol., cic., cina, cocc., colch., con., croc., crot-c., cupr., cupr-ar., cytin., cyt-l., dros., dubo-h., dys., enterob-v., gels., glon., graph., ham., hell., hep., hist., hyos., ign., iod., ip., kali-ar., kali-c., kali-chl., kali-i., kali-m., kali-n., kali-s., lach., laur., **lyc.**, lyss., m-ambo., mag-c., mag-p., maias-l., mang-act., meny., merc., merc-c., mez., mygal., nat-ar., nat-c., nat-m., nat-sil., nit-ac., nux-v., oena., olnd., *op.*, ox-ac., petr-ra., phos., plb., puls., ran-b., ran-s., rauw., rheum, rhus-t., ruta, sang, santin., sec., **sel.**, senec., sep., sil., spig., spong., stann., staph., stram., stront-c., stry., sul-ac., sul-i., sulph., syc., syph., tanac., tarent., tell., thuj., tub., valer., *verat.*, verat-v., visc., **zinc.**, zinc-p., ziz.

Hand Gestures

Awkward: aeth., **agar.**, ambr., anac., **apis**, ars-s-r., bar-c., benz-ac., bit-ar., **bov.**, bry., **calc.**, calc-f., camph., caps., carb-n-s., caust., colch., con., dulc., falco-pe., ham., **hell.**, hydrog., ign., **ip.**, kali-s., ketogl-ac., **lach.**, lap-la., levo., lil-t., lol., *manc.*, mosch., nat-c., nat-m., neon, nux-v., **phos.**, plat., plut-n., podo., polys., puls., pycnop-sa., rheum, rhus-g., ros-d., ruta, sal-fr., sel., sil., stann., staph., tarent., tritic-vg., vanil.

Clapping

appreciation, from: androc., anh., ars., aur., bell., *calc.*, calc-p., *calc-sil.*, **carc.**, **caust.**, cic., coff., cycl., **des-ac.**, falco-pe., foll., haliae-lc., hyos., *ign.*, *kali-c.*, kali-s., *lyc.*, mag-c., mag-m., med., moni., *nat-c.*, *nat-m.*, nat-sil., nit-ac., *nux-v.*, ozone, **phos.**, positr., **puls.**, sec., *sil.*, spong., stram., sulph., vanil., verat.

approval sign, as: ara-maca., ars., *aur.*, bar-c., bell., *calc.*, calc-p., cann-i., *carc.*, *caust.*, cere-b., choc., coff., con., des-ac., falco-pe., kali-ar., kali-c., **lach.**, *lyc.*, nat-c., nat-m., nux-v., *olib-sac.*, op., *phos.*, pin-con., *positr.*, *puls.*, sil., sil-mar., staph., sulph., sumb., tarent., *tritic-vg.*, vanil.

mental retardation, in: absin., agar., alco., aur-ar., aur-i., *bar-c.*, bar-m., bar-s., bell., *bufo*, cic., cann-i., carb-v., *carc.*, con., croc., des-ac., graph., hyos., iod., kali-bi., kali-br., kali-m., kali-sil., kreos., lith-c., mang-act., merc., plb., stram., syph., tab., tarent., thyr.,

tocoph., *tub.*, verat., zinc.

once, self-opinionated people, in: *acon.*, act-sp., *agar.*, alco., aloe, am-c., am-m., **anac.**, *ant-c.*, apis, **arg-n.**, arn., *ars.*, ars-s-f., aur., aur-ar., aur-m-n., aur-s., **bell.**, *bry.*, bufo, calc-ar., calc-p., *calc-s.*, camph., canth., *caps.*, carb-an., carb-s., carb-v., carc., *caust.*, **cham.**, chel., *chin.*, chinin-s., choc., *cina*, coca, coloc., croc., *crot-h.*, cupr., des-ac., dros., *dulc.*, emb-r., ferr., ferr-ar., ferr-p., galv., gard-j., *hep.*, hydrog., *hyos.*, *ign.*, ignis-alc., ip., kali-ar., kali-bi., *kali-c.*, kali-s., kali-sil., lac-e., lac-f., lach., *lyc.*, *mag-m.*, *med.*, menis., merc., mez., morph., mosch., mur-ac., nat-c., nat-m., nat-sil., nicc-met., *nit-ac.*, **nux-v.**, *pall.*, *ph-ac.*, phel., phos., plat., plb., positr., *prot.*, puls., rhus-t., ruta, sanic., sec., sep., *sil.*, *spong.*, *staph.*, stram., *sulph.*, *sympb.*, syph., **tarent.**, *thuj.*, thymol, *tub.*, verat., viol-o., viol-t., zinc.

Clenched

desk, on, neutral, negative gesture: **alum.**, **anac.**, **arg-n.**, arn., *ars.*, *aur.*, *caust.*, **cham.**, *cocc.*, *dulc.*, **hep.**, *kali-c.*, **lach.**, lyc., **merc.**, *merc-c.*, *nit-ac.*, *nux-v.*, *podol.*, *puls.*, sep., *sulph.*, tarent., *thuj.*, *viol-t.*

face, near or in front of crotch, frustration, from: *agar.*, aloe, *am-c.*, *am-m.*, **anac.**, ang, ant-c., apis, **ars.**, aster., **aur.**, bar-c., cadm-i., *calc.*, *cham.*, cic., cupr., dros., fl-ac., *hyos.*, *kali-c.*, kali-i., *lac-c.*, *lach.*, lac-leo., led., lyc., mang-act., *merc.*, nat-m., **nit-ac.**, *nux-v.*, *ph-ac.*, phos., **psor.**, *puls.*, rhus-t., scor., sep., stann., *staph.*, *stram.*, *sulph.*, tarent., *verat.*, vip., zinc.

Dancing: *acon.*, *agar.*, *alum.*, *alumn.*, apis, bell., *ars.*, ars-s-f., bell., calc-f., calc-p., *camph.*, cann-i., carb-n-s., *caust.*, coca, con., *crot-c.*, cupr., ferr., ferr-ma., fl-ac., gels., *hyos.*, ign., **kali-br.**, kali-c., *kali-i.*, lach., lyc., mag-s., *merc.*, mosch., mur-ac., nat-m., nux-m., nux-v., op., ox-ac., *phos.*, plat., plb., puls., rob., sang., scor., sep., sil., **stram.**, stry., *sulph.*, tab., tarent., verat., vip., zinc.

Drawing a picture in the air, as if, an iconic gesture: ambr., ant-c., arg-n., ars., bell., calc., calc-p., cann-i., cann-s., canth., carc., *cina*, *chin.*, choc., coca, coff., *con.*, falco-pe., germ-met., hell., hydrog., *hyos.*, ign., irid-met., kali-br., kali-c., lac-del., lach., lac-leo., lac-lup., *lyc.*, med., merc., nat-c., nat-m., nux-v., ozone, **phos.**, plat., *plb-act.*, puls., *sil.*, *staph.*, *sulph.*, syph., tarent., *thuj.*, *tub.*, verat.

Hand gripping elbow gesture, ‘get a good grip on yourself’: *ars.*,

aur., aur-s., *brom.*, calc., carc., *caust.*, des-ac., *ferr.*, ferr-ma., foll., haliaelc., kali-ar., kali-c., kali-bi., lyc., mosch., nat-c., nat-m., nat-s., *nux-v.*, plut-n., positr., sal-ac., sep., sil., stram.

Hand gripping wrist, frustration, from: adam., agar., aids., *ambr.*, *anac.*, apis, arg-n., arizon-l., **ars.**, *ars-i.*, **aur.**, *aur-m-n.*, *aur-s.*, *bapt.*, calc., *carc.*, *caust.*, choc., cina, *coloc.*, cocc., crot-t., des-ac., dream-p., *dulc.*, falco-pe., ferr., ferr-ma., foll., *graph.*, heroin., irid-met., kali-c., kola, *lach.*, *lyc.*, mang-act., **merc.**, *mez.*, mosch., *nat-ar.*, **nat-c.**, *nat-m.*, *nat-s.*, nept-m., *nit-ac.*, pall., phasco-ci., plat., plut-n., polys., positr., rhus-g., sal-fr., sep., sil., spect., *spong.*, **staph.**, *stram.*, *sulph.*, *tarent.*, *thyr.*, vanil., *verat.*

Hiding, 'I don't want to talk': agar., aloe, arg-n., **arn.**, *ars.*, arund., **aur.**, *aur-m-n.*, *bar-c.*, both., cact., *calc.*, *caps.*, **carb-an.**, carb-v., *caust.*, chin., cemic., clem., **cocc.**, *coff-t.*, *coloc.*, *cycl.*, **euph.**, *ferr.*, *gels.*, **glon.**, **hell.**, *hippoz.*, *hyos.*, **ign.**, *ip.*, *kalm.*, **led.**, **lyc.**, lycps-v., *mag-m.*, *mang-act.*, *mur-ac.*, **nat-m.**, *nat-s.*, *nux-v.*, **op.**, **ph-ac.**, phos., *pic-ac.*, plat., *plb.*, *plut-n.*, **puls.**, rhus-t., *sal-fr.*, senec., spong., *stann.*, **staph.**, *stram.*, *sul-ac.*, *sulph.*, *syph.*, *tarent.*, *thuj.*, *verat.*, *viol-t.*, *zinc.*

Picking, imaginary pieces of lint from clothing, a displacement gesture: acon., aeth., alco., *aloe*, alum., *ambr.*, am-m., ars., asar., aur., aur-ar., *aur-m-n.*, *bar-c.*, bism., cact., *calc.*, *caps.*, *carb-an.*, carc., *caust.*, chin., clem., *cocc.*, *coloc.*, *cycl.*, dig., dros., ferr-ma., *gels.*, *graph.*, *hell.*, *hyos.*, ign., ind., iod., *lach.*, lyc., mag-c., *mang-act.*, meny., *mur-ac.*, nat-c., **nat-m.**, *nit-ac.*, *nux-m.*, olnd., op., ph-ac., *phos.*, *plat.*, plb., puls., rheum, ruta, sabad., sabin., sep., *sil.*, spong., *stann.*, *staph.*, stront-c., *sul-ac.*, *sulph.*, *thuj.*, *vanil.*, *verat.*, *viol-t.*

Rolling of shirt's sleeves, getting ready, action, for: *adam.*, **anac.**, androc., ant-c., *apis*, arizon-l., ars., **aur.**, aur-s., *bell.*, calc., *calc-f.*, camph., *carc.*, *caust.*, chir-fl., choc., *cina*, *coff.*, *dulc.*, falco-pe., ferr., ferr-ar., ferr-ph., ham., heroin., hydrog., *hyos.*, hyper., ign., ignis-alc., **iod.**, lac-f., **lach.**, lac-h., **lyc.**, *lyss.*, mag-c., mag-m., manc., menth., merc., merc-c., *nux-v.*, naja, nat-m., *op.*, ozone, *phos.*, plat., podo., polys., positr., prot., ruta, sal-fr., **scor.**, sep., sil., spig., spong., *stram.*, *sulph.*, sumb., tax., **tarent.**, *verat.*, verb., *zinc.*

Sieg heil, a Nasizm gesture: agar., *anac.*, arg-n., ars., aur., aur-ar., *bell.*, carc., **caust.**, hep., ign., kali-ar., kali-c., **lach.**, lil-t., *lyc.*, lyss., med., *merc.*, nat-m., *nit-ac.*, *nux-v.*, plb., psor., puls., rob., sel., sep., sil., *stram.*, **sulph.**, *syph.*, *thuj.*, **tub.**, valer., *verat.*

Wringing: *ars.*, *asar.*, *aur.*, *bapt.*, *bufo*, *cann-i.*, *cic.*, *kali-br.*, *kali-p.*, *lac-h.*, *nat-m.*, *oci-can.*, *phos.*, *plat.*, *psor.*, *puls.*, *stram.*, *sulph.*, **syph.**, *tarent.*, *ther.*

Handshake

Aggressive, the palm down thrust: **anac.**, *androc.*, *apis*, *arn.*, **ars.**, *aur.*, *aur-s.*, *bell.*, *calc-s.*, *camph.*, *canth.*, *carbn-s.*, *carc.*, *caust.*, *cham.*, *chel.*, *chin.*, *coloc.*, *crot-c.*, *crot-h.*, *cupr.*, *dulc.*, *falco-pe.*, *ferr.*, *ft-ac.*, *granit-m.*, *graph.*, *hep.*, *ignis-alc.*, *kali-c.*, *kali-i.*, *kali-s.*, *kola*, *lac-leo.*, **lach.**, *lil-t.*, **lyc.**, *med.*, *merc.*, *nat-m.*, *nit-ac.*, **nux-v.**, *ozone*, *pall.*, *petr.*, *phos.*, *plat.*, *sep.*, *staph.*, *stram.*, *sul-ac.*, *sulph.*, *vanil.*, *verat.*

Arm

extended, with: *acon.*, *aether*, *agar.*, *aloe*, *alum.*, *anag.*, *androc.*, *ant-c.*, *arg-n.*, *ars.*, *bar-c.*, *bell.*, *bov.*, *calc.*, *calc-f.*, *cann-i.*, *cann-s.*, *cann-xyz.*, *carc.*, *caust.*, *chlam-tr.*, *choc.*, *coff.*, *croc.*, *des-ac.*, *dig.*, *dros.*, *ferr.*, *ferr-p.*, *fl-ac.*, *germ.*, *hydr.*, *hydrog.*, *hyos.*, *ign.*, *kali-p.*, *kali-s.*, **lach.**, *lil-t.*, *lyc.*, *med.*, *murx.*, *naja*, *ph-ac.*, *nat-c.*, *nat-m.*, *nux-v.*, *op.*, *orig.*, *ozone*, **phos.**, *plac.*, *plat.*, *plb.*, *positr.*, *puls.*, *ruta*, *sabad.*, *sars.*, *scor.*, *spong.*, *staph.*, *stram.*, *sulph.*, *tarent.*, *tritic-vg.*, *tub.*, *valer.*, *vanil.*

pulling, insecurity, from: *agath-a.*, *aids*, *ail.*, *aloe*, *alum.*, *aml-ns.*, *anh.*, *aq-mar.*, *arg-n.*, *arizon-l.*, **ars.**, *bamb-a.*, *bar-c.*, *bell.*, *bry.*, *calc.*, *calc-sil.*, *camph.*, *cann-s.*, *caps.*, *choc.*, **con.**, *dys. co.*, *falco-pe.*, *gels.*, *hydrog.*, *kali-c.*, *kali-p.*, *kali-s.*, *kreos.*, *lac-del.*, *led.*, *lyc.*, *marb-w.*, *nit-ac.*, *nux-m.*, *olnd.*, *op.*, *ph-ac.*, *phos.*, *positr.*, *puls.*, *ran-b.*, *ruta*, *sacch-a.*, *samb.*, *sil.*, *spig.*, *stann.*, *stram.*, *thuj.*, *verat.*

stiff, with: *acon.*, *aeth.*, *agar.*, *aids.*, *alco.*, *aloe*, *alum.*, *alum-p.*, *alum-sil.*, *ambr.*, *am-c.*, *am-m.*, *anac.*, *ant-t.*, *apis*, *aq-mar.*, *arg-n.*, *arn.*, *ars.*, *asar.*, *aur.*, *aur-m-n.*, *aur-s.*, *bell.*, *bism.*, *borx.*, *bry.*, *cact.*, *calc.*, *calc-f.*, *calc-s.*, *cann-i.*, *canth.*, *caps.*, *carb-an.*, *caust.*, *cham.*, *cic.*, *cina*, *cocc.*, *coloc.*, *con.*, *cupr.*, *hyos.*, *ign.*, *ip.*, *irid-met.*, *kali-i.*, *lach.*, *led.*, *lil-t.*, *lyc.*, *lyss.*, *mang-act.*, *med.*, *merc.*, *mur-ac.*, **nat-c.**, *nat-m.*, *nat-s.*, **nit-ac.**, *nitro-o.*, *nux-v.*, *pall.*, *phos.*, *plat.*, *sabad.*, *sal-fr.*, *sec.*, *sep.*, *sil.*, *stann.*, *staph.*, *stram.*, *sulph.*, *thuj.*, *vanil.*, *verat.*

unextended, with: *aeth.*, *agar.*, *aloe*, *alum.*, *ambr.*, *arg-n.*, *ars.*, *aur.*, *aur-ar.*, *cact.*, *calc.*, *carc.*, *caust.*, *chin.*, *cic.*, *cocc.*, *coloc.*, *con.*, *cycl.*, *dros.*, *gels.*, *graph.*, *hell.*, *hydrog.*, *hyos.*, **ign.**, *lyc.*, *mag-c.*, *mag-m.*,

mang-act., mur-ac., nat-c., **nat-m.**, *ph-ac.*, *phos.*, *plat.*, plb., puls., rheum, sabad., sabin., sang., *sep.*, **sil.**, spong, stann., staph., sul-ac., sulph., *thuj.*, vanil., zinc.

Dead fish, like: acet-ac., agar., *alum.*, ambr., am-c., **anac.**, ang., ant-t., *apis*, arg-n., arn., ars., asaf., asar., atro-s., aur., *bar-act.*, *bar-c.*, bell., bism., *bry.*, bufo, *calc.*, camph., carb-ac., *carb-v.*, carc., chel., *chin.*, choc., *cocc.*, *con.*, *crot-c.*, cycl., dioxi., dros., *gels.*, *hell.*, hura, ign., kali-bi., kali-i., *kali-p.*, kreos., lac-c., lac-cp., lac-lup., lil-l., **lyc.**, meli., merc., *mez.*, morph., mosch., mur-ac., naja, nat-c., *nat-m.*, nat-s., nat-sil., *nit-ac.*, *nux-m.*, *nux-v.*, oena., onos., op., *petr.*, **ph-ac.**, phasco-ci., phos., *pic-ac.*, *psor.*, puls., rhus-t., sec., **sep.**, *sil.*, spong, stann., staph., stram., stry-p., sul-ac., *sulph.*, syph., *tab.*, thyr., tub., **vanil.**, verat.

Double-handed: ambr., ara-maca., ars., *aur-m-n.*, bell., *calc.*, *calc-p.*, calc-sil., *carc.*, carl., *caust.*, *choc.*, colum-p., *des-ac.*, falco-pe., foll., *hydrog.*, hyos., *ign.*, *kali-c.*, kali-s., kola, lac-e., mag-m., manc., med., *nat-c.*, *nat-m.*, nicc-met., nuph., nux-v., olib-sac., ozone, *phos.*, plb., podo., positr., puls., scor., *sep.*, *spong.*, **staph.**, tritic-vg., vanil.

Dutch-treat: *agar.*, **alum.**, am-c., am-m., **anac.**, *androc.*, anh., *anthr.*, **apis**, arg-n., *arn.*, ars., ars-i., ars-s-f., *aur.*, aur-ar., aur-br., *aur-m.*, aur-m-n., aur-s., *bamb-a.*, bell., bism., bufo, calc-f., calc-p., **carb-v.**, cham., **chin.**, cina, **con.**, **crot-c.**, crot-h., cupr., *cur.*, *dulc.*, **falco-pe.**, ferr., fl-ac., germ-met., granit-m., *graph.*, **hell.**, hydrog., hyos., *kali-ar.*, kali-br., kali-i., *kali-p.*, kali-s., *lac-cp.*, *lach.*, *lac-b.*, *lil-t.*, lith-c., *lyc.*, lyss., mag-s., manc., meli., *merc.*, **mez.**, naja, nat-ar., **nat-c.**, **nat-m.**, nat-p., *nat-s.*, *nit-ac.*, nux-m., *nux-v.*, onos., petr., **ph-ac.**, **plat.**, *podo.*, *psor.*, **puls.**, ruta, **sep.**, **staph.**, *sulph.*, symph., *syph.*, *tell.*, *thuj.*, **thyr.**, *tub.*, *tung-met.*, **vanil.**, verat., xan., zinc.

Fingertip grab: *alum.*, **ambr.**, *am-br.*, **anac.**, ang., *aq-mar.*, arg-n., arn., *aur.*, *aur-m-n.*, **bar-act.**, **bar-c.**, beryl., *bry.*, calc., *calc-f.*, carb-an., carb-v., *carc.*, carl., caust., chin., cocc., con., dioxi., dros., dulc., *gels.*, *graph.*, hydrog., hyos., ign., insul., kali-ar., *kali-c.*, **kali-p.**, kali-s., *kali-sil.*, *kola*, *lac-c.*, *lac-e.*, lith-c., *lyc.*, med., *moni.*, nat-c., *nat-m.*, olnd., op., ozone, petr., *ph-ac.*, phos., plb., **psor.**, *puls.*, *rhus-t.*, sil., staph., stront-c., sul-ac., **symp.**, *tritic-vg.*, *vanil.*

Knuckle-grinder: acon., aids, **anac.**, **ars.**, *aur.*, bell., *borx.*, calc-p., *cham.*, cich., *cupr.*, des-ac., dulc., falco-pe., ferr., haliae-lc., ham., *hep.*, *hyos.*, irid-met., kola, lac-e., *lach.*, lac-h., *led.*, *lil-t.*, *lyc.*, merc., *nat-c.*, nept-m.,

nit-ac., **nux-v.**, olib-sac., plut-n., podo., polys., positr., ruta, sacch-a., sal-fr., spong., squil., *staph.*, **stram.**, sulph., symph., **tub.**, vanil.

Politician, the glow handshake: am-m., anac., apis, **ars.**, aur., *bell.*, bry., calc-f., *cann-i.*, carb-an., carb-v., *caust.*, chin., *choc.*, cina, coca, cocain., coloc., crot-c., crot-h., *granit-m.*, graph., hep., hyos., ignis-alc., kali-bi., **lach.**, **lyc.**, *med.*, nat-ar., nat-m., nit-ac., **nux-v.**, ozone, pall., petr., *plat.*, plb., sep., staph., *sulph.*, *tarent.*, **verat.**, verat-v., vip.

Socket wrencher: agath-a., aids., ail., *aloe*, alum., *aml-ns.*, anh., *apis*, *aq-mar.*, arg-n., arizon-l., **ars.**, bamb-a., bar-c., **bell.**, **bry.**, **calc-f.**, camph., cann-s., caps., *caust.*, *cham.*, choc., con., dys., *falco-pe.*, **fl-ac.**, *gels.*, *hydrog.*, *kali-p.*, kali-s., kreos., lac-del., **lach.**, led., *lyc.*, marb-w., nit-ac., nux-m., *nux-v.*, olnd., op., ph-ac., phos., positr., ran-b., ruta, *sacch-a.*, samb., spig., stann., **stram.**, thuj., **verat.**

Hand(s) to Face Gestures

Biting, nails: *acon.*, agar., ambr., *am-br.*, am-m., ant-c., ant-t., arg-n., arn., *ars.*, **arum-t.**, aur., aur-i., aur-m-n., bamb-a., **bar-c.**, bell., *brom.*, bufo, calc., calc-p., camph., canth., carbn-s., *carb-v.*, carc., caust., cina, cupr., dulc., falco-pe., gal-ac., hura, *hyos.*, iod., irid-met., kali-s., lac-c., lach., *lyc.*, lyss., *mag-c.*, mag-sil., **med.**, moni., morg, morg-g., nat-c., *nat-m.*, nit-ac., op., phos., phyt., plb., puls., *sacch.*, sanic., senec., sep., *sil.*, staph., *stram.*, *sulph.*, syc., syph., *tarent.*, thuj., tub., **verat.**

Covering, ears, eyes or mouth, obstinacy, from: abrot., *agar.*, **alum.**, **anac.**, *ant-c.*, **arg-n.**, *ars.*, ars-s-f., **bell.**, *bry.*, **calc.**, calc-p., *calc-s.*, caps., carc., casc., *caust.*, **cham.**, *chin.*, cina, cist., cocc., coloc., con., *crot-h.*, *dulc.*, ferr., form., glon., grat., *hep.*, *hyos.*, *ign.*, kali-ar., kali-br., *kali-c.*, kali-i., *kali-p.*, kali-s., lach., laur., *lyc.*, *mag-m.*, *med.*, merc., merc-c., mosch., nat-m., *nit-ac.*, **nux-v.**, *pall.*, petr., *ph-ac.*, *plat.*, *prot.*, psor., sang, sanic., sars., sep., *sil.*, *spong.*, *staph.*, *stram.*, *sulph.*, *symp.*, syph., **tarent.**, *thuj.*, tub., verat.

evil, refusal, from: ambr., ang., anh., apis, arg-n., ars., ars-s-f., arizon-l., *aur.*, bamb-a., bar-c., **bell.**, bov., **calc.**, calc-sil., **carc.**, **caust.**, *chin.*, *cic.*, **cocc.**, con., *cycl.*, dig, dys., falco-pe., ferr., ferr-ar., ferr-i., ferr-p., **gels.**, hura, hyos., ign., **iod.**, kali-c., kali-p., kali-s., kali-sil., lac-d., lyc., mag-m., mez., nat-ar., *nat-c.*, *nat-m.*, nat-sil., nux-v., ozone, ph-ac., *phos.*, plut-n., podo., **puls.**, sacch-a., sep., *sil.*, spong., **staph.**, *symp.*, teucr., *thuj.*, **tub.**, vanil., *verat.*, w-rose,

zinc.

mouth, timidity, from: *acon.*, *aids*, *alum.*, *alumn.*, am-c., *ambr.*, arg-met., *arg-n.*, *ars.*, **bar-c.**, *bar-p.*, *borx.*, *bry.*, **calc.**, calc-s., carb-v., carb-n-s., *carc.*, *caust.*, *chin.*, *coca*, coli., con., cor-r., crot-h., cupr., **gels.**, **hyos.**, ip., *kali-ar.*, *kali-c.*, *kali-p.*, *kali-sil.*, *lac-c.*, lach., *lyc.*, m-arct., med., merc., moni., nat-ar., *nat-c.*, nat-m., nux-v., petr., phos., plb., puls., *rumx.*, sep., *sil.*, stram., sulph., thuj., tritic-vg.

Hand on cheek, introspection, in: **acon.**, *ambr.*, *anh.*, *aur.*, camph., *carb-an.*, *cann-i.*, *carc.*, *chin.*, *cocc.*, des-ac., glycyrr-g., granit-m., *hep.*, *ign.*, *indg.*, *ip.*, kali-c., kali-s., lac-c., *lach.*, lil-t., lyc., mag-c., mag-m., mang-act., med., ph-ac., *phos.*, plb., puls., *rheum*, *sep.*, sil., stann., staph., *sulph.*, *suprar.*, *viol-t.*

reflecting, from: *ambr.*, *anac.*, *anh.*, *ars.*, **aur.**, *aur-m-n.*, bar-c., bar-ox., berb., *camph.*, *carb-an.*, *carc.*, *chin.*, chord-umb., *cocc.*, *cupr.*, *cycl.*, des-ac., dulc., eug., euphr., falco-pe., *granit-m.*, graph., ham., *bell.*, hyos., *ign.*, *indg.*, *kali-ar.*, *kali-c.*, kali-n., ketogl-ac., *lach.*, lac-h., lac-loxod., **lyc.**, lyss., *mang-act.*, med., meny., *mez.*, mur-ac., m-arct., *nat-ar.*, *nat-c.*, *nat-m.*, *nat-s.*, nux-m., *nux-v.*, olnd., ol-an., *olib-sac.*, *ph-ac.*, *phos.*, plac-s., plat., plb., *plut-n.*, positr., ruta, sal-fr., *sep.*, *sil.*, *spect.*, **sulph.**, thuj., tritic-vg., vanil., zinc., zinc-p.

stroking, chin, deep reflection, in: *acon.*, *aeth.*, alum., alum-p., *ambr.*, am-m., *anac.*, arg-met., *arn.*, **ars.**, aur., *aur-m-n.*, aur-ar., bar-c., bell., borx., cadm-met., cadm-s., *caps.*, *carl.*, caust., cina, *cocc.*, con., cycl., euphr., *ferr.*, ferr-ar., **hell.**, hydrog., kali-c., kali-p., kali-sil., lach., *laur.*, led., *lyc.*, mag-c., mag-m., mang-met., **mez.**, naja, *nat-m.*, nat-sil., *nux-m.*, *nux-v.*, olnd., *onos.*, *op.*, *petr.*, ph-ac., phos., plat., plb., positr., *puls.*, *rhus-t.*, sec., sel., sep., **sil.**, staph., stram., sul-ac., **sulph.**, thuj., tung-met., *verat.*

thumb, supporting chin, index finger, pointing vertically, with: adam., agar, alco., alum., alum-sil., am-c., am-s., *anac.*, androc., anh., apis, *arn.*, **ars.**, *ars-i.*, *ars-s-f.*, aur., *aur-ar.*, aur-s., bell., benborra-o., borx., *brom.*, bry., calc., calc-sil., caps., *carc.*, *caust.*, cham., *chin.*, *chinin-ar.*, coff., con., crot-c., cupr., cycl., des-ac., germ-met., granit-m., *graph.*, haliae-lc., *helon.*, hep., hydrog., *ign.*, *kali-ar.*, *kali-c.*, lac-c., lac-f., lac-h., **lach.**, lachn., lac-lup., lil-t., *lyc.*, lyss., mag-c., mag-m., m-arct., m-aust., *merc.*, merc-s., *mez.*, mosch., naja, nat-ar., nat-m., *nat-sil.*, nicc-met., nit-ac., *nux-v.*, olnd., op., ox-ac., pall., ph-ac., *phos.*, *plat.*,

plb., plut-n., *sep.*, *sil.*, staph., **sulph.**, *sympb.*, syph., tarent., **verat.**, zinc.

Mouthguard, telling-a-lie gesture: acon., alco., arg-met., arg-n., calc., calc-p., carb-v., caust., coca, con., *kola*, lyc., med., merc., **morph.**, nat-m., nux-v., **op.**, plat., puls., scor., sep., staph., sulph., *syph.*, tarent., thuj., *verat.*

Hand(s) to Head Gestures

Hands behind head, a head-clamp posture, dominance, superiority, from: *agar.*, all-s., *alum.*, *anac.*, **ant-c.**, apis, arn., ars., asar., aster., *aur.*, *aur-s.*, camph., bell., cann-i., carb-n-s., carc., caust., chin., crot-h., cupr., cupr-s., dulc., ferr., ferr-s., fl-ac., gran., graph., grat., hyos., *iod.*, kali-i., kali-s., *kola*, *lach.*, lil-t., **lyc.**, lycpr., *med.*, merc., *nat-m.*, nit-ac., *nux-v.*, ozone, *pall.*, petr., **plat.**, ran-b., scut., sep., sil., *staph.*, **sulph.**, *syph.*, tarent., tub., vanil., **verat.**, *verat-v.*

head, down, with, closing off, vexation, frustration, from: *alum.*, **ambr.**, am-m., *anac.*, ant-c., *ant-t.*, *apis*, *arg-n.*, **ars.**, *ars-i.*, **aur.**, **aur-m-n.**, aur-s., *cact.*, calad., *calc.*, calc-p., *calc-sil.*, *carb-v.*, *carc.*, **caust.**, cham., *chin.*, *cocc.*, coff., **coloc.**, con., *crot-t.*, cupr., *cupr-act.*, dig., *dulc.*, **hell.**, *gad.*, *graph.*, ign., kali-ar., kali-bi., kali-c., *kali-p.*, kali-sil., *lach.*, **lyc.**, *mag-c.*, merc., *mez.*, mosch., *nat-ar.*, *nat-c.*, **nat-m.**, *nit-ac.*, *nux-m.*, *nux-v.*, *op.*, petr., *ph-ac.*, plat., **psor.**, *puls.*, rhus-t., *sep.*, sil., *spong.*, *staph.*, *stram.*, *sulph.*, *tarax.*, tarent., *thyr.*, tub., vanil., **verat.**, zinc.

uncertainty, disagreement, with: acon., acon-f., acon-l., act-sp., *agar.*, agn., *alum.*, alum-n., alum-p., alum-sil., ambr., *anac.*, androc., ang., *arg-n.*, ars., *bar-act.*, **bar-c.**, *bar-i.*, *bar-m.*, bism., borx., bov., bufo, bufo-s., *calc.*, calc-act., *calc-sil.*, cann-i., cann-s., *carb-n-s.*, *carc.*, cench., chel., coca, *cocc.*, coch., *coli.*, con., cupr., *cur.*, cycl., dream-p., dros., ferr-p., gels., germ-met., *graph.*, **hell.**, hydrog., **ign.**, ip., kali-ar., kali-c., kali-p., kali-s., *kali-sil.*, *kola*, clem., *lac-c.*, lac-d., **lach.**, *lac-lup.*, lil-t., *lyc.*, mag-c., mag-m., mang-act., *m-arct.*, m-aust., med., merc., *mez.*, *moni.*, mosch., *naja*, *nat-m.*, *nux-m.*, **onos.**, **op.**, petr., **petr.**, ph-ac., *phos.*, pic-ac., *psor.*, *puls.*, sang., *sep.*, sil., *stann.*, *sulph.*, **sympb.**, tub., valer., verat., viol-o., zinc.

Head- clasp, frustration, from: *acon.*, adam., *agar.*, agath-a., agn., *aids*, aloe, alum., alum-p., alum-sil., **ambr.**, am-br., am-c., *ammc.*, *anac.*, ang., ange-s., anh., ant-c., ant-t., *apis*, aq-mar., arg-met., arg-n., arizon-l., arn.,

ars., *ars-h.*, *ars-i.*, **aur.**, **aur-m.**, **aur-m-n.**, *bamb-a.*, *bar-c.*, *brom.*, *bry.*, *bufo-s.*, *caj.*, *calad.*, *calc.*, *calc-i.*, *calc-p.*, *calc-sil.*, *camph.*, *carb-an.*, *carb-n-s.*, **carb-v.**, *carc.*, *carl.*, **caust.**, *cench.*, *cham.*, **chel.**, *chin.*, *chinin-ar.*, *chinin-s.*, *cocc.*, *coff.*, *colch.*, *coloc.*, *con.*, *convo-d.*, *cop.*, *cortico.*, *crot-c.*, *cupr.*, *cyprag.*, *dam.*, *der.*, *des-ac.*, *dig.*, *dioxi.*, *dros.*, *dulc.*, *ephe-si.*, *falco-pe.*, *ferr.*, *ferr-p.*, *foll.*, *fum.*, *gels.*, *gent-am.*, *germ-met.*, *gran.*, *graph.*, *haliae-lc.*, *hecla.*, *hell.*, *hep.*, *hippoz.*, *hydr.*, *hydr-ac.*, *hydrog.*, *hyos.*, *iber.*, *ign.*, *ina-i.*, *iod.*, *ip.*, *irid-met.*, *iris.*, *jasm.*, *kali-bi.*, *kali-br.*, *kali-c.*, *kali-chl.*, *kali-i.*, *kali-m.*, *kali-n.*, *kali-p.*, *kali-s.*, *kali-sil.*, *kola.*, *lac-ac.*, *lac-e.*, **lach.**, *lac-leo.*, *laur.*, *limen-b-c.*, *lith-c.*, **lyc.**, *mag-c.*, *mag-m.*, *mand.*, *mang-act.*, *m-arct.*, *med.*, *merc.*, *merc-c.*, *moly-met.*, *moni.*, *mur-ac.*, *myric.*, *naja.*, *nat-ar.*, **nat-c.**, **nat-m.**, *nat-n.*, *nat-p.*, *nat-s.*, *nat-sil.*, *nit-ac.*, *nux-v.*, *olnd.*, *op.*, *pen.*, *petr.*, *ph-ac.*, *phos.*, *pic-ac.*, *plat.*, *plb.*, *podo.*, *polys.*, *prot.*, **psor.**, *puls.*, *pyrus.*, *rad-br.*, *ran-b.*, *ran-s.*, *rhus-g.*, *rhus-r.*, *rhus-t.*, **ruta.**, *sabin.*, *sacch-a.*, *sal-fr.*, *samb.*, *sang.*, *sarcoc-ac.*, *sec.*, *sep.*, *sil.*, *spig.*, *spong.*, *stann.*, *staph.*, *stram.*, *sul-ac.*, *sul-i.*, *sulph.*, *suprar.*, *sympb.*, *tab.*, *tarent.*, *tax.*, *ther.*, *thuj.*, *toxi.*, *tritic-vg.*, *tub.*, *ulm-c.*, *valer.*, *vanil.*, **verat.**, *verb.*, *vero-o.*, *viol-t.*, *vip.*, *visc.*, *xan.*, *zinc.*, *zinc-pic.*

Leaning on hand, boredomness, with, finally falling asleep: *agar.*, *alum.*, *androc.*, *ars.*, *bapt.*, *bar-c.*, *borx.*, *calc.*, *camph.*, *carb-an.*, *carb-v.*, *chin.*, *choc.*, *con.*, *croc.*, *cur.*, *cycl.*, *elaps.*, *ferr.*, *gels.*, *graph.*, *hydr-c.*, *hydrog.*, *ign.*, *kali-n.*, *lach.*, *laur.*, *led.*, *lyc.*, *mag-c.*, *mag-m.*, *med.*, *merc.*, *merc-c.*, *mez.*, *mosch.*, *mur-ac.*, *nat-c.*, *nat-m.*, *nux-m.*, *nux-v.*, *op.*, *ph-ac.*, *phos.*, *plb.*, *sec.*, *spig.*, *spira.*, *sulph.*, *tub.*, *zinc.*

Resting head on hands or fingers, Rodin's the thinker: *ambr.*, *anh.*, *arn.*, *aur.*, *aur-m-n.*, *bar-ox-suc.*, *berb.*, *caps.*, *carb-an.*, *carl.*, *chin.*, *chord-umb.*, *cocc.*, *cycl.*, *dulc.*, *eug.*, *euph.*, *ferr.*, *graph.*, *ham.*, **hell.**, *hyos.*, *ketogl-ac.*, *kola.*, *lac-h.*, *lac-loxod.*, *lyss.*, *m-arct.*, *meny.*, **mez.**, *mur-ac.*, *nat-m.*, **nux-m.**, *nux-v.*, *ol-an.*, *olib-sac.*, *onos.*, *op.*, *phos.*, *plac-s.*, *plat.*, *positr.*, *ruta.*, *sal-fr.*, **sil.**, **sulph.**, *thuj.*, *tritic-vg.*, *vanil.*

Rubbing, forehead, habitual, easy going people, in: *alum.*, *am-c.*, *am-m.*, *anac.*, *apis.*, *ara-maca.*, *arn.*, *asaf.*, *aur-m.*, *bar-c.*, *bell.*, *bov.*, *calad.*, *calc.*, *calc-f.*, *camph.*, *cann-i.*, *canth.*, *cham.*, *coff.*, *con.*, *cortico.*, *croc.*, *cupr.*, *cur.*, *daph.*, *ft-ac.*, *gels.*, *haliae-lc.*, *bell.*, *heroin.*, *hyos.*, *lach.*, *lars-arg.*, *lyc.*, *lyss.*, *merc.*, *nat-m.*, *nux-m.*, *olnd.*, *op.*, *phos.*, *plat.*, *podo.*, *positr.*, *puls.*, *rhod.*, *rhus-t.*, *ruta.*, *sabad.*, *sep.*, *staph.*, *stram.*, *sulph.*, *thuj.*, *valer.*, *verat.*

Salute: *alum.*, *ambr.*, *ars.*, *aur.*, *bamb-a.*, **bar-c.**, *bar-m.*, *calc-sil.*, **carb-v.**,

carc., caust., cocc., coff., *croc.*, cycl., *foll.*, *ign.*, ind., *kali-c.*, kiss, **lac-c.**, *lac-d.*, *lyc.*, mag-m., *m-arct.*, mosch., nat-c., *nat-m.*, *nux-v.*, petr., ph-ac., phos., **puls.**, rhus-t., samb., sep., *sil.*, spong, **staph.**, sulph., **thuj.**, *tritic-vg.*, *vanil.*, *zinc.*

Slapping, forehead, forgetfulness, from: acet-ac., acon., *aeth.*, agar, *agn.*, *alum.*, alum-p., alum-sil., **ambr.**, am-c., **anac.**, apis, arg-met., *arg-n.*, *arn.*, ars., atro-pur., *aur.*, *aur-m-n.*, *bamb-a.*, **bar-c.**, bar-i., *bell.*, borx., *both.*, bov., brom., bry., calad., *calc.*, *calc-p.*, *cann-i.*, cann-s., *canth.*, carb-ac., *carb-an.*, **carbn-s.**, *carb-v.*, *carc.*, caust., chel., chin., *cic.*, *cinnm.*, cocc., *colch.*, *con.*, corn., cycl., *dig.*, elaps, ferr., fl-ac., *gels.*, glon., *graph.*, guaj., *fl-ac.*, *formal.*, *bell.*, hydr., hydr-ac., *hydrog.*, hyos., ign., iod., kali-c., *kali-br.*, *kali-p.*, *lac-c.*, *lach.*, lact-v., lec., led., lil-t., *lyc.*, lyss., mag-c., *mag-p.*, manc., med., *merc.*, *mill.*, *moni.*, mosch., *mur-ac.*, *nat-m.*, *nat-p.*, nit-ac., *nux-m.*, olnd., *onos.*, op., petr., *ph-ac.*, *phos.*, *phys.*, *pic-ac.*, *plat.*, plb., psor., puls., ran-b., raph., rheum, rhod., *rhus-t.*, sabin., sal-ac., sanic., scor., sec., **sel.**, sep., *sil.*, stann., staph., stram., *stront-c.*, *sulph.*, syph., tab., tarax., tell., thuj., trom., *tub.*, verat., visc., *zinc.*, zinc-n., *zinc-p.*, zinc-pic., zing

Supported by hand, boredomness, with, ‘when will you shut up’ attitude: *alum.*, ambr., *ant-c.*, ars., aur., **calc-p.**, caps., *clem.*, ferr., graph., **hydrog.**, kali-bi., kali-i., lac-e., lach., **lyc.**, *med.*, **merc.**, *nat-c.*, nat-m., *nux-v.*, phos., plb., spig, *sulph.*, thuj., tub.

