



The Unspoken Language...

ABSTRACT: Body language is a fascinating subject and a thrilling experience. powerful and indispensable. speech is great but silence is greater. body as an ambassador of inner self – wise, truth demonstrative and our body is rarely still. emotions, attitudes, ideas, inner and hidden feelings and the profound field of body language. communication- 35% verbal, 65% nonverbal. elements of BL...



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Reading a person through personal appearance, eye expressions, face expressions, gestures, postures, space and distancing, and modulations of voice. basic modes of BL and remedies. decoding BL: some examples..holism, universal symbolism as in BL and Homoeopathy. linking personality of patients and remedies to BL. suggestions to develop observational eye. epilogue.

“Emotional feelings, instead of finding expression and discharge in the symbolic use of words and appropriate behavior must be conceived as being translated into a kind of “organ language.” - Past Maclean, MD.

1. A. INTRODUCTION

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. Body language plays a significant role in oral communication. It is powerful and indispensable and now it has become a household word due to its popularity and utility.

The human being is a highly evolved perfect design of nature. His spoken language is the most prized possession, but his silence is no less precious. Hence it is said that “Speech is great, but silence is greater.” It is through communication

that a human being SHARES and the body, synchronizing with the sub-conscious mind, gives off very subtle signs through choreography 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.

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. The body language is not merely a physical manifestation of the spoken words but in fact it has its own independent interpretation of the feelings, irrespective of the meanings and the spoken words being delivered therein.

1. B. THE DIMENSIONS OF BODY LANGUAGE

Our bodies are ambassadors of our inner self. They convey more than our tongues. Research has shown that 35% of the messages are carried verbally, while 65% are conveyed non - verbally (Birdwhistell). Mehrabian put forward that com-



munication is 7% verbal, 38% vocal and 55% non-verbal. The truth is that more communication takes place by the use of gestures, postures, position and distance than by any other way.

A human being communicates through verbal and non-verbal language. Exchange of words refers to verbal communication while non-verbal communication refers to all external stimuli other than spoken or written words and includes bodily gestures, postures, facial expressions, personal appearance, eye contact, modulations in voice and the use of space and distancing.

Our bodies are rarely 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- but not so easily shut off our body language.

Body language and kinesics are based on the behavioral patterns of non - verbal communication. Although a developing science, kinesics has added a new dimension to human understanding. 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 at every pore."

1. C. OUR BODIES, EMOTIONS AND MODERN LIFE

Emotions are basic to human beings. Being emotional is a part of being human. A human being has a rich vocabulary of emotion 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 view of accelerated tempo of life, the modern man has to face with a pronounced exposure of emotional stress. Today the modern man has become a speed merchant, driving the motor of his life. Chronic time shortage, changing patterns of activity, greater load of information and more active interpersonal relationships - have affected the verbal communication. The need to pay attention to non-verbal one has, hence, considerably increased. 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 non-verbal signals - in the face, voice and other areas.

Emotions are recognized from a whole pattern of non-verbal signals, which are usually consistent with each other and with the expectations created by the context. They provide information about intensity, and about the tense versus the relaxed dimension. A tense person sits or stands rigidly, upright or leaning forward, often with hands clasped together, legs crossed, and muscles tense. In such a case, the hands and feet display the emotions while the face tries to conceal.

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



General Theme

2. A. ELEMENTS OF VISIBLE CODE

The elements which are visually perceived and which perform role in communication are collectively termed as "visible code".

Personal Appearance: Everyone wants to be "in the eye of the beholder." Everyone is concerned with first impression. Every person has its own aura that vibrates, that pervades, that permeates and that renders its unique message to the outer world.

One's appearance may put the others into a resistant or even a hostile attitude or induce in them a receptive mood. A physician has to understand how his patient reacts to him: positively, negatively or neutrally. The patient's appearance and clothing need careful observation. Dirty look, crumpled clothing suggests alcoholism, drug addiction, depression, dementia, schizophrenia etc. Manic patients may wear bright colors, incongruous styles of dress or appear poorly groomed.

Six elements are considered in personal appearance; Clothes, Footwear, Hairstyle, Ornaments, Make-up and Aromas.

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 individual's personality-whether he is vibrant, alive and dynamic, nervous and jittery, confident and self-assured, etc. The posture of sitting may exude an air of optimism, or despondency or be indicative of a sense of failure or of inattentiveness. Walking posture may convey whether a person is confident, energetic, withdrawn, diffident or nervous.