Hand(s) on Hips

Akimbo position: *androc.*, apis, **ars.**, *aur-s.*, bung-fa., *camph.*, *cann-i.*, *chin.*, *cupr.*, *dulc.*, *fl-ac.*, haliae-lc., ign., iod., irid-met., kola, **lyc.**, *med.*, *merc.*, morph., naja, nat-ar., nicotam., *nux-v.*, phos., *plat.*, *sil.*, stront-met., *sulph.*, ther., tung-met., verat.

All set parallel gesture: agar, *aloe*, anac., androc., ant-c., *apis*, ars., aur., *aur-i.*, *aur-m.*, aur-s., **bell.**, brom., calc-s., *cann-i.*, *cann-s.*, caust., cham., choc., *cic.*, cina, coca-c., *coff.*, crot-c., *dulc.*, *falco-pe.*, *ferr.*, ferr-ar., **ferrma.**, ferr-p., **hep.**, *hyos.*, *iod.*, irid-met., kali-c., kali-i., kali-s., *kola*, lac-c., **lach.**, lac-leo., lil-t., *lyc.*, **lyss.**, mag-m., med., merc., merc-c., *moly-met.*, *moni.*, naja, *op.*, nat-m., nit-ac., *nux-v.*, ph-ac., *phos.*, plat., polys., positr., prot., raph., ruta, *sep.*, spig, spong, squil., staph., stram., *sulph.*, sumb., symph., *ther.*, tub., *tung-met.*, vanil., **verat.**, verb., vip., vitis-v.

Female aggressive gesture: am-c., am-m., *anac.*, androc., *ant-c.*, *ant-t.*, *arn.*, ars., *asaf.*, **aur.**, aur-s., aur-s-f., *bell.*, bon., brom., bry., carb-n-s., *camph.*,

caust., **cham.**, *chr-ac.*, *cic.*, *cocc.*, *con.*, *croc.*, *crot-c.*, *cupr.*, *dulc.*, *falco-pe.*, *ferr.*, *ferr-ma.*, *granit-m.*, *hep.*, *hist.*, **hyos.**, **ign.**, *kali-ar.*, *kali-bi.*, *kali-c.*, *kali-chl.*, *kali-i.*, *lac-cp.*, *lach.*, *lac-leo.*, *lil-t.*, *lyc.*, *med.*, *merc.*, *mosch.*, *mur-ac.*, *nat-c.*, *nat-m.*, *nat-sil.*, *nit-ac.*, **nux-v.**, **petr.**, *ph-ac.*, *phos.*, *plat.*, *psor.*, *ran-b.*, *rbus-t.*, *sep.*, *sil.*, *staph.*, *stram.*, **sulph.**, **symp.**, **tarent.**, *thuj.*, *tub.*, *verat.*, *verat-v.*

Larger in size, appear, to: *agar.*, *alco.*, *alum.*, *aur.*, *aur-s.*, *bell.*, *calc.*, *cann-i.*, *coca*, *crot-c.*, *cupr.*, *dulc.*, *ferr.*, *ferr-ma.*, *glon.*, *heroin.*, *hyos.*, *iod.*, *kola*, *lach.*, *lyc.*, *lyss.*, *merc.*, *nat-c.*, *nat-m.*, *nicc-met.*, *pall.*, *phos.*, **plat.**, *plb.*, *podo.*, *sil.*, *staph.*, *stram.*, *sulph.*, *syph.*, **verat.**

Male hostile gesture: **anac.**, *aur.*, *aur-m.*, *aur-s.*, *calc-s.*, *cham.*, *cic.*, *ferr-ma.*, **hep.**, *iod.*, *lac-c.*, *lac-leo.*, **merc.**, *moni.*, *nat-m.*, **nit-ac.**, *nux-v.*, *ph-ac.*, *plat.*, *positr.*, *raph.*, *sep.*, *staph.*, *sulph.*, *vip.*

Head Gestures

Bowing, closed body position, holding the body to make it appear smaller, a flexion withdrawal: *acon.*, *agar.*, *aids*, *alum-sil.*, *ambr.*, *am-br.*, *anac.*, *arg-n.*, *aur.*, *aur-i.*, *bar-act.*, **bar-c.**, *calc.*, *carb-v.*, *carc.*, *choc.*, *cob.*, *croc.*, *cycl.*, *dros.*, *euphr.*, *gels.*, *grat.*, *hura*, *kali-p.*, *kali-s.*, *kola*, *kreos.*, **lac-c.**, *lach.*, *laur.*, *lith-c.*, *lyc.*, *merc.*, *naja*, *nat-m.*, *nux-m.*, *ozone*, *ph-ac.*, *plat.*, *psor.*, *puls.*, *ran-b.*, *sep.*, *sil.*, *staph.*, *stram.*, *sulph.*, *symp.*, *tarent.*, *thuj.*, *tub-k.*, *vanil.*, *verat.*, *verb.*, *visc.*

Down: *abies-n.*, **acon.**, *aesc.*, *agath-a.*, *agn.*, *aids*, *alf.*, *alum.*, *ambr.*, *am-c.*, *am-m.*, *aml-ns.*, *anac.*, *anh.*, *ant-c.*, *ant-t.*, *arag.*, *arg-met.*, *arg-n.*, *arist-cl.*, *aq-mar.*, *arg-n.*, *arizon-l.*, *arn.*, **ars.**, **ars-i.**, *asaf.*, *astac.*, *atro-s.*, **aur.**, **aur-m.**, *aur-m-n.*, *aur-s.*, *bamb-a.*, *bar-act.*, *bar-c.*, *bar-i.*, *bar-m.*, *bell.*, *brom.*, *brucel.*, *bry.*, *bufo*, *cact.*, **calc.**, *calc-act.*, **calc-ar.**, *calc-f.*, **calc-i.**, *calc-p.*, **calc-s.**, *calc-sil.*, *campb.*, *cann-s.*, *canth.*, *caps.*, **carb-an.**, **carbn-s.**, *carb-v.*, **carc.**, *cardios-b.*, **caust.**, **cham.**, *chel.*, **chin.**, *chinin-ar.*, *chlol.*, *cic.*, **cimic.**, *cina*, *clem.*, *cocc.*, *coff.*, *colch.*, *coloc.*, *con.*, *crat.*, *croc.*, **crot-c.**, *crot-h.*, *cupr.*, *cupr-act.*, *cycl.*, *daph.*, *dig.*, *dios.*, *dros.*, *dulc.*, *fel-s.*, **ferr.**, *ferr-ar.*, **ferr-i.**, *ferr-p.*, **gels.**, **graph.**, **guar.**, *hed.*, **hell.**, *helon.*, *hep.*, **hippoz.**, *hura*, *hydr.*, *hydr-ac.*, *hydrog.*, **hyos.**, *iber.*, **ign.**, **iod.**, *irid-met.*, *kali-ar.*, **kali-br.**, *kali-c.*, *kali-i.*, *kali-m.*, **kali-p.**, *kali-s.*, *kali-sil.*, *kola*, *lac-ac.*, **lac-c.**, *lac-d.*, *lac-e.*, *lac-f.*, **lach.**, *laur.*, *lec.*, **lil-t.**, *lith-c.*, *lith-m.*, *lith-met.*, *lob-p.*, *lob-s.*, *lol-t.*, **lyc.**, *mag-m.*, *manc.*, *mand.*, *mang-act.*, **med.**, **merc.**, *merc-aur.*, *merc-c.*, **mez.**,

moni., morph., *mur-ac.*, **murx.**, *mygal.*, *naja*, **nat-a.**, **nat-c.**, **nat-m.**, *nat-p.*, **nat-s.**, **nat-sil.**, **nit-ac.**, nitro., *nux-v.*, *ol-an.*, olnd., **op.**, orni., *ozone*, pall., *parathyr.*, pass., *petr.*, *pb-ac.*, *phos.*, *phyt.*, pic-ac., pip-n., **plat.**, *plb.*, plb-act., plb-m., polys., positr., **psor.**, **puls.**, pyrog, pyrus, rad-br., ran-b., rhod., *rhus-r.*, **rhus-t.**, *ruta*, *sabin.*, sacch-a., *sel.*, **sep.**, *sil.*, sol-e., *spig.*, *spong.*, **stann.**, *staph.*, *still.*, *stram.*, streptoc., stront-c., **stry.**, sulph., *sub-ac.*, *sul-i.*, sumb., **symp.**, *syph.*, *tab.*, *tarent.*, *ter.*, thea, ther., **thuj.**, thyr., **tritic-vg.**, *tub.*, tung-met., vanad., vanil., **verat.**, *verat-v.*, verb., *vinc.*, viol-t., *vip.*, *visc.*, wye., **zinc.**, zinc-p.

Head-cock, interest, from: acon., agar., alum., alum-p., apis, ara-maca., *aran-ix.*, *arg-n.*, aur., aur-m., *bell.*, cadm-met., calc-br., calc-f., calc-p., *calc-s.*, cann-i., *carc.*, caust., *chin.*, chlor., choc., coff., cupr., cupr-m., hydrog., hyos., ignis-alc., kali-c., kali-s., lac-f., *lach.*, laur., lyc., *med.*, *merc.*, merc-d., *naja*, neon, *nux-v.*, ozone, **phos.**, *plat.*, plb-m., *positr.*, puls., sanguis-s., scor., sep., *sil.*, sol-ecl., *staph.*, *stram.*, *sulph.*, sumb., *tarent.*, **tub.**, verat.

Head to head, tete-a-tete, talk: *agath-a.*, ant-c., aur., aur-m., *aur-m-n.*, *bell.*, *calc.*, calc-p., *carc.*, *caust.*, chin., choc., cocc., coff., colum-p., con., *croc.*, *cycl.*, des-ac., flav., ham., *hyos.*, hura, *ign.*, irid-met., *kali-bi.*, *kali-c.*, kali-p., lac-c., *lach.*, lec., lith-c., lyc., mag-c., med., merc., nat-c., *nat-m.*, nat-sil., **phos.**, *plat.*, positr., **puls.**, *sil.*, *staph.*, symph., thuj., tub., *tung-met.*

Motions, animated, lively: acon., alco., aq-pet., arg-n., atro-s., aur., bell., cact., calc-i., *cann-i.*, *cann-s.*, **cann-xyz.**, canth., carb-an., *carc.*, chlor., cic., cimic., cocc., **coff.**, coloc., **croc.**, dulc., fl-ac., form., grat., haliae-lc., hyos., ign., kali-bi., kali-br., kreos., **lach.**, lars-arg., *lat-m.*, lyc., *med.*, nat-c., nitro-o., ped., pelican, phos., plat., rhus-t., sars., sep., *stram.*, sulph., *tarent.*, **valer.**, verat., verbe-o.

awkward: **agar.**, *anac.*, apis, *bov.*, *camph.*, caps., carb-v., caust., *con.*, *gels.*, *bell.*, *lach.*, *lol.*, *merc.*, *nat-c.*, *nat-m.*, nat-sil., **nux-v.**, *petr.*, puls., rhod., *ros-d.*, sil., sulph., syph., *tritic-vg.*, *vanil.*, **verat.**

small, sharp, movements, emphasizing, while: *agar.*, *aids*, alum., ars., aur., buteo-j., *calc-f.*, calc-p., *carc.*, *caust.*, choc., cupr., des-ac., dulc., falco-pe., **ferr.**, haliae-lc., ham., *irid-met.*, kali-s., kola, *lach.*, *hyc.*, merc., *naja*, nat-c., *nit-ac.*, **nux-v.**, *phos.*, *podo.*, polys., positr., pyrus, rhus-g., *ruta*, sil., *scor.*, sulph., tub., *vanil.*, verat.

Nod

agreement, affirmation, with: *aur.*, aur-m., aur-s., bamb-a., bar-c., bell., calc., **carb-v.**, carc., caust., cocc., foll., ign., kali-bi., **lac-c.**, lac-d., lith-c., *lyc.*, mag-m., nat-c., nat-m., nux-v., olib-sac., op., ph-ac., phos., **puls.**, sep., *sil.*, staph., *thuj.*, *tritic-vg.*, *zinc.*

intense rage, with: **agar.**, aeth., aloe, alum., *anac.*, *apis*, *arn.*, *ars.*, ars-s-f., **bell.**, *camph.*, cann-i., **canth.**, *carbn-s.*, *caust.*, *cimx.*, cere-s., *cham.*, *cupr.*, dulc., gal-ac., *bell.*, *hep.*, **hyos.**, **lac-c.**, lach., *lil-t.*, *lol.*, **lyc.**, lyss., med., meph., **merc.**, *mosch.*, *nat-m.*, *nit-ac.*, nux-v., **op.**, phos., prot., puls., *sec.*, sep., *sol-ni.*, spong., staph., **stram.**, *sulph.*, tab., ter., ther., *thuj.*, thyr., *trios.*, **verat.**, verat-v., zinc.

largest, indicating agreement: agn., *alum.*, alum-p., alum-s., *ambr.*, anh., arg-met., arg-n., *ars.*, aur., aur-m., aur-s., bamb-a., **bar-c.**, calc., calc-sil., cann-i., cann-s., **carb-v.**, carc., caust., cic., cocc., coff., croc., crot-h., cupr., des-ac., dulc., fl-ac., *foll.*, gels., ham., *ign.*, kali-c., *kali-p.*, kiss., **lac-c.**, *lac-d.*, lach., *lyc.*, *m-arct.*, murx., nat-ar., nat-c., *nat-m.*, nat-s., *nat-sil.*, nux-v., ozone, petr., *ph-ac.*, *phos.*, pic-ac., podod., **puls.**, ruta, *sacch-a.*, *sep.*, *sil.*, *staph.*, streptoc., **thuj.**, *tritic-vg.*, w-rose, **zinc.**

slightest, continued, attention, from: am-c., *anac.*, androc., *anh.*, arg-n., aur., aur-m., aur-s., bell., buteo-j., *calc.*, *calc-f.*, cann-i., *carb-v.*, *carc.*, caust., choc., *coca*, cod., *coff.*, cupr., des-ac., falco-pe., guaj., haliae-lc., heroin., hydrog., hyos., ign., kali-bi., kali-c., kali-p., kali-s., kola, lacer., *lach.*, lyc., lyss., merc., nat-c., nat-m., neon, nux-v., *olib-sac.*, op., ozone, petr., **phos.**, positr., rhus-t., *sil.*, staph., staphycoc., *sulph.*, *syph.*, thea, *thuj.*, vanil., *zinc.*

swayed, rocked, side to side, doubt, reluctance, from: *acon.*, agn., aloe, alum., alumn., *apis*, *arn.*, **ars.**, aster., **aur.**, bry., *calc.*, calc-sil., **carb-v.**, carc., chel., cycl., dig., dulc., falco-pe., *graph.*, heroin., hyos., *ign.*, kali-c., kali-p., kali-s., kola, kreos., lac-c., *lach.*, *lept.*, *lil-t.*, *lyc.*, mag-c., merc., nat-s., nit-ac., nux-v., *petr.*, ph-ac., phos., psor., **puls.**, ruta, sars., sep., sil., spong., *stann.*, stram., sul-i., *sulph.*, syph., tub., tung-met., *verat.*

Shake

disbelief, from: *acon.*, *aids*, **anac.**, anh., ant-c., *apis*, **ars.**, ars-i.,

ars-s-f., *aur.*, *aur-m-n.*, bapt., **bar-c.**, *bar-m.*, *bar-s.*, *bell.*, *borx.*, **bry.**, *cact.*, *calc-p.*, **cann-i.**, canth., caps., carbn-s., carb-v., carc., **caust.**, **cench.**, cham., chin., cic., *cimic.*, coca, *cocc.*, con., *crot-b.*, *cupr.*, des-ac., **dig.**, *dros.*, *dulc.*, graph., haliae-lc., *bell.*, *hyos.*, ign., kali-ar., kali-c., kali-i., *kali-p.*, lac-lup., **lach.**, lyc., *med.*, *merc.*, *morph.*, nat-ar., *nat-c.*, *nat-m.*, nat-s., *nit-ac.*, *nux-v.*, *op.*, pelican, petr., *phos.*, plat., *plb.*, plut-n., positr., **puls.**, **rhus-t.**, sacch-a., scor., **sec.**, *sep.*, sil., stann., *staph.*, **stram.**, *sul-i.*, **sulph.**, thal-met., tub., verat.

grief, from: adren., aeth., alum., *ambr.*, am-c., am-m., *anac.*, aq-mar., *arn.*, ars. asaf., **aur.**, *aur-ar.*, *aur-m.*, *aur-m-n.*, bov., borx., bry., *cact.*, calc., caps., carb-v., carc., **caust.**, chel., chin., choc., *cimic.*, *cocc.*, *coloc.*, colum-p., con., crot-c., cycl., *dig.*, *dros.*, ferr., *gels.*, *bell.*, hura, *iber.*, **ign.**, kali-c., *lac-c.*, *lach.*, lact-v., *lyc.*, mag-c., mag-m., *merc.*, naja, nat-c., *nat-m.*, ph-ac., nux-m., olnd., *op.*, *pb-ac.*, *phos.*, phys., plut-n., psor., *puls.*, ran-b., ran-s., **rhus-t.**, *sep.*, sil., **staph.**, stront-c., *sulph.*, *symp.*, *tarent.*, thuj., uran-n., vanil., verat., viol-o., viol-t.

sympathy, due, to: adam., aeth., *ambr.*, androc., aur., *aur-m-n.*, bar-c., *bit-ar.*, calc., *calc-p.*, **carc.**, carl., **caust.**, cic., *cocc.*, *croc.*, cycl., des-ac., *falco-pe.*, foll., germ-met., haliae-lc., hydrog., *ign.*, kali-s., *kola*, lach., lyc., manc., med., moni., morb., nat-c., *nat-m.*, *nat-sil.*, *nit-ac.*, nuph., nux-v., **phos.**, plut-n., positr., puls., sacch-a., sil., *spong.*, *staph.*, sumb., tarent-c., thuj., vanil., zinc.

Thrusting forward, shoulders, from, aggressiveness, with, a head-butt: agar., alum., **anac.**, bell., bov., *caust.*, choc., *cocc.*, crot-c., dendr-p., *dulc.*, falco-pe., *hep.*, **hyos.**, lac-ac., lac-cp., lac-leo., **lach.**, lyc., *lys.*, meli., merc., **nit-ac.**, nux-v., plat., scor., sep., **stram.**, **tarent.**, *tub.*, valer., verat.

Tilted, back, a sign of superiority, arrogance, disdain: absin., agar., *anac.*, ant-c., apis, cact., *arn.*, aur., *aur-m.*, *aur-s.*, bell., calc., *cann-i.*, carbn-s., *caust.*, cham., *chin.*, coca, *coloc.*, crot-c., *cupr.*, cupr-s., ferr., ferr-ma., ferr-s., gal-ac., gran., *graph.*, grat., guaj., haliae-lc., ham., hell., heroin., *hyos.*, ign., iod., *ip.*, kali-bi., kali-i., kali-s., *kola*, *lach.*, lil-t., **lyc.**, lyss., med., *merc.*, mosch., nat-m., *nux-v.*, *pall.*, phos., **plat.**, puls., sabad., sep., *sil.*, *staph.*, *stram.*, **sulph.**, syph., tarent., tub., **verat.**, verat-v.

Tilted, side, submissive people, in: agn., alum., alumn., *ambr.*, amph., arg-n., *arn.*, *aur.*, *aur-m-n.*, *azg.*, bar-c., borx., calc., caps., calc-sil., carb-an., **carb-v.**, *carc.*, carl., chel., chinin-s., *cocc.*, con., cycl., des-ac., falco-

pe., foll., euon., gels., hydr., *ign.*, kali-c., kali-s., **lac-c.**, lac-d., lith-c., *lyc.*, mag-c., mang-act., mosch., nat-c., *nat-m.*, nat-p., nux-m., ph-ac., *phos.*, podo., positr., psor., **puls.**, *rhus-t.*, ruta, sacch-a., *sil.*, *staph.*, stront-c., sumb., symph., tarent., thuj., *tritic-vg.*, tub., viol-t., w-rose, zinc.

Tossed, shaken, disdain or haughtiness, from: agar., anac., androc., ant-c., arg-n., ars., aur., bell., bism., bufo, cann-i., canth., carc., *caust.*, cham., chin., cic., cina, con., crot-h., cupr., dulc., elaps, ferr., ferr-ma., ferr-s., gal-ac., gran., granit-m., *graph.*, haliae-lc., hep., heroin., *hyos.*, *ign.*, ignis-alc., ind., iod., *ip.*, irid-met., kali-c., kali-i., kola, lac-f., *lach.*, lac-leo., lant-met., lil-t., lith-i., **lyc.**, lyss., mang-i., marb-w., med., merc., myric., nat-m., nit-ac., nux-v., op., ox-ac., *pall.*, petr., phos., **plat.**, plb., podo., positr., *puls.*, rheum, sabad., sal-ac., sec., sep., *sil.*, *staph.*, *stram.*, **sulph.**, thuj., tung-met., vanil., **verat.**, *verat-v.*

Legs

Sitting/Standing while

Ankle-lock position: acet-ac., *agar.*, *aloe*, am-c., am-m., *ant-c.*, ars., asaf., aur., aur-ar., *aur-m-n.*, aur-s., bamb-a., *calc.*, carc., *caust.*, chin., cocc., con., cortico., cupr., *cycl.*, dulc., *gels.*, *hell.*, *hyos.*, **ign.**, *kali-c.*, kali-br., *kola*, mang-act., merc., moni., mosch., *mur-ac.*, *naja*, **nat-m.**, *nux-m.*, *nux-v.*, ozone, positr., **ph-ac.**, *phos.*, pic-ac., *plat.*, plb., *podo.*, *puls.*, rheum, rhod., spig., *stann.*, *staph.*, syph., tarent., *tril-p.*, vanil., *verat.*, zinc-p.

Concealing, feet: adam., agar., ars., aur., *bar-c.*, bell., bov., calc., caust., chin., chlor., crot-c., elaps, falco-pe., hell., hep., *ign.*, kali-s., lach., *lyc.*, med., merc., *naja*, nat-m., nit-ac., op., phos., plb., *podo.*, *puls.*, *sal-fr.*, *sanguis-s.*, sep., *staph.*, *stram.*, *syph.*, tarent., *thuj.*, zinc.

Crossed,

figure-4 position: **anac.**, *apis*, carc., *arg-n.*, ars., aur., camph., canth., **caust.**, *cham.*, cocain., crot-c., crot-h., cupr., dulc., ferr., *hyos.*, *kali-c.*, kali-s., **lach.**, **lyc.**, merc., **nux-v.**, olnd., pulx., *sacch.*, *sil.*, *sol.*, *sulph.*, *symp.*, syph., **thuj.**, *verat.*, vesp., vip.

negative attitude, from: acon., ambr., am-c., am-m., *anac.*, ant-c., arizon-l., aster., aur., bell., calc., camph., caps., carc., caust., cham., cic., dros., *dulc.*, ferr., fl-ac., *hep.*, *ign.*, kali-c., lact-v., led., lyc., mag-m., merc., nat-m., *nat-sil.*, nit-ac., nux-v., op., petr., ph-ac., phos., *psor.*, **puls.**, ruta, samb., sep., sil., stann.,

stram., sulph., tarent., thuj., vip., zinc.

arms, with, withdrawal, from: agar., *alum.*, agath-a., agn., anh., aq-mar., *bar-act.*, **bar-c.**, *bar-m.*, *bar-s.*, bry., *calc.*, carb-v., carc., colum-p., falco-pe., foll., haliae-lc., hydrog., irid-met., *kali-p.*, lac-c., lyc., nat-c., nat-m., *nat-sil.*, nicc-met., nicc-s., *ph-ac.*, pic-ac., plut-n., positr., *puls.*, rhus-g., *ruta*, *sacch-a.*, sil., spon., sulph., *symp.*, *tab.*, thuj., zinc.

one knee resting on thigh of other leg, defensiveness, from: *aether*, alco., arn., banis-c., chin., choc., cocc., coff., croc., fl-ac., gins., gran., helod., hydrog., ign., lac-c., lil-t., lyc., mate, nat-c., nitrog., op., ozone, plat., plut-n., scor., sep., sil., sol, tax., thyr., turg-met., vanil., zinc.

one or both hands, on legs, obstinacy, from: *agar.*, alum., **anac.**, *ant-c.*, **arg-n.**, *ars.*, *bar-c.*, **bell.**, *bry.*, **calc.**, *calc-s.*, *caps.*, *caust.*, **cham.**, *chin.*, cina, cist., coc., coloc., con., *crot-h.*, *dulc.*, ferr., grat., *hep.*, *hyos.*, *ign.*, kali-ar., *kali-c.*, *kali-p.*, kali-s., laur., *lyc.*, *mag-m.*, *med.*, merc-c., *nit-ac.*, nux-m., **nux-v.**, *pall.*, petr., *ph-ac.*, *prot.*, *psor.*, ran-b., sang, sars., *sil.*, *spong.*, *staph.*, *sulph.*, *symp.*, *syph.*, **tarent.**, *thuj.*, *tub.*

Mobile Phone Gestures

Always, in a hand: agar., aloe, apis, ars., *bell.*, calc-p., cann-i., cic., con., cupr., *dulc.*, ferr., ferr-i., *ferr-ma.*, hyos., lach., *lyc.*, lyss., *merc.*, nat-m., nux-v., **pall.**, phos., **plat.**, podo., sep., staph., stram., sulph., tub., valer., *verat.*

Constantly, playing, with: **acon.**, *agar.*, androc., apis, **arg-n.**, **ars.**, **ars-i.**, asaf., aster, aur., *aur-i.*, *aur-m.*, *aur-m-n.*, bar-c., *bar-i.*, *calc-p.*, chel., chin., **cimic.**, *coc.*, con., croc., culx., **cupr.**, **cupr-ar.**, **ferr.**, **ferr-ar.**, ferr-p., galeoc-c-h., glon., hydr-ac., *iod.*, *kali-br.*, kali-c., *kali-i.*, *kali-n.*, *lach.*, lat-m., *lil-t.*, *lyc.*, *lyss.*, *mag-c.*, mag-m., mang-act., *med.*, **merc.**, *merc-i-f.*, *merc-i-r.*, naja, *nux-v.*, passi., phos., plb., prun., pyrog., rhus-t., **stram.**, sul-ac., sul-i., **sulph.**, *syph.*, **tarent.**, tarent-c., *thuj.*, *tub.*, *verat.*, vip., **zinc.**, zinc-val.

Talking, raised arm, with: agar., androc., ant-c., *ars.*, aur., bar-act., bell., calc., *calc-f.*, *calc-p.*, calc-sil., *carc.*, caust., *choc.*, cocc., *coff.*, cupr., dros., *dulc.*, falco-pe., *ferr.*, *hipp.*, hyos., ign., *iod.*, kali-s., *kola*, *lach.*, **lyc.**, lyss., mag-c., *merc.*, naja, nat-p., **nux-v.**, op., **phos.**, **plat.**, *podo.*, positr., prot., rhus-t.,

ruta, sanic., sep., sil., spong., stram., sulph., *tarent.*, **tub.**, verat., *zinc.*

Mouth

Jaw-droop: alco., aloe, alum., am-c., anac., androc., anh., *ars.*, aur-m-n., cann-i., **carb-v.**, caust., cham., chin., choc., cinnb., crot-c., *dulc.*, **graph.**, hyos., hyper., ign., kali-p., **lach.**, lyc., mag-m., nit-ac., nux-m., *nux-v.*, petr., *plat.*, psor., rauw., rhus-t., ruta, sacch-a., sacch-l., sal-fr., sec., **sep.**, tarent., tax., vanil., verat.

Lip-compression: acon., adam., *agar.*, aloe, am-c., am-m., **anac.**, *aur.*, *aur-m-n.*, *aur-s.*, **bell.**, cadm-i., *calc.*, caust., *cham.*, **cic.**, crot-c., cupr., falco-pe., fl-ac., germ-met., granit-m., hyos., ignis-alc., iod., kola, *lac-c.*, *lach.*, lac-h., *lac-leo.*, *led.*, luna, *moni.*, mygal., **nat-m.**, **nit-ac.**, *nux-v.*, op., opun-s., ph-ac., phos., plat., plut-n., polys., *raph.*, *rhus-g.*, sep., stann., *staph.*, **stram.** **sulph.**, *tarent.*, tritic-vg., **tub.**, zinc.

Lip-pout: *agar.*, am-c., anac., **ant-c.**, arn., ars., aur., bell., bov., calc., canth., carb-an., carb-n-s., carl., carneg-g., *caust.*, chel., cina, cinnb., *con.*, dulc., fuma-ac., hyos., hura, **ign.**, kali-bi., kali-br., *kali-c.*, kali-m., kola, lac-cp., lyc., mag-c., mag-m., mang-act., menis., **merc.**, mur-ac., **nat-m.**, *nux-v.*, op., petr., ph-ac., *plat.*, sars., spong., stann., **staph.**, stram., stront-c., sul-ac., sulph., tub., zinc.

Lip-purse: acon., alum., ambr., anac., androc., **arg-n.**, ars., *bar-c.*, borx., calad., **calc.**, calc-p., calc-sil., *carb-v.*, **carc.**, caust., *cic.*, *coca.*, *cocc.*, crot-c., *cypr.*, **gels.**, **graph.**, *kali-br.*, *kali-p.*, *lac-c.*, levo., **lyc.**, lyss., mag-c., *maias-l.*, med., mez., mosch., *nat-c.*, nat-m., nat-p., nat-s., nux-v., *ph-ac.*, *pic-ac.*, **plb.**, **psor.**, **puls.**, sec., sep., **sil.**, spig., staph., stront-c., sulph., *syph.*, thuj., tritic-vg., *tub.*, vanil., verat., *zinc.*

Lips, trembling, grief, sorrow, from: act-ac., agar., agn., alum., *ambr.*, *anac.*, **anthraci.**, aq-mar., arg-n., ars., *aur.*, aur-ar., *aur-m.*, aur-m-n., calc., calc-m., caps., carb-an., *carc.*, **caust.**, cic., cimic., coloc., croc., cycl., dig., *dros.*, *ferr.*, gels., *graph.*, hell., iber., **ign.**, kali-br., kali-c., kali-p., *lac-c.*, *lach.*, laur., *lyc.*, mag-m., m-aust., *merc.*, mur-ac., naja, nat-ar., nat-c., **nat-m.**, nat-p., nat-s., nat-sil., *nux-v.*, olnd., *op.*, **ph-ac.**, phos., *psor.*, **puls.**, **rhus-t.**, sars., *sep.*, sil., **staph.**, stront-c., *sulph.*, **symp.**, *tarent.*, *zinc.*

Tongue show: agn., aids, *all-s.*, alum., alum-sil., *am-m.*, **anac.**, *ant-c.*, *ars.*, *aur.*, *aur-ar.*, *aur-br.*, *aur-m.*, *aur-m-n.*, *aur-s.*, *bamb-a.*, *bar-c.*, *bism.*, borx., *bry.*, *bufo.*, *buteo-j.*, *calc.*, **calc-p.**, *calc-sil.*, cann-i., cann-s., caps., *chel.*, *chin.*, *colch.*, *con.*, *cupr.*, *germ-met.*, **hep.**, hyos., *ign.*, *kali-c.*, *kola.*, *lach.*, *lyc.*, mag-c.,

mag-m., **merc.**, moni., naja, *nat-c.*, *nat-m.*, nat-p., *nit-ac.*, *nux-v.*, *olnd.*, *pall.*, *plat.*, *plb.*, *puls.*, *rbus-r.*, sacch., *sep.*, *sil.*, *stann.*, *staph.*, **sulph.**, symph., tab., *tarax.*, *thuj.*, **tub.**, zinc.

Yawn: *alum.*, *alumn.*, *anac.*, *ant-c.*, *aur.*, calc., calc-p., *caps.*, chin., choc., clem., germ-met., hydr., hydrog., *ign.*, *kali-br.*, kali-i., lac-c., lac-e., lach., laur., *lyc.*, merc., *nat-c.*, *nat-m.*, *nux-m.*, *nux-v.*, op., plb., ran-b., spig., sulph., thuj.

Nose

Blowing: *am-c.*, calc., calc-s., *caps.*, *cina.*, graph., hyos., lac-c., lach., *lac-h.*, *merc.*, nat-m., petr., **psor.**, sil., stram., **sulph.**, verat.

Flaring, resentment, from: *acon.*, adam., *agar.*, agath-a., aloe, am-c., am-m., am-s., **anac.**, androc., ang., ars., *aur.*, *aur-m-n.*, *aur-s.*, bar-c., cadm-i., *calc.*, *calc-p.*, calc-s., caust., *cham.*, **cic.**, colum-p., crot-c., cupr., dulc., falco-pe., fl-ac., gaert., germ-met., granit-m., ign., ignis-alc., ilx-a., iod., kali-c., kali-i., kola, *lac-c.*, *lach.*, lac-h., *lac-leo.*, *led.*, luna, lyc., mang-act., med., medus., merc., *moni.*, mygal, nat-c., **nat-m.**, neon, **nit-ac.**, *nux-v.*, op., opun-s., ph-ac., phos., pitu-a., plut-n., polys., positr., puls., *raph.*, *rbus-g.*, rhus-t., sal-l., sep., stann., stram., streptoc., stront-c., stry., **sulph.**, tarent., tax., tritic-vg., vip., zinc.