Gestures: A gesture is a sign, signal or cue used to communicate in tandem with, or apart from, words. A gesture is the 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). Each gesture is like a word in a language.

Gestures play a significant role in making the communication effective. A well-timed gesture can drive a point home. Similarly playing with a ring, twisting a key-chain, or clasping one's hand tightly robs a 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 of the shoulders, flourish of the hands, movement of head, etc. In fact, without the accompanying gestures it would be difficult to speak. These gestures add a greater value to what is being said besides exercising a more powerful impact.

Facial Expressions: "Face is the mirror of life." Our face a. defines our identity; b. expresses our attitudes, opinions, and moods; and c. shows how we relate to others. A face is every human's visual trade mark, and is therefore, the most photographed part of the human body. Emotionally, the face is mightier than the word. So closely is emotion tied to facial expression that it is hard to imagine one without the other?

Our face is exquisitely expressive. Its features are incredibly mobile, more so than any other primate. A smile (friendliness), a frown (discontent), raising the eyebrows (disbelief), or tightening the jaw muscles (antagonism) can add to the meaning being conveyed through verbal means.

A wooden expression on the face may prejudice the listeners and it could also be an expression of Parkinsonism, schizophrenia or depression; brightness in the eyes may keep their interest sustained and evoke an enthusiastic response.

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 forehead, raised eyebrows, widened palpebral fissures and dilated pupils.

Eye Contact: Eyes reveal a great deal about our emotions, convictions and moods. Hess (1975) observes that the eyes give the most revealing and accurate of all human communication signals because they are a focal point of the body and the pupils work independently. Whiteside (1975) describes the eyes as 'the windows of your soul..... And the mirrors of your 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 another'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).

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 non-verbal world of Body Language is that of spatial relationships or proxemics - the study of people's appreciation and use of space. Each person maintains a personal territory around himself. He normally does not allow it to be invaded at the time of communication. This has reference also to 'standing-seated position.' Space distancing differs from culture to culture, from individual to individual. The amount of space a person needs is determined by his personality.

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.

a) Interpretation of voice

- Speaking loudly and rapidly = Anger or lack of interest in the other person's view.
- The speaker has run out of the logical support for his view.
- Clear controlled steady voice = Confidence
- Lively, bouncy, well modulated speech= Enthusiasm. Politeness.
- Lowered volume, reduced pitch, rate and intonation = Negative attitude.
- Nervousness
- To mumble or gabble = Excitement. Fear
- Hesitation = Lower confidence
- Crying, Moaning and Sighing = Sighing. Silent grief. Complaining nature
- Hiss and boo = Disapproval
- The softer pitch = Friendship

b) Reading mind through laugh

Human laughter varies greatly in form, duration and loudness. One can 'read' laughter from the sounds that ensue. 'Ha-Ha' is laughter that is genuine, coming straight from the heart. It expresses pure joy and self-fulfillment. 'He-He' is mocking laugh, usually issuing from a condescending remark or a joke about a person. 'Hee-Hee' suggests a secret giggle or a snigger that is emitted when a person is being cynical or spiteful. 'Ho-Ho' communicates surprise, even disbelief, by a person who is critical, protesting, or challenging.



If a homoeopath keeps in mind these basic modes and applies them correctly, it is easy to understand the utility of body language. The remedies could be categorized for the sake of their application. But one must understand that the mode of a patient must be the crucial factor, it must define the personality, it must explore the inner self in an unambiguous and convincing way.

2. C. DECODING NONVERBAL MESSAGES: SOME EXAMPLES

Lifting one eyebrow: Disbelief, shock, surprise, feeling of moral/value assault on them, judgement (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/better than you do

Singing a song / tune: Distraction / music--nervousness, unable to relax, feels out of place or not part of what is going on, outside the clique

Enlarging the eyeballs: Astonishment-- shock, surprise, feeling of moral/value assault on them

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 (issue or event that is being discussed or that the person finds herself/himself in), detachment (healthy type in that you know it's not your business to stick your nose in, or you should not be involved because it isn't wise/healthy to do so), understanding whatever is the issue/event, it is not mine to get involved with (this is a double-sided comment. If the person is healthy, they realize they shouldn't be involved. However, if the person is co-dependent/victim personality, they may do this to es-

cape or get out from beneath a controlling/abusive individual/situation).

Tapping of fingers: Impatience, hurry up!