Pinching, bridge of, closed eyes with, negative evaluation, from: *alum.*, alum-sil., **anac.**, anan., ant-c., ant-t., arg-n., arn., *ars.*, aur., bar-c., bell., brom., bry., calad., calc., canth., carb-an., carb-n-s., carc., caust., cham., chin., *cina.*, cocc., croc., des-ac., *dulc.*, falco-pe., ferr-act., *hep.*, ign., kali-c., kola, kreos., lach., lyc., mag-c., mag-m., *merc.*, merc-c., morph., *nat-sil.*, nicc-met., **nit-ac.**, *nux-v.*, petr., phos., plat., plb., podo., *psor.*, **puls.**, *ruta.*, samb., sars., sep., sil., spong., *staph.*, *sulph.*, tarent., *thuj.*

Tapping, in front of, resentment, from: *acon.*, aloe, *alum.*, am-c., am-m., ang., ant-c., arge-pl., **ars.**, aur., aur-m., aur-m-n., aur-s., *bamb-a.*, *bar-c.*, bell., beryl., *bov.*, bufo, cadm-met., **calc.**, calc-br., calc-f., calc-m., calc-sil., *caps.*, *carb-v.*, **carb.**, **caust.**, *chel.*, *cina.*, *cocc.*, colch., *coloc.*, *croc.*, cupr., *cycl.*, dys., ferr., *fol.*, granit-m., *graph.*, heroin., iod., **ign.**, kali-c., kali-m., kola, *lac-c.*, **lyc.**, *med.*, merc., merc-i-f., *naja.* **nat-m.**, **nux-v.**, *pall.*, petr., phos., *plat.*, plb., *puls.*, sacch., sanic., *seneg.*, sep., **sil.**, sil-met., **staph.**, *sulph.*, *symp.*, syph., tarent., **tritic-vg.**, **tub.**, *vanil.*, *verat.*, *zinc.*

one side, confidentiality, from: *agar.*, *anac.*, aur., *bar-c.*, *bov.*, bufo, carc., caust., chr-met., cupr., dig., germ-met., hyos., *ign.*, kali-c.,

lach., *lyc.*, naja, sep., nat-m., nit-ac., nux-v., op., phos., plb., plut-n., *pod.*, *sal-fr.*, *sanguis-s.*, *sep.*, spong, staph., syph., *thuj.*, verat., zinc.

Thumbing, cocking-a-snoot, a gesture of mockery: *agar.*, alco., all-c., aloe, alum., ambr., am-br., am-caust., **anac.**, androc., anh., apis, arg-n., arn., *ars.*, aur., aur-s., bar-c., *calc.*, **cann-i.**, caps., carbn-o., carbn-s., *carb-v.*, caust., **cham.**, chen-a., chin., choc., cic., **cina**, cinnb., crot-c., *cupr.*, dulc., gal-ac., germ-met., **graph.**, heroin., *hyos.*, hyper., ign., influ., ip., kali-i., kali-p., kali-s., lac-ac., *lach.*, lyc., lyss., med., *merc.*, nit-ac., nux-m., **nux-v.**, op., pall., petr., phos., plat., plb., psor., puls., rad-br., rhus-t., ruta, sacch-a., **sep.**, spong, **stann.**, *stram.*, syph., **tarent.**, *tub.*, verat.

Palm Gestures

Palm down: *aids*, alum., *androc.*, apis, **ars.**, aur., aur-ar., *aur-s.*, buteo-j., *camph.*, chin., crot-c., crot-h., *cupr.*, dulc., falco-pe., ferr., *fl-ac.*, hyos., irid-met., *kola*, *lac-leo.*, **lyc.**, med., *merc.*, naja, *nux-v.*, ozone, pall., *plat.*, *rhus-g.*, sep., *sil.*, *stram.*, *sulph.*, vanil., verat.

Palm in palm gesture: *aids*, dulc., *falco-pe.*, *ferr.*, ferr-p., haliae-lc., ham., irid-met., kali-p., kali-s., *lach.*, *lyc.*, olib-sac., plat., *pod.*, polys., positr., *rhus-g.*, ruta, sacch-a., sal-fr., spong, squil., symph., *vanil.*, verat.

Palm over the heart gesture: agn., alco., alum., ambr., am-m., **ant-c.**, ars., *aur.*, *aur-m-n.*, aur-s., *cact.*, calc., *calc-p.*, canth., caps., carb-an., carb-v., *carc.*, caust., chel., chin., chinin-ar., cemic., *cocc.*, *coff.*, coloc., con., *cupr.*, *cycl.*, dig., ferr., ferr-p., *graph.*, heroin., **ign.**, *indg.*, kali-bi., kali-br., kali-c., kali-m., kali-p., kola, lac-del., *lach.*, lat-m., laur., lil-t., *loxo-refr.*, lyc., mag-c., manc., morph., mur-ac., naja, nat-c., **nat-m.**, nat-s., *nat-sil.*, nit-ac., olnd., ph-ac., **phos.**, plat., plb., *psor.*, *puls.*, ran-b., sabad., sabin., sec., *sel.*, *sep.*, sil., stann., *staph.*, sumb., syc., *thuj.*, tub., vanil., viol-o., zinc., zinc-v.

Palm up, the bowl,

begging, from: ars., aur., bell., kali-c., lyss., plat., plb., puls., stann., *stram.*, sulph.

fantasies, expressing, with: acon., agar., ambr., anac., anh., *ant-c.*, apis, ars., aur., aur-ar., bar-c., bar-s., bell., bry., buth-a., *calc.*, calc-sil., camph., *cann-i.*, *cann-s.*, carbn-s., *carb-v.*, carc., caust., *cench.*, cham., chin., *cic.*, cocc., **coff.**, con., croc., des-ac., fl-ac., gard-j., gels., *gran.*, graph., grat., guaj., bell., hep., hura, *hyos.*, ign., kali-c., kali-p., *kola*, lac-c., *lach.*, laur., lec., lil-t., lyc., m-arct., mag-c., med., merc., mez., mosch., naja, *nat-m.*, nit-ac., **nux-m.**, nux-v., **op.**, *pb-ac.*, phos., *plat.*,

plb., *psor.*, puls., rheum, rhus-t., sabad., sec., sep., sil., spig., spong., stann., *staph.*, *stram.*, streptoc., *sulph.*, syph., *thuj.*, tub., *vanil.*, *verat.*, visc., zinc., zing., ziz.

Pressing, together, head on back of hands, closing eyes, as if sleeping, with: **acon.**, *alum.*, **ambr.**, *anac.*, ant-t., arg-n., **ars.**, *ars-i.*, **aur.**, **aur-m.**, **aur-m-n.**, aur-s., bry., cact., **calc.**, calc-i., carb-an., *carbn-s.*, *carb-v.*, **carc.**, **caust.**, *chin.*, *cocc.*, **coff.**, *coloc.*, con., *crot-c.*, *crot-t.*, *cupr-act.*, dig., *dulc.*, ferr., ferr-i., *gels.*, *graph.*, **hell.**, hippoz., hyos., **ign.**, iod., *kali-ar.*, kali-br., *kali-c.*, *kali-p.*, *lac-c.*, *lach.*, *lept.*, *lit-t.*, **lyc.**, *manc.*, mang-act., *merc.*, *mez.*, *nat-ar.*, *nat-c.*, **nat-m.**, **nat-s.**, *nit-ac.*, op., **ph-ac.**, *plat.*, **psor.**, *puls.*, rhus-t., sel., *sep.*, sil., **spong.**, stann., *stram.*, stront-c., *stry.*, sul-ac., **sulph.**, *verat.*, zinc-p.

Smoking Gestures

Both hands, with: aesc., *aids.*, *anac.*, *ant-t.*, *arg-n.*, *ars.*, asaf., **aur.**, *aur-m-n.*, *aur-s.*, *bism.*, *calc-s.*, *carbn-s.*, **carc.**, cham., cina, *crot-c.*, *cycl.*, dros., *dulc.*, gal-ac., *graph.*, ham., hell., hyos., ign., ip., kola, *lach.*, *lac-h.*, lat-m., **mag-c.**, **mag-m.**, *mag-s.*, meny., *merc.*, naja, *nat-c.*, **nat-m.**, nat-sil., phos., phys., *plat.*, plut-n., **psor.**, **puls.**, ruta, sabin., sec., sep., *sil.*, *staph.*, *stram.*, *sulph.*, symph., syph., *thuj.*, tub.

Fingertips, with: acon., ara-maca., arg-n., bov., calc., calc-p., cann-i., *carc.*, cench., choc., *crot-h.*, dig., *haliae-lc.*, kali-s., *lach.*, limen-b-c., lyc., marb-w., naja, *op.*, ozone, **phos.**, podo., ruta, spong., *staph.*, *sulph.*, tarent., *tritic-vg.*, tub., *vanil.*, vip.

Flute-like: alco., androc., ant-c., arg-met., arg-n., ars., bell., bry., calc., calc-p., *calc-f.*, carb-v., chin., coca, *cocc.*, *coff.*, con., fl-ac., ign., *kola*, *lach.*, lyc., mag-c., mag-m., *med.*, *merc.*, **morph.**, nat-m., nux-v., **op.**, phos., *plat.*, puls., scor., sil., *staph.*, *sulph.*, *syph.*, *tarent.*, thal-met., *thuj.*, tub., *verat.*

Forefinger and middle finger, with: acon., androc., **ars.**, bell., calc-f., calc-p., *carc.*, choc., coca, *coff.*, *dulc.*, ferr., ferr-ar., fl-ac., hep., hyos., ign., **lach.**, lyc., lyss., **merc.**, naja, nat-m., *nux-v.*, op., *phos.*, *plat.*, **rhus-t.**, scor., sep., sil., *staph.*, **stram.**, *sulph.*, tub., *verat.*

Forefinger and thumb, with: *agar.*, alco., *aloe.*, ant-c., *apis.*, arg-n., arn., *ars.*, aur., aur-ar., *aur-i.*, *aur-m.*, bapt., **bell.**, bell-p., brom., bry., calc., *calc-f.*, **calc-i.**, *calc-p.*, *carc.*, caust., chin., coca, **coff.**, des-ac., *falco-pe.*, ferr., **fl-ac.**, helon., *hyos.*, **iod.**, kali-ar., kali-bi., kali-br., kali-c., kali-i.,

kola, **lach.**, lil-t., lyc., lyss., med., merc., merc-c., *moly-met.*, naja, nat-m., nat-sil., nux-v., onos., *op.*, penic., phos., plb., *scor.*, *sep.*, sil., *spect.*, stram., sul-ac., sul-i., *sulph.*, syph., tarent., *ther.*, thuj., tub., **verat.**, zinc.

Little finger, with: acon., alco., alum., *ars.*, ars-s-f., bry., calc., calc-f., carb-an., carb-v., caust., choc., cina, coloc., con., *dulc.*, ferr., ferr-ar., fl-ac., graph., hell., hep., hyos., kali-bi., kali-c., lach., **lyc.**, lyss., med., *merc.*, nat-m., nit-ac., nux-v., *op.*, petr., *ph-ac.*, plat., rheum, *sep.*, sil., *sulph.*, **tarent.**, thuj., verat.

Mouth of cigarette, towards the palm, with: *acon.*, act-sp., adam., agar., agar-p., *aids*, allox., alum., ambr., *anac.*, ant-c., apis, aral., arg-n., arn., **ars.**, ars-i., ars-s-f., aur., aur-i., aur-m., aur-m-n., aur-s., *bar-c.*, bar-i., *bar-m.*, bar-s., bell., *bry.*, bufo, cact., calc-f., calc-i., calc-p., calc-sil., camph., **cann-i.**, cann-s., carb-n-s., carc., *caust.*, **cench.**, cham., chin., chinin-ar., cic., cimic., cina, coca, cocc., crot-c., crot-h., culx., cupr., digin., dros., *dulc.*, elaps, gins., goss., granit-m., graph., ham., hep., hydrog., hyos., iod., **kali-ar.**, kali-c., kali-i., kali-n., *kali-p.*, kali-s., **lach.**, *lac-lup.*, **lyc.**, lycps-v., lyss., mang-act., *med.*, merc., mosch., nat-ar., nat-m., nicc-met., nid., *nit-ac.*, nuph., nux-m., *nux-v.*, *op.*, phos., plut-n., polys., positr., psor., *puls.*, *rhus-t.*, ruta, *scor.*, *sec.*, sel., *sep.*, *spig.*, *stann.*, *staph.*, still., *stram.*, sul-ac., sul-i., **sulph.**, tarax., tarent., thuj., tub., verat., zinc., zinc-p.

Table Slap

Accent, a key speaking point, to: adam., allox., *anac.*, *androc.*, *apis*, arizon-l., arn., **ars.**, *aur-s.*, buteo-j., calc-f., *camph.*, carc., caust., chel., *chin.*, choc., corian-s., *cupr.*, des-ac., *dulc.*, falco-pe., ferr., fic-m., *fl-ac.*, hep., heroin., irid-met., kali-bi., kali-s., *kola*, lac-e., lach., **lyc.**, *med.*, *merc.*, nux-v., phos., *plat.*, plut-n., podo., positr., ruta, *scor.*, *sep.*, *sil.*, spong., *staph.*, sulfonam., *sulph.*, symph., vanil., verat.

Calling, attention, to: acon., arg-n., ars., bar-c., *calc.*, calc-f., calc-p., cann-i., carc., *cham.*, chin., cina, calc., cupr., ferr., ferr-ar., ferr-p., fl-ac., gal-ac., graph., haliae-lc., ham., kali-bi., kali-c., kali-s., lach., lyc., *mag-c.*, *mag-m.*, marb-w., nat-c., nat-m., nux-v., *phos.*, plac., *plat.*, podo., polys., positr., *puls.*, sanguis-s., *sep.*, sil., spong., sulph., tarent., thuj., tub., verat., zinc-p.

Objecting, another speaker's statement, for: acon., adam., agar., alco., aloe, alum., am-c., **anac.**, *androc.*, ant-c., ant-t., *apis*, *arg-n.*, arizon-l., arn., *ars.*, ars-s-f., asaf., asar., aster., *aur.*, aur-ar., aur-s., bamb-a., bar-c.,

bell., bov., brom., bry., bufo, calc-s., camph., *canth.*, carc., **caust.**, *cham.*, chel., chin., choc., chr-ac., cocc., coff., colch., cor-r., croc, crot-h., *cupr.*, *dulc.*, elaps, ferr., ferr-ar., fl-ac., germ-met., gran., granit-m., graph., grat., haliae-lc., **hep.**, hist., hydrog., hyos., **ign.**, ina-i., iod., ip., kali-ar., kali-c., kola, kreos., **lach.**, lac-h., lac-leo., led., **lyc.**, lyss., mag-s., m-ambo., mang-act., m-aust., *merc.*, moni., morph., mur-ac., nat-m., neon, nicc-met., nit-ac., **nux-v.**, *olnd.*, ozone, pall., petr., phos., plat., plb., positr., pulx., rat., reser., rheum, sabad., *sacch.*, scor., seneg., sep., sil., *sol.*, spong., stann., staph., sulph., *sympb.*, **thuj.**, thyr., trios., tub., verat., verat-v., vinc., vip., zinc.

Walking Gestures

Bent, shoulders, with: acet-ac., aeth., agar, alum., ambr., arg-met., arg-n., ars., ars-i., asaf., *aur.*, bar-act., bar-c., bar-s., bov., calc., calc-act., calc-s., calc-sil., **carb-v.**, *carc.*, chin., con., *cori-r.*, crat., des-ac., dig., *fol.*, gels., ign., kali-act., kali-br., kali-c., kali-n., kali-p., **lac-c.**, *lac-d.*, lith-c., lith-s., *lyc.*, *m-arct.*, mag-c., nat-m., ph-ac., phos., pic-ac., plb., psor., **puls.**, rad-br., sep., *sil.*, staph., stram., sulph., sumb., syph., tarent., **thuj.**, *triticeg.*, vanil., verat., **zinc.**, zinc-p.

Brisk-erect: adam., aids, *alum.*, ars., ars-i., buteo-j., calc-f., calc-p., camph., carc., *caust.*, chin., choc., cupr., des-ac., dulc., falco-pe., ferr., fl-ac., heroin., hydrog., iod., *irid-met.*, kali-i., kali-s., *kola*, lac-e., *lach.*, lac-h., *lyc.*, med., merc., nat-m., nept-m., nitro., nux-v., op., phos., plat., plut-n., positr., rhus-g., *scor.*, sep., sil., squil., sul-ac., sulph., tarent., tub., verat.

Circle, in: bell., caust., *stram.*, tarent., *thuj.*

Flowing, hands, with: acon., agar, aloe, alum., alum-p., alum-sil., am-c., anac., anag., *androc.*, ant-c., ap-g., *apis*, ara-maca., arg-n., arn., ars., ars-i., ars-s-f., aster., *aur.*, bell., bufo-s., cact., calc-f., calc-p., *cann-i.*, cann-s., *cann-xyꝛ.*, caps., *carc.*, caust., chin., chinin-s., choc., **coff.**, **croc.**, cupr., des-ac., dig., dros., falco-pe., ferr., ferr-p., *fl-ac.*, haliae-lc., hep., hydrog., *hyos.*, *ign.*, iod., kali-c., **lach.**, lac-leo., lyc., lyss., med., merc., *murx.*, naja, nat-c., nat-m., nit-ac., *nux-v.*, *op.*, ozone, pelican, petr., *phos.*, *plat.*, plb., positr., *sars.*, scor., sil., *spong.*, *stram.*, sul-i., sulph., *tarent.*, *teucr.*, thea, tub., **valer.**, *verat.*

Folded, hands, with: agar, *aloe*, alum., alum-sil., ambr., anh., ars., aur., aur-ar., aur-m., *aur-m-n.*, bism., bov., *calc.*, calc-ar., calc-s., calc-sil.,

camph., caps., carb-an., carb-n-s., carc., carl., caust., chin., choc., clem., cocc., crot-c., cycl., falco-pe., ferr., *gels.*, granit-m., *bell.*, hippoz., ign., ind., kali-bi., kali-br., kali-c., kali-p., kali-s., kali-sil., lac-c., lyc., mag-c., mag-m., mag-p., *mang-act.*, mez., *mur-ac.*, naja, nat-c., **nat-m.**, nat-s., nat-sil., olnd., ph-ac., *phos.*, *plat.*, psor., *puls.*, rheum, sang, sep., sil., *stann.*, *staph.*, sulph., thuj., tritic-vg., viol-t., zinc., zinc-p.

Hither and thither, to and fro: asaf., kali-p., merc.

Holding, sideways, with: acon., agar., agra., alco., alum., am-c., *anac.*, *ant-c.*, ant-t., *arn.*, *ars.*, *asaf.*, **aur.**, *bell.*, *bov.*, *brom.*, *bry.*, bufo, calc-f., calc-s., *camph.*, *caust.*, *cham.*, *chr-ac.*, *cina*, *con.*, *croc.*, *cupr.*, dros., dub., *dulc.*, elaps, ferr-p., fl-ac., gal-ac., *hep.*, *hist.*, **hyos.**, **ign.**, *kali-c.*, *kali-chl.*, kreos., *lac-qp.*, **lach.**, *lac-leo.*, lat-m., *lyc.*, lyss., med., **merc.**, mez., *mosch.*, *nat-c.*, *nat-m.*, nat-p., *nat-s.*, *nat-sil.*, *nit-c.*, **nux-v.**, op., **petr.**, *ph-ac.*, *phos.*, *plat.*, plb., *psor.*, *ran-b.*, *rhus-t.*, ruta, *scor.*, sec., *sep.*, sil., spong., squil., *staph.*, *stram.*, sulfon., **sulph.**, **symp.**, syph., tab., **tarent.**, tarent-c., *thuj.*, tub., *verat.*, *verat-v.*, viol-o.

Keeping, hands in pockets, with: agar., alum., am-c., *anac.*, apis, *arn.*, **ars.**, aur., *bar-c.*, bell., borx., *bov.*, *brom.*, bufo, calc., calc-p., caps., carb-v., carc., *caust.*, cench., chin., chinin-ar., cocc., cupr., cycl., der., *dulc.*, *germ-met.*, gran., **graph.**, *haliae-lc.*, *belon.*, hep., heroin., hyos., *ign.*, iod., *ip.*, kali-ar., kali-br., kali-c., *lach.*, *lyc.*, m-arct., *merc.*, mez., mosch., *naja*, nat-m., **nat-sil.**, nit-ac., *nux-v.*, op., *phos.*, *plat.*, plb., plut-n., *podo.*, *sal-fr.*, *sanguis-s.*, *sep.*, sil., staph., stann., stram., **sulph.**, **symp.**, tarent., *thuj.*, tritic-vg., *vanil.*, **verat.**

bent, head, with: *alf.*, alum., ambr., *anac.*, ant-c., **arn.**, **ars.**, aur., aur-i., aur-m., aur-m-n., aven., *brom.*, cact., calc., calc-m., carc., *caust.*, cham., coloc., con., crat., cypr., germ-met., **graph.**, hell., **ign.**, lac-d., *lach.*, lyc., naja, nat-c., **nat-m.**, **nat-sil.**, *nux-v.*, olnd., orni., ph-ac., pic-ac., *plat.*, *puls.*, *sep.*, sil., spong., staph., stram., **sulph.**, **symp.**, thuj., *vanil.*, **verat.**, viol-o., zinc.

hunched, shoulders, with: agn., alf., alum., ambr., am-br., am-m., *anac.*, apis, arg-met., arg-n., arist-cl., *arn.*, *ars.*, asaf., aur., aur-i., aur-m-n., aven., bar-c., cact., *calc.*, calc-ar., caps., carb-n-s., **carb-v.**, carc., caust., chel., *chin.*, chinin-s., *cocc.*, coff., cycl., *dros.*, falco-pe., ferr., ferr-br., *haliae-lc.*, hell., hura, hyos., *ign.*, ins., kali-bi., kali-br., kali-p., kali-sil., *kola*, lac-c., lac-d., **lach.**, lept., lol-t., *lyc.*, m-arct., mang-act., mez., nat-ar., nat-m., nat-p., nat-s., nit-ac., *nux-v.*, passi.,

petr., ph-ac., phos., phyt., *psor.*, *puls.*, *rhus-r.*, *rhus-t.*, **ruta**, sabin., sel., sep., *sil.*, stram., stry., stry-p., sul-ac., *sulph.*, syph., tab., thuj., **verat.**, wye., zinc., zinc-p., zinc-val.

hips, on: *agar.*, am-c., am-m., anac., **ant-c.**, apis, aran., arn., ars., aur., aur-s., bry., calc-p., canth., carb-an., carb-n-s., *caust.*, cench., cham., chel., cina, coloc., *con.*, crot-c., crot-h., dros., dulc., ferr-ma., fl-ac., graph., hell., hyos., ign., kali-bi., kali-br., *kali-c.*, kali-n., lach., lat-m., *lyc.*, mag-c., mag-m., m-arct., m-aust., **merc.**, merc-c., merc-cy., merc-s., naja, nat-m., nit-ac., *nux-v.*, pall., petr., ph-ac., *plat.*, ran-s., sabad., sars., sin-n., sol-ni., spig., spong., staph., stram., sul-ac., *sulph.*, tarent., ther., tub., verat., verat-v.

Long steps, with: adam., aids, alco., apis, **arg-n.**, **ars.**, ars-i., *aur.*, *aur-m-n.*, bry., calc-f., camph., *cann-i.*, cham., *cic.*, *coca*, coff., cortiso., *ferr.*, ferr-p., *fl-ac.*, hep., *ign.*, iod., kali-i., **lach.**, lil-t., lyc., lyss., *mag-c.*, mag-p., med., merc., mygal., naja, nit-ac., *op.*, pall., phos., *podo.*, rhus-t., scor., sep., sulph., tarent., thea, ther., thuj., tub.

Loose: adam., agar, aids, *alum.*, alum-p., am-c., am-m., *anac.*, ant-c., apis, arg-n., arn., asaf., aur-m., aur-m-n., *bar-c.*, *bell.*, bov., bufo, calad., calc., **calc-f.**, calc-s., cann-i., cann-s., caps., caust., *cic.*, coff., *con.*, cortiso., croc., cupr., falco-pe., **fl-ac.**, hep., *hyos.*, ind., kali-c., kali-sil., *lach.*, laur., *lyc.*, *merc.*, *nat-m.*, nit-ac., *nux-m.*, *obnd.*, *op.*, *phos.*, polys., puls., sep., sulph., tarent.

Meditative, head down, hands clasped behind back, with: alum., anh., arn., aur., *aur-m-n.*, caps., carc., *carl.*, caust., *cocc.*, dream-p., elaps, *ferr.*, **hell.**, ign., kali-sil., *kola*, laur., mag-c., mag-m., manc., **mez.**, mur-ac., *nat-m.*, nat-s., **nux-m.**, *nux-v.*, *onos.*, *op.*, *petr.*, ph-ac., psor., *puls.*, pyrid., ran-b., *rhus-t.*, *sep.*, sil., staph., sulph., thuj., viol-o.

Motion, of one hand, with: agar., *aloe*, *anac.*, ang., arg-n., **ars.**, *aur.*, *aur-m-n.*, *aur-s.*, bell., calc., *carc.*, *caust.*, chin., coff., crot-c., cupr., cur., cycl., des-ac., *graph.*, hydrog., *kali-ar.*, *kali-c.*, kali-n., *kali-s.*, *lach.*, lec., **lyc.**, nat-c., *nat-m.*, *nat-sil.*, *nicc-met.*, *nux-v.*, *op.*, plat., plb., sep., sulph., vanil., vult-gr.

Neck, straight, with: *aids*, ars., aster., aur., *aur-m-n.*, bry., calc., calc-ar., calc-f., *calc-p.*, cann-i., **carc.**, **caust.**, *cic.*, *cocc.*, con., des-ac., *falco-pe.*, *fol.*, hydrog., *ign.*, kali-ar., kali-bi., kali-c., *kali-s.*, lac-c., lac-f., lach., lac-h., lac-leo., mang-act., *moni.*, naja, *nat-c.*, *nat-m.*, *nat-sil.*, *nit-ac.*, *nux-v.*, **phos.**, *podo.*, positr., sep., sil., **spong.**, sulph., vanil.

Pacing, measured steps, as if: ambr., anh., *arn.*, *ars.*, aur., *aur-m-n.*, **bar-c.**, *bry.*, buteo-j., cact., **calc.**, calc-p., **carc.**, *caust.*, chel., *chin.*, culx., cupr., **des-ac.**, dros., ferr-p., **gels.**, germ-met., granit-m., *graph.*, ham., hyos., *ign.*, ip., kali-ar., *kali-c.*, kali-bi., lach., lact-v., lith-c., **lyc.**, *mang-act.*, *m-arct.*, nat-c., *nat-m.*, *nux-v.*, *onos.*, op., *petr-ra.*, *ph-ac.*, positr., **puls.**, sanic., **sil.**, staph., *stram.*, *sulph.*, *thuj.*, verat.

Rapid: acon., alco., alum., anac., androc., anh., arg-n., ars., atro-s., aur., aur-s., bell., bufo, calc-hp., *camph.*, cann-i., carbn-s., caust., cemic., cina, cocc., *coff.*, croc., haliae-lc., **hep.**, **hyos.**, *ign.*, irid-met., kali-c., **lach.**, lil-t., lyc., lycps-v., lyss., mang-act., med., **merc.**, morph., *mosch.*, nat-m., nux-m., nux-v., op., *ph-ac.*, *plat.*, pyrog., rhus-t., *sep.*, *stram.*, tarent., *thuj.*, verat.

Slow: abies-n., alum., *ambr.*, am-act., am-c., apis, arg-met., arn., asar., aur., aur-m., bar-act., **bar-c.**, **bar-m.**, *borx.*, *bov.*, **bry.**, *calad.*, **calc.**, **calc-act.**, caps., *carbn-s.*, **carb-v.**, *carc.*, **caust.**, chel., *chin.*, choc., *clem.*, coca, *colch.*, *con.*, *dig.*, *echi.*, **gels.**, **graph.**, guaic., **hell.**, *hydr.*, hyos., *ign.*, **kali-act.**, kali-bi., *kali-br.*, **kali-c.**, kali-m., **kali-p.**, *kali-s.*, *kreos.*, *lac-c.*, lac-h., **laur.**, lec., lith-c., lyc., *mag-c.*, *mag-m.*, merc., mur-ac., *nat-ar.*, **nat-c.**, *nat-m.*, *nat-p.*, *nat-s.*, *nit-ac.*, **nux-m.**, nux-v., *obnd.*, **onos.**, **op.**, **ph-ac.**, phos., **pic-ac.**, **plb.**, *psor.*, **puls.**, *ros-d.*, *seneg.*, *sel.*, **sep.**, **sil.**, *stann.*, *stram.*, sulph., *tab.*, ther., **thuj.**, **thyr.**, *zinc.*, zinc-p., zinc-val.

Swagger walk, broad side display: agar., alco., aloe, alum., anac., apis, arn., ars., aur., aur-m-n., aur-s., *bell.*, caj., calc., calc-f., camph., cann-i., carc., caust., chin., chlam-tr., *cic.*, cupr., elaps, ferr., ferr-ma., fl-ac., graph., hydrog., hyos., ind., kali-i., lach., lil-t., **lyc.**, *med.*, *merc.*, morph., musca-d., nat-c., nat-m., nit-ac., nux-v., **pall.**, petr., phos., **plat.**, plut-n., positr., puls., staph., *stram.*, **sulph.**, tub., valer., vanil., *verat.*, verat-v.

Upright, gracefully: adam., ang., ant-c., apis, *ars.*, aur., *bell.*, caj., calc-f., calc-p., *cann-i.*, *cann-s.*, carc., caust., *chin.*, choc., coloc., cupr., cupr-s., cypr., dros., dulc., dys. co., falco-pe., *ferr.*, ferr-s., gal-ac., germ-met., glon., gran., *grat.*, graph., *lach.*, lat-m., lil-t., **lyc.**, med., *mosch.*, nat-m., nit-ac., neon, nux-v., ozone, pall., petr., *phos.*, **plat.**, podo., rhus-t., sep., staph., *sulph.*, *sumb.*, symph., tarent., tub., *verat.*, verat-v.

Haptics

Hair, twirling gesture: acon., agam., *ambr.*, anac., ang., *ant-c.*, arg-n., arn., *aur.*, bry., calc-p., **cann-i.**, *cann-s.*, cann-xyz., cench., cham., *chin.*,

chlam-tr., clem., cocc., *coff.*, cycl., dream-p., *dulc.*, falco-pe., hydrog., hyos., *ign.*, lac-h., *lach.*, lac-lup., lon-c., maias-l., m-ambo., merc., moni., *morph.*, **nat-m.**, neon, nux-m., nux-v., *olib-sac.*, olnd., **op.**, ozone, **phos.**, positr., propr., puls., rheum, sabad., sep., *sil.*, *spong.*, squil., staph., stram., **sulph.**, thuj., tritic-vg., *tub.*, ulm-c., vanil., *verat.*, verb.

Kissing, head, on: *agar.*, *agath-a.*, aloe, alum., anac., ars., aur., *aur-m-n.*, bar-c., **bell.**, borx., bry., *calc.*, calc-p., carb-an., carb-c., **carc.**, **caust.**, chin., choc., *coff.*, colum-p., *croc.*, *dulc.*, *flan.*, **ham.**, hura, hydr., **hyos.**, *ign.*, *kali-s.*, *lach.*, lec., lil-t., limen-b-c., lyc., *murx.*, nat-c., *nat-m.*, nat-s., nat-sil., nit-ac., *nux-v.*, *olib-sac.*, op., ox-ac., par., ph-ac., **phos.**, plat., podo., positr., **puls.**, rhus-t., seneg., sep., *sil.*, *staph.*, stram., *sulph.*, symph., *tung-met.*, ulm-c., valer., vanil., *verat.*

Steeple, interest, assertiveness, from: adam., *agar.*, *aids.*, *alum.*, aur., *buteo-j.*, *carc.*, *caust.*, choc., cupr., *falco-pe.*, **ferr.**, *irid-met.*, *kola.*, lac-e., lac-h., *lyc.*, merc., nat-m., nept-m., nit-ac., *nux-v.*, op., phos., plat., plut-n., positr., *rhus-g.*, ruta, sulfonam., sulph., symph., vanil., *verat.*

lowered, listening, when: *alum.*, alum-p., alum-sil., *alumn.*, ambr., *am-br.*, am-m., arg-n., **bar-act.**, **bar-c.**, bar-m., *bar-p.*, borx., bry., *calc.*, calc-act., calc-sil., camph., carbn-s., *carb-v.*, *carc.*, carl., *caust.*, coca, cocc., *coff.*, *con.*, dys., *gels.*, *graph.*, *ign.*, *kali-ar.*, *kali-c.*, *kali-p.*, *kali-sil.*, lac-c., lith-c., lyc., mag-c., mag-m., m-arct., moni., naja, *nat-m.*, nux-m., ozone, *nat-c.*, *petr.*, *ph-ac.*, *phos.*, psor., **puls.**, rhus-t., sabin., *sep.*, **sil.**, stann., staph., stront-c., stry., **sulph.**, tarent., thuj., thyr., *tritic-vg.*, valer., zinc., zinc-p.

raised, active communication, in: anh., apis, *ars.*, ars-i., *bell.*, *carc.*, choc., crot-c., des-ac., *falco-pe.*, *iod.*, kali-ar., kali-c., *lach.*, *lyc.*, *merc.*, nat-ar., nat-m., nat-p., nat-s., *nux-v.*, *phos.*, *plat.*, positr., sil., staph., *sul-i.*, *sulph.*, thuj., *tub.*, vanil., zinc., zinc-p., zinc-s.

backward, head tilt with, arrogance, from: *agar.*, alco., alum., anac., androc., ars., asar., aster., aur., bell., *buteo-j.*, *cann-i.*, *caust.*, cench., chin., cic., cina, coca, coloc., crot-c., cupr., *dulc.*, ferr., granit-m., *graph.*, hydrog., *hyos.*, ip., kali-i., kola, **lach.**, lac-leo., **lyc.**, lyss., med., merc., nat-m., nicc-met., nux-v., *pall.*, phos., **plat.**, plb., sabad., scor., sep., staph., **stram.**, **sulph.**, syph., tarent., thuj., *tub.*, **verat.**

Passionate touch, as in love: alco., *anac.*, androc., *ant-c.*, ars., aur., *aur-m-n.*, bar-c., bell., *calc-p.*, *cann-i.*, *cann-s.*, canth., *caps.*, carbn-s., *carb-v.*,

carc., *caust.*, *cench.*, *cocc.*, *coff.*, *con.*, *croc.*, *cupr.*, *cycl.*, *ferr.*, *graph.*, *haliae-lc.*, *hep.*, *hyos.*, **ign.**, *ip.*, *kali-c.*, *kali-i.*, **lach.**, *lac-h.*, *lyc.*, *med.*, *merc.*, *murx.*, *nat-c.*, *nat-m.*, *nat-s.*, *nat-sil.*, *nux-v.*, *op.*, *petr.*, *ph-ac.*, *phos.*, *plat.*, *psor.*, *puls.*, *sabad.*, *sep.*, *stann.*, *staph.*, *stram.*, *sulph.*, *sumb.*, *tarent.*, *thuj.*, *tub.*

Patting, fondling hair, lack of confidence, from: *adam.*, *agar.*, *alum.*, *alum-sil.*, *ambr.*, *am-br.*, *am-c.*, *am-m.*, *aml-ns.*, *anac.*, *anh.*, *aq-mar.*, *arg-n.*, *arist-cl.*, *arn.*, *ars.*, *asar.*, *aur.*, *aur-m-n.*, *bar-act.*, **bar-c.**, *bar-m.*, *beryl.*, *bry.*, *calc.*, *calc-act.*, *calc-f.*, *calc-p.*, *calc-sil.*, *carb-v.*, *carc.*, *chin.*, *choc.*, *cocain.*, *cocc.*, *con.*, *dys.*, *ferr-p.*, *fl-ac.*, *gels.*, *germ-met.*, *haliae-lc.*, *hell.*, *heroin.*, *hydrog.*, *ign.*, *kali-ar.*, *kali-c.*, *kali-p.*, *kali-sil.*, *kola*, *lac-c.*, *lith-c.*, *lyc.*, *mag-c.*, *manc.*, *med.*, *moni.*, *naja*, *nat-ar.*, *nat-c.*, *nat-m.*, *nat-s.*, *nat-sil.*, *oxyg.*, *ozone*, *pall.*, *ph-ac.*, *phos.*, *plb.*, *positr.*, *psor.*, *puls.*, *ran-b.*, *sacch.*, *sacch-a.*, *samb.*, *santin.*, **sil.**, *staph.*, **symp.**, *tab.*, *ther.*, *thuj.*, *tung-met.*, *vanil.*, *zinc.*

Rubbing, hands, anticipation, from: *acon.*, *aeth.*, *am-c.*, *am-m.*, *anac.*, **arg-n.**, **ars.**, *ars-s-f.*, *asaf.*, *aur-ar.*, *bar-c.*, *bar-s.*, *calad.*, **calc.**, *calc-ar.*, *carb-v.*, **carc.**, *caust.*, *chel.*, *chin.*, *chinin-ar.*, *cic.*, *coca*, *cocc.*, *coff.*, *con.*, *cupr.*, *cupr-ar.*, *dig.*, *dys.co.*, *elaps*, *ferr-ar.*, **gels.**, *granit-m.*, **graph.**, *hyos.*, *ign.*, *iod.*, *kali-br.*, *kali-c.*, *kali-p.*, *lac-c.*, **lyc.**, *mag-c.*, *manc.*, *mang-act.*, *m-arct.*, *med.*, *mosch.*, *naja*, *nat-c.*, *nat-m.*, *nat-p.*, *nat-s.*, *nicc-met.*, *nit-ac.*, *nux-v.*, *onos.*, *op.*, *ph-ac.*, *phos.*, *pic-ac.*, **plb.**, *psor.*, **puls.**, *samb.*, **sil.**, *stront-c.*, *sul-ac.*, *sulph.*, *syc.*, *syph.*, *tab.*, *thuj.*, *tub.*, *zinc.*

getting ready, from: *acon.*, *acon-f.*, *adam.*, *agar.*, *aids*, *alco.*, *ant-c.*, *apis*, *arg-met.*, **arg-n.**, *arn.*, **ars.**, *ars-i.*, *aur.*, *aur-ar.*, *aur-i.*, *aur-m.*, **bell.**, *calc-p.*, *cann-i.*, *canth.*, *carbn-s.*, *carc.*, **chin.**, *choc.*, **cic.**, *cina*, *coff.*, *dulc.*, *gels.*, *hydrog.*, *hyos.*, *hyper.*, *ign.*, *iod.*, *irid-met.*, *kali-ar.*, *kali-c.*, *kali-i.*, *kola*, *lach.*, *led.*, *lil-t.*, *lyc.*, *lyss.*, *mag-c.*, *mag-m.*, *med.*, *merc.*, *merc-c.*, *naja*, *nat-ar.*, *nat-m.*, *nat-p.*, *nat-s.*, *neon*, *nux-v.*, *op.*, *ozone*, *pall.*, *phos.*, *podo.*, *positr.*, *prot.*, *scor.*, *sep.*, *sil.*, *spig.*, *spong.*, *staph.*, *stram.*, *sulph.*, *sumb.*, *thea*, **tub.**, *verat.*, *verb.*, *zinc.*, *zinc-val.*

impatience, from: *aloe*, *anac.*, *apis*, **arg-n.**, **ars.**, *aur-i.*, *aur-m-n.*, *bar-c.*, *bry.*, *calc.*, *camph.*, *carb-v.*, *carc.*, *caust.*, *chin.*, *cic.*, *cocc.*, **coff.**, *elaps*, *falco-pe.*, *fl-ac.*, *gels.*, *graph.*, *hyos.*, *ign.*, **iod.**, *kali-p.*, *lac-c.*, **lach.**, *lyc.*, *lyss.*, *med.*, **merc.**, *moly-met.*, *nat-c.*, *nat-m.*, *nux-v.*, *petr.*, *ph-ac.*, *phos.*, *plb.*, *psor.*, *puls.*, *sep.*, *sil.*, *spect.*, *still.*

stront-c., *sulph.*, *ther.*, thuj., tung-met., **verat.**

Rubbing, touching, eye, doubt, from: *acon.*, *aids*, ambr., **anac.**, ant-c., apis, *arn.*, **ars.**, ars-s-f., *aur.*, aur-i., *aur-m-n.*, aur-s., **bar-c.**, *bar-m.*, **bry.**, bufo, cact., cadm-met., *calc.*, *calc-p.*, caps., **cann-i.**, carbn-s., **carb-v.**, carc., caust., **cench.**, *cic.*, *cimic.*, *dig.*, *dros.*, *dulc.*, *graph.*, hell., hyos., *ign.*, **kali-ar.**, kali-br., kali-c., kali-p., kali-s., **lach.**, lac-lup., *lil-t.*, **lyc.**, *lycps-v.*, *med.*, *merc.*, mez., mill., *morph.*, nat-ar., nat-c., nit-ac., petr., rhus-t., scor., sel., sep., *sil.*, *stann.*, staph., **stram.**, nat-m., nat-s., *nit-ac.*, op., **puls.**, rhus-t., **sec.**, *sulph.*, syph., thuj., thyr., *tung-met.*, *verat.*, verat-v.

nose, lying, from: *acon.*, alco., arg-met., arg-n., calc., carb-v., coca, *kola*, lyc., merc., med., **morph.**, nat-m., nux-v., **op.**, plat., puls., scor., sil., staph., sulph., *syph.*, tarent., *verat.*

Postures

Dancing Postures

Bowing, by: alco., *ars.*, aur., aur-m., **calc.**, calc-f., cann-i., *canth.*, **carc.**, *caust.*, *chin.*, **cic.**, coca, **cocc.**, con., fl-ac., **gels.**, haliae-lc., heroin., **iod.**, kali-i., lach., lyc., med., merc., mosch., naja, *nat-c.*, *nat-m.*, nux-m., *nux-v.*, op., phos., plat., **puls.**, sel., *sil.*, *staph.*, sul-ac., sulph., *symph.*, syph., *thuj.*, **tub.**, vanil., *verat.*, *zinc.*

Grotesque: agar., *cic.*, *hyos.*, tarent.

Hands, on waist, with: aeth., *agar.*, alum., anh., arn., **ars.**, ars-s-f., aur., bry., calc., calc-f., *cann-i.*, carbn-s., carb-v., caust., chin., *cic.*, cina, *coca*, cocain., coff., coloc., cupr-s., cur., dros., *dulc.*, ferr-ma., fl-ac., graph., hyos., *kola*, **lach.**, **lyc.**, lycpr., med., **merc.**, methylene blue, myrist., nat-c., nat-m., nicc-met., nux-v., pall., *pb-ac.*, phos., *plat.*, *puls.*, *sep.*, **sil.**, spong., stann., staph., stram., sulph., *syph.*, valer., **verat.**, *verat-v.*, zinc-p.

Jumping and: bell., *cic.*, croc., grat., rob., sec., stict.

Low peripheral movement, with: *acon.*, agar., *aloe*, alum., alum-sil., bamb-a., bar-act., *bar-c.*, beryl., *bry.*, calc-act., calc., calc-f., calc-n., calc-sil., caps., *carb-an.*, **carb-v.**, caust., cocc., coc-c., con., cupr., *dulc.*, ferr., *form.*, germ-met., *graph.*, kali-bi., *kali-c.*, kali-n., *kali-sil.*, lac-c., lach., lith-c., lith-sil., lyc., mag-c., mag-sil., medus., merc., nicc-met., nit-ac., onos., plb., prot., sacch-a., *sil.*, skook., stront-c., thuj., verat., **vip.**

Man, woman's style, in: ars., bell., calc., fl-ac., foll., heroin., lyc., med., phos., *plat.*, **puls.**, sep., sil., staph., thuj.

Moaning, sighing, weeping, alternating, with: agath-a., bell.

Movement of fingers, with: acon., agar., aloe, alum., anac., apis, arg-n., ars., *aur-m-n.*, bell., berb., calc-s., cann-i., carc., *caust.*, *cocain.*, con., crot-c., cupr., dulc., ferr., ferr-p., kali-br., kali-c., *lach.*, lyc., nat-m., **nux-v.**, op., *pall.*, phos., plat., sil., staph., stram., *sulph.*, tub., **verat.**, verat-v., vip.

Slouching, forward lean, with: agn., alco., ambr., am-m., *anac.*, ang., ant-c., *apis*, arg-met., arn., *ars.*, asaf., asar., *aur.*, bry., calad., *calc.*, calc-p., caps., carb-an., **carb-v.**, carl., *caust.*, chel., *chin.*, *cocc.*, coff., coloc., con., cupr., cycl., dig., *dros.*, ferr., *gels.*, graph., *bell.*, hydr-ac., **ign.**, indg., **ins.**, iod., kali-bi., kali-c., kali-n., *kali-p.*, kola, kreos., *lac-ac.*, lac-d., *lach.*, *lyc.*, lyss., mag-c., manc., mang-act., meny., *mez.*, mosch., mur-ac., myric., *nat-c.*, *nat-m.*, *nat-s.*, nit-ac., nux-m., *nux-v.*, olnd., op., *petr.*, **ph-ac.**, phos., pic-ac., plan., plb., *psor.*, *puls.*, rheum, *rhus-t.*, *rhus-t.*, **ruta**, sabad., sabin., sacch., sacch-a., sars., *sel.*, *sep.*, sil., *stann.*, staph., stram., stront-c., sul-ac., *sulph.*, syph., *thuj.*, thymol., uran-n., valer., *verat.*, vinc., visc., xan., *zinc.*, *zinc-p.*

Twist: agar., *agath-a.*, agn., am-c., *androc.*, ant-c., *apis*, *arizon-l.*, aster., *aur.*, bell., bufo-s., cact., calc-f., *cann-xyz.*, *carc.*, chin., chinin-s., *cocc.*, **coff.**, **croc.**, crot-h., cupr., cur., eucal., ferr., ferr-p., *fl-ac.*, *hyos.*, *ign.*, iod., **lach.**, lat-m., lyc., lyss., med., *murx.*, naja, *nux-v.*, op., *pb-ac.*, *phos.*, plat., plb., puls., ruta, *sars.*, sep., sil., *spong.*, *stram.*, *tarent.*, *teucr.*, thuj., tub., **valer.**, *verat.*

Wild: *androc.*, *bell.*, camph., cann-i., carc., lat-h., *lyss.*, scor., tarent., verat.

Woman, hands, open, with: agar., ars., *aur.*, aur-m-n., *aur-s.*, bell., bry., *calc.*, caps., ham., heroin., *lach.*, *lyc.*, lyss., *med.*, merc., *nat-m.*, nit-ac., *nux-v.*, *pall.*, **plat.**, podo., polys., scor., *sil.*, spong., *sulph.*, symph., thuj., *tritac-vg.*, tub., vanil., *verat.*

hands, raised, with: acon., agar., *agn.*, *apis*, aur., *bell.*, buteo-j., calc., *calc-f.*, calc-p., *cann-i.*, *cann-s.*, canth., *caust.*, cench., *chin.*, coff., con., *croc.*, *fl-ac.*, *graph.*, haliae-lc., **hyos.**, ign., kali-br., *lach.*, lac-h., lac-leo., lil-t., *lyc.*, lyss., med., *merc.*, *murx.*, *nat-m.*, *nit-ac.*, **nux-v.**, op., **phos.**, **plat.**, *plb.*, puls., *sabin.*, sal-fr., *staph.*, *stram.*, sulph., *syph.*, tarent., tub., **verat.**

sitting, while: *agar.*, *anac.*, *ars.*, *bar-c.*, *bell.*, *calc-f.*, *cann-i.*, *cham.*, *chin.*, *cic.*, *cina*, *cupr.*, *ferr.*, *ferr-ma.*, *graph.*, *hyos.*, *kali-br.*, *kola*, *lach.*, *lyc.*, *med.*, *merc.*, *nat-m.*, *nat-s.*, *nit-ac.*, *nux-v.*, *pall.*, *ph-ac.*, *phos.*, **plat.**, *plb.*, *puls.*, *senec.*, *sep.*, *stram.*, **sulph.**, *tarent.*, *tarent-c.*, *thuj.*, *tub.*, *verat.*, *zinc.*

Driving Postures

Car

Fast: *agar.*, *agar-ph.*, *alco.*, *allox.*, *ant-c.*, *arg-n.*, *ars.*, *ars-i.*, *ars-s-f.*, *aur-m.*, *aur-i.*, *bar-i.*, *bell.*, *calc-f.*, *cann-i.*, *cann-s.*, *carb-an.*, *carbn-s.*, *coff.*, *culx.*, *digin.*, **dulc.**, *falco-pe.*, *galla-q-r.*, *gins.*, *graph.*, *hydrog.*, *haliae-lc.*, *kali-i.*, *lac-h.*, *lach.*, *lil-t.*, *lyss.*, **med.**, **merc.**, *mosch.*, **nat-m.**, *nat-s.*, *nicc-met.*, *nid.*, *nuph.*, *nux-v.*, *sacch-a.*, *sil.*, *stram.*, **sul-ac.**, **sul-i.**, **sulph.**, *sumb.*, **tarent.**, *thal-met.*, *thuj.*, *tub.*, *verat.*, *zinc.*, *zinc-p.*

Single hand, with: *agar.*, *alco.*, *aloe.*, *ars.*, *bell.*, *calc-f.*, *cann-i.*, *con.*, *cupr.*, *ferr.*, *ferr-ma.*, *glon.*, *hyos.*, *lach.*, *lyc.*, *nat-m.*, *op.*, *pall.*, *phos.*, *plat.*, *plb.*, *stram.*, *sulph.*, *verat.*

Sitting, near a steering wheel, while: *acon.*, *alum.*, *alumn.*, *alum-p.*, *alum-sil.*, *ambr.*, *arg-n.*, **ars.**, *ars-s-f.*, *aur.*, *aur-ar.*, *aur-caust.*, *aur-i.*, *aur-m-n.*, *aur-s.*, *bar-ar.*, **bar-c.**, *bar-i.*, *bar-p.*, *bar-s.*, *borx.*, **bry.**, *cact.*, **calc.**, *calc-ar.*, *calc-p.*, *calc-sil.*, *carb-v.*, **carc.**, *carl.*, **caust.**, *cere-b.*, *chin.*, *coca*, *cocc.*, *coff.*, *con.*, *cupr.*, *cycl.*, *des-ac.*, *dig.*, **gels.**, *graph.*, *ign.*, *kali-ar.*, *kali-bi.*, **kali-c.**, *kali-p.*, *kali-sil.*, *lac-c.*, *lac-d.*, *lac-f.*, *lith-c.*, **lyc.**, *mag-c.*, *mag-m.*, *m-arct.*, *med.*, *merc.*, *naja*, **nat-c.**, *nat-m.*, *nat-sil.*, *ox-ac.*, *ph-ac.*, *phos.*, *pip-m.*, *plb.*, *psor.*, **puls.**, *sel.*, *sep.*, *sil.*, *spirae.*, *stann.*, *sulph.*, *tarent.*, *thuj.*, *thyr.*, *tub.*, *valer.*, *viol-o.*, *viol-t.*, *zinc.*, *zinc-p.*

Slow: *abies-n.*, *aids*, *alum.*, *ambr.*, *anac.*, *asar.*, *bar-act.*, **bar-c.**, *beryl.*, **bry.**, *calc.*, *calc-act.*, *cann-i.*, *carbn-s.*, *carb-v.*, *carc.*, *caust.*, *chin.*, *cic.*, *cocc.*, **con.**, *cycl.*, *esp-g.*, *fago.*, *form.*, *galeoc-c-h.*, *gels.*, *graph.*, **hell.**, *kali-act.*, *kali-bi.*, *kali-c.*, *kali-m.*, *kola*, *kreos.*, *lact-v.*, **lec.**, *lith-c.*, *lyc.*, *manc.*, *mang-act.*, *meny.*, *nat-c.*, *nat-m.*, *nux-m.*, *olnd.*, *onop.*, *onos.*, *op.*, *ph-ac.*, *pic-ac.*, *plb.*, *psor.*, *puls.*, *puls-n.*, *raja-s.*, *sal-p.*, *sanic.*, *sarr.*, **sep.**, *sil.*, *stront-c.*, *sul-ac.*, *sulfon.*, **sulph.**, *tell.*, *thala.*, *thyr.*, *zinc.*, *zinc-p.*, *zinc-val.*

Scooter

Erect posture, with: *agar*, aq-pet., arn., ars., ars-i., aur., *cann-i.*, carb-n-s., *caust.*, chin., cic., *coca*, coff., crot-h., cupr., cupr-s., cur., dig., dros., falco-pe., *ferr.*, ferr-ma., fl-ac., hell., hyos., *kola*, lac-f., *lach.*, **lyc.**, *lycpr.*, med., merc., methylene blue, myris., nat-c., nicc-met., **nux-v.**, *op.*, pall., phys., *plat.*, podo., rheum, scor., staph., stram., sul-i., **sulph.**, sumb., *sypb.*, thuj., valer., **verat.**, zinc-p.

Hanging, feet, with: *agar*, agn., *alum.*, am-c., **anac.**, ant-c., **arg-n.**, ars-s-f., bar-c., *bell.*, bufo, calad., calc-f., cann-i., *caust.*, choc., cocain., con., cortico., crot-h., cupr., daph., dulc., falco-pe., fl-ac., guaj., *hyos.*, ind., kali-br., kali-m., *lach.*, laur., *lyc.*, lyss., merc., morph., mur-ac., nat-ar., nux-m., *nux-v.*, olnd., plb., *phos.*, prot., rhod., ruta, sabad., sanic., sec., **stram.**, sulph., symph., **tarent.**, thuj., thymol., verat.

Hunched posture, in: *acon.*, alum., *ambr.*, *anac.*, apis, **arg-n.**, *arn.*, **ars.**, ars-i., *ars-s-f.*, **bar-c.**, **bell.**, **borx.**, *bry.*, *calc.*, *calc-sil.*, cact., *camph.*, caps., *carb-an.*, *carb-v.*, carc., *caust.*, cham., *chlol.*, cic., *cina*, *cit-ac.*, coloc., *dig.*, dulc., *erig.*, *euphr.*, **graph.**, hep., *hyos.*, *ign.*, iod., ip., kali-ar., kali-bi., kali-br., *kali-c.*, kali-i., *kali-p.*, kali-sil., *lach.*, **lyc.**, *mag-c.*, med., *meph.*, **nat-ar.**, **nat-c.**, *nat-m.*, *nat-sil.*, *nit-ac.*, **nux-v.**, *op.*, *petr.*, ph-ac., *phos.*, plat., psor., *puls.*, *sabad.*, *samb.*, scor., scroph-n., *scut.*, **sep.**, *sil.*, **stram.**, *staph.*, *sulph.*, tarent., **tub.**, zinc.

Leaving, front space on seat, with: *acon.*, aesc., aeth., *agar.*, alco., aloe, alum., am-c., am-m., aml-ns., ang., ant-c., anth., ant-t., *arn.*, ars., *aur.*, *bell.*, brom., bry., cact., calc-f., calc-i., calc-p., camph., **cann-i.**, cann-s., canth., caps., carb-ox., *carb-n-s.*, carb-v., chin., cic., coca, **coff.**, con., *croc.*, cupr., dros., *ferr.*, ferr-ar., ferr-i., ferr-p., *fl-ac.*, haliae-lc., **hyos.**, *ign.*, iod., kali-br., kiss., **lach.**, lyc., lyss., m-arct., **merc.**, merc-i-f., mosch., murx., naja, *nat-c.*, nicc-met., *nux-m.*, **op.**, *orig.*, *phos.*, *plat.*, *puls.*, *sacch-a.*, sil., staph., *stram.*, sulfon., sulph., sumb., *tarax.*, *tarent.*, vanil., *verat.*, verb., zinc.

Single, handedly: *acon.*, *agar.*, *alum.*, am-c., *anac.*, arn., *bell.*, bufo, calad., calc-f., cann-i., caust., cham., cocain., con., *fl-ac.*, guaj., *hyos.*, kali-br., *lach.*, *lyc.*, m-arct., *merc.*, mez., *nat-m.*, nit-ac., nux-m., *nux-v.*, *olnd.*, *op.*, *phos.*, plat., squil., sulph., tarent., tub., verat.

Stretched, hands, with: *agar.*, alum., *anac.*, androc., ant-c., arg-n., *arn.*, ars., ars-s-f., *asaf.*, **aur.**, *bell.*, borx., *bov.*, brom., bry., calc-s., *camph.*, carc., *caust.*, cham., cina, con., crot-h., cupr., dulc., *hep.*, *hist.*,

hydrog., **hyos.**, **ign.**, kali-ar., *kali-c.*, kali-br., *kali-chl.*, lac-cp., lac-leo., *lach.*, *lyc.*, *merc.*, *mosch.*, nat-ar., *nat-c.*, *nat-m.*, *nat-sil.*, *nit-ac.*, **nux-v.**, **petr.**, *ph-ac.*, *phos.*, *plat.*, positr., *psor.*, *ran-b.*, *rhus-t.*, sabad., scor., *sep.*, *sil.*, *staph.*, *stram.*, **sulph.**, **symp.**, **tarent.**, *thuj.*, tub., *verat.*, *verat-v.*

Pranam: The Indian Namaskar

Namaste by hands

Backward, movement of neck, with: anac., *ars.*, aur., *aur-m-n.*, aur-s., *bell.*, calc-f., calc-s., caust., chin., *cic.*, cupr., ferr., *ferr-ma.*, graph., hep., hyos., ip., **lach.**, lac-leo., *lyc.*, *nat-m.*, nat-s., *nux-v.*, pall., phos., **plat.**, puls., sil., staph., stram., sulph., *tarent.*, *thuj.*, *verat.*, *verat-v.*

Benediction gesture: anh., aur., bov., calc., *calc-p.*, cann-i., carb-v., **carc.**, **caust.**, coff., des-ac., *falco-pe.*, *foll.*, hell., *hippoc-k.*, hydrog., *ign.*, kali-bi., kali-c., kali-s., *lac-h.*, *lach.*, *lyc.*, mag-c., mag-m., naja, *nat-c.*, *nat-m.*, *nat-sil.*, *nit-ac.*, *nux-v.*, nuph., *olib-sac.*, *op.*, ph-ac., **phos.**, plb., *podo.*, positr., puls., sil., **spong.**, staph., sulph., sumb., *thuj.*, *tritic-vg.*, *tung-met.*, *vanil.*

Bowing, praying, with: aeth., agar., alum., ambr., anh., *ars.*, aur., aur-m-n., **bar-c.**, *bar-m.*, *bell.*, brass., calad., **calc.**, *canth.*, carb-an., carb-v., **carc.**, *caust.*, *chin.*, *cic.*, cocc., con., des-ac., euph., falco-pe., *gels.*, hippok-k., *iod.*, **ign.**, irid-met., kali-c., kreos., lac-ac., lac-h., mur-ac., *nat-c.*, *nat-m.*, nat-s., nux-m., *nux-v.*, op., pelican., ph-ac., phos., pic-ac., plb., positr., *puls.*, rhus-t, seneg., *sil.*, spig., *staph.*, stram., *symp.*, *thuj.*, thyr., tub., *verat.*, zinc.

Face to face: **acon.**, agar., agar-ph., alco., allox., *anac.*, *apis*, **arg-n.**, arn., **ars.**, **ars-i.**, ars-s-f., *aur.*, aur-i., bar-c., bar-i., bar-s., **bell.**, bism., bry., calad., calc., calc-ar., calc-f., calc-i., calc-s., calc-sil., canth., carb-ac., caust., *cham.*, coloc., croc., crot-c., crot-h., *cupr.*, **dig.**, digin., fl-ac., graph., hell., **hep.**, hydr., *hyos.*, *ign.*, kali-c., **kali-s.**, kreos., *lach.*, *lyc.*, lyss., *med.*, *merc.*, mosch., murx., nat-ar., nat-m., *nat-s.*, nicc-met., nit-ac., nux-m., *nux-v.*, pall., *plat.*, scor., sep., **spong.**, staph., *stram.*, sul-ac., sul-i., sulph., *tarent.*, thala., zinc-p., zinc-val.

Greeting, raising the hands in air, above the head, by: am-m., anac., *ars.*, *aur.*, aur-s., bell., bry., bufo, calc., calc-s., cann-i., caps., carc., caust., chin., coff., crot-c., cupr., dros., *falco-pe.*, ferr., ferr-ma., fl-ac.,

germ-met., granit-m., hep., hydrog., hyos., *ign.*, kali-c., kali-i., **lach.**, lac-leo., led., *hyc.*, mang-act., m-arct., m-aust., med., merc., mosch., *nat-c.*, *nat-m.*, nicc-met., *nit-ac.*, *nux-v.*, op., pall., petr., phos., **plat.**, plb., plut-n., polys., positr., scor., sil., stann., *staph.*, stram., sulph., tarent., thuj., tub., **verat.**

Kneeling, kowtowing, a gesture of respect: alum., anac., *aur.*, *bar-c.*, bell., borx., *calc.*, *calc-sil.*, *carb-v.*, **carb.**, caust., cere-s., *des-ac.*, *fol.*, *gels.*, ign., ind., kali-c., kiss., *lac-c.*, *lac-d.*, lach., *hyc.*, lyss., *mag-m.*, mang-act., *m-arct.*, med., nat-s., op., *phos.*, *puls.*, *sacch.*, sec., sel., *sil.*, *staph.*, *stram.*, sul-ac., sulph., thuj., *zinc.*

Movement of head, with: acon., agar., alco., anac., ant-c., apis, arg-n., ars., asar., aur., bell., bufo, cann-i., coloc., cupr., cupr-s., ferr., ferr-ma., ferr-s., fl-ac., glon., gran., *hyos.*, ign., kali-i., kali-s., *kola*, *lach.*, lil-t., *hyc.*, mag-s., meph., merc., **morph.**, mosch., nat-m., nit-ac., nit-ox., nux-v., **op.**, *pall.*, par., **phos.**, **plat.**, plb., puls., rob., sabad., sec., *staph.*, *stram.*, *sulph.*, *syph.*, *tarent.*, ther., thuj., *verat-v.*, *verat.*

Noble postures: alum., alum-p., alum-s., ambr., amph., arg-met., arg-p., arn., ars., ars-i., asar., *aur.*, aur-ar., aur-m., aur-m-n., bar-act., *bar-c.*, bar-m., bar-p., borse., bov., calc., calc-ar., calc-p., calc-sil., cann-i., cann-s., caps., carb-an., **carb-v.**, *carb.*, castm., caust., cedr., chim-m., chinin-m., cocc., coff., croc., cycl., cypr., des-ac., *fol.*, *gels.*, hydr., ign., kali-ar., kali-c., kali-p., kali-sil., kiss., **lac-c.**, *lac-d.*, lact-v., lith-c., *hyc.*, mag-c., manc., mang-act., *m-arct.*, murx., nat-ar., *nat-c.*, nat-m., nat-p., nux-m., op., pall., ph-ac., phos., plat., psor., **puls.**, rhus-t., sep., sil., spong., staph., stront-c., sumb., tax., **thuj.**, *tritic-vg.*, vanad., vanil., **zinc.**

Single or two fingers of hands, only, with: agar., ambr., anac., ars., ars-s-f., aur., *aur-m-n.*, bell., bry., bufo, calc-f., cann-i., carb-an., carb-v., chin., cina, coloc., con., *cupr.*, dulc., fl-ac., granit-m., graph., hep., hyos., *lach.*, **lyc.**, marb-w., med., merc., mosch., *nat-m.*, nit-ac., nux-v., *op.*, pall., petr., phos., plat., psor., puls., rheum, *sacch-a.*, sep., sil., staph., sulph., *tarent.*, thuj., tub., verat.

Sitting on chair, while: bell., calc., calc-s., carb-v., cupr., ferr., ferr-ar., *ferr-ma.*, ferr-p., lac-ac., lach., *hyc.*, marb-w., nat-m., nux-v., *pall.*, phos., **plat.**, staph., sulph., *verat.*

Postures of Touching the Feet

Noble postures: adam., aeth., aids, ambr., aur., aur-ar., aur-m., aur-s., calc., *calc-p.*, **carc.**, carl., *caust.*, *cic.*, cocc., *des-ac.*, *dulc.*, falcope., haliae-lc., hell., *hydrog.*, *ign.*, kali-c., lach., lyc., manc., marb-w., *nat-c.*, *nat-m.*, nat-sil., *nit-ac.*, nuph., **phos.**, plat., **puls.**, sacch-a., **sil.**, spong., sumb.

Partial bowing, waist, by: *agar.*, *alum.*, *alumin-sil.*, anac., *arg-n.*, *ars.*, asaf., *bar-act.*, **bar-c.**, *bar-m.*, bar-i., bufo, *calc.*, calc-ar., calc-f., calc-i., *calc-sil.*, *carbn-s.*, *carc.*, caust., *cocc.*, *con.*, coff., *cur.*, *graph.*, **hell.**, **ign.**, kali-act., kali-c., *kali-sil.*, kali-s., kiss., *kola.*, lac-c., *lac-lup.*, **lach.**, *lyc.*, *m-arct.*, m-aust., *merc.*, *mez.*, *moni.*, *naja*, *nat-m.*, nat-sil., *nux-m.*, **onos.**, **op.**, **petr.**, *phos.*, *psor.*, *puls.*, *sep.*, *sil.*, *stann.*, *sulph.*, **symp.**

Sashtang pranam: *alum.*, ambr., anac., ang., anh., *arg-n.*, arn., *ars.*, asar., *aur.*, *aur-m.*, bamb-a., bar-c., bar-m., *bell.*, borx., *calc.*, *calc-sil.*, cann-i., *carb-v.*, *carc.*, caust., cere-s., *chel.*, *cic.*, cocc., *des-ac.*, *graph.*, hell., hydrog., **hyos.**, *ign.*, ind., kali-c., *kali-p.*, kiss., lac-c., **lach.**, **lil-t.**, **lyc.**, lyss., mag-c., m-arct., *med.*, *mez.*, mosch., murx., *nat-c.*, *nat-m.*, *olib-sac.*, op., ozone, ph-ac., phos., positr., *psor.*, puls., rhus-t., sacch-a., sec., sep., *sil.*, spong., stann., staph., **stram.**, sul-ac., **sulph.**, sumb., thuj., **verat.**, **zinc.**

Squatting posture, by: aids, ambr., anh., *aur.*, calc., calc-sil., *carb-v.*, *carc.*, *caust.*, cocc., *des-ac.*, *fol.*, haliae-lc., hydrog., irid-met., kali-ar., kali-p., kali-sil., lac-ac., *lac-c.*, *lac-d.*, lac-leo., *lyc.*, *m-arct.*, mag-c., mag-m., mag-sil., ozone, phos., positr., **puls.**, *sil.*, *staph.*, stram., sulph., thuj., *zinc.*

Standing, by: anac., ars., bar-c., cact., calc., calc-f., caust., cham., chin., cupr., fl-ac., graph., grat., hyos., ip., kali-br., kola, *lach.*, **lyc.**, mang-act., med., merc., nat-m., nat-s., nux-v., *pell.*, ph-ac., **plat.**, plb., positr., puls., sep., sil., staph., stram., **sulph.**, tarent., tarent-c., *verat.*, *verat-v.*, zinc.

Sitting Styles

Band the hands on knees, with: alum., apis, bar-c., bar-s., calc-s., *caust.*, *ign.*, *kali-ar.*, *kali-c.*, *lach.*, *lyc.*, med., *naja*, *nat-c.*, nat-m., ph-ac., phos., sil., sulph., tarent., vip., zinc.

Banded, pillow, in hands, with: anac., aur., *bell.*, bry., buteo-j., cann-i., *carc.*, *caust.*, choc., coff., *des-ac.*, falco-pe., haliae-lc., irid-met., kola, lach., *lyc.*, nat-m., *nux-v.*, *phos.*, plat., positr., sul-i., sulph.

Desk drawer movements, with: anac., apis, arn., **ars.**, ars-i., aur., *aur-m-n.*, bry., calc., calc-f., *carc.*, *caust.*, chin., cinch., cupr., des-ac., falco-pe., dros., ferr., lach., lyc., m-arct., med., merc., mygal., **nux-v.**, phos., **plat.**, plb., scor., sil., sulph., tarent., **verat.**, vitis-v.

Edge of the chair, on: *acon.*, adam., agar., alum., **arg-n.**, *ars.*, ars-i., ars-s-f., aur., aur-m-n., bar-c., *bell.*, bry., calc-f., calc-p., *camph.*, cann-i., *carb-n-s.*, *carc.*, chin., choc., cina, cimid., cocc., *coff.*, *croc.*, *crot-c.*, cupr., **dulc.**, *falco-pe.*, fl-ac., *hep.*, hyos., *ign.*, *iod.*, kali-ar., *kali-c.*, kola, lac-cp., *lach.*, **lil-t.**, lyc., lycps-v., lysss., mag-m., m-arct., **med.**, **merc.**, mez., moly-met., naja, op., *nat-m.*, nat-p., *nit-ac.*, *nux-v.*, *ph-ac.*, phos., positr., prot., *puls.*, rhod., rhus-t., sec., *sil.*, spig., staph., *stram.*, **sul-ac.**, **sulph.**, sumb., **tarent.**, ther., verat., verb., xen., zinc., zinc-val.

Extreme relaxation posture, upright sitting, legs apart and hands on thighs, with: act-sp., *agar.*, alco., anac., androc., apis, aq-mar., arizon-l., ars., aster., aur., aur-s., bar-s., bell., bufo, calc-f., cann-i., *caust.*, cench., cic., cina, coloc., cupr., dulc., ferr., ferr-ma., fl-ac., granit-m., *graph.*, hep., *hyos.*, ignis-alc., *iod.*, *ip.*, kali-i., kali-s., *lach.*, lil-t., **lyc.**, lysss., marb-w., med., merc., *nat-m.*, nat-s., nicc-met., nit-ac., nitro-o., *nux-v.*, *pall.*, *phos.*, **plat.**, plb., podo., positr., sabad., sec., sep., *staph.*, *stram.*, sul-i., **sulph.**, tarent., tax., tub., valer., vanil., **verat.**, *verat-v.*

Fidgetting, while: agar., aloe, alum., am-c., antip., apis, **ars.**, aur-ar., cact., *carl.*, *caust.*, *chin.*, *chinin-ar.*, cimid., cimx., cocc., coloc., *cupr.*, *dulc.*, *ferr-ar.*, ferr., germ-met., graph., hydr-ac., hydrog., indg., *iod.*, kali-ar., kali-br., *kali-c.*, kali-n., *kali-p.*, lil-t., lol-t., **lyc.**, mag-c., mag-p., med., merc., mosch., naja, *nat-m.*, *nit-ac.*, **nux-v.**, phos., *phyt.*, *plat.*, plut-n., positr., prun., *puls.*, rhod., **rhus-t.**, ruta, sep., *sil.*, *stamm.*, staph., **stram.**, sul-i., sulph., symph., **tarent.**, tub., tung-met., vip., **zinc.**, *zinc-p.*, *zinc-s.*, *zinc-val.*

conversation, from: ambr.

Folded

hands on folded knees, with: adam., agn., alum., am-br., *am-c.*, anh., arg-n., *bar-c.*, *bell.*, bry., calc., calc-sil., carb-v., *carc.*, *caust.*, *chin.*, *con.*, des-ac., dros., falco-pe., *gels.*, graph., haliae-lc., hell., hydrog., kali-c.,

kali-p., lac-h., lith-c., lith-p., *lyc.*, nat-c., nat-m., *nux-m.*, olib-sac., *op.*, ph-ac., *phos.*, pic-ac., **puls.**, *rhus-g.*, sabin., *sil.*, stann., *staph.*, tab., vanil., *verat.*, w-rose.

leg, at knee and other at breast, with: adam., agar., aloe, am-c., am-m., am-s., **anac.**, anan., ang., **ars.**, aster., *aur.*, aur-m-n., aur-s., bar-c., *bell.*, *borx.*, cadm-i., calc., calc-s., caust., cench., *cham.*, cic., crot-c., *cupr.*, *dros.*, dulc., falco-pe., fl-ac., *hep.*, heroin., hydrog., **hyos.**, ign., iod., kali-c., kali-i., kola, *lac-c.*, **lach.**, lac-h., lac-leo., *led.*, *lil-t.*, luna, **lyc.**, mang-act., med., merc., *nat-c.*, nat-m., *nit-ac.*, **nux-v.**, *op.*, *ph-ac.*, phos., plat., plb., plut-n., polys., positr., scor., sec., sep., *staph.*, *stram.*, tarent., thuj., **tub.**, vip., zinc.

Foot, on other, knee between two arms, a shocked gesture: agar., alco., **alum.**, am-c., anac., androc., **arg-n.**, *ars.*, *ars-i.*, *aur.*, aur-m-n., bell., camph., cann-i., carc., caust., cench., cham., chin., *cic.*, cina, *cocc.*, coff., cupr., **hep.**, **hyos.**, hyper., ictod., *ign.*, *iod.*, kali-ar., kali-i., *lach.*, *lyc.*, lyss., *med.*, merc., *nat-s.*, nit-ac., *nux-v.*, *op.*, petr., phos., *plat.*, plut-n., **podo.**, *rhus-t.*, *staph.*, *stram.*, tarent., tub.

Knees, crossed, with: adam., aeth., aether, agath-a., *alum.*, ant-t., aramaca., *ars.*, aur., bapt., both., bry., caps., carb-v., caust., *cham.*, *chel.*, *chin.*, *choc.*, *cic.*, *cocc.*, *coff.*, colum-p., cur., cycl., ferr-p., gels., gins., gran., *haliae-lc.*, *bell.*, hydr-ac., *hydrog.*, *hyos.*, *lac-h.*, laur., lyc., mag-s., manc., *moni.*, morph., mosch., mur-ac., naja, nat-c., nat-m., nat-p., *neon*, *olib-ac.*, onos., **op.**, **ph-ac.**, phos., *plat.*, *plut-n.*, *positr.*, psor., *sal-fr.*, seneg., **sep.**, *sil.*, *spect.*, stann., *staph.*, sul-ac., tab., ter., thyr., tung-met., *verat.*, zinc.