Body in motion: Anti-rest, nervous (legs crossed, flicking foot back and forth as an example), restless (doesn't want to sit still for one of a thousand reasons), escape! (Person may feel inadequate, threatened, fears the other individual)

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

3. A. BODY LANGUAGE AND HOMOEOPATHY

Homoeopathy recognizes a man as the multi-dimensional, composite entity where mind, body and spirit are viewed upon through indivisibility. 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 in which setting physician ? patient interaction takes place), the experiences in the life of a patient etc. have a role to play in communication block.

3. B. HOMOEOPATHIC INTERVIEW

Imagine conducting an interview with a patient behind a two-way a mirror. 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 at the Body Language and take on 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.



General Theme

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 flavor to each response of the patient.

3. C. RESEMBLANCES BETWEEN HOMOEOPATHY AND BODY LANGUAGE

When I compare the two fields of body language and homoeopathy, I am astonished to find some striking resemblances.

1. The concept of totality - One of the warning signals of body language is that it must not be interpreted in isolation. It must be studied in clusters. In homoeopathy also one must study on the basis of totality and not on fragmentary data.
2. The Man behind sickness - It is the Man who moves the body. The whole process of interpretation of body language revolves around the man; homoeopathy too advocates the same principle.
3. Commonality - In homoeopathy data commonality is a universal feature, so also in body language. What is important in both fields is to look for individualistic symptoms / gestures.
4. Contradictoriness - Often the gestures and verbal language do not go harmoniously and in homoeopathy too, anomalies or contradictory symptoms are presented by a patient.
5. Judgment - Judgment plays a pivotal role in both - the study of body language and homoeopathy. The caution is that one must avoid going for prejudgment. One must judge only after gesture - cluster / totality have been perceived.
6. Perceptive field - The whole process of homoeopathic interrogation and patient's observation of visible code is through sharpening of the awareness by relying on facts.
7. Analytical process - Both body language

and homoeopathy extensively utilizes the analytical process in order to derive a concrete reality.

8. From 'gestures' / symptoms to a 'person' - Just as the symptoms are external manifestations of an internal malady, body language core elements exhibit the internal man which one has to explore.

9. The phenomenological concept - In phenomenon we discuss cause ---- effect relationship, chronological sequence, origin, zenith and nadir under time-space continuum. Both body language and homoeopathy utilize the phenomenological concept.

3. D. UTILITY OF BODY LANGUAGE FOR A HOMOEOPATH

- One-sided diseases.
- Psychiatric difficulties.
- Semantic difficulties.
- Pediatrics cases.
- Contradictory / ill-defined data.
- Deaf, dumb, imbecile cases.
- 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' in the drugs
- Body language serves to act as a facilitator in conversation.
- Body language may unlock the issue under exploration and may unlock, thus, the entire case too.
- Saves the valuable time.

3. E. HOMOEOPATHIC MATERIA MEDICA AND BODY LANGUAGE

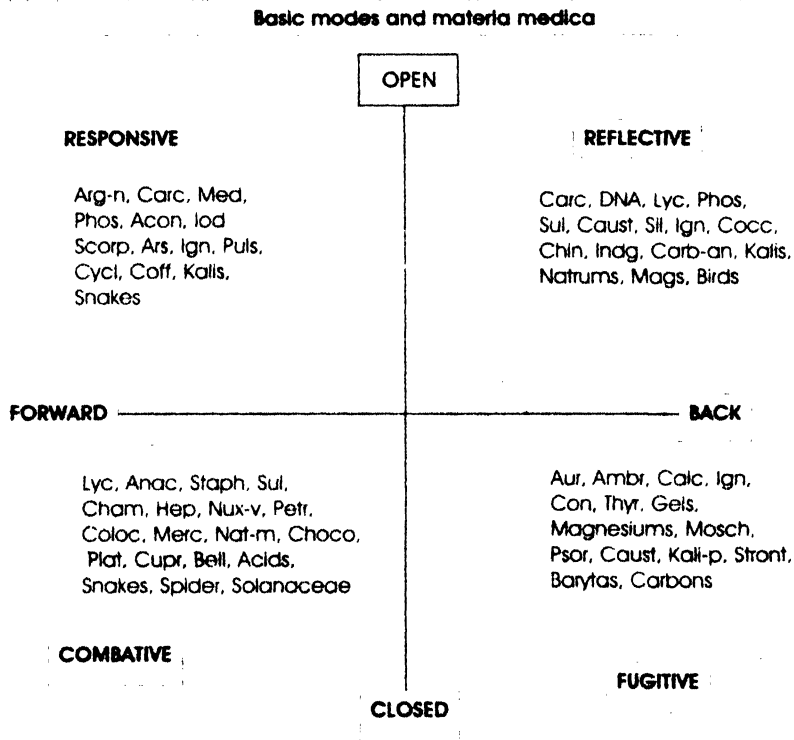
The study of Materia Medica encompasses within its domain the study of a human being in total-ity. It encompasses the study of perceiving Man in all of its fields, ramifications, and through all angles possible. The study of a human being can't be a dry subject because human personality is multi-dimensional, manifold, sensitive, and vi-brant and gives out through so many colours and hues that his study becomes a highly fascinating one.