Leg, over arm of chair, with: am-c., ant-c., arg-n., *ars.*, aster., bell., cact., carc., *caust.*, cham., cina, coff., ferr., ferr-ma., ferr-s., *graph.*, hott-p., *hyos.*, iod., *ip.*, kali-i., *lach.*, lac-leo., lil-t., **lyc.**, med., nat-m., nit-ac., *pall.*, petr., ph-ac., **plat.**, ran-b., *rhus-t.*, rob., sep., *sil.*, *staph.*, *stram.*, **sulph.**, tarent., tub., valer., **verat.**, *verat-v.*

Legs, apart, with: absin., acon., act-sp., *agn.*, am-c., *anac.*, anan., *ant-c.*, *apis*, ara-maca., aster., banis-c., bar-m., *bell.*, bov., bufo, *calc.*, calc-f., camph., *cann-i.*, *cann-s.*, *canth.*, carb-v., carc., cench., *chin.*, con., croc., fl-ac., *graph.*, **hyos.**, *iod.*, kali-br., lach., lac-h., lil-t., *lyc.*, med., *merc.*, merc-c., murx., nat-c., *nat-m.*, *nit-ac.*, *nux-v.*, *op.*, orig., ph-ac., **phos.**, **plat.**, *plb.*, puls., *sabin.*, **sec.**, sel., *staph.*, **stram.**, sulph., sumb., *tarent.*, thuj., *tub.*, ust., **verat.**, vip.

Lincolnesque position: ara-maca., *ars.*, bell., calc., calc-f., calc-p., carc.,

choc., coff., ferr., ferr-p., fl-ac., haliae-lc., hydr., hydrog., iod., kali-c., kali-s., **lach.**, lac-del., lac-h., lup., lyc., *nep.*, nux-v., ozone, **phos.**, scor., sep., sil., stram., *sulph.*, *tritic-vg.*, tub., tung-met., visc.

Mirroring each other, equality of status: alco., am-c., am-m., anac., ant-c., ars., aur., *aur-s.*, bell., bry., calc-f., calc-p., calc-s., **carc.**, **caust.**, cham., chin., choc., cina, coloc., crot-c., cupr., dros., *dulc.*, elaps, *falco-pe.*, *foll.*, *ham.*, hep., *ign.*, *kali-i.*, *kola.*, kreos., lac-e., lach., mag-c., mag-m., med., merc., naja, nat-ar., *nat-m.*, nat-p., nit-ac., nux-v., pall., petr., phos., plat., plb., *pod.*, positr., prot., *puls.*, scor., sep., *spong.*, **staph.**, sulph., syc., syph., thyr., tub., verat., vip.

Rested, elbows, on bent knees, face between the hands, with a gesture of dilemma: act-sp., adam., agar., alum., alum-p., alum-sil., am-c., *anac.*, androc., ang., anh., apis, aran-ix., *arg-n.*, ars., *aur.*, aur-ar., bar-act., **bar-c.**, bar-m., bry., calc., *calc-sil.*, carb-an., carbn-s., carb-v., *carc.*, caust., chel., chin., *cocc.*, coff., *coli.*, con., cupr., *cur.*, cycl., dig., ferr., ferr-ar., ferr-p., graph., *bell.*, **ign.**, kali-s., *kola*, *lach.*, lac-lup., lyc., *m-arct.*, mag-c., mag-s., mang., med., *merc.*, mez., moni., naja, *nat-m.*, nit-ac., nux-m., onos., *op.*, *petr.*, phos., *psor.*, *puls.*, rheum, ruta, sabad., scor., *sep.*, *sil.*, stann., staph., stram., stront-c., *sulph.*, *sympb.*, thuj.

Rocking, swinging, chair, in: *adam.*, *aids*, *alum.*, arizon-l., *buteo-j.*, *carc.*, choc., *falco-pe.*, ferr., haliae-lc., *irid-met.*, *kola*, *lyc.*, nept-m., nux-v., *op.*, *plat.*, plut-n., polys., positr., *rhus-g.*, ruta, spong, sulph., symph., vanil., *verat.*

Stooped, sagged: *adren.*, aeth., alum., am-m., *anac.*, aq-mar., **ars.**, **aur.**, *aur-m-n.*, *aur-s.*, *bell.*, cadm-met., *calc.*, cann-xyz., carb-v., *carc.*, **caust.**, *chin.*, cimid., *cocc.*, coff., colch., coloc., **con.**, crot-c., cycl., diph-t-tpt., *dros.*, *gels.*, granit-m., graph., **hell.**, hipp., hippoc-k., hyos., **ign.**, *infl.*, iod., *kali-br.*, *kali-c.*, kali-p., kali-s., lac-c., *lach.*, **lec.**, lept., lil-t., *lyc.*, mag-m., manc., mang-act., merc., mez., mur-ac., murx., *nat-c.*, **nat-m.**, nit-ac., **nux-m.**, nux-v., olnd., *op.*, pall., **ph-ac.**, *phos.*, phys., plat., **psor.**, ptel., **puls.**, *rhus-t.*, sel., sep., *sil.*, *stann.*, *staph.*, stront-br., stry., sul-ac., sulph., symph., thuj., *tritic-vg.*, vanil., verat., *viol-o.*, *viol-t.*, zinc.

Straddling, chair: alco., *anac.*, *arn.*, ars., ars-s-f., **asaf.**, **aur.**, bamb-a., *bell.*, *brom.*, bry., *campb.*, caps., carbn-s., *caust.*, *cere-s.*, **cham.**, chin., *cina*, con., cupr., *dul.*, ferr., ferr-ma., gal-ac., *bep.*, *hist.*, hydrog., **hyos.**, *ign.*, *kali-c.*, *kali-chl.*, *lac-ep.*, **lach.**, *lac-leo*, *lyc.*, *lyss.*, med., *merc.*, *mosch.*, *nat-c.*, *nat-m.*, *nat-sil.*, nit-ac., *nit-s-d.*, **nux-v.**, *petr.*, *ph-ac.*, *phos.*, *plat.*, plb., **rhus-t.**, *sep.*,

spig., *staph.*, *stram.*, **sulph.**, **symp.**, **tarent.**, *thuj.*, tub., *verat.*, verat-v.

Tilting, neck, with: aether, *agath-a.*, alco., alum., androc., arg-met., bar-c., *bry.*, calc-f., cann-i., *caps.*, choc., *cic.*, cocc., *coff.*, **croc.**, falco-pe., fl-ac., **ign.**, *kali-i.*, *lach.*, lyc., *nux-m.*, *op.*, *phos.*, plat., *podo.*, spong., sulph., sumb., *tarent.*, thea, verat.

Sleeping Postures

Abdomen, on: abrot., acet-ac., *aloe*, alum., alum-sil., ambr., am-c., ant-c., aq-mar., arge-pl., arn., ars., aster., aur-m-n., bar-c., *bell.*, *bell-p.*, beryl., *bry.*, bufo, cadm-s., *calc.*, calc-act., calc-f., calc-m., calc-n., *calc-p.*, calc-sil., caps., carb-an., carb-v., carc., caust., cina, cocc, coc-c., *coloc.*, con., crot-t., cupr., dulc., falco-pe., graph., halo., ham., hep., ign., kali-bi., kali-c., kali-n., kali-p., kali-s., kali-sil., *kola*, *lac-c.*, lac-f., lach., lith-c., lith-sil., *lyc.*, lyss., mag-c., mag-sil., **med.**, *nat-m.*, onos., petr-ra., *phos.*, phyt., *plb.*, plut-n., podo., psil., *puls.*, rad-br., sacch-a., sanic., **sep.**, *sil.*, stann., *stram.*, stront-c., *sulph.*, symph., tarent., *thuj.*, *tub.*, tung-met., verat.

arm, over the head, with: ars., cimic., dig., lac-c., nux-v., puls.

under the head, with: androc., ars., bell., cocc., plat.

face down, with, overturned sleeping: alco., *alum.*, alum-p., *anac.*, *arg-n.*, bar-c., *bell.*, bufo, calad., calc., *calc-f.*, calc-p., calc-sil., cann-i., carc., *caust.*, *cham.*, chel., *cic.*, con., cupr., *fl-ac.*, gels., hell., hep., *hyos.*, ign., kali-br., kali-c., kali-sil., *lac-ac.*, *lach.*, lith-c., lith-sil., *lyc.*, lyss., *med.*, *merc.*, mez., nat-c., nat-m., nat-p., nit-ac., *nux-m.*, nux-v., *olnd.*, *op.*, ph-ac., *phos.*, positr., sabad., sep., sil., spig., *stram.*, sulo-ac., sulph., tarax., *tarent.*, *thuj.*, tub., valer., verat., zinc., zinc-p.

hands, above head with: aq-mar., carc.

Back, on

arms, crossed to support the head, straight legs, with: ambr., *anac.*, androc., apis, *arg-n.*, ars., aur., *bell.*, cact., cann-i., canth., carc., caust., *cic.*, cina, cocc, coloc., *cupr.*, gamb., graph., hyos., ign., iod., kali-ar., *lach.*, *lac-b.*, lob., lyc., **lyss.**, *med.*, **merc.**, *nat-m.*, nux-v., *op.*, opun-s., phos., plat., plb., puls., *pyrog.*, raph., rheum, sabad., *scor.*, sep., sil., spong., **stram.**, **sulph.**, *thuj.*, valer., *verat.*, zinc.

covering,

forehead, hand, with: acon., *aloe*, alum., ambr., *anac.*, apis,

arg-n., **ars.**, **aur.**, **aur-m.**, **aur-m-n.**, aur-s., bar-c., bell., borx., bufo, cact., *calc.*, calc-ar., calc-nit., calc-p., cann-i., carc., caust., cham., coff., *coloc.*, *con.*, crot-c., cupr., cupr-ar., dig., *dulc.*, gels., graph., *bell.*, hep., *ign.*, kali-ar., kali-br., kali-c., kali-i., lac-c., *lyc.*, lyss., mag-c., med., merc., mez., naja, *nat-c.*, **nat-m.**, nat-s., nat-sil., nit-ac., op., ox-ac., ph-ac., phos., plat., plb., plut-n., podo., psor., *puls.*, sars., sep., sil., *spong.*, *staph.*, still., stram., sul-i., *sulph.*, syph., thea, thuj., *verat.*, vib., zinc., zinc-val.

head to toe, with: agar., all-c., aloe, arn., aur., bar-ar., *bar-c.*, bar-i., bar-s., bell., bov., calc., caust., chin., chlor., cina, *cor-r.*, cupr., dig., eug., germ., hep., hyos., *ign.*, kali-ar., kali-c., kali-i., *lyc.*, merc., naja, nat-m., nit-ac., olnd., op., phos., plat., *podo.*, rumx., *sal-fr.*, sanguis-s., *sep.*, *sil.*, stram., syph., **thuj.**, zinc.

knee, on other leg, hands behind head, with: agar., arg-n., *ars.*, *aur-m-n.*, *bell.*, calc., cupr., dros., ferr., fl-ac., hyos., *lach.*, *lyc.*, *med.*, merc., morph., *nat-m.*, nux-v., *op.*, pall., plat., plb., *sacch-a.*, sep., *staph.*, *sulph.*, *taurent.*, thuj., *verat.*

knees, folded upwards, hands as pillow, with: *agar.*, am-c., **anac.**, ant-c., ant-t., apis, arg-n., arn., *ars.*, ars-i., aster., *aur.*, *aur-m-n.*, *aur-s.*, *bell.*, borx., *calc.*, caust., *cham.*, chin., *cic.*, cina, coloc., crot-c., *cupr.*, ferr., ferr-ar., graph., grat., hell., *hep.*, *hyos.*, *ign.*, iod., ip., kali-br., kali-c., kali-n., *lac-c.*, *lach.*, lac-h., *lac-leo.*, lact-v., *led.*, *lyc.*, lyss., mag-c., *moni.*, mur-ac., naja, *nat-c.*, *nat-m.*, *nit-ac.*, **nux-v.**, petr., ph-ac., pituin., ptel., *raph.*, *rhus-g.*, ruta, sanic., sep., *staph.*, **stram.**, sul-ac., *sulph.*, thuj., *tub.*, *verat.*, x-ray, zinc.

legs, crossed with, a home alone posture: *alum.*, *alum-sil.*, **ambr.**, am-c., anac., *aur-m-n.*, *bar-act.*, **bar-c.**, bell., beryl., **bry.**, *calc.*, *calc-act.*, calc-f., *calc-sil.*, caps., carb-an., *carb-v.*, caust., cham., cic., cocc., coc-c., *con.*, cupr., dulc., elaps, *gels.*, germ-met., *graph.*, hura, *ign.*, *kali-bi.*, *kali-c.*, *kali-p.*, *kali-sil.*, *lac-c.*, lac-d., lac-f., *lith-c.*, *lith-sil.*, *lyc.*, *mag-c.*, *mag-sil.*, medus., *nat-m.*, *nat-sil.*, nicc., onos., polyg-h., puls., rad-br., rhod., *sacch-a.*, sanic., *sep.*, *sil.*, skook., stann., *staph.*, *stront-c.*, ther., *thuj.*, vip.

arms, crossed out, with: agar., aids, *aloe*, alum., anh., ant-c., arg-n., arn., *bar-c.*, bell., *bry.*, *calc.*, calc-f., cann-i., canth., *carb-an.*, **carb-v.**, caust., cench., cham., chin., coc-c., con., falco-pe., ferr-i., fl-ac., haliae-lc., hyos., *kali-bi.*, *kali-c.*, lac-f., lach., lyc.,

lyss., med., merc., naja, nat-m., nit-ac., nux-v., op., orig, phos., plat., psor., sel., sep., staph., stram., sulph., tub., verat., **vip.**

Changed, frequently: acon., arn., **ars.**, aur., *bad.*, bell., *cact.*, calen., caste., coli., *eup-per.*, *ferr.*, form., gels., *hep.*, hipp., *ign.*, kali-c., *kola*, lac-del., lac-h., lach., lyc., lycpr., m-aust., malar., merc., mosch., mur-ac., *nat-s.*, nux-v., phos., plac-s., plat., positr., puls., *pyrog.*, rhus-t., *ruta*, sabin., sel., sulph., tritic-vg., vanil., zinc.

Cuddled up, with: alum., *anac.*, *ant-t.*, *arg-n.*, *ars.*, asaf., **aur.**, aur-m., *aur-m-n.*, *aur-s.*, bar-c., *bism.*, calc., *calc-p.*, *calc-s.*, calc-sil., carb-n-s., carb-v., *carc.*, caust., *cham.*, choc., *cina*, coff., con., cortico., *crot-c.*, *cycl.*, dros., *dulc.*, euph., gal-ac., germ-met., graph., *ham.*, hell., hura, hydrog., *hyos.*, *ign.*, ip., kali-br., kali-c., *kola*, lac-c., lac-d., *lac-h.*, *lach.*, lat-m., laur., lith-c., lob., *lyc.*, lyss., *mag-c.*, *mag-m.*, *mag-s.*, m-aust., **med.**, *meny.*, *merc.*, musca-d., naja, *nat-c.*, *nat-m.*, *nat-sil.*, olib-sac., pall., *phos.*, *plat.*, *plut-n.*, *psor.*, **puls.**, sabin., sars., scor., sec., sep., sil., staph., *stram.*, sulph., *sympb.*, syph., tax., *thuj.*, *tub.*, valer., vanil.

legs, drawn toward chest, one hand hidden, with: agar., *aids*, anh., ars., aur., *aur-m-n.*, bar-c., bar-m., *calc.*, *calc-p.*, calc-sil., carb-v., *carc.*, **caust.**, cham., chin., chlor., coca, con., des-ac., eug, falco-pe., germ-met., hell., hep., hydrog., *ign.*, kali-br., kali-c., *kali-s.*, lac-c., lach., lil-t., lith-c., *lyc.*, mag-p., med., merc., mez., *moni.*, **nat-c.**, *nat-m.*, nat-p., *nit-ac.*, *op.*, **phos.**, plat., *plut-n.*, *pod.*, *puls.*, sep., *sil.*, *spong.*, staph., stram., sulph., tarent., *thuj.*, tub., verat.

Disorganized: agar., alco., *am-c.*, am-m., anh., *ant-c.*, *arg-n.*, ars., ars-h., ars-s-f., *asar.*, asc-t., aur., *bell.*, berb., bufo, calc-p., *cann-i.*, carc., cham., chin., *cina*, cist., cocc., coff., coloc., con., cub., *cupr.*, cupr-ar., form., glon., *hyos.*, ip., *kali-br.*, kali-c., **lach.**, lact-v., lyc., *lyss.*, mag-p., *med.*, meli., *merc.*, merc-c., mosch., nat-m., nitro-o., nux-v., *op.*, petr., ph-ac., plat., plb., ran-b., sang, sep., sil., spig, staph., *stram.*, sul-ac., sulph., sumb., *tarent.*, *tub.*, *verat.*, verat-v., zinc.

Displeased: acon., *adam.*, agar., alco., all-s., *aloe*, alum., ambr., am-c., anac., androc., *apis*, arg-n., arn., *ars.*, *ars-i.*, ars-s-f., *asar.*, aster., aur., aur-ar., aur-i., aur-m-n., *bar-c.*, bar-i., bar-s., bell., berb., *bry.*, bufo, calc-f., calc-i., calc-p., canth., carc., caust., *cham.*, chin., chinin-ar., *cina*, coloc., culx., digin., dros., dulc., graph., *hep.*, *hyos.*, *ign.*, *iod.*, *ip.*,

kali-ar., kali-bi., *kali-i.*, kreos., lach., lac-leo., lil-t., *lyc.*, lyss., manc., med., *merc.*, mosch., murx., nat-ar., *nat-m.*, nicc-met., nid., *nit-ac.*, *nux-v.*, *plan.*, *plat.*, plb., puls., *rhus-t.*, *ruta*, scor., *sep.*, *sil.*, spong., stann., *staph.*, sul-ac., sul-i., *sulph.*, tarax., tarent., tax., thuj., *tub.*, vip.

Half-side, lower and upper part at variance, with, a helpless posture: aether, anac., arg-n., ars., astac., aur., *bamb-a.*, *bar-c.*, *calad.*, calc-sil., carc., cench., **chel.**, *gels.*, hell., hydrog., ign., jasm., kali-br., kali-c., kali-chl., kali-p., *kola*, lil-t., lith-c., **lyc.**, mag-c., mang-act., merc., *moni.*, nat-c., nat-m., nat-sil., op., petr., ph-ac., phos., puls., *rhus-t.*, *sacch-a.*, *sang.*, *sep.*, *sil.*, stram., stront-c., *symph.*, tax.

Hands, closed, head behind, with: acon., *agar.*, aloe, ambr., anac., ant-t., ars., ars-met., asaf., *aur-s.*, bell., caj., *calc.*, cedr., chin., cocc., coloc., cupr., ferr., hyos., ign., kali-i., *lach.*, **lyc.**, m-ambo., m-aust., *med.*, meny., merc., nat-m., nit-ac., *nux-v.*, *pall.*, **plat.**, *puls.*, *rhus-t.*, sabad., sanic., spig., *staph.*, stram., *sulph.*, syph., tarent., valer., **verat.**, viol-o.

folded, below head, right leg, folded with, a thinking posture: **ambr.**, anh., *ars.*, aur., bell., *carb-an.*, **carb.**, *caust.*, chin., *cocc.*, coloc., **cycl.**, des-ac., dulc., ham., *hydrog.*, *ign.*, lach., *lac-c.*, lac-h., *lyc.*, lyss., m-arct., nat-c., *nat-m.*, nux-m., nux-v., ph-ac., *phos.*, *plat.*, positr., *sep.*, *sil.*, *staph.*, *sulph.*, thuj., *vanil.*, verat., zinc.

Obstinate: *agar.*, *alum.*, anac., *ant-c.*, arg-n., **ars.**, bar-c., bell., *bry.*, *calc.*, calc-ar., calc-f., *calc-s.*, carb-an., carb-v., *caust.*, **cham.**, *cina*, coloc., crot-h., dros., *dulc.*, ferr., ferr-ar., *ferr-ma.*, graph., *hep.*, *hyos.*, ign., kali-c., lach., *lyc.*, mag-s., med., *merc.*, *nat-m.*, *nit-ac.*, *nux-v.*, *pall.*, petr., plat., *puls.*, rheum, sanic., *sep.*, *sil.*, *spon.*, *staph.*, **sulph.**, syph., *tarent.*, verat.

Side, on

bent, knees, with: acon., *ail.*, aloe, alum., ambr., *ant-c.*, *apis*, arg-n., *arn.*, *ars.*, bamb-a., *bapt.*, *bar-c.*, bell., *borx.*, bry., cact., *calad.*, *calc.*, *calc-p.*, **cann-i.**, canth., *cham.*, *cic.*, *cina*, *cocc.*, coff., *colch.*, coloc., con., crat., *crot-c.*, *cupr.*, dig., *eup-pur.*, *gels.*, *hyos.*, *ign.*, *ip.*, *kali-br.*, *kali-c.*, *kali-i.*, kali-p., lach., lachn., *lyc.*, lyss., m-ambo., mag-c., mang-act., **merc-c.**, *mur-ac.*, *nat-m.*, nit-ac., *nux-v.*, petr-ra., ph-ac., *phos.*, pic-ac., *plat.*, podo., psor., **puls.**, ran-b., samb., *sep.*, *sil.*, stram., *thuj.*, *tub.*, verat., viol-o., *zinc.*

zinc-p.

covered, eyes by one hand, other as pillow, with: agar., anac., androc., ars., asaf., aur., aur-m., bar-c., bar-s., bell., cact., calc., *calc-f.*, caust., cench., cham., chin., choc., crot-t., cupr., ferr., *fl-ac.*, *graph.*, grat., hydrog., ign., kali-br., kali-s., lach., **lyc.**, mang-act., med., merc., mosch., *nat-m.*, nat-s., nit-ac., nux-v., pall., ph-ac., phos., *plat.*, **puls.**, pyrus, scor., scut., *sep.*, sil., **sulph.**, tarent., tarent-c., **thuj.**, tub., valer., *verat.*, zinc.

curling up: agar., aids, *aml-ns.*, anac., anan., *apis*, arg-n., ars., *aur-m-n.*, bamb-a., bapt., bell., bry., bufo, buteo-j., calad., *calc.*, calc-p., *calc-s.*, *cench.*, cham., chin., choc., *cocain.*, cocc., coff, coloc., crot-c., haliae-lc., hell., hep., **hyos.**, ign., kali-ar., kali-c., kali-i., *kola*, lac-c., **lach.**, lac-leo., lil-t., lyc., *mag-s.*, *med.*, merc., mosch., musca-d., nat-m., *nux-m.*, **nux-v.**, op., petr., ph-ac., phos., plat., positr., psor., *puls.*, sabad., sep., squil., stann., *staph.*, *stram.*, sulph., tarent., ther., thuj., tub., verat.

folded

elbows,

place of pillow, at, pleasant sleeping: *acon.*, aeth., agar., alco., *aml-ns.*, anan., anh., ant-c., anthem., ant-t., *apis*, arg-n., arn., *atro-s.*, bar-c., *bell.*, bell-p., brom., bry., cact., *calc.*, *calc-f.*, camph., **cann-i.**, cann-s., *carb-an.*, carb-ox., carb-v., carl., cast., cent., chin., chlor., cic., cina, cinnb., coca, cocc., **coff.**, *croc.*, dros., erig., aether, eucal., ferr., glon., helon., *hyos.*, *ign.*, kali-bi., kali-br., kali-c., kali-p., kali-s., kiss., kres., **lach.**, *hyc.*, lyss., mag-c., mag-m., mag-s., *mosch.*, *murx.*, *naja*, *nat-c.*, nat-p., neon, *op.*, *phos.*, phys., **podo.**, rhod., sec., spong., stram., *sulph.*, *tarent.*, thea

over, head: *acon.*, anh., ars., *aur.*, bell., *cann-i.*, *carc.*, *caust.*, *des-ac.*, ham., hell., *hyos.*, ign., *lach*, laur., *hyc.*, merc., nat-c., nat-m., **nux-v.**, op., ph-ac., *phos.*, plat., plb., positr., puls., rhus-t., sep., sil., stram., *sulph.*, thuj., verat.

knees, upwards, one hand below head other on legs, with: *acon.*, agar., am-c., anac., *androc.*, anh., ant-c., *apis*, arg-met.,

ars., ars-s-f, asar., *aur.*, bell., borx., bov., brom., bufo-s., cact., calc., calc-p., calc-s., cann-s., **cann-xyz.**, caps., *carc.*, cast., coca, cocc., **coff.**, **croc.**, crot-c., cupr., cycl., dig., dros., falco-pe., ferr., ferr-p., *fl-ac.*, gels., graph., haliae-lc., *hyos.*, *ign.*, iod., kali-c., kali-p., kali-s., kreos., **lach.**, lac-h., lars-arg., lup., lyc., lyss., mag-c., mag-m., mag-s., m-aust., med., merc., mez., morph., mosch., *murx.*, naja, nat-c., nat-m., nat-p., nat-s., nit-ac., nux-m., *nux-v.*, op., ox-ac., oxyg., par., petr., *ph-ac.*, *phos.*, plat., plb., plut-n., podo., positr., puls., sabad., *sars.*, scor., seneg., sep., sil., spig., *spong.*, stann., *stram.*, stry., sul-ac., sulph., sumb., *tarent.*, *teucr.*, thea, thuj., tritic-vg., tub., tung-met., **valer.**, *verat.*, viol-o., zinc.

Space and Distancing

Intimate zone, attachment, from: agath-a., alum., ant-c., *ars.*, *aur.*, *aur-m-n.*, bar-c., *bell.*, *bism.*, **borx.**, *calc.*, calc-p., cann-i., carb-an., carb-v., **carc.**, *caust.*, choc., cocc., coff., con., croc., cupr-m., des-ac., falco-pe., flav., *gels.*, haliae-lc., *ham.*, hura, *hyos.*, *ign.*, *kali-bi.*, kali-c., lac-c., lach., lyc., *med.*, *murx.*, nat-c., *nat-m.*, nit-ac., *nux-m.*, nux-v., olib-sac., ox-ac., par., ph-ac., **phos.**, plat., **puls.**, *sang.*, seneg., *sil.*, staph., stram., *tung-met.*

threaten, others, to: agar., *anac.*, androc., ars., *crot-c.*, dulc., elaps, meli., fl-ac., *hep.*, hydrog., *hyos.*, iod., kali-i., *lach.*, lac-leo., lyc., lyss., *nit-ac.*, nux-v., staph., **stram.**, sulph., syph., **tarent.**, thuj., tub., valer.

whispering: agar., alco., *anac.*, ant-c., arg-n., *ars.*, *aur.*, bell., bry., bufo, *calc.*, *carc.*, *caust.*, chin., chinin-s., coca, coff., *coloc.*, cor-r., cupr., *dros.*, *ferr.*, fl-ac., helon., hydrog., *hyos.*, *lach.*, lyc., *merc.*, mill., morph., nat-m., *nit-s-d.*, *nux-v.*, ol-an., op., par., phos., plat., plb., pop-cand., *puls.*, sep., sil., spig., stann., *sulph.*, tab., *tarent.*, *thuj.*, *verat.*, visc.

Leaning, angle away, disinterest, from: alum., *am-c.*, *am-m.*, *ambr.*, *anac.*, apis, arg-n., arn., ars., *aur.*, *aur-s.*, bov., *calc.*, calc-s., carb-v, chin., con., crot-c., crot-h., cycl., dros., gels., graph., hell., helon., hydrog., *hyos.*, *ign.*, kali-ar., kali-bi., kali-c., kali-p., lac-c., lac-d., lach., *led.*, lil-t., **lyc.**, meli., mez., **nat-c.**, nat-m., onos., op., *ph-ac.*, *phos.*, plat., psor., *puls.*, sel., sep., sil., *stann.*, staph., stram., sulph., syph., tab., thuj., thyr., tub., valer.

angle in, interest, from: *arg-n.*, arn., *aur.*, carb-v., *carc.*, *caust.*, choc.,

des-ac., kali-ar., *kali-bi*, kali-c., lac-ac., lac-c., **lach.**, lith-c., *lyc.*, *med.*, ph-ac., **phos.**, positr., **puls.**, *staph.*, sulph., tritic-vg.

moderate, showing friendliness: abrot., alum-sil., ambr., ant-t., bar-c., *calc.*, calc-sil., carc., *caust.*, chin., croc., *cycl.*, des-ac., *ign.*, kali-ar., *kali-c.*, lach., lyc., meny., pall., **phos.**, *plac.*, plat., **puls.**, *sil.*, sul-ac., sumb., zing.

Space, more, wants: agar., *aloe*, apis, ars., *aur-s.*, bar-s., bell., bry., calc-f., cann-i., carbn-s., caust., chin., cic., cina, coloc., con., cupr., ferr., *ferr-ma.*, glon., graph., hep., hyos., ignis-alc., irid-met., kali-bi., kali-c., **lach.**, lil-t., **lyc.**, med., merc., nat-ar., nat-c., nat-m., nit-ac., nux-v., pall., petr., *phos.*, *plat.*, rheum, sep., sil., stann., staph., stram., **sulph.**, tarent., tub., ulm-c., *uran-n.*, *verat.*, zinc-p.

freedom, for: act-sp., alum., am-c., ant-c., arg-n., bell., bufo, *calc-f.*, cann-i., cann-s., *canth.*, falco-pe, ferr-i., ferr-ma., *fl-ac.*, haliae-lc., hippoz., **hyos.**, ign., **lach.**, lyc., lyss., **med.**, merc., nat-m., *nux-v.*, orig., ph-ac., *phos.*, pic-ac., **plat.**, puls., *raph.*, sep., *staph.*, stram., sulph., tarent., thuj., **tub.**, verat.

narrow, remains, in: alum., alum-sil., ambr., am-c., arg-met., arg-p., aster., aur., aur-m-n., bamb-a., *bar-act.*, **bar-c.**, *bar-m.*, beryl., bry., **calc.**, calc-act., calc-f., calc-n., calc-sil., caps., *carb-an.*, carbn-s., **carb-v.**, carc., caust., cocc., coc-c., coff., con., croc., dulc., foll., germ-met., *graph.*, ign., kali-bi., *kali-c.*, kali-n., kali-p., kali-sil., lac-c., lac-f., lap-la., lath., *lith-c.*, lith-sil., lyc., mag-c., mag-m., mag-sil., m-arct., medus., nat-c., nat-m., nat-sil., nicc-met., nitro., onos., ozone, phos., ph-ac., plac., plut-n., puls., rad-br., sacch-a., sanic., sil., spong., stann., stront-c., thuj., verat., *vip.*, zinc.

Voice and Intonation

Speech

Babbling: calad., con., cortico., dulc., gels., *hyos.*, lach., lyc., neon, plb., pyrog., ruta, sel., *stram.*, verat.

Childish: acon., *arg-n.*, arizon-l., bar-c., lyc.

Nasal: bar-i., bar-m., bell., bov., bry., calc., calc-n., *caust.*, ferr., *fl-ac.*, gels., *ham.*, hippoz., influ., *iod.*, **kali-bi.**, *kali-i.*, kali-n., kali-p., *lac-c.*, *lach.*, *lyc.*, mag-m., mag-s., *manc.*, merc., merc-c., *mez.*, morb., *mur-ac.*, *nat-c.*, nat-m., nux-v., ozone, petr., ph-ac., *phos.*, plb., psor., rumx., sang, sep.,

sil., sin-n., spong, *staph.*, sul-i., sulph., sumb., teucr., thuj., tub.

Prattling: acon., aids, aloe, alum., *anac.*, *ars.*, atro-s., aur., *bar-c.*, bell., **bry.**, calad., calc., cupr., cyna., **hyos.**, ign., lach., lyc., nux-v., op., par., plb., sil., *stram.*, tarax.

Repeating, same thing: arg-n., cann-xyz., cocain., coff-t., germ-met., kres., lach., limest-b., lyc., petr., *stram.*

Slow: aesc-g, *aeth.*, agar., anh., ant-c., *arg-n.*, *ars.*, atro-s., bar-c., bell., *both.*, *bov.*, bufo, carb-an., *caust.*, chinin-s., cocc., *cupr.*, cypra-eg, echi., *gels.*, germ-met., haliae-lc., **hell.**, heroin., irid-met., *kali-br.*, kali-p., **lach.**, *laur.*, lyc., mang-act., merc., mez., morph., mygal., naja, nat-c., nat-m., nux-m., oldn., op., ozone, petr., *ph-ac.*, *phos.*, phys., *plb.*, positr., rhus-t., *sec.*, *sep.*, spong, syph., *thuj.*, vip., zinc.

Wandering: acon., aeth., agar., *ambr.*, *anac.*, arn., *ars.*, ars-s-f., *atro-pur.*, aur., aur-ar., **bell.**, *bry.*, calc., *camph.*, cann-s., canth., cham., chin., chinin-ar., cic., *cimic.*, cina, coloc., cupr., dig, dulc., haliae-lc., **hyos.**, ign., kali-c., *kali-p.*, **lach.**, **lyc.**, merc., moni., **nux-m.**, nux-v., onos., *op.*, *par.*, *phos.*, *plat.*, plb., *puls.*, pycnop-sa., rheum, *rhus-t.*, sabin., sec., sep., spong, **stram.**, *sulph.*, tub., verat.

Whispering: calc., camph., carb-v., caust., coloc., cupr., ferr., ign., kali-br., meli., merc., nit-s-d., ol-an., phos., puls., pyrog, rumx., sil., stann., *stram.*, sulph., verat.

Wild: *anac.*, *ars.*, atro-pur., *aur.*, bapt., bell., calc-p., camph., canth., carc., *cham.*, chinin-ar., choc., *cina*, *colch.*, croc., cupr., *hyos.*, hyper., ign., **lach.**, lil-t., *lob-s.*, lyc., **lyss.**, m-aust., *med.*, meli., *merc.*, mosch., nat-s., nit-ac., op., *petr.*, ph-ac., phys., plb., **stram.**, syph., tab., tarent., tub., **verat.**, *verat-v.*

Throat

Clear

attention, seeking, from: acon., **arg-n.**, **ars.**, *bar-c.*, **calc.**, calc-ar., **calc-p.**, calc-sil., cann-i., *carc.*, cham., *chin.*, cina, cupr., ferr., ferr-ar., ferr-p., fl-ac., graph., haliae-lc., kali-ar., kali-c., kali-p., kali-s., **lach.**, **lyc.**, nat-c., *nat-m.*, *nux-v.*, **phos.**, plat., podo., polys., positr., **puls.**, sep., sil., spong, *sulph.*, **tarent.**, *thuj.*, **tub.**, verat., zinc-p.

anxiety, from: acon., aeth., ambr., *anac.*, anthraci., **arg-met.**, **arg-n.**, *ars.*, *bar-c.*, **calc.**, camph., *carb-v.*, **carc.**, caust., chin., *cic.*,

coca, cocc., cortico., cupr., cupr-ar., *cypr.*, **gels.**, **graph.**, hydrog., ign., kali-ar., *kali-br.*, kali-c., *kali-p.*, *lac-c.*, lach., **lyc.**, med., morg., mosch., *nat-c.*, nat-m., ph-ac., phos., *pic-ac.*, *plb.*, plut-n., **psor.**, puls., **sil.**, spong., staph., stront-c., stroph-n., sulph., symph., *syph.*, thuj., *tub.*, verat., zinc.

deception, from: agar., alco., alum-p., alum-sil., anac., arg-n., *ars.*, *aur-m-n.*, *bell.*, bufo, cann-i., cham., chin., chinin-ar., cot., croc., cupr., cycl., dros., fl-ac., graph., hep., hyos., *kola*, **lach.**, laur., lil-t., *lyc.*, mang-act., *med.*, *merc.*, *morph.*, nat-ar., *nat-m.*, nit-ac., **nux-v.**, olnd., onos., *op.*, ox-ac., plat., plb., psor., puls., ran-b., rhod., rhus-t., sabin., *sacch-a.*, sars., sel., sep., staph., stram., sulph., *syph.*, **tarent.**, *thuj.*, *tub.*, *verat.*, viol-t., xanth., zinc., zinc-p.

fake cough: *arg-n.*, *bell.*, calc., gal-ac., ham., ign., kali-c., lac-c., lach., **lyc.**, mosch., op., plac., plb., *puls.*, sabad., sanguis-s., sep., *sil.*, *stram.*, *sulph.*, *syph.*, *tarent.*, *thuj.*, verat.

interrupt, overrule, challenge a speaker, to: am-c., am-m., **anac.**, *apis*, *arg-n.*, *ars.*, *aur.*, bell., bism., brom., bry., bufo, calc-f., calad., camph., *canth.*, carb-n-s., **caust.**, cench., *cham.*, chin., cimx., cina, cist., cocc-c., cor-r., croc., *cupr.*, dig., dros., *dulc.*, ferr-i., ferr-ma., fl-ac., graph., **hep.**, *ign.*, kali-n., kali-s., **lach.**, *lyc.*, manc., *merc.*, mez., naja, nat-m., nit-ac., **nux-v.**, *olnd.*, ox-ac., paeon., pall., petr., plat., plb., *pulx.*, rumx., ruta, sabad., *sacch.*, samb., sang., sep., *sol.*, spig., spong., stann., staph., stram., *sulph.*, *symp.*, **thuj.**, thymol., tub., vanil., wye., zinc.

Voice

Clear, controlled, steady: adam., arizon-l., ars., aur., carc., chlam-tr., choc., corian-s., des-ac., falco-pe., *ferr.*, foll., haliae-lc., ham., heroin., hydr-ac., hyos., irid-met., kali-c., kali-p., kali-s., kola, lac-h., lach., lyc., mosch., nat-br., nat-c., nat-m., nat-s., nept-m., nux-v., op., pert-vc., petr-ra., phos., plat., plut-n., podo., positr., *sacch-a.*, *sal-al.*, senec., sep., *sil.*, spect., stram., sulfonam., sulph., symph., thea, ulm-c., vanil., verat.