Each remedy is a wealth of thousands of symp-toms, and there are thousands of remedies which, taken together, represent the enormous gamut of human suffering. The thousands of symptoms at emotional, intellectual and physical levels, the clinical information allow us, with the utilization of various faculties, to regard each

Homoeopathic remedy, at least the polychrest variety, as a full-blown human being. This is the concept of 'living' Materia Medica. The remedy talks, vibrates, throbs, and shows all human emotions.

Within the span of 200 years enormous work has been added from various sources. Apart from clinically verified data which now outweigh the proving data, we find additions coming from physical appearance (make-up), attire, craving for a particular object, color 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) ex-hibit and the research in various fields which is occurring by leaps and bounds is utilized.

3. F. LINKING REMEDIES WITH BASIC MODES
Some polychrest remedies are presented below by linking their dispositional characters with the basic modes of body language.





Some of the drugs of *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.

3. G. LINKING PERSONALITY OF DRUGS TO BODY LANGUAGE

1. *Platina*: The core issues concern impression, beauty, sexuality and projecting the self. The energy is utilized for the same and the body assumes the role of showing off.

a) High self image / superiority / Egoistic / Pride: Head high with chin pointing upwards. Look is contemptuous. Legs are crossed and arms folded with erect posture. Giving jerks to neck with eye to eye contact for that moment.

b) Disdain / Arrogance: Contemptuous upward movement of neck with head high and eye-brows raised.

c) Gayness / Beauty consciousness: Appearance - excessive use of ornaments; make-up and dressing, sense of expensive type. Showy type. Also gaudy. Constantly taking care of make-up and hair-style. Hair - style of modern type and usually not suitable to the age of patient.

d) Nymphomania: Sexual eyes. Making lascivious gestures. Looking through. Too much learning forward and blinking of eyes. Kissing or embracing.

2. *Lycopodium*: Inflated ego, need of more space, more power, taking hold of the situation, encroachment on others and manipulation are the core issues. The inner weakness also gets reflected in body language.

a) Confidence, want of: Eye to eye contact less.

Fingers on mouth frequently.

b) Haughty: Eye-brows raised with head tilt back. Blinking. Looking up while answering.

c) Contradiction is intolerant of and anger < contradiction: Frowning. Wrinkling of eye-brows. Direct eye contact with flushing of face. Clenched fist with stroking on table. Pointing index finger frequently. Constantly re-questioning to physician. Continued eye contact with dilatation of pupils, contracted brows Memory, weakness of. Forgets names of places and of closely related persons while talking in interview.

d) Dictatorial: Chin upwards with head backwards. Good eye to eye contact occurs but direct piercing look. Blinking over sensitive issues. Leaning backwards, with one ankle resting on other knee. Commanding voice.

e) Anticipatory anxiety: In waiting chamber: Restlessness. Constantly asking questions to a receptionist. Punctual of time.

f) Boasting: Hands behind head. Head high. Steepling gestures.

g) Superiority complex: Standing up-right, sitting with arms spread apart on chair, hands behind neck, eyebrows, raised, loud, dictatorial voice.

h) Lies, inclination to tell: Touching nose with hand especially at the end of sentence with poor eye to eye contact and rubbing of eyes.

i) Malicious: Raising of eye-brow with side glances especially when talking about the person concerned.

3. *Lachesis*: Tremendous energy. The emotions are at high pitch and must be ventilated. The body synchronizes with the energy and more choreography is represented.



a) Suspicion: Failing to make eye to eye contact. Glancing sideways. Rubbing or touching nose. Frequent cleansing of glasses.

b) Dictatorial: Proud erect body stance with chin forwards. Leaning back with hand behind head. Resting feet on desk. Continued 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.

c) Excited: Excessive forward leaning. Dilated