Hesitating: absin., agar., agn., alum., ambr., am-c., am-m., amyg., anh., *arg-n.*, arist., asar., aur-i., bar-c., bar-m., calc-f., calc-sil., carb-n-s., carb-v., chin., choc., clem., cocc., cortico., cycl., graph., hell., kali-br., kali-p., kali-sil., lach., lat-m., lyc., merc., morph., naja, nat-ar., nat-m., nat-p.,

nat-sil., *nux-m.*, olnd., ph-ac., pic-ac., *puls.*, sec., sil., staph., sumb., thuj., vip.

Hiss and boo: ambr., acon., aloe, **alum.**, **anac.**, ant-c., *arg-n.*, *arn.*, *ars.*, aur., *bell.*, bry., caps., caust., **cham.**, cocc., con., **hep.**, ign., kali-c., **lach.**, lyc., *merc.*, *nux-v.*, petr., phos., *puls.*, sep., sil., spong., *sulph.*, *tarent.*, thuj., tub.

Lively, bouncy, enthusiastic: *acon.*, agar., alco., aml-ns., *anac.*, apis, aq-pet., arg-met., arg-n., ars., ars-s-f., atro-pur., aur., *bell.*, calc., **cann-i.**, *cann-s.*, *cann-xyz.*, carc., chin., **cic.**, cinnb., **coff.**, **croc.**, *crot-b.*, cupr., cypr., dros., dulc., ferr., ferr-ma., ferr-p., *fl-ac.*, hydrog., **hyos.**, ign., **lach.**, *lyc.*, lyss., merc., merc-i-f., merc-i-r., merc-s., morph., mosch., murx., naja, **nat-c.**, nat-m., nit-ac., *nux-v.*, **op.**, oxyg., ozone, *phos.*, pall., *plat.*, plut-n., podo., positr., sars., sil., spong., *stram.*, sul-ac., sul-i., *sulph.*, sumb., tab., tarax., *tarent.*, *tub.*, valer., *verat.*, verbe-o., *zinc.*

Loud: absin., am-c., ant-c., apis, arg-n., arn., ars., atro-pur., aur., bell., bry., cann-i., cann-s., *caust.*, cench., cham., *graph.*, hep., hydr-ac., *hyos.*, *ip.*, kali-i., kali-s., lach., **lyc.**, med., naja, nat-ar., nat-m., *nux-m.*, op., *pall.*, petr., **plat.**, sep., *staph.*, *stram.*, **sulph.**, *tarent.*, tub., **verat.**, **verat-v.**, vip.

Low: acet-ac., alf., alum., alum-br., alum-sil., am-m., ang., *arn.*, *ars.*, aur., aur-ar., aur-m., aur-m-n., aven., bamb-a., bar-c., bar-m., *calc.*, *calc.*, calc-sil., *carb-an.*, carb-v., carc., casc., caust., chin., cocc., con., des-ac., ferr-br., gels., hydr., hydrog., hyos., *ign.*, kali-c., kali-p., kali-sil., lac-c., lach., lith-c., lith-sil., lyc., mang-acet., med., mur-ac., nat-c., nat-m., nat-s., *nux-m.*, passi., *ph-ac.*, phos., *psor.*, *puls.*, ran-b., ruta, sang., sars., scut., *sec.*, sel., sil., *spong.*, stann., staph., stry-ar., stry-p., stry-s., syph., tab., thuj., *viol-o.*, *nje.*, zinc., zinc-p.

Moaning, groaning: **acon.**, aeth., *ail.*, alum., ambr., am-m., **ant-c.**, *apis*, *arn.*, *ars.*, aur., aur-m., *bapt.*, *bar-c.*, **bell.**, *borx.*, bry., bufo, *calad.*, *calc.*, calc-p., *camph.*, **cann-i.**, *cann-s.*, *carb-ac.*, carc., caust., *cham.*, chin., *cic.*, cimic., *cina*, coca, coloc., *cocc.*, *colch.*, *coloc.*, con., *crot-c.*, *cupr.*, cycl., *eup-per.*, gels., hell., hura, ign., hydr., *hyos.*, **ign.**, *ip.*, *kali-br.*, **kali-c.**, *kali-i.*, *lyc.*, lyss., mag-c., mang-act., *mur-ac.*, naja, nat-c., *nat-m.*, nit-ac., *nux-v.*, olnd., op., ph-ac., *phos.*, podo., psor., *puls.*, sacch., sec., sel., sep., *sil.*, sol-ni., stann., *stram.*, stry-p., sulph., sumb., *tarent.*, *thuj.*, **tub.**, *verat.*, **zinc.**

Mumbling, gambling: absin., acon., aml-ns., anac., arg-n., aur., aur-s., bell., beryl., **brom.**, *bry.*, calc., camph., cann-i., cann-s., *canth.*, carb-n-h., *caust.*, cham., chin., chinin-ar., chinin-s., cic., coca, cocain., coff., coll., croc., cypr., dys., elaps, ferr., gels., glon., graph., haliae-lc., hep., hydr-ac., hyos., ign., iod., kali-br., kali-i., kali-n., kali-s., lac-c., lach., laur., *lyc.*, lyss., mag-c., med., merc., mez., morph., mosch., nat-c., nat-m., nit-ac., nux-v., op., petr., ph-ac., phos., plb., podol., puls., rauw., sabad., *sec.*, sil., sol-ni., staph., *stram.*, stry., sul-i., sulph., sumb., tarent., valer., *verat.*, zinc-p.

Rapid: acon., alco., alum., anac., androc., anh., arg-n., ars., atro-pur., aur., aur-s., bell., bufo, calc-hp., *camph.*, cann-i., carb-n-s., caust., cemic., cina, cocc., *coff.*, croc., haliae-lc., **hep.**, **hyos.**, *ign.*, irid-met., kali-c., **lach.**, lil-t., lyc., lycps-v., lyss., mang-act., med., **merc.**, morph., *mosch.*, nat-m., nux-m., nux-v., op., *ph-ac.*, *plat.*, pyrog., rhus-t., *sep.*, *stram.*, tarent., *thuj.*, verat.

Whistling: absin., acon., aether, *agar.*, alco., ant-c., ant-t., bell., *calc.*, **calc-f.**, calc-p., camph., **cann-i.**, cann-s., caps., carb-an., carb-n-s., *carb.*, caust., chin., chinin-a., chinin-s., cic., coca, cocain., cocc., *coff.*, con., cortiso., **croc.**, cupr., eucal., eug., ferr., **fl-ac.**, form., graph., haliae-lc., *hydrog.*, *hyos.*, ign., iod., kali-br., kali-n., *lach.*, lachn., lich-i., lyc., lyss., med., merc-i-f., morph., *nat-c.*, *nat-m.*, *nat-s.*, nid., nux-m., **op.**, phenob., *phos.*, *plat.*, pneu., puls., ran-s., raph., sabad., *sacch-a.*, sars., staph., *stram.*, sulfon., sulph., tab., *tarent.*, thuj., tritic-vg., tub., valer., *verat.*, yuc., zinc., zing.



Chapter 25

LEARNING THROUGH CASES



The cases are presented here in a brief way, although they were taken in a detailed way and recorded on a standardized case record form. The chief objective of these cases is to underscore the importance of body language and how this language of the body helped to select the simillimum.

A CASE OF MISS K.P. INTERVIEW

(Body Language- *Patient resting arms on table. Head in arms. Not looking at the physician.*)

Patient was asked to answer some questions, but she refused.

Dr. - What is her problem?

Pt's mother – Since 6 months her irritability has increased. She doesn't listen to anybody. After getting angry she asks, "Why did you say like that?"

Dr. - What does she say? (*Patient resting arms on table. Head in arms.*)

Pt's mother - She says why did you tell like that? If I scold her she becomes very angry and runs to beat me. She beats *Didi* (elder sister) when there is a quarrel. Sometimes on getting angry she says, 'I will go and stay with grandparents.'

Dr. - What else?

Pt's mother – Sometimes throws things away.

Dr. - Since when has this irritability increased?

Pt's mother – Six months back, her very close friend left the school as his father got transferred. She could not bear this and since then she is behaving in this manner. (*Patient looking at her mother.*) They were always together. He used to stay near our house. So while going and coming from school and even after school they were playing together. Even they shared the same bench in the class. (*Head down in arms.*)

Dr. - How did she react?

Pt's mother – In the beginning she was thinking a lot as to why he left me, as he was the only friend of her. She took it as an insult. She thinks that he should have informed at least before departing the town. Now she is not interested in friendship with others, and if anybody tells anything against him, she gets angry. She asks other classmates, "Do you remember him?" Then they say, "no." Then she tells that he was a good guy. Then others say, "No, he wasn't." Then she becomes angry. (*Not paying attention to immediate surrounding.*)

Dr. - What were her complaints at that time?

Pt's mother – When her friend left, she suffered from viral infection. During fever she used to mutter unconsciously. Now also while playing she remembers him, then suddenly becomes serious and starts crying. (*Arms crossed, head within arms. Absorbed.*)

Dr. - What else is she complaining of?

Pt's mother – She doesn't have any other complaint except her irritability. Before this incidence she used to get up early and finish her work quickly when she was in junior class and first part of senior class. This happened in later 6 months of senior class. But now she feels bored and she has become lazy.

Dr. - How is she at studies?

Pt's mother – She is good at studies. But now we have to force her. Earlier she used to study on her own. She grasps everything but marks are less. Her teacher also has noticed that her performance in school has dropped down. She has changed a lot as compared to last year. She doesn't pay attention in school. (*Arms up and holding forehead with hands and closing the eyes.*)

Dr. - What else?

Pt's mother – She is very obstinate.

Dr. - Tell me more about it.

Pt's mother – She doesn't understand whether she is talking to younger or older people than her. With everybody she talks in the same way, in a rough manner i.e. arrogantly. When we are talking with elders, how we talk! She doesn't talk in a respectful way. She compares herself with the elders, and tells 'when you can do this, why can't I?' When I say I am not going to talk with you then she can't bear this. (*Right hand thumb in mouth.*) Then she keeps quiet and says 'I can't understand why I am doing this?' But sometimes she talks anything in self-contradictory way i.e. opposite. (*Again head below in the grip of arms. Arms crossed.*)

Dr. - Does she mix in school?

Pt's mother – No. She doesn't mix with anybody in school, doesn't have intimate relation with anybody.

Dr. - Does she quarrel?

Pt's mother – But there are no quarrels. I don't know the details but there are no complaints from school.

Dr. - How many people are at home?

Pt's mother – We four are staying together. KP, her elder sister and we two – husband and wife.

Dr. - Tell me about her sister.

Pt's mother – She is 13 years elder than KP.

Dr. - Does elder sister take care of KP?

Pt's mother- She is good-natured. But if she is very angry she can hit KP.

Dr. - Does KP hit her back?

Pt's mother -They hit each other when they quarrel. (*Reacting sharply and closing herself. Angry face.*) KP is very intelligent than her sister. She knows what to do next. She makes a lot of arguments.

Dr. – Arguments?

Pt's mother- Yes. Her arguments are really horrible. I feel now this is enough at this moment. I should stop her. ‘Why that?’ It is not inquisitiveness but making arguments. On any subject she asks ‘why this?’ After quarrel also she makes arguments on the same topic. (*Hands on mouth, shutting mouth forcefully.*)

Dr. - You mean debating at intellectual level?

Pt's mother – Yes. Day before yesterday her grandmother told her “I know you are giving a lot of trouble to your mother.” Then she replied, “How do you know that? Do you possess any video CD of this?” She is very smart in giving answers. Many times we may not understand what to say but she knows very well.

Dr. - How much domineering she is?

Pt's mother – Somewhat domineering. If we are talking about some household matters, then she also wants to speak something. She thinks that others must listen to her.

Dr. - She weeps?

Pt's mother – Weeping is a common event. She finds weeping as the only choice to anything. (*Patient playing with right hand fingers.*) Talks with weeping only. So we have to fulfill her demands.

Dr. - How does she weep?

Pt's mother – She cries loudly to the extent that others become angry.

Dr. – Tell about her father.

Pt's mother – Her father is a quiet man. He is not irritable but he doesn't understand her. If KP becomes obstinate, he doesn't take any step to distract her. She likes to dress herself up and put ornaments.

Dr. - (to patient) Why you become angry so much?

(Mother and physician are insisting patient to tell, but patient doesn't cooperate.)

Dr. – What is the name of that boy?

Pt. – (*Playing with the fingers.*) Nimesh.

Dr. - What you felt after he left you?

Pt. - Why he left me.

Dr. - Whether his father got transferred?

Pt.-I don't know.

Dr. - Did you ask him?

Pt. - No.

Dr. - What else you felt?

Pt. - Nothing more. (*Playing with fingers of both hands, and then keeping them on forehead.*)

Analysis of Miss K.P.

This patient, apparently healthy, mentally and physically, came out with a reaction pattern of an unusual type. Unusual in the sense that the parents experienced such type of behavior for the first time and it was difficult for them to digest this, given her past cheerfulness, intelligence, precocity and school performance.

We will, at the outset, analyze the 'ailments from.' The patient's close friend suddenly left the school and the town. The friend and the patient were always together, were neighbors and they shared the same bench in the class and they used to study and play daily together. Sudden disappearance of this friend brought out some dispositional characters onto the screen. We will see her innate and deviated temperamental traits.

Innate temperamental traits

- Intelligent
- Charming
- Precocious
- Cheerful
- Quick
- Diligent
- Domineering
- Manipulative
- Ready-wit
- Clinging

Deviated temperamental traits

- Arrogant

- Obstinate
- Sad
- Argumentative
- Indifferent
- Lamenting
- Irritable
- Cynic
- Mixing-poor
- Absorbed

It is essential to study what made her develop these deviations. The issue can be considered from grief and disappointment in love. She sustained a sort of bereavement and separation was intolerable. We enquired about her family dynamics and we find that this girl grew up in harmonious surrounding. There is nothing like the parental over-discipline or control. Yet the incidence of separation considerably affected the mental state. This defines her innate sensitivity and hence vulnerability. The onset of viral infection after the boy left her is an evidence of her over-reactivity. The issue of disappointment in love should not be limited to the concept of romantic love only. Love is a basic, complex and multi-dimensional emotion and it shouldn't be looked upon only through romanticism. The issue of the friend defines her degree of attachment and investment.

We will categorize her mental state in TFA model i.e. Thinking-Feeling-Action.

Thinking

- Thinking a lot
- “Why he left me?”
- “Why he didn't inform me?”
- “Do you remember him?”
- If you can do this, why can't I?
- Dwells on past, disagreeable events
- Absorbed in self-thinking

Feeling/Emotions

- Sadness
- Anger
- Weeping
- Brooding
- Being insulted

Action/Behaviour

- Arrogance
- Throwing things away
- Crying loudly
- Not studying as before
- Obstinate
- Lazy
- Mixing-poor
- Change in body language
- School performance-poor
- Contradictory

We often prescribe on causation and make one remedy choice. Further, we think that, we are right as we have prescribed upon cause. We often prescribe *Ign.* for grief, *Cham.* for temper tantrum, *Nat-m.* for disappointed love, *Acon.* for sudden fright, *Staph.* for indignation, etc. without actually perceiving the personality structure in toto. Remember, cause + effect together make up the totality. Only causal similarity may be inadequate to give simillimum to the case. When a sensitive personality of this girl met with the incidence, it is necessary to see how she changed.

Repertorisation

- Ailments from grief, sorrow
- Ailments from disappointed love
- Grief, past events, about
- Sadness, despondency, depression
- Dwells on past disagreeable
- Haughty
- Haughty, intelligent, but very
- Obstinate, headstrong
- Indifference, apathy, sadness

Repertorial filter

Hyos 14/7, *Ign* 17/7, *Lach* 12/6, *Lyc* 12/5, *Nat-m* 18/7, *Phos* 11/6, *Plat* 19/8, *Puls* 12/6, *Sep* 10/7, *Staph* 14/6, *Sulph* 12/7, *Verat* 10/7

Differential materia medica

The above remedies need to be differentiated with their core elements. *Ign.* covers ailments from grief and disappointed love but *Ign.* is more for

ego-atrophic response and it tries to maintain its refined state through civilized manners. *Hyos.* on the other hand, finds it difficult to control the uncivilized behavior. Arrogance often takes an ugly form in *Hyos.* *Lach.* is too passionate and venomous and provoking incidences bring out strong negative emotions like jealousy and revengefulness. This girl doesn't take a vindictive stand against the boy who left her even without informing her. *Sepia* does come in this case due to grief and indifference. But the way the girl shows her attachment, *Sep.* gets ruled out. *Staph.* ranks high due to 'haughty' disposition and arrogance but *Staph.* doesn't dwell so much on the past. *Phos.* has to be thought of in this case due to intelligence, precocity and cheerfulness as they are exhibited more in innate characters but it falls short in deviated characters. The way in which the girl harbors the resentment is not the cup of tea of *Phos.* The fields of interest motivate the *Phos.* type to forget the grievances and strike the balance especially in childhood. *Verat.* has the theme of extreme form of ego-hypertrophy and it is manifested through delusion of grandeur and consequent egotism; the behavior of *Verat.* is quarrelsomeness and 'out of control' state of the mind. *Nat-m.* comes very prominently due to grief, disappointed love and her state of brooding. The level of attachment coupled with hurt feeling and a lingering response at the emotive level typify *Nat-m.*

The tussle is between *Nat-m.* and *Plat.* in this case. Comparative study between two will help us to discriminate.

- Egotism: *Plat*³, *Nat-m*⁰
- Dictatorial: *Plat*¹, *Nat-m*⁰
- Gestures, wringing the hands: *Plat*¹, *Nat-m*⁰
- Haughty, but very intelligent: *Plat*², *Nat-m*⁰
- Indifference, sadness in: *Plat*², *Nat-m*⁰
- Oversensitive: *Plat*¹, *Nat-m*⁰

In addition to the above discrimination, I added five important points viz.

- Precocity
- Intelligent
- Arrogant
- Wants to dress up nicely and wear ornaments
- Egoistic body language and refusal to talk with a physician

The symptoms from materia medica

- Arrogant
- Proud

- Weary of everything
- Wounded pride brings on mental symptoms
- Delusion, everything is changed
- Irritable about trifles
- Sits in a corner, broods and says nothing
- Morose and discontented mood, < being spoken to
- Past events trouble her

These all symptoms point to *Platina* as the remedy of choice. Her behavior changed from normalcy to ego-hypertrophy. She took the incidence as an insult and identified it to her pride. “Why didn’t he tell me “?

Final selection: Platina

Posology

Being the case functional, sensitivity high and mental generals marked, high potency infrequent schedule was adopted.

Hence, a single dose of *Platina* 1M was given.

Follow-up criteria

- Irritability
- Arrogance
- Mixing
- Performance in school
- Obstinacy
- Laziness
- Body language
- Energy level

Result

A single dose produced a remarkable change. She started improving in all the above criteria. The girl came to her natural emotions. The subsequent videos showed her lively and cheerful nature. Her mixing improved a lot and she started enjoying her life. The issue of the boy did erupt in the school within the group but she didn’t react in an angry way. Her performance in the school also improved. The most important change was her positive body language after the remedy.

Follow up (video)

(Body Language: *Resting at the back.*)

Dr. - Tell me KP, how are you?

Pt. - I am feeling nice. (*laughing*)

Dr. - Nice means?

Pt. - I am feeling better. (*Arms crossed in the legs and shyness with smile.*)

Dr. - Feeling better! How much you play?

Pt. - Very much. (*Responding quickly to physician's Q.*)

Dr. - Are you going to school daily? Do you talk with friends there?

Pt. - Yes.

Pt's mother - Tell me about school.

Pt. - I like my school. First prayer, then we study English and Maths. Then we take our lunch. Then again school classes. Then we go to the playground.

Dr. - What else you do?

Pt. - Nothing else, we just chat with each other in the bus.

Dr. - With whom you chat more?

Pt. - *Ankita* is my best friend, I chat with her. We go to a garden in the evening.

Dr. - Do you like garden?

Pt. - Very much.

Dr. - Why?

Pt. - Because there are many toys, there are trees. Hence I like it.

Dr. - How many times you go to garden?

Pt. - Many times. Cars are parked over there. Fountains are there. *Bhel* (spicy fast food) is also there. While eating I watch that. (*Laughing – covering her mouth*).

Dr. - Which song you like? Will you sing a song?

Pt. - (Sings a *Hindi* song)

Dr. to Pt. mother - Tell me how she feels after treatment.

Pt's mother - Her anger is much less. It has decreased definitely. She wakes early in morning to go to school. She does all morning activities quickly and on her own. She studies nicely as before. She mixes with everybody and makes new friends.

Dr. - What other change you have come across?

Pt's mother - There is a lot of change. Previously she was not eating properly. Now she takes sufficient food. Now she listens if we explain to her. Previously when she was out of station (to her relative), we had to call her repeatedly and if we didn't call her she used to get very upset.

Now one call is sufficient for her. This time she stayed nicely for eight days with the relative.

(Both mother and patient laughing).

The girl was observed for 2 years and she needed no more repetition.

A CASE OF A DIABETIC ULCER

A man in his 50 with 12 children, religious. Has 1 brother and 1 sister. Tall man. Diabetes since 10 years.

Family medical history: Mother as a child had Tuberculosis, now suffers from diabetes and unstable blood pressure. Father died from cancer of the pancreas. Grandmother became insane after giving birth, was in an institute, suffered from diabetes. Sister has epilepsy.

Nervous temperament, easily despaired. Impatient for results. If things are not accomplished easily, he gets despair and gives up, for this neglect a lot of things in his life. Becomes embittered if does not see the results. History of disappointments and failures. Does not believe in his self. Nothing even not a drop to hold to. This brings a state of unhappiness.

Hears inner voice that says to him, 'you are unsuccessful, nothing will help you.'

Most of the day he reproaches his children and tells them what is wrong with them. Gets hurt if the family thinks that he does it in purpose, and he has no control on it. Feels they found another weakness in him and it hurts his wounds, like stepping on his wounds. 'When I feel humiliated I humiliate them.' (Body language: *Lips closed and held in a tight line, clenched fists*).

Feels humiliated. 'I can understand in my mind but feel humiliated. I do not receive honor, I have no value in the eyes of others.' Feels so eaten up that cannot sit and study, becomes nervous and has to go out and escape from the situation, to escape from the battle. (Body language: *Clenched hands on forehead and sighing*). Loves to travel. Longing for fresh air. Wants to break everything and start from beginning. Wants to escape, but doesn't know where to escape.

Has big debts of money and this presses him very much. Cannot rest, moves from one place to another. Feels that he doesn't succeed with

anything taking to his hands. (As a child was born left handed and parents forced him to use right hand).

In the past could not perform actions without consulting, needed escorting for life, someone that will listen to him and will be occupied with his problems. Feels humiliated from his brother. 'I invested in him and for him I am nothing. Mother always praised my brother.'

Gets bursts of anger, hatred feelings and jealousy. 'When I see someone succeeding I see my failure and I become full of rage feelings and frustrations.' (Body language: *Pointing of index finger, flared nostrils*). 'It happens when I see well behaved children. For example, I thought my children will be educated not like me. I feel I did nothing in my life, not for me, not for my children, feel unnecessary in the world. When I come home and see the mess, I become mad, though I cannot make order myself. (Around him he always creates mess). It kills me, like stepping on my heart. Cannot control and burst in anger. I have no patience and I criticize them a lot. I enjoy that I see other people have worse problems than I. Wants to murder and harass others. Feels his wife should humiliate him. A lot of guilt feeling on my sins, they are in front of my eyes. All the failures are alive in me.'

'My mother was crying that she is growing a criminal and a thief in the house, and if I one day will find her hanged in the bathroom it will be my fault.'

'She used to suspect me that I went to prostitutes and not at school. She does not believe in me, she can speak in front of people. My big brother gave her comfort from his birth, all the time spoke on him. As a child, a lot of jealousy in me.'

Once someone hurt him, and he had few months of fantasies how he takes his wife and the children and throws them from the roof one by one. Told his wife few times that he wants to die, and it will be better for her as people will make an account for her to help with finance. To a friend I know he told that he has nothing to wake up in the morning for, only to roll his debts.

The debts he feels is like a snake that goes up and up, like the debts that rise and rise, like the snake that bites in your leg, in the beginning the wound is small but then the poison is going up to the heart and the head, until it kills the person. I have no control over my debts.

All passions are with no control as well as sexual desire which is very strong and masturbation as well. Though he knows it is forbidden in our

religion. Enjoys to look women. With the wife is looking for excitements, abnormal things like doing it in a garden. It is never quiet. To do things that are forbidden and to break it out. Since a child a high sexual tension. Mother always said, don't look. Did not receive a kiss or hug from mother. Can still remember once that father put the blanket on me, this pleasant feeling. At home no warm feeling, a mess. I have crazy desire to hear soft voice of women. Wants to be treated as mother to infant. No screams, evil, bitterness. Mother did not nurse him. Also spiritually like to cry to God with weeping and yearning for love. Feels contaminated. Like a dog that is tied with short rope.

All day thoughts of who I am and what I will do in life. Fight between the body and the pure soul. Feels that the attraction to women is the missing of the mother. She did not take care of me properly. She is not warm. She is like a detective to find faults in me and to criticize me. Until today she does it. Very humiliated. I used to curse her in myself, live in a shadow of threat. Maybe she watches me. I do the same to my children, very destructive.

With my wife - she is like my mother, she encourages me, consoles me and sees that I should not suffer.

No patience to slow process, if I cannot hit the target right away I break out.

Fear that I will not function, that I will fail in the middle of a project. That I will not succeed, that I will be drawn in the sea of details. The feeling of failure is very frightening. As young, I had thoughts that I wanted to be taken from the world but was afraid.

All the time thoughts "you are nothing". Guilt feelings that I deserve punishment from God. Feels that everything is fake. All is a lie. Never was myself, all the time to cover on an inner lie. I do not tell people that I am a big lazy. Never I faced or struggled, I escaped. (Body language: *Head down with chin depressed towards chest*). I can work only on big things, if not 100% better to be nothing. All the time I think that the eyes of the public is on me, that I am a strange person, the fool of the city. Doing a lot to help others, this gives him some relief. Recent period spends a lot of time in bed and cannot even go out and escape as before.

Had once a dream that he is in a funeral of someone that died 5 years ago and he carries his body with hands and he is alive and he shouts on me that I do not carry it properly. While awake: feeling of murdering someone who contradict him. Shooting a missile at an airplane. Afraid

from dogs, as a child of 4 years old, dogs attacked him. Afraid of disgraces, can be sleepless at night from it. (Body language: *The sitting style throughout the interview- sitting fully in the chair and pulling one more chair to extend its arms over it*).

Observation from family

Very changeable, can change his decisions from one minute to another. Torture the family to say no on something and then yes. Wants to be involved in everything in the house and creates fuss and mess. Wants everyone to obey him but he is unreasonable. Starts something and then swap to another thing in the middle. Children complain that he asks them to do the things that he himself cannot accomplish. Spends money with no logic, like going with taxi and buying things or not taking care in municipal tax to receive reductions etc. for years, and pay high taxes for this just because he neglected dealing with them which is hard for him.

Physical

- Tonsils were removed at young age
 - Psoriatic eruption on elbows, seborrhea like eruptions in the face near the nose and eyebrows
 - All roots of teeth are decayed and were loose until dentist took most out and made artificial ones
 - Baldness
 - Pain in shoulder (right) when it is cold weather
 - One time had a sore on the penis which itches a lot for few months
 - Wakes up to urinate twice at night
 - Had, about 13 years ago or more, severe impetigo on face and legs
 - In 2001-had a rectal abscess and also 19 years ago, it was hard and swollen
 - A warm blooded person, can't tolerate heat in general
 - Can often sleep with shoes
- Food
- Eats sweets
 - Eats with no control
 - Eats very fast, almost no chewing
 - Drinks a lot of juices
 - At night wakes up with thirst, lips and tongue very dry, runs to drink

The lesion of ulcer

Angry looking ulcer 1cm x 1.2 cm. on the left dorsum of foot. The edges

are purple-colored and there is much sloughing. Dark blood oozing from lesion. A surgeon advised debridement and suspect gangrenous development in the course. Arterial pulsations are feeble.

Investigations

Blood sugar level

Fasting – 140 mgm%

Post-prandial - 246 mgm%

Urine albumin++

Urine sugar++

Current Medication

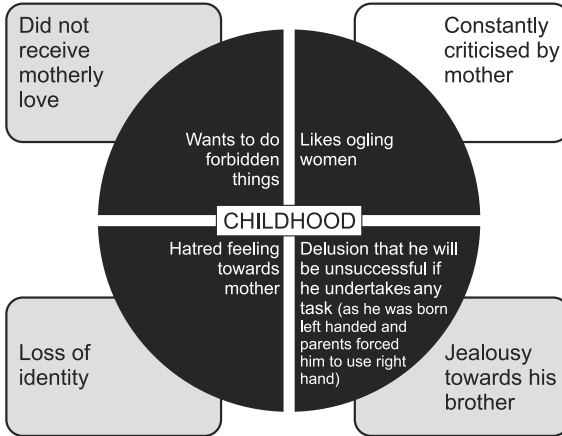
- Inj. Insulin 6 units in morning and 10 units in evening
- Hypoglycemic agents
- Vitamin B-complex

Analysis

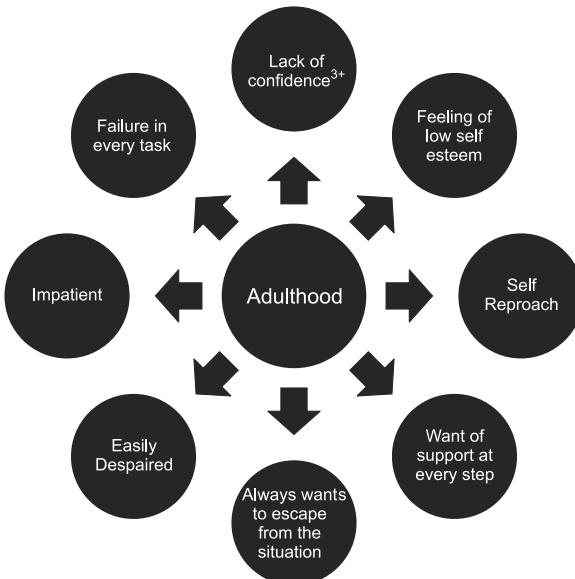
- Melancholic temperament
- Easily despaired
- Impatient
- Lack of confidence
- Wants to hide his weakness
- Easily humiliated
- Tit for tat attitude when he gets humiliated
- Brooding
- Fear of failure, if he undertakes any task (history that he was born as left handed and parents forced him to use right hand)
- Desire for travelling
- Want of support in every step
- Violent anger; anger 'out'
- Jealousy on seeing success of others
- Wants to torture other people
- Self reproach; guilty feeling
- High sexual desire
- Desires to do forbidden things
- Did not receive motherly love
- Desires to be nursed
- Vain feeling about life
- Mercy feeling to self

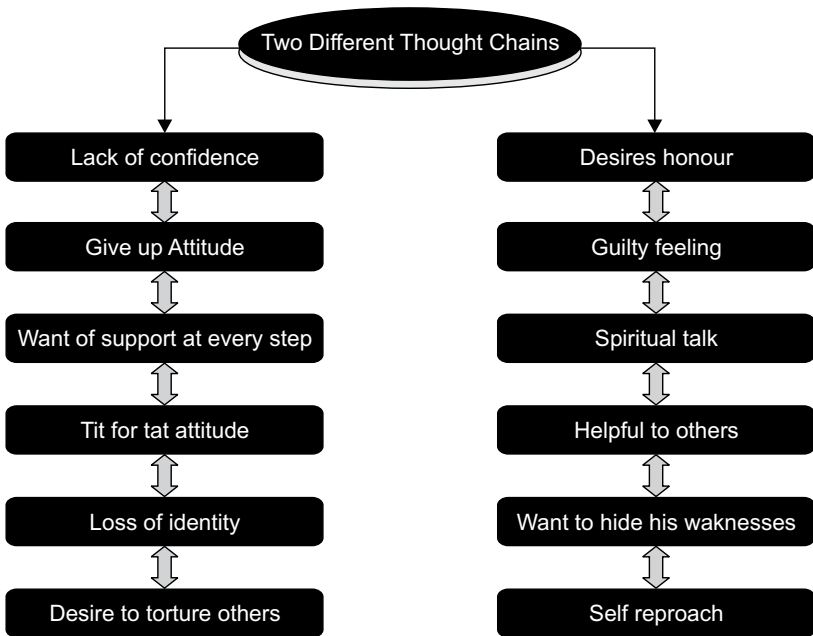
- Hatred feeling toward mother
- Humiliated feeling when fault shown to him
- Domineering and critical
- Delusion that people are looking at him
- Changeable

Evolution as a person



ADULTHOOD





ANALYSIS OF SYMPTOMS

Mental Generals

- Lack of confidence
- Impatient
- Easily despaired
- Easily humiliated
- Jealousy
- Wants to escape from the situation
- Anger violent
- Self reproach
- Anxiety about money
- Fear of failure
- High sexual desire
- Delusion that people are looking at him

Physical Generals

- Desires sweet
- Hot patient

Physical Particulars

- Ulcer: The edges are purple-colored and there is much sloughing. Dark blood oozing from lesion.

Evaluation of Symptoms

- Lack of confidence
- Impatient
- Easily humiliated
- Jealousy towards other
- Easily despaired
- Fear of failure
- Anger, violent
- Desires to escape from the situation
- Anxiety about money
- Self reproach
- Sexual desire high
- Spiritual talk
- Delusion that people are looking at him
- Desires sweet
- Impetigo, face and legs

Rubrics

- Mind, confidence, lacking, of
- Mind, impatience
- Mind, humiliated
- Mind, jealousy
- Mind, despair
- Mind, fear, failure, of
- Mind, anger, violent
- Mind, reproaches himself
- Mind, critical
- Mind, heedless
- Male, sexual desire, high
- Desires, travel
- Desires, sweet
- Legs, ulcers

Repertorization Filter: Murphy

Lyc-30/12, *Nat mur*-22/12, *Lach*-25/12, *Puls*-18/11, *Sil*-19/11, *Anac*-19/10, *Ars*-19/10, *Ign*-19/11, *Sulph*-16/10, *Staph*-20/10, *Calc*-17/10,

Miasm

Dominant Miasm

Syphilis as the patient is suffering from diabetic foot with angry looking ulcer, likely to go for gangrenous development. Violent anger, desire to murder others, hatred feelings and despair indicate syphilitic miasm.

Probable remedies

1. **Lac-can.** - He did not receive motherly love, got constant criticism by mother, always feels less confident. A strong feel of low self-esteem and self-reproach. Also the anger.
2. **Lachesis** - Violent anger, strong jealousy, sensitive ego, restlessness, high sexual desire. Ulcerative pathology, warm blooded.
3. **Anacardium** - Violent anger. Lack of confidence with hatred feeling towards mother. Ulcerative pathology.
4. **Merc-sol** – Changeability; despair; wants to escape. Angry looking ulcer with a lot of sloughing.
5. **Lyssin** – A strong sense of humiliation, violent anger, as if the whole world is against him and taking joy in harassing others point towards Lyssin; as also the strong pathology of ulcer which is angry looking.
6. **Staphysagria** – Humiliated feeling and violent anger, point towards Staphysagria
7. **Aurum met** – Despair, dominant syphilitic miasm, and ulcerative pathology point to this remedy.
8. **Nosodes**- *Syphilinum*, *Carcinocinum*, *Tuberculinum*

Thought process and differential remedy diagnosis

The patient is suffering from Type 2 diabetes mellitus since the last 10 years. A heedless man, not observing the dietetic restrictions, came down with a diabetic foot, one of the complications of diabetes, when he is in his fifties. A surgeon has commented that it may lead to gangrenous inflammation. This shows the gravity of the danger zone in which this patient is present in the current state.

In order to understand this overwhelming state of today, we have to understand the evolutionary totality, given the typical energy pattern possessed by this individual.

There is ample accumulation of negative energy during childhood. The frame of reference is more focused on mother who has been portrayed as one who didn't nurture him well. A sensitive child, who longed for exclusive 'motherly' love and then holding strongly 'deprivation' as the net result! The concept of motherly love is related to personal care, nurturing, affection and maintaining the innocence and childishness. Note the words of the patient, "Wants to be treated as mother to infant. No screams, evil, bitterness."

Strong jealousy coupled with anger – that's the childhood.

The problem child who couldn't give but trouble to the parents and others, in the adolescence phase, is carrying forward the strong negative emotions, and in return, receiving the critical comments, not ready to sustain. He could not develop the trust necessary for healthy and harmonious relations. Instead his sensitivity attracted him towards some delusions which then became a part of his life!

The energy pattern of this patient is inco-ordinated. He is moody, abrupt and unreasonable and yet he wants to push his ideas in an overbearing way. There is a definite pattern of rebelliousness against what is going on and he becomes impatient as far as his ways are concerned. When the others do not heed, he takes it as an offence and fights as if his identity is in crisis. He uses sarcastic and censorious ways to prove his points and to dominate others. He experiences especial joy in dictating others. "I enjoy that I see other people have worse problems than me." "When I feel humiliated I humiliate them."

He is sexually minded and even in the interview, his body language was sexual and he showed epoxy eyes as a manifestation!

One more aspect of his personality is 'given to excesses everywhere'. He behaves in an extravagant way, even though he is stooped with the debt. Unreasonably exuberant at all levels. He uses his energy with overt emotional play and drains himself out. Although 'despaired' as a final product, he continues wasting his energy and doesn't go into the ego-lysis; rather continues with ego-hypertrophy. There is lot of stuff about self-reproach but holding malicious behavior continues as before.

Final Remedy Diagnosis

Lachesis

The reasons for selecting this remedy are obvious. Not that patient is hot blooded and has diabetic ulcer on the leg point towards *Lach.*, but the evolution of personality in all transitional phases, hatred feelings with jealousy, tit for tat behavior, maliciousness, as also the pattern of energy of overt response are covered well by *Lachesis*. About sexuality I quote from the data: “All passions are with no control as well as sexual desire which is very strong and masturbation as well. Though he knows it is forbidden in our religion. Enjoys to look women. With the wife is looking for excitements, abnormal things like doing it in a garden. It is never quiet. To do things that are forbidden and to break it out. Since a child a high sexual tension.”

Lac-can doesn't have the overt energy of *Lachesis* and it lacks in being vindictive. *Lac-can* is heavily affected by the inferiority complex and go into lysis pattern of ego functioning. Hence it is ruled out. *Anacardium* has two will concept. It's basically two impulses simultaneously acting over the ego. *Anacardium* doesn't harbor guilt complex and becomes cruel. *Merc-sol* is ruled out as although it covers changeability, it doesn't cover the evolution of personality. *Merc-sol.* has much more 'fluid consciousness' in its pathogenesis. *Aur met.* is ruled out due to patient being hot blooded, and there is nothing vivacious and creative about this person. *Staphysagria* is coming up due to humiliated feeling and anger but other dispositional characters are missing in *Staphysagria*.

Further work-out of the case

1. **Nature of the disease:** Chronic
2. **Zone of illness:** Structural
3. **Phase of the disease:** Fully developed
4. **Affinity:** Pancreas, Islets of Langerhans; vessels and nerves
5. **Pathology:** Destructive, Degenerative, Neuropathic and vasculopathic changes.
6. **State of pathology:** Diabetes as a disease is incurable. But current ulcerative pathology is borderline.
7. **Pattern of response:** Progressive.

8. Pace of the disease: Rapid.

Management

1. **Homoeopathic:** Constitutional, miasmatic and organ remedies are to be taken into account.
2. **Auxiliary line of treatment:** Needed.
 - Strict control over blood sugar.
 - Dietetic restrictions.
 - Daily exercise.
 - Psycho-therapy: The chief focus should be to be more responsible towards his diabetes.

Posology

Sensitivity at mind level is increased, at nerves level it is decreased (due to neuropathic changes). Susceptibility at the tissue level is poor as there are no symptoms like pain and there are no modalities too. Hence, no characteristics are available at local pathology. It is due to diabetic microangiopathic changes that susceptibility at sector level has become poor. The general vitality of the physical system is good although focal changes of ulceration have occurred. There are ample qualified mentals: several dispositions in terms of cause--- effect--- cause level to maintain the vicious cycle, overt emotions, various stimuli and consequent reactive pattern. Similarity of *Lachesis* is present at various levels in a good manner viz. mind, physical generals and pathology.

To sum up, heightened mental activity but poor susceptibility and general vitality good are the criteria for posology in this case. Based on this, *Lachesis* 30C was selected to begin with on 25-01-06. In view of pace of the disease process being rapid, and it could act as a force of resistance to the remedial action, six hourly repetition was instituted. Of course, patient was advised to report if any untoward reaction would follow. This case needs vigilance as it is too acute at present but the base of it is the chronic one.

The surgeon made the debridgement of the wound on 20th Feb. 2006.

In addition to *Lach.*, *Calendula* mother tincture was applied externally throughout the period.

Follow-up of the case

28-01-06 – The angry look of the whole inflammation is slightly less. After the third dose of *Lachesis*, it started to drain more. Sloughing with ichorous

discharge, mixed with dark blood started oozing from the lesion.

Lachesis 30C continued as before.

01-02-06 – The wound is definitely better. The ichorous discharge is oozing, bleeding is less than before. Feels relaxed mentally and says that there is a well being feeling. The blackish discoloration is less.

Lachesis 30C continued as before. The decision to continue *Lachesis* was taken in view of no untoward reaction.

04-02-06 – Sloughing is less. The wound looks better. Some pink granulation tissue is seen for the first time from the deep lateral part of the wound. Experienced slight pains in the lesion.

Lachesis 30C, only now three times per day.

06-02-06 - Mentally he is better. Discussed with his son about his education, college, etc. Spoke with him nicely and didn't criticize him. There is no further change in the lesion.

Definite change in body language. The irritating pointer projection is less.

Lachesis 30, three times continues as before. This decision was taken as there seems to be some improvement at mental level and although more improvement is expected, there is no deterioration.

09-02-06 – Status quo. Had a quarrel with his wife over some trifling matter and he showed his usual anger and sarcasm.

Lachesis 200, a single dose.

12-02-06 – A good improvement. There is no bleeding in the wound. The depressed part of the ulcer has been filled with granulation tissue and the whole wound looks pretty healthy. After this incidence of quarrel, he has become more calm. The usual agitated behavior is less and had a long sleep for 2 days.

(Body language – *Many earlier follow ups and this one showed that the sitting styles are not ego-hypertrophic; he didn't extend his arms and didn't encroach as he was doing earlier.*)

Lachesis 200 is acting well and it is better to follow 'hands off' as per wisdom of waiting as advocated by Hahnemann in 5th edition of *Organon of medicine*.

17-02-06 – Remarkable improvement in this week. The granulation tissue has spread over the whole lesion. The blackish discoloration has totally disappeared and the surgeon who was also looking into the case opined that this is a rapid improvement.

MISS. V. A. J.

This unmarried young girl of 24 years came for the treatment of psoriasis.

Psoriasis since 4 years. Scaly eruptions; itching terrible, < night. Scratches until it bleeds; burning after itching; < winter; obstruction of nose, < night.

Past History

1. Menorrhagia at menarche.
2. Chickenpox in childhood.

Family History

1. Maternal Grandfather: Paralysis.
2. Maternal Uncle: COPD.
3. Mother: Warts.
4. Maternal Aunt: Psoriasis with Arthropathy.

Patient as a Person

Physicals

- Thermal Reaction: Chilly
- Desires: Eggs.
- Aversions: Milk.
- Dreams: Clairvoyant, of dead people.
- Perspiration: Scalp, palms, feet.

Mentals

- Anticipatory anxiety
- Impatient
- Weeping; < after anger
- Lack of confidence
- < Consolation
- Credulous
- Confiding
- Indecisive

General Physical Examination

Weight: 50 kg

Systemic Examination

Nil.

Investigations

Blood Routine: Nil

Urine Routine: Nil

Diagnosis

Psoriasis.

Miasms

Sycosis

Body Language

1. Defensive posture throughout the interview.
2. Slouched in the chair.
3. Eye to eye contact poor.
4. Low tone of voice.
5. Humble in behaviour.
6. Sweaty palms.
7. Weeping two to three times during the interview on her psoriatic complaints and over bereavement of her father. The type of weeping—real, genuine and soft.
8. The overall impression of bashfulness, timidity and ego-atrophy.
9. The prominent mode of body language – fugitive.

Rubrics

1. Dreams, clairvoyant
2. Dreams, dead, people of
3. Nose, obstruction, night
4. Skin, itching, perspiration
5. Desire, eggs
6. Aversion, milk
7. Perspiration, hand palm
8. Perspiration, foot
9. Anticipation, complaints from

Repertorial Filter

Calc.- 14/6, *Ars.*- 12/5, *Lyc.*- 11/5, *Sulph.*- 11/5, *Caust.*- 10/6, *Iod.*- 10/6, *Sil.*- 10/6, *Nux-v.*- 10/5, *Phos.*- 10/6.

Prescribing Totality

Mental Generals

- Anticipatory anxiety
- Bashful; timid
- Impatient
- Dreams: Clairvoyant, of dead
- Weeping, after anger
- Lack of confidence
- Desire: Eggs
- Aversion : Milk

Physical Generals

- Perspiration: Scalp, palms, soles

Selection of Remedy

Chronic Constitutional Remedy

- *Calcarea silicata*

Reasons

- Chilly
- Bashful timidity
- Defensive posture
- Diffidence
- Dreams of dead people
- < consolation
- Impatient
- Obstruction of nose

Potency Selection

- Susceptibility: High
- Sensitivity: High
- Miasm: Sycotic
- Similarity: Good
- Suppression: Nil
- General vitality: Good

Calc-sil. 1M in infrequent doses

Follow-up Criteria

- Itching

- Bleeding
- Eruptions
- Scaling
- Thickness
- Obstruction
- Nose

Follow-up

Date	Progress	Prescription
24/6/01	First prescription	<i>Calc-sil.</i> 1M/ single dose followed by Sac lac.
25/7/01 1/10/01	No change in complaints Scales, eruptions, and itching comparatively less Patient is happy	Sac lac Sac lac
27/12/01	Recurrence of symptoms Thickness < itching < irritability <	<i>Calc-sil</i> 1M/ single dose followed by Sac lac
2/2/02 15/4/02	Smile of comfort, that is, better Itching and lesions worse	Sac lac <i>Calc-sil</i> 10M/ single dose
20/6/02	Status quo. Decided to wait.	Sac lac
22/8/02	Better	Sac lac
14/10/02	Thickness of lesions reduced. Occasional itching; very rarely bleeding as scratching almost absent.	Sac lac
25/1/03	Overall improvement good	Sac lac.

Discussion

The chilly thermal state, diffidence and dreams of dead at a general level and sweating of palms and soles and obstruction of nose, < night at particular level were pointing to *Calcarea silicata*. As a synthetic prescription too, *Calcarea silicata* was matching well. Repertorization showed both *Calcarea carb.* and *Silicea* coming prominently—*Calc.* 17/8 and *Sil.* 15/7.

The data of body language combined with the physical generals confirmed the selection of a remedy.

In this case there were no contradictions between her body language and inner emotions.

Lesson From a Case

The case taught me a lesson that a combination of all gestures and postures together guide to know the language of the patient and that consistent pattern of body language is important for judging the personality.

MR. R.B.D.

Age: 47 years

Location/Onset/ Duration / Progress	Sensation and Pathology	Modalities and Ailments from	Concomitants
1. Mind Since 3 months	Change in behaviour 'Absorbed' Non-mixing Restlessness Laughing, foolish		Sleepiness Craving : Tobacco

Past History

1. Not received.

Family History

1. Not received.

Patient as a Person

Physicals

- Appetite: Reduced.
- Craving: Pungent.
- Sleep: Sleepiness
- Thermal Reaction: Chilly

Mentals

- Timid
- Submissive
- Absorbed
- Withdrawn

- Restless
- Silly laughing

General Physical Examination

Weight: 42 kg

Pallor: +

Tongue: White coating posteriorly

Blood Pressure: 120/80 mm of Hg

Systemic Examination

Nil.

Investigations

Hb % : 10.2 gm%

TLC: 8200/ cumm

DLC (%): L₂₈ N₆₇ E₁ M₄ B₀

Diagnosis

Nosological

Schizophrenia

Miasmatic

Dominant: Sycosis

Body Language

1. Facial expressions-foolish.
2. No eye contact.
3. Moving hands.
4. Blankly staring.
5. Silly laughing.
6. Answers foolishly.
7. Restless.

Rubrics

1. Nausea, food on looking at
2. Absorbed, buried in thought
3. Timidity
4. Sleepiness, overpowering
5. Laughing silly
6. Face, expressions, foolish

Repertorial Filter

Nux-m.- 10/4, *Lyc.*- 9/5, *Sulph.*- 9/4, *Puls.*- 8/3, *Bar-c.*- 7/4, *Kali-c.*- 7/4, *Phos.*- 7/4, *Sep.*- 7/4, *Petro.*- 7/3, *Sil.*- 7/3.

Prescribing Totality

Mental Generals

- Schizophrenia
- Buried in thoughts
- Making gestures++
- Face : foolish expressions
- Restless

Physical Generals

- Chilly patient
- Overpowering sleepiness
- Craving : Tobacco

Selection of Remedy

Chronic Remedy

- *Nux moschata*

Reasons

- Overpowering sleepiness
- Making gestures ++
- Imbecile expressions
- 'Absorbed'
- Restlessness
- Chilly patient
- Answers foolishly

Potency Selection

- Susceptibility: Poor
- Sensitivity: Moderate
- Miasm: Sycosis
- Similarity: Good
- Suppression: Nil
- General vitality: Good
- Pathology: Nil

Nux-m. 1M, a single dose.

Follow-up Criteria

- Behaviour
- ‘Buried’ in thoughts
- Sleepiness
- Restlessness
- Making gestures

Follow-up

Date	Progress	Prescription
11/8/01	First prescription	<i>Nux-m.</i> 1M / single dose
27/8/01	Sleepiness. Rest of the symptoms same.	Sac lac
29/9/01	Sleepiness and restlessness better, but yet buried in thoughts	Sac lac
30/10/01	Overall mentally better; mixes with friends; rest-same	Sac lac
17/12/01	Better in all criteria; plays on the ground with friends	Sac lac
5/2/02	Sleepiness and restlessness <	Sac lac
11/3/02	All complaints <	<i>Nux-m.</i> 10M / single dose
30/8/02	Some definite improvement	Sac lac
3/5/02	Improving	Sac lac
10/6/02	Better	Sac lac

Discussion

In schizophrenia we often get pathognomonic symptoms only and to select a constitutional drug is indeed a difficult task. The physical data in this case was very scanty. There were no strong physical generals or particulars. With his ‘absorbed’ state of mind I was in favour of *Helleborous niger* but his father gave me information that he is restless and has overpowering sleepiness. He was not on sedatives. I observed fidgety feet and constant movement of hands although his face was idiotic and as if ‘buried in thoughts.’ He appeared quite bewildered. The overall impression was of fugitive body language. I asked him a few questions, he answered them foolishly; there was silly laughing too.

With this data of body language, I decided to select *Nux moschata* and a follow-up of more than 1½ years with infrequent repetition in 1M and 10M potencies showed that the case has improved considerably.

Lesson From a Case

The comparative study between *Hell.* and *Nux-m.* was chiefly at the level of body language. The lesson of this case is that a consistent body language which depicts the typical individualistic pattern could be utilized for discrimination for the final selection of a remedy.

MRS. P.V.K.

Age: 47 years

Location/ Onset/Duration /Progress	Sensation and Pathology	Modalities and Ailments From	Concomitants
1. Skin since July 2002 Face, cheeks Bilateral	Circumscribed redness	< sun exposure < emotional excitement	No itching or burning

Past History

1. Non-contributory.

Family History

1. Non-contributory.

Patient as a Person

Physicals

- Thermal Reaction : Chilly
- Desires: Fruits, pungent things
- Dislikes: Sweets.
- Sleep: Unrefreshing.
- Menses: Irregular, scanty
- Built: Short, obese.
- Sensitive: To music, odours.

Mentals

- Egoistic
- Beauty conscious

- Superiority complex
- Straight forward
- Likes shopping, parties, jewellery
- Self-righteous
- Contemptuous
- Mood, changeable

General Physical Examination

Weight: 62 kg

Blood Pressure: 140/90 mm of Hg

Systemic Examination

Nil.

Investigations

Hb%: 11.6 gm%

TLC: 8,300/cumm

DLC(%): N₆₁ L₃₃ E₀ M₆ B₀

ESR: 35mm/1hr

LE cell phenomenon - ve.

Antinuclear antibody test: - ve

Discoid lupus erythematosus

Diagnosis

Nosological

Discoid lupus erythematosus

Miasmatic

Psoro-tubercular

Body Language

1. Face broad.
2. Horizontal furrows.
3. Wrings the hands often.
4. Constantly shrugs the shoulders with a contemptuous smile.
5. In full make-up and with a lot of ornaments.
6. Palm position dominant.

Rubrics

1. Skin, lupus
2. Desires fruit
3. Egotism

4. Gestures, makes
5. Wringing, the hands, of
6. Delusions, grandeur

Repertorial Filter

Phos.- 6/5, *Lach.*- 6/4, *Sulph.*- 6/4, *Lyc.*- 6/3, *Plat.*- 6/3, *Verat.*- 6/3, *Ars.*- 5/3, *Agar.*- 4/3, *Alum.*- 4/3, *Calc.*- 4/3.

Prescribing Totality

Mental Generals

- Superiority complex
- Delusion of grandeur
- Contemptuous.
- Dictatorial
- Egoistic.
- Hands, wringing
- Beauty conscious
- Showy

Physical Generals

- Obese
- Desire : Fruits
- Sleep : Unrefreshing
- Pathological : Lupus

Selection of Remedy

Chronic Remedy

- *Platinum Metallicum*

Reasons

- Superiority complex and gestures
- Delusion of grandeur
- Contemptuous
- Dictatorial
- Egoistic
- Hands, wringing
- Pathological: Lupus
- Physical generals: Obese
- Desires fruits

- Beauty conscious
- Showy

Potency Selection

- Susceptibility : Moderate
- Sensitivity : High
- Miasm : Psoro -tubercular
- Suppression : Nil
- General vitality : Good
- Pathology : + (Reversible)

Platinum 1M infrequent in view of a skin case.

Follow-up criteria

- Redness of face.

Follow-up

Date	Progress	Prescription
14/6/02	First prescription	<i>Platinum</i> 1M / single dose
15/7/02	Complaints better	Sac lac
9/9/02	Redness of cheeks further less	Sac lac
19/10/02	Redness of cheeks further less	Sac lac
21/12/02	Weight 62 kg; complaints >>	Sac lac
24/2/03	Improvement stopped	<i>Platinum</i> 10M/single dose
26/4/03	Much better	Sac lac
27/6/03	80% better	Sac lac

Discussion

Mrs. P.V.K., aged 47 years, made an impression in the waiting chamber itself. She had make up of showy and gaudy type and she started giving orders to the receptionist. ‘Tell your doctor, Mrs. P.V.K. has come and I have no time to wait.’

The interrogation began. The initial twenty minutes revolved around her ego and achievements and I felt the need to go deeper in exploring her mental state. She was a divorcee and had some sexual problem. However, she refused to elaborate on this problem and told me to select a remedy on whatever data given by her.

I observed the following:

1. She was a bit arrogant and was not respecting me, not listening to my questions.
2. Major part of interview was occupied with boasting.
3. She answered each question with a tinge of personal magnification.
4. You ask her any question; she will come finally to her own world of pride.
5. While answering questions, her eyebrows were raised with head tilting back.
6. She was frequently moving her fingers within her hairstyle.
7. Her hands were going up above the level of her head.
8. She was wearing multiple rings on the fingers and had many ornaments on her body.

Straight away I picked *Platinum* and with a single dose of *Platinum* 1M and almost placebo for a year, her circumscribed redness reduced.

During the follow-up of the case, we noticed a little change in her body language and in her mental state.

Lesson From a Case

The remedy was obvious. Body language only underscored it.

MASTER S.S.W.

Age: 6 years

Location/Onset/ Duration/ Progress	Sensation and Pathology	Modalities and Ailments From	Concomitants
1. Respiratory system Since 5 years Episodes every month	Colds: Yellow, thick, sticky Cough: Paroxysmal Wheezing Dyspnoea	< morning < dampness < winter > open air < physical exertion	Fever: 101°- 102 ° F Thirstless Appetite reduced

Past History

1. Pityriasis.
2. Vaccinations multiple but no reaction.
3. Milestones : Normal.

2. Family History

1. Paternal Grandfather: TB, IHD.
2. Father: Renal stones, Ringworm.
3. Maternal Grandmother: Paralysis.
4. Paternal Grandmother: R.A.

Patient as a Person

Physicals

- Built: Average
- Sweat: Scalp
- Desires: Eggs, chocolate
- Thermal Reaction: Hot

Mentals

- Fear : Dark
- Dictatorial
- Anxiety of strangers
- Temper tantrums
- Arrogant
- Precocious

General Physical Examination

Pallor: +

Weight: 11 kg

Systemic Examination

On Auscultation: Wheezing

Investigations

TLC – 11, 400/cu mm

DLC (%) – L₃₀ N₆₀ E₆ M₄ B₀

Diagnosis

Nosological

Childhood asthma

Miasmatic

Dominant: Sycosis

Fundamental: Tubercular

Body Language

1. Maturity+.
2. Thumb sucking.
3. Initial anxiety in front of strangers.
4. Redness of cheeks, < anger, from.
5. Dictating voice.
6. Eyebrows raised.
7. Hands at back.

Rubrics

1. Head, perspiration, scalp
2. Desire, eggs
3. Desire, chocolate
4. Magnetized, desires to be
5. Fear, dark
6. Anxiety, strangers, in the presence of
7. Dictatorial
8. Discolouration, red, anger after
9. Fingers, in the mouth, children put

Repertorial Filter

Calc.-15/7, *Phos.*- 12/5, *Puls.*- 10/6, *Sil.*- 10/6, *Lyc.*- 9/6, *Stram.*- 8/4, *Nux-v.*- 7/4, *Bell.*- 7/3, *Caust.*- 6/5, *Carc.*- 6/4.

Prescribing Totality

Mental Generals

- Precocious
- Intelligent
- Dictatorial
- Fear of dark
- Anxiety, strangers of
- Temper tantrums

Physical Generals

- Desires : Eggs, chocolates
- Hot patient

Particulars

- Cough; paroxysmal, < morning
- Colds; Yellow, thick, sticky
- Dyspnoea; < dampness, winter, physical exertion, > open air

Selection of Remedy

Chronic Remedy

- *Lycopodium clavatum*

Reasons

- Precocious
- Intelligent
- Dictatorial
- Tantrummy child
- Arrogant
- Superiority body gestures
- Hot patient
- < dampness, winter

Acute

- *Pulsatilla*

Reasons

- Discharge : Thick, yellow, sticky
- Dyspnoea, > open air
- Thirstless during fever

Intercurrent Remedy

- *Medorrhinum*

Reasons

- Hot, antisycotic

Potency Selection

- Susceptibility : High
- Sensitivity : High
- Miasm : Sycosis (dominant) and tubercular (fundamental)
- Similarity : Good
- General vitality : Good
- Pathology : Reversible

Lycopodium 1M in infrequent dose.

Pulsatilla 200, 4 hourly, SOS.

Follow-up Criteria

- Colds
- Dyspnoea
- Cough
- Pallor
- Wheezing

Follow-up

Date	Progress	Prescription
10/11/01	Asymptomatic phase. First prescription	<i>Lyc.</i> 1M / single dose
13/12/01	No complaints	Sac lac
17/01/02	No complaints	Sac lac
22/03/02	Acute episode +	<i>Puls.</i> 200 4 hourly x 2 days
30/04/02	Better though cough +, wheezing >	<i>Puls.</i> 200 4 hourly x 2 days
25/06/02	Much better. No complaints. Quiescent phase.	<i>Lyc.</i> 1M / single dose
27/08/02	Patient remains to be symptom free	Sac lac

Master S.S.W. gave the following attributes:

- Feeling of precocity as a first impression
- Two attributes : Thumb sucking and stranger anxiety
- The boy started interacting in a very friendly manner with me after the phase of initial shyness
- I found that he has a lot of strength
- His voice was commanding
- He asked me a few questions which seemed arrogant to me at his age
- Once the interview swung into its continuity, the boy starts arguing with me
- In the arguments there were frequent pointers of the finger

Discussion

The physical data pointed towards *Calcarea carb.* in a clear way. There were adequate reasons to prescribe it but the gestures indicated a dictatorial and intelligent boy, and I decided to select *Lycopodium* which also covered perspiration on the scalp and fear of darkness. With *Lycopodium* as a chronic constitutional and *Pulsatilla* as an acute, the boy responded positively. The frequency and intensity of respiratory tract infections considerably lessened and that too with minimum repetitions.

I thought that without the correlation of body language, I might not have been successful in clinching the right remedy. The usual repertorization and the orthodox approach might have gone for *Calcarea*, but the objective body language of the boy clearly pointed to the dictator type. The energy pattern of *Calcarea* and *Lycopodium* is different and it is reflected in the body language. *Calcarea* maintains its fugitiveness and the body is more closed in terms of crossed arms and legs and there is no strong eye contact. *Lycopodium* possesses inner strength and it emerges onto the surface as it covers direct eye contact.

MRS. M.A.K.

Age: 41 years

Location/Onset/ Duration/ Progress	Sensation and Pathology	Modalities and Ailments From	Concomitants
GIT Since 6 years Abdomen	Loose motions 20-25 times / day Pain Sudden urge to stool	< milk < spicy food	Anxiety Weakness

Past History

1. Dysentery.
2. Hysterectomy (due to dysfunctional uterine bleeding), 1 year back.
3. TB, 7 years back

Family History

1. Father: Leukemia, diabetes, hypertension

2. Mother: Rheumatism
3. Sister: Rheumatism

Patient as a Person

Physicals

- Appetite: Less
- Desires: Ice-cream, salt, milk, tea
- Perspiration: Palms, soles

Mentals

- Anxiety, trifles about
- Nagging
- Dissatisfied
- Weeping < consolation
- Indifference to sex

General Physical Examination

Weight: 54 kg

Blood Pressure: 130/80 mm of Hg

Pulse: 80/min.

Pallor: +

Systemic Examination

Distension of abdomen

Investigations

Blood Routine: Normal

Urine Routine: Normal

Colonoscopy: Nil

Diagnosis

Nosological

I.B.S.

Miasmatic

Dominant: Tubercular

Fundamental: Tubercular

Body Language

1. Weeping

2. Always complaining.
3. Horizontal furrows on forehead.
4. Indifference – blank stare.
5. Relaxed posture, not engaging actively.

Rubrics

1. Anxiety, trifles about
2. Complaining
3. Discontented, displeased, dissatisfied, etc.
4. Indifference, apathy, etc.
5. Perspiration—hand palm
6. Perspiration – foot
7. Genitalia – female – desire – diminished
8. Desire – milk
9. Desire—salt thing

Repertorial Filter

Nat-m.- 18/9, *Sil.*- 17/9, *Sulph.*- 17/9, *Calc.*- 15/8, *Phos.*- 15/8, *Sep.*-15/7, *Verat.*-15/7, *Merc.*- 14/7, *Lyc.*- 13/6, *Caust.*- 12/8.

Prescribing Totality

Mental Generals

- Weeping, < consolation
- Nagging
- Indifference to sex

Physical Generals

- Appetite reduced
- Perspiration: Palms, soles
- Forehead wrinkled

Particulars

- Diarrhoea, < milk

Selection of Remedy

Chronic Remedy

- *Sepia officinalis*

Reasons

- Nagging

- Dissatisfied
- Weeping, < consolation
- Indifference to sex
- Anxiety, trifles at
- Diarrhoea, < milk

Potency Selection

- Susceptibility: High
- Sensitivity: High
- Miasm: Tubercular
- Similarity: Good
- Suppression: Nil
- General Vitality: Good

Sepia 1M infrequent doses.

Follow-up Criteria

1. Loose motions
2. Appetite
3. Pain – abdomen
4. Weakness
5. Anxiety

Follow-up

Date	Progress	Prescription
10/2/02	First prescription	<i>Sep.</i> 1M / single dose
15/4/02	Complaints same	Sac lac
17/5/02	Complaints slightly better	Sac lac
19/6/02	Complaints further better	Sac lac
4/8/02	Status quo	<i>Sep.</i> 1M / single dose
14/9/02	Pain in abdomen reduced	Sac lac
24/10/02	Overall better; weight – 56 kg	Sac lac
27/11/02	Acute episode of loose motions due to food poisoning	<i>Ars.</i> 200/qid/2 days
11/12/02	Increases frequency of loose motions; weight – 56 kg	<i>Sep</i> 10M
21/1/03	Much better; 40% better	Sac lac
15/2/03	Status quo	<i>Sep.</i> 10M / single dose
18/3/03	Diarrhoea >; weight – 59 kg	Sac lac

Discussion

This 41 year old female consulted me for recurrent diarrhoea four to five times a day since the last six years, with pain in the abdomen and sensation of distension. Her investigations revealed nothing and she was diagnosed with ‘spastic colitis’ that is, Irritable Bowel Syndrome. Her GIT symptoms were < milk, spicy food and anxiety. In view of her desires, anxiety and other mental data, three drugs – *Calcarea carb.*, *Natrium mur.* and *Sepia* came for differentiation. Indifference to sex with diminished desire and a blank face motivated me to select *Sepia* which also covered the physical generals and particulars of the characteristic type.

In this case the body language was :

- Appearance – bony and angular face, long and thin nose, hair growth on moustache area of face
- Blank face
- Weeping during the interview, but face blank
- Weeping didn’t contain affection, rather more dryness

This data clinched *Sepia* and the results were soon obvious. I was discussing her case with the students and I noticed that she was not interested in our talk and she was throwing the message that it is none of her business. Within a span of around a year more than 60 percent improvement occurred.

MR. A.G.H.

Age: 57 years

Location/Onset/ Duration/ Progress	Sensation and Pathology	Modalities and Ailments From	Concomitants
1. Mind Since 1 year	Restlessness Anxiety Nervousness	business failure	Sleeplessness Burning in eyes
2. Urinary system Since 6 months	Increased frequency Dull aching pain	night	Thirst increased
3. Gastrointestinal system Since 4 months	Flatulence	eating after	

Past History

1. Typhoid.
2. Recurrent urethritis.
3. Appendectomy.

Family History

1. Father: Diabetes, neurosis, eczema.
2. Sister: Rheumatism.

Patient as a Person

Physicals

- Thermal reaction: Ambithermal
- Appetite: Reduced
- Desires: Warm food
- Worse: Fasting = irritability

Mentals

- Anxiety about business
- Domineering
- Depression
- Fear of infection
- Suppressed sexual desire

General Physical Examination

Weight: 60 kg

Blood Pressure: 140/80 mm of Hg

Systemic Examination

Per Abdomen: Nil

Investigations

Urine Examination : Pus cells-6-7/hpf

VDRL Test : - ve

ELISA : -ve

Diagnosis

Nosological

Anxiety neurosis with depression

Miasmatic

Dominant: Sycosis

Fundamental: Sycosis

Body Language

1. Leaning backward.
2. Head high with a gesture of superiority but closing of eyes on sensitive issues.
3. Frequent yawning.
4. Hands on forehead, with rubbing.
5. Restless, with handling of objects like clock, etc.

Rubrics

1. Urination, frequent night
2. Desire, warm food
3. Anxiety, business about
4. Forsaken feeling
5. Sadness, mental depression
6. Fear (See anxiety) infection of
7. Sexual desire, suppression of aggravation

Repertorial Filter

Puls.- 16/6, *Lil-t.*- 12/6, *Calc.*- 11/6, *Lyc.*- 11/6, *Pb-ac.*- 11/6, *Ars.*- 11/5, *Nat-m.*- 10/4, *Psor.*- 10/5, *Sep.*- 10/5, *Nat-c.*- 9/5.

Prescribing Totality

Mental Generals

- Anxiety about business
- Domineering
- Depression
- Fear of infection
- Image conscious
- Forsaken

Physical Generals

- Polyuria
- Desires : Warm food

Physical Particulars

- Pain, abdomen < eating after
- Flatulence

Selection of Remedy

Chronic Remedy

- *Lycopodium clavatum*

Reasons

- Fear, infection of
- Anxiety about business
- Depression
- Image conscious
- Forsaken
- Sleeplessness
- Desires warm food
- Polyuria, < night

Potency Selection

- Susceptibility : Increased
- Sensitivity : Mind- increased. Body-increased
- Miasm : Sycosis
- Similarity : Good
- Suppression : Nil
- General vitality : Good

Lycopodium 1M in infrequent doses.

Follow-up Criteria

- Sleeplessness
- Polyuria
- Depression
- Anxiety

Follow-up

Date	Progress	Prescription
5/4/02	First prescription	<i>Lyc. 1M</i> / single dose
7/5/02	Frequency of micturition less	Sac lac
8/6/02	GIT complaints same	Sac lac
9/7/02	Nervousness +, sleeplessness +	<i>Lyc. 1M</i> / single dose
10/8/02	Nervousness better; restlessness	Sac lac
12/9/02	Complaints better but mind symptoms are fluctuating	<i>Lyc. 10M</i> / single dose
12/10/02	Complaints better; sleep better; polyuria	Sac lac
10/11/02	50% better	Sac lac
3/2/03	No complaints	Treatment stopped.

Discussion

This patient sustained a major business loss and came down with sleeplessness, anxiety and depression. During the interview he talked on his failure in business. However, despite the heavy loss, he was boasting. When the business issue was under exploration, he showed:

- Clenched hands on the forehead frequently
- Restless fingers and handling of the wrist watch
- Yawning

While the issue was on his achievements, he showed:

- Dominant palm position
- Head tilt high
- Making fists while speaking on competitors
- Tapping the hand on the table to emphasize his points
- Manifesting a liar's gesture many times
- Sitting fully in the chair and pulling one more chair to extend his arms over it many times and for the longest period of the interview
- Taking pauses frequently but in an influencing manner

The first body language denoted frustration and I started thinking of *Aurum met.* However, when the entire gesture clusters were studied in totality, it gave me the impression of a domineering man who does not want to give up. The concomitant of physical generals and particulars were

clearly in favour of *Lycopodium*. When I combined all elements together and observed the case in totality, I decided to go for *Lycopodium* and there was an all round improvement.

MRS. M.V.D.

Age: 47 years

Location/Onset/ Duration/ Progress	Sensation and Pathology	Modalities and Ailments From	Concomitants
1. Extremities Since 2 months Elbow joint, right	Pain Heaviness Lameness	< flexing the arm > warm application > motion of arm > hanging of arm	
2. Skin Since 1 year	Urticaria	< scratching after	

Past History

1. Typhoid.
2. Diphtheria.
3. Malaria.
4. Wart on neck removed.

Family History

1. Father : Diabetes, rheumatism
2. Mother : Hypertension
3. Paternal Grandmother: Rheumatism
4. Paternal Uncle: Heart disease

Patient as a Person

Physicals

- Thermal Reaction : Hot
- Desires : Ice-cream, milk, sweets, sour
- Perspiration : Palm
- Worse : Fasting, loss of sleep
- Dreams : Travelling, water

Mentals

- Anger, < contradiction

- Desires company
- Forsaken feeling
- Weeping, from anger

General Physical Examination

Weight : 53kg

Blood Pressure : 130/90 mm of Hg

Skin : Urticarial rash

Systemic Examination

Locomotor System: Tenderness on right elbow

Investigations

Hb % : 13 gm%

TLC : 11600/ cumm

Urine examination : Nil

Diagnosis

Nosological

Urticaria with right epicondylitis

Miasmatic

Dominant : Psoro-sycosis

Fundamental : Sycosis

Body Language

1. Weeps easily on sensitive issues.
2. Fugitive.
3. Leaning back in chair.

Rubrics

1. External pain – elbow, bending arm, when
2. External pain – elbow > motion
3. Perspiration – hand – palm
4. Dreams – journey
5. Dreams – water
6. Forsaken feeling
7. Anger, irascibility – contradiction from
8. Fasting while (General)
9. Sleep – loss of from

Repertorial Filter

Sep.- 12/6, *Sil.*- 11/6, *Merc.* -10/7, *Rhus-t.* - 10/7, *Lyc.*- 10/6, *Nux-v.*- 10/4, *Puls.*- 9/6, *Ign.*- 9/5, *Sulph.*- 9/4, *Phos.*- 8/4

Prescribing Totality

Mental Generals

- Weeping disposition
- Ailments from anger
- Desires company
- Forsaken feeling
- Sensitive
- Hurt easily
- Helping nature
- Anger, < contradiction
- Dreams of travelling, water.

Physical Generals

- Hot patient
- Ailments, from loss of sleep after
- < fasting.
- Desires ice-cream, milk, sweets, sour.
- Sweat – palms.

Particulars

- Pain, elbow < flexing the arm, > motion

Selection of Remedy

Chronic Remedy

- *Calcarea sulphurica*

Reasons

- Itching, > cold application
- Hot patient
- Synthetic prescription: *Calcarea* + *Sulphur*
- Neglected, feeling
- Evolution of *Calcarea* personality
- Perspiration, staining yellow

Potency Selection

- Susceptibility : Increased
- Sensitivity : Increased
- Miasm : Psoro-sycosis
- Similarity : Good
- Suppression : Nil
- General vitality : Good

Calcarea sulphurica 1M in infrequent doses.

Apis mellifica 30 SOS

Follow-up Criteria

- Urticaria
- Dreams
- Pain – right elbow
- Lameness

Follow-up

Date	Progress	Prescription
14-5-01	First prescription	<i>Calc-sulph.</i> 1M / single dose
30-5-01	Pain in elbow better, intensity of urticaria less.	Sac lac
1-6-01	Dreams frequency less Pain better, urticaria better.	Sac lac
10-7-01	Episode of nodular urticaria	<i>Apis</i> 30 tds x 2 days
13-7-01	Acute complaints better. Hence chronic constitutional remedy	<i>Calc-sulph.</i> 10M/single dose
30-7-01	Slightly better	Sac lac
1-9-01	Overall better	Sac lac
2-10-01	Overall better	Sac lac
17-10-01	Pain, elbow < initial motion, > warm application	<i>Calc-s</i> 10M/single dose
20-10-01	Pain better	Sac lac
25-11-01	Better	Sac lac
2-01-02	No urticaria since months, joint pain absent	Sac lac

Discussion

In Mrs M.V.D.'s case there were two distinct characters. Her body language was fugitive but a definite pattern of anger was also revealed when her interpersonal relations were explored and it was found that she has a lot of problems with in-laws and sister-in-law. The fugitive posture was because of the chronic forsaken feeling. Her physicals were more of *Calcarea carb.* but she was a hot patient. Her urticaria was better with cold application and she also had epicondylitis of the right elbow.

I selected *Calcarea sulph.* and she beautifully responded.

Calcarea sulphurica is a blend of *Calcarea's* passivity and *Sulphur's* ego. The body is indolent but mind is active. *Sulphur's* rashness and pride project the anger. *Calcarea sulphurica* as a remedy has to be thought of when the slow body doesn't tune in with the speed of mental activity.

MRS S.P.T.

Age: 41 years

Location/Onset/ Duration/ Progress	Sensation and Pathology	Modalities and Ailments From	Concomi tants
1. Lumbar, right → left Since 7 years	Pain dull, aching Formication Menses irregular	< physical exertion < bending backward	Laughing silly, loud Headache;
2. Menstrual complaints menarche Since	profuse, with blackish clots, protracted	< stooping < morning < motion	< before menses > after menses
3. CVS Since 1½ years	Hypertension		

Past History

1. Tonsillectomy (at 10 years of age)
2. Jaundice at 6 years of age

Family History

1. Paternal Grandfather: TB, diabetes, psoriasis
2. Father: Hypertension
3. Mother: Myocardial infarction

Patient as a Person

Physicals

- Thermal Reaction : Hot
- Perspiration : Scalp
- Desires : Highly seasoned food, ice-cream, milk, coffee
- Dreams : Dreams of work in office
- Built : Short, obese
- Mole : One mole on nose

Mentals

- Loquacity
- Weeping
- Cheerful
- Laughing, silly

General Physical Examination

Weight : 69kg

Blood Pressure : 160/100 mm of Hg

Systemic Examination

Lumbar Region : Lumbar tenderness

SLR : Positive

Neurological Deficit : Nil

Investigations

Ultrasound of Abdomen : Bilateral ovarian cysts

Rt.: 5mm

Lt.: 3mm

X-ray

Lumbar: Spondylitic changes

Diagnosis

Nosological

Hypertension with lumbar spondylosis and ovarian cysts

Miasmatic

Dominant : Sycosis

Fundamental : Syco-tubercular

Body Language

1. Constant movement of fingers.
2. Laughing silly and loud.
3. Weeping ++.
4. Lively bouncy voice, well-modulated.
5. Flushing of face on excitement.
6. Leaning forward.

Rubrics

1. Back pain, lumbar region < exertion
2. Back pain < bending backward
3. Back pain < stooping
4. Back pain > motion
5. Head, pain < menses before
6. Menses, protracted
7. Menses, clotted
8. Menses, black
9. Tumours, ovaries-cysts
10. Obesity
11. Side, right → left
12. Loquacity

Repertorial Filter

Lyc.- 18/9, *Puls.*- 17/9, *Lach.*- 17/7, *Plat.*- 15/8, *Sulph.*- 15/8, *Bell.*- 14/8, *Rhus-t.*- 14/7, *Graph.*- 13/10, *Calc.*- 13/6 *Am-c.*- 12/3

Prescribing Totality

Mental Generals

- Loquacity
- Weeping
- Cheerful
- Laughing – silly, loud

Physical Generals

- Desires highly seasoned food, milk, coffee, ice-cream
- Hot patient
- Menses are protracted, clotted black

- Obesity
- Hypertension
- Right → left

Particulars

- Lumbar, pain < exertion, bending backward, stooping, > motion
- Headache, < menses before
- Ovarian cysts

Selection of Remedy

Chronic Remedy

- *Lachesis mutus*

Reasons

- Cheerful, loquacity, laughing silly, weeping disposition
- Obesity
- Ovarian cyst
- Headache < menses before
- Hot patient

Potency Selection

- Miasm : Sycosis
- Similarity : Good
- Suppression : Nil
- General vitality : Good
- Pathology : Atherosclerosis - degenerative, cysts - ovarian

Lachesis 30 one dose daily in view of pathology

Follow-up criteria

- Lumbar pain
- Protracted menses
- Clotted menses
- Headache
- Ovarian cysts.
- Hypertension
- Over weight

Follow-up

Date	Progress	Prescription
7/8/01	First prescription	<i>Lach.</i> 30 1 dose HS
8/9/01	Intensity of lumbar pain >; clots +	<i>Lach.</i> 30 1 dose HS
7/10/01	Menses – quantity less, flow reduced	<i>Lach.</i> 30 1 dose HS
4/11/01	Complaint better;	<i>Lach.</i> 30 1 dose HS
	hypertension 140/92 mm of Hg.	
6/12/01	Overall better but blood pressure 140/92 mm of Hg; ovarian cyst reduced.	<i>Lach.</i> 30 1 dose HS
2/1/02	Overall better; blood pressure same	<i>Lach.</i> 30 1 dose HS
3/2/02	Better; blood pressure 140/90 mm of Hg	<i>Lach.</i> 30 1 dose HS
6/3/02	Much better; blood pressure 136/90 mm of Hg.	<i>Lach.</i> 30 1 dose HS
10/5/02	No cyst in ultrasound; blood pressure 140/88 mm of Hg.	<i>Lach.</i> 30 1 dose HS
24/5/02	No complaints	Sac lac

Discussion

This female patient of short and obese make up was vividly expressing herself in verbal and non-verbal communication. Her non-verbal communication was :

- Looking straight into the physician's eyes
- Blinking of the eyes
- Excessive leaning forward
- Making lively head movements which were synchronous with her spoken words
- Her laughing was out of proportion and it gave an impression of a silly laugh

Even though she had the complaints of the back going from right to left side, the totality matched well with *Lachesis* and with low frequent repetition of *Lachesis* 30 at bed time, her lumbago and hypertension were better. The subsequent Sonography reports indicated that there were no ovarian cysts.

MISS. N.S.M.

Age: 1½ years

Location/ Onset/ Duration/ Progress	Sensation and Pathology	Modalities and Ailments From	Concomi- tants
1. Respiratory system: Since 6 months 2. Rectum Since 2-3 months of age	Coryza: Watery followed by thick, adherent, greenish Cough : Dry and croupy Breathlessness Wheezing Stools : hard, knotty, like sheep’s dung	< 8 a.m. – 10 a.m. < walking from < sleep after < lying while	Chills Thirst increased for two to three sips of water at small intervals

Past History

1. Pneumonia during childhood

Family History

1. Paternal Grandmother: Tuberculosis, coronary bypass surgery, hypertension
2. Maternal Grandfather: Paralysis
3. Mother: Sunburn
4. Maternal Uncle: Renal calculi

Patient as a Person

Physicals

- Thermal Reaction : Hot
- Desires : Warm food, pungent, sour
- Aversion : Sweets
- Milestones : Delayed
- Sleep : Sleeps on left side

Mentals

- Irritability
- Grinding of teeth
- Aggression
- Obstinate

General Physical Examination

Palms hot.

Throat: Nil

Systemic Examination

Respiratory System :

On auscultation : Wheeze +

Investigations

Nil.

Diagnosis

Nosological

Infantile asthma

Miasmatic

Dominant : Sycosis

Fundamental : Syco-tubercular

Body Language

1. Knocks head against the wall.
2. Clenching thumbs if contradicted.
3. Grinding of teeth during sleep.
4. Biting the mother if contradicted.

Rubrics

1. Cough, dry
2. Cough, croupy, < night, midnight, after
3. Desire, sour acids
4. Aversion, sweets
5. Irritability, children in
6. Grinding, sleep during
7. Obstinate

Repertorial Filter

Ars. - 13/6, *Bell.*- 13/6, *Cina.*- 12/5, *Sulph.*- 12/5, *Kali-c.* - 11/5, *Merc.*- 10/5, *Phos.*- 10/5, *Acon.*- 10/4, *Nit-ac.*- 9/4, *Chamo.*- 9/4, *Lach.*- 9/4

Prescribing Totality

Mental Generals

- Obstinate
- Temper tantrums
- Biting

Physical Generals

- Desires: Warm food, pungent, sour
- Aversion: Sweets

Particulars

- Cough : croupy; < mid night after
- Stool: sheep's dung like
- Dyspnoea, < lying
- Clenching fingers
- Coryza, < morning

Selection of Remedy

Chronic Remedy

- *Lachesis mutus*

Reasons

- Hot patient
- Coryza, < morning
- Cough is dry
- Desires sour
- Biting
- Obstinate
- Irritable

Acute Remedy

- *Arsenicum iodatum*

Reasons

- Hot patient
- Cough, < lying, midnight after

Potency Selection

- Susceptibility : High

- Sensitivity : High
- Miasm : Sycotic
- Similarity : Good
- Suppression : Nil
- General vitality : Good

Lachesis 1M, infrequent doses

Follow-up Criteria

- Coryza
- Cough
- Wheezing
- Dyspnoea
- Constipation
- Anger
- Grinding of teeth during sleep

Follow-up

Date	Progress	Prescription
25/04/02	First prescription	<i>Lach</i> 1M/single dose
10/05/02	Coryza +, cough +, but dyspnoea less	Sac lac
30/06/02	Hard stools +, but respiratory symptoms less	Sac lac
1/8/02	Coryza – sudden, watery with cough, wheezing +, < midnight after	<i>Ars.-iod</i> 200 qid x 2 days
8/8/02	Now to give a chronic constitutional remedy.	<i>Lach</i> 1M/single dose
4/9/02	Stool hard +, respiratory symptoms better	Sac lac
6/10/02	Attacks of asthma less	Sac lac
10/11/02	Better	Sac lac
15/12/02	Much better	Sac lac
20/1/03	Attack of asthma+	<i>Ars.-iod</i> 200 qid x 2 days
24/2/03	Acute resolved. Move to chronic.	<i>Lach</i> 10M/single dose
15/3/03	No any complaints	Sac lac

Discussion

What interested me in this case was the information given by the mother. Mother complained about the child’s possessiveness and extreme jealousy towards her elder brother. She didn’t allow the parents to pay attention to him. Even if the brother would come near her she would shout loudly and would hit him. Her crying was definitely very irritating and loud. When angry she would bang her head against the wall and would clench the thumb. Mother showed some marks of the child’s bite over her arms. The child was also having grinding of teeth during sleep.

This data helped me to select *Lachesis* as the chronic constitutional drug and *Arsenium iodatum* as an acute which also is from the group of irritable children.

MISS. S.J.S.

Age : 6 years

Location/Onset/ Duration/Progress	Sensation and Pathology	Modalities and Ailments From	Concomi tants
1. Gastrointestinal tract Since 6 months	Appetite reduced Vomiting	Ailments from attending school	Refuses to attend school

Past History

1. Vaccination without any reaction
2. Milestones normal

Family History

1. Mother: Eczematous dermatitis

Patient as a Person

Physicals

- Thermal Reaction : Ambithermal
- Build : Lean
- Desires : Sweets, milk, ice, fruits
- Perspiration : Over neck and scalp

Mentals

- Timid

- Conscientious about trifles
- Submissive
- Clinging
- Helps mother
- Fear of downward motion

General Physical Examination

Weight: 13 kg

Throat: Nil

Tongue: Clean

Systemic Examination

Per Abdomen: Nil

Investigations

Nil.

Diagnosis

Nosological

Functional separation anxiety

Miasmatic

Dominant : Sycosis

Fundamental : Psora

Body Language

1. Clinging
2. Wants to be carried
3. Fear of going downstairs

Rubrics

1. Mind, timidity
2. Conscientious about trifles
3. Mildness
4. Clinging to persons or furniture
5. Fear, downward motion of
6. Desire, sweets, milk, ice, fruit

Repertorial Filter

Ars.- 11/6, *Sulph.*- 11/5, *Nat-m.*- 10/6, *Verat.*-10/5, *Lyc.*- 10/4,

Rhus-t.-10/4, *Sil.*- 10/4, *Calc.* 9/4, *Ign.*- 9/4.

Prescribing Totality

Mental Generals

- Timid
- Conscientious, about trifles
- Submissive
- Clinging
- Fear of downward motion

Physical Generals

- Desires milk, sweet
- Appetite reduced
- Clinging

Particulars

- Vomiting, < anxiety from

Selection of Remedy

Chronic Remedy

- *Borax veneta*

Reasons

- Timidity
- Mild
- Fear of downward motion
- Clinging

Potency Selection

- Susceptibility: High
- Sensitivity: High
- Miasm: Psora
- Similarity: Good
- Suppression: Nil
- General vitality: Good
- Pathology: Nil

Borax 10M in infrequent doses in view of the mental data and similarity

Follow-up Criteria

- Vomiting
- Timidity
- Anxiety
- Low appetite
- School attendance

FOLLOW-UP

Date	Progress	Prescription
20/07/01	First prescription	<i>Borax</i> 10M/single dose
24/08/01	Frequency of vomiting less	Sac lac
27/09/01	Frequency of vomiting less	Sac lac
1/11/01	Fear less, clinging less; wants to go to school 3 times / week	Sac lac
14/11/01	Coryza–watery, fever high grade, < after midnight	<i>Ars</i> 200 qid×2 days
17/11/01	Coryza better	Sac lac
2/12/01	Frequency of vomiting less; overall better	Sac lac
4/1/02	Overall better	Sac lac
2/2/02	No vomiting, attends school without crying, mixes well with all	Sac lac

Discussion

Baby S.J.S. was interesting in the sense that her grandfather brought the case as the mother refused to carry her even to the physician. The child was clinging to the mother almost twenty four hours and to do household chores like cooking, cleansing, etc. became a big problem for the mother. The real problem came when she refused to attend school. For the first two to three days she kept crying continuously. Finally the parents got disgusted and gave up the school for the time being. This child was over-pampered as she was the ‘only’ child born in the family after many years.

One more point was elicited during the interrogation. On the first day of school, all children went to the play ground court this child was compelled by the teacher to slide down the swing and she was frightened.

Borax given in 10M, as a single dose, helped the child improve where

clinging was concerned. Vomiting stopped and she started attending school regularly.

Borax is basically a sodium group of remedy and this group is known for attachment and consequent clinging. The patients glue to their demands, push their demands and if unfulfilled try to torture others.

Body Language of Borax

1. Clinging.
2. Anxious expression on face during downward motion.
3. Starts and throws up hands on laying him down, as if afraid of falling.
4. Fidgety.
5. Children wake up from deep, suddenly scream, hold the sides of the cradle, without any apparent cause.
6. Starting at trifles, from sudden and unusual sounds, from hearing bad news.



Chapter 26

CONCLUSION



HOMOEOPATHY: THE SCIENCE OF SYNTHESIS

Homoeopathy – A distinguished, unparalleled and supreme science...

Mysterious, needs demystification

Through scientific experimentation

Through perseverance

Through unbiased attitude!

Drug potentization

Vital force

Minimum dose

Totality and

The fundamental, natural law of healing!

Embodiment by Hahnemann...

With 'rational' thinking

With 'experience'

Hahnemann offered the mankind

Highly salubrious therapeutic method

Based on humane and human approach

Based on synthesis

For, 'synthesis' within, the resolution!

Homoeopathy - The science of synthesis

Exploring Life and Living!

Comprehending the complexity of mind

Scrutinizing the apparatus of body

Perceiving the 'language' of silence

Analyzing the language through silence

Unfolding the 'speech' without words!

The non-verbal brain sends the message

The wise body acts as a medium

Deciphering is a skill!

Right consciousness

Right observation

Right interpretation

Right conclusion

Right decision

Right result!

KINESICS, MACHINES AND MAN

Kinesics, the science of body language, is one of the fastest growing research fields of the present time. With its tremendous growth, medical science has encompassed various disciplines under its domain and kinesics is one of them. Though not deeply ingrained in clinical medicine, kinesics has been especially associated with psychological studies. Kinesics has opened the newest, but challenging dimensions for a homoeopath, nay, every physician. It has taught him to peep into the finer details of the patients, as the study of psychology is the cornerstone of homoeopathic practice.



Fig. 26.1. Let the machine take care of the machines

We have entered into a new epoch of electronics quite long ago. We cannot think of life without electronic gadgets. They have become an integral part of our daily activities. Man has become a slave of machines. Machines are winning battle over us with every new invention and discovery. The priority is machines and not humans. Television, cell phones, multimedia, computers, internet and digitization have shrunk the world into a global village. Though we have made our life easy and luxurious with these advances, but to our misfortune, it has also blended the bitterness of stress and strain to our life. Our expectations have exceeded our capacities and abilities. Our ambitions to achieve goals have eaten away the peace and harmony among us. Where are we riding and at what cost?

THE UNRESOLVED MAZE OF PROGRESS

Everyone of us is in a ‘mad’ hurry. We are falling short of time, not being able to spare time even for ourselves. The rapid progress in industrial civilization, hunger for inventions and discoveries and consequent pollution, etc. have made our surrounding miasmatic and living miserable. Man has turned his heaven earth into a hell. These discrepancies, physical and mental, have sunk deep into the core of man and have given rise to a multitude of diseases. The fast pace of life is making man a victim, with disturbed emotional and intellectual state – the only thing that has remained is an assembly of brain and body – nothing more than a machine. Lifelessly he is wandering in the unresolved maze of progress and growth. Technological progress has, in reality, resulted in the regression of the essence of being a real and normal ‘human being’. Information explosion is mind boggling and exasperating too. Rutherford Rogers voices, ‘We are drowning in information but starving for knowledge.’



Fig. 26.2. Wandering in the maze of progress

Fast and high demanding life among machines and robotics definitely has a deep impact on our psyche and emotions. Do we have the time to

talk to the people around us in a normal way? We often opt for unnatural ways of communication like sending e-mails or talking on cell phones. We are busy on our cell phones in the office, on the staircase, at home and while driving too. Spending time with our family members has now become a difficult thing because at home we are busy on the internet. Time is not far away when talking to a person face to face will become 'history'.

People are running short of time but the fields of operation are ever expanding. The 'hurry mania' is the affection of modern society. People have become speed merchants, driving the motors of their life. They talk less but work more. Anythingarianism has become a modern cult. Money has become alpha and omega of modern man. The interpersonal relationship has also undergone drastic metamorphosis. It is therefore clear that the importance of non-verbal communication has increased by manyfolds.

One of the growing concerns is hypertrophy of ego and high self-esteem. These are inculcated amongst the children even by the parents. New researches suggest that high self-esteem can lead to problems, including narcissism, bullying, increased drug and alcohol use and increased incidence of unprotected sex among teenagers. By the same token, low self-esteem doesn't lead to as many risky behaviours as previously thought (refer—high self-esteem isn't always healthy. Study warns that high self-esteem that is fragile and shallow. Jennifer Warner Web medical news. Reviewed by Louise Chang, MD).

ATTENTION TO BODY LANGUAGE PAYS DIVIDENDS!

I recollect the days of my initial practice when I simply used to jot down the details of the patient's complaints without paying attention to non-verbal communication. Many patients expressed their inner feelings, attitudes, ideas, moods or intentions through their body language. But I was oblivious as to their meanings. Such mundane attitude definitely affected my practice.

1. Physician \longleftrightarrow Patient relationship.
2. The interview transaction.
3. Utilization of interview techniques at a proper time.
4. The entry points through which the problem areas could be explored.
5. One-sided diseases or cases with inadequate data acting a stumbling

block.

6. Not understanding how to proceed in a messed-up data case.
7. The problems in analysis and evaluation and therefore in synthesis.
8. Overall increase in failure cases.

When I took my homoeopathic career seriously, I decided to pay attention to the following points:

1. What is wrong with me as a homoeopathic physician?
2. Whether I need to change my personality?
3. Whether I have grasped the homoeopathic philosophy in a correct way?
4. Whether I have developed the philosophy of my own life to tune up my thinking and attitudes with that of homoeopathy?
5. Whether I have developed sufficient competence to know the mental state of the patient?
6. Whether I am competent at data elicitation, data processing, case management and follow-up of a case?
7. Whether I have the capacity to diagnose a case accurately in terms of a disease and a person?
8. Is there anything wrong on my part in communicating verbally and non-verbally?
9. Do I possess sufficient knowledge of materia medica and repertory so that I am able to apply it for practical implementation in an effective manner?
10. Do I possess the observational eye?

ANALYZING THE SELF

With these complex and unanswered questions, I analyzed myself. I was observing that each one of us is a perpetual communication machine but I was unable to use the information generated by the machine. I found something missing or incomplete in my approach. The thirst of attaining wholeness, absoluteness and perfectionism drove me to the unexplored and intricate roads of the science of homoeopathy. It drove me to the theme of body language to incorporate it into the concept of totality, to redefine the concept of totality and to make the totality adequate enough to select the simillimum.

I must confess that the study of body language has tremendously helped me in my personal life and homoeopathic practice. I am now able to define the totality more accurately than before. I am able to evaluate

and grade a peculiar dispositional character if it has been corroborated by a gesticulation. The study of body language has magnified and sharpened my vision of the totality. It has helped me to visualize the panorama, to perceive the synthesis of mind and body.

I use several ‘cues’ for unlocking a case. Previously I was not paying attention to my

own body language: Personal appearance, clothing, footwear, glasses, voice modulations, eye expressions, face expressions, gestures and postures. The knowledge of body language has added a new device to my senses. At last I would like to conclude in modern words that this study has digitized my vision of totality by adding accuracy, precision and sharpness to the portrait of the diseased individual.



Fig.26.3. What matters most is how you see yourself

THE REALITY BEYOND ALL CHANGE

Let me quote some distinctive accounts of Deepak Chopra:

The mind and body are inseparably one. The unity that is ‘me’ separates into two streams of experience. I experience the subjective stream as thoughts, feelings and desires. I experience the objective stream as my body. At a deep level, however, the two streams meet a single creative source. It is from this source that we are meant to live.

‘Perception appears to be automatic, but in fact it is a learned phenomenon. The world you live in, including the experience of your body, is completely dictated by how you learned to perceive it. If you change your perception, you change the experience of your body and your world.’

“Each of us inhabits a reality lying beyond all change. Deep inside us, unknown to the five senses, is an innermost core of being, a field of non-

change that creates personality, ego and body. This being is our essential state; it is who we really are.

Is this 'reality' a central disturbance from which the expressions flow? It is obvious that homoeopathic treatment based only on peripheral expressions has its own pitfalls. If only peripheral similarity is covered, the sickness is not annihilated; recrudescence often follows and the case gets complicated.

The treatment must be targeted at the central disturbance, core or nucleus which defines the innermost being of a sick individual. The perplexing question is to identify what the nucleus, core, heart, soul, kernel or central disturbance is? How to elicit and perceive it?

A homoeopathic physician should erect the 'TOTALITY' to grasp the nucleus of a case. He must have vision to look into the qualitative attributes or characteristics which define the essence of a person. It is here that perception – a learned phenomenon, plays a vital role. The principle of generalization, reflective of essence, is of considerable help in perceiving the nucleus. All the logical processes of analysis, evaluation and synthesis will be rightly followed if we have included the concept of time-space continuum. The evolutionary totality developed in this dimension is extremely helpful in fishing out the simillimum.

HOMOEOPATHIC PRACTICE: A CRUSADE

The homoeopathic system of medicine is a mysterious phenomenon. It was born at a time when empiricism dominated reasoning. Dr. Samuel Hahnemann, the reason gifted scholar and scientist, an independent rebellious thinker, an experimenter par excellence, offered the mankind, a human and humane science.

It is unfortunate that homoeopathy is yet subjected to pooh-poohing and ridicule. The role of materialistic influence over the modern medicine is a matter of concern. The 'bio-medical model' presented by Dr. Fritjof Capra in his famous book *'The Turning Point'* is worth mentioning here. In the chapter 'Wholeness and Health' of the same book, Dr. Capra remarks, 'Homoeopathic philosophy, with its general view of illness, its emphasis on individualized treatment, and its basic trust in the human organism, exemplifies many important aspects of holistic health care.'

Homoeopathic practice is a crusade. It challenges the reductionist approach to the patient. It is revolutionary in its structure. The doctrine of dynamization has created the rift to such an extent that homoeopathy

until today has not been accepted by the scientific community although it deserves a special position in medicine. With the dawn of the twenty first century, we earnestly appeal to the scientists all over the world to take the gauntlet of homoeopathy and unfold its enigma.

DEFINING AN INDIVIDUAL IN TOTALITY

Homoeopathy has the terra firma of sound philosophy and rational practice. It embraces infinite possibilities of the application of the irrefutable, natural law of healing, that is, the Law of Similars. But it should be remembered that the application of Law of Similars results in cure in curable cases and renders palliation in incurable ones. This, naturally mirrors the scope and limitation of homoeopathy. Owing to the multidimensional aspects, facets and areas of homoeopathy, there is always scope for research, to improve the level of clinical application, to make our science more objective and truly holistic.

The subject of non-verbal consciousnesses that is, body language and its interpretation is selected for venturing into a very interesting and at the same time the fundamental aspect of homoeopathic practice. This is because the whole concept of body language resembles remarkably with homoeopathy as explained in our study. The study of non-verbal communication is not at all falling outside the gamut of homoeopathy. Rather, we would be deprived of the clinical utility of elements of non-verbal communication that truly defines the individual in its totality, in its domain, in its exploration of the internalized field of operation of mind.

Homoeopathy focuses on the mind through psychodynamic and psychosomatic study. The body acts as a medium of expression. The mind is a supraperceptual agency. It is subtle and works at the energy level. This subtle energy directs its flow of expressions through matter – the body. Energy and matter are thus dependent on each other. Without matter, energy is devoid of its structure and without energy we can't think of matter; energy pervades everywhere. In short, body language can be regarded as a bridge between the body through which it expresses and the mind which governs, dictates the body to express its consciousness.

SHARPENING THE PERCEPTION

One of the benefits of learning body language, which I have personally experienced, is sharpening the perception. While attending to verbal

language I pay attention to the 'wiseness' of the body. I also affirm that 'wisdom' of the mind has its independent nature, existence, entity, attribute, character, purpose and movement. I understand that my own body language plays a definitive role in my practice. The success or failure of a physician is also governed by the way he exhibits his body language to the patients. In cases I have found that even before a patient starts his verbal communication, his personal appearance, voice, clothes, perfumes, the body parts— the facial and eye expressions, arm and leg gestures, have sent their messages revealing the inner feelings, ideas, attitudes, intentions and hidden conflicts. The intensity of emotions charges the non-verbal brain to dictate its commands; the body follows them obediently, to present them outwardly on the platform through a variety of cues.

Body language is a keyhole to look into the invisible, intricate, indefinable and elusive mind; it is of great help in fathoming the 'liquid' state, which, otherwise acts like a chameleon. A nod. A touch. A folding of hands. Making a fist. Body language cues are never just throwaway lines. They create a system, a portrait, underneath there is a real image, a real personality. Body language gives the reader a useful tool to read the individual characters and the interaction between the characters.

I have already mentioned elsewhere that the prescription based only on a single bodily signal, sign or cue, without linking it to other gesture-clusters or to verbal code in totality is just like hunting in the bush. As there are common symptoms, there are common gestures too. No homoeopath can succeed in his practice by prescribing on common symptoms or gestures. Remember the warning that unless you have a good understanding of someone's basic communication patterns, you will have little hope in accurately deciphering the patient's true personality.

While presenting this work, I feel that much work needs to be done in terms of correlating the body language with materia medica and repertory. This study is an ongoing process and should be undertaken with vigilance, observation, experimentation, confirmation, honesty and perseverance. The ability to symbolize and to perceive the presence of a self-reflecting consciousness is the necessity. This helps perceiving the consciousness of others. Observing body gestures and interpreting them haphazardly in the first interview serves little purpose. Each follow-up of a patient must be 'perceived' from the point of view of body language. The previous observations must be correlated to draw rational inferences.

We have enough scope in materia medica and repertory.

The 'utility' of body language will be blended with homoeopathy in future, in a way no science has done before, because homoeopathy resonates with the entire theme of body language in a superb way.

GAUTAM BUDDHA ON CONSCIOUSNESS



Fig. 26.4. Observe the Flux as reality

I would like to narrate a story in connection with consciousness. Gautam Buddha was asked, 'Are you God?' He replied, 'No'. 'Are you a Godman?' Again, 'No.' 'Are you an ordinary mortal?' Gautam Buddha calmly replied, 'I am the unchanged elemental consciousness behind all actions, reactions, thinking, feeling and willing. I am the unmoved observer, self-liberated from the unending universal flux.' The core of this story takes us to the state of pure consciousness within the framework of the mind-body complex. The essence of Gautam Buddha's doctrine is that there is nothing in the universe which can be identified as 'me' or 'mine'. There is neither a doer nor a sufferer, but merely a flow of phenomena. Hence, simply witness the universal flux.

Gautam Buddha identified four functional segments of mind. The first is pure consciousness without which the sense organs are lifeless. The second part identifies with past experiences and observes the properties accordingly. The third part evaluates and accepts objects or feelings as pleasant, unpleasant or neutral. The fourth part reacts and commands the sense organs to act. When we remain in the first state of pure consciousness, we will not attach our feelings or sensations but will observe the flux as a part of reality.

Although Gautam Buddha contemplates from the higher spiritual plane, a homoeopath must be able to develop the state of consciousness where he adds no subjectivity flowing from his side but focuses on the objective reality as it is! Cultivation of 'still' mind, however, doesn't mean to be inert but to be actively aware.

I conclude with Lord Chesterfield's comments, 'Learning is acquired by reading books, but the much more necessary learning, the knowledge of the world, is only to be acquired by reading men and studying all the various editions of them.'



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COMMENTS...



Words From the Students...

Dear Sir,

Knowledge indeed is eternal and divine. It is a distinguished and supreme responsibility and is endowed by the Almighty only to those who acknowledge it. We feel ourselves blessed, in the sense that we got this opportunity to contribute for this project. No words can encompass the sense of satisfaction we received from working with you, Sir. The work may be of editing the text, art work, inserting the pictures, typing, formatting the text, printing or proof reading – each and every minute task had nothing but one purpose – it was for the cause of promulgating knowledge. Sir, you have our sincerest appreciation for your efforts. Your fatherly hand has cultured us to serve for this supreme purpose and we feel equally elated to be an integral part of this institute.

Wishing you all success in this path of knowledge.....

Yours sincerely,

Students of Homoeopathic Research Institute, Satara

Alexander Martushev, a Renowned Homeopath, Moscow, Russia

The book is very nice and deep. The author's style of writing is very unique and most suitable for a book of such type.

Travelling requires vicinity description, maps to identify surroundings, a compass to choose a proper direction and a destination. This book on body language substitutes the above four for the journey in homoeopathic field, as well as for an expedition into the human being. The book has an important spiritual part which, however, is not presented as metaphysical and is described in an unpretentious and rather common language—illustration of human destination and vicinity, trends in human development, details of human processes and activities....

The book covers extremely important aspects penetrating to all spheres of life—personality as a process, as an entity, as a picture, as a medium of relationships—how not to get lost in multiple personality signs, how to understand other's personality through one's own lens and where to find a balance in personality. Important notion is that the particles of those parts are mixed in the book and form a kind of puzzle—but not to confuse or mislead readers. This design helps to guide, without determining strictly, and the reader's active role to get whatever could be digested and understood, not blindly following some pointers.

The book differs from plenty of others that provide only technical details on body language. It fulfils its task to outline the holism of human nature, with multiple intrapersonal relationships, cooperation and communication

facilities of interpersonal ground. Another trend contained in the book is to stimulate keenness of observation—it's essential for understanding other personalities, to understand the observer's personality and to use the inner responses (emotional, physical, mental) of the observer to understand the outer world. Generally speaking, the book focuses not only on the present state, patterns and usage of body language, but also opens vast perspectives for applying this tool.

Role of body language in homoeopathy—an item that is a novelty in homoeopathic literature - forms a specific part in the book. Based on deep and long experience, the usage of body language for understanding various remedies, for confirming personality and disease analysis, for searching personality traits dynamics, for follow-up after homoeopathic prescription demonstrates professional development of homoeopathy as a pure scientific, down-to-earth, deep and dynamic sphere which attracts more and more attention of active, emotional, researching and evolving elements of modern world.

Proceeding with the travelling metaphor, one can use the book to get orientated—in inner processes of personality, in outer spheres of relationships and integration, in medical realm of health and disease, in the homoeopathic profession for understanding, confirming and follow-up. So, immerse into the book!

Have a good journey!

Alexander Kotok, a Prolific Writer on Homoeopathy, Bulgaria

You've done a very good job. The texts are well balanced, understandable, thought provoking, and useful in terms of practical application. No doubt, many readers will be benefited by reading your book on body language.

Since I first met you some six years ago, I have been considering you as one of the most brilliant teachers of classical homoeopathy. I wish everyone, who'd like to advance in true homoeopathy, be guided by you.

Homoeopathy, when taking apart, out of its direct everyday clinical application, remains a dull dogma. What is most important in your teaching and happily distinguishes you from other instructors in homoeopathy, is that you successfully integrate theoretical and clinical aspects of homoeopathy, like body language and homoeopathy, presenting to the students as a whole picture. It is the way homoeopathy should go along to its further flourishing.

Zulphi, a Promising Homoeopath, Vadodara, India

I feel that this mammoth project, from the finest of intellect, is meant

for the intellectuals. It is not at all a cup of tea for casual homoeopaths as it is beyond the zenith of their imagination.

I am sure that this project will have its effect in two folds. Firstly, it will give a new horizon and scope for the dedicated practitioners and it will help them to peep into an unexplored dimension of homoeopathy. Secondly, it will be a lesson for those who consider homoeopathy as a 'casual science' and it will make them feel that their thinking and ideas are too inferior to grasp the vast effectiveness of homoeopathy.

Clever minds will ponder over the book; intellectual minds will implement the concept of the book; haughty minds will criticize the book; smart minds will praise the book to get more advantage; futuristic minds will take this concept to new heights and the ignorant ones will keep mum out of their ignorance.

Tom O'Brien, a Psychotherapist, a Homoeopath and a Teacher in Ireland

I am very impressed having read some of your articles on homoeopathy and non-verbal communication.

It is an aspect of homoeopathic case taking and management which can always be further developed and your insights are very helpful. In real terms, I agree with your observations regarding body language and in fact, I believe that there is no such thing as non-communication, the issue only being to discover what is being communicated. I would appreciate an opportunity to discuss these issues further and again compliment you on your stimulating writing.

Dr. Dora Pachova, Homeopathic Teacher, Center for Health and Education "Edicta"; National Vice President of Bulgaria in LMHI

Homoeopathy is profound as knowledge and beautiful as an art. Everyday our patients and students remind us about this.

I have 17 years experience as a homoeopathic teacher and 13 years experience as an organizer of international seminars. Since 2004 our centre started to work with Prof. Ajit Kulkarni and one of the first subjects he presented was Body Language and Homoeopathy.

Since then we had 9 international seminars and 8 master class workshops with Prof. Ajit Kulkarni, with live interviews and case analysis in front of the group of experienced homoeopaths.

Along with important subjects as Cancer, Diabetes, Thyroid Gland Disorders, etc., we had very interesting and useful presentations of different body gestures, sleeping and walking postures, symbolic meaning of organs

etc. at every seminar.

This 5 years journey in Homoeopathy with Ajit has helped Bulgarian homoeopaths to understand, in depth and in a scientific way, the correlations between body language – psyche – clinical manifestations of the diseases and pathological changes in the body.

We both saw more than 200 cases together and I see the benefit of understanding the nonverbal signs, given by the patient as an integrated part of the totality. The good results, achieved in 5 years, with the concept of modes and patterns which Ajit has developed, are enough proof for that.

This is also the reason why the homoeopaths in Bulgaria are impatient to have the book on body language in their hands.

Dr. Prashant Gangwal, Lecturer, Homoeopathic Medical College, Ahmednagar, India

Being an active member of Homoeopathic Research Institute, Satara, I started using the repertory on body language even before its publication. I use it in the process of case taking itself. I must say that I have immensely benefitted from this repertory. Some of the rubrics coined by sir are entirely new and I regard this as one of the practical contributions to the serious study of homoeopathy.

Dr. Nikhil Kulkarni, Pune

I am associated with this work, I can say, since my childhood. I remember, my father used to toil hard to know the body language of the people who would come even at home as guests. For me what is significant in this work is my father's keen observation and record over the years and this has helped him in preparing the repertory.

This book also gives many new avenues of prescribing and thoughts. I am witnessing the successful results with use of this book in my clinical practice.

Maria Djongova, Clinical Psychologist, Program Manager of Center for Health and Education "EDICTA", Bulgaria

During the Homoeopathic consultation with Prof. Kulkarni, lots of patients received not only the right homoeopathic remedy, but also psychotherapeutic help. Sometimes the right entry point to the case was through body language only. As in the brief therapy model, Prof. Kulkarni manages during one meeting with the patient to support him/her and to show the wisdom on the road of making own decision in solving life problems.

The new book of Prof. Kulkarni is a guide for all – for special professional use and also for every day work.

Body Language and Homoeopathy

With Clinical Repertory of Body Language



Dr. Ajit Kulkarni – A veteran homoeopath, an academician and a famed international teacher, is known for his contribution to homoeopathy. He is famous for his innovative and novel presentation on body language – its interpretation and practical application in homoeopathy.

He is Director of the Homoeopathic Research Institute, Satara. He is also Hon. Emeritus Professor for Post-graduate (M.D.) courses in homoeopathy at many centers of India. He is practicing homoeopathy since twenty five years.

Dr. Ajit Kulkarni's life is an embodiment of hard work, perseverance and love for homoeopathy. His contribution is wide in every field – practice, literature, seminars and workshops which he has been deliberating with passion, not only in India but also in many parts of the world.

By the same author –

- A Select Homoeopathic Materia Medica (co-author)
- Homoeopathic Posology
- Kali Family and Its Relations
- The Law of Similars in Medical Science

Do we pay enough attention to body language? Do we possess a distinct vision to see it, to perceive it and then to utilize it in our clinical practice? The research in the field of communication has demonstrated the profound utility of body language. It has underscored the fact that 35 percent of our communication is verbal while 65 percent of it is non-verbal. Are we ignoring this important 65 percent of data which is rich? Do we still boast of prescribing on the basis of totality? Are we really holistic prescribers or just routine prescribers?

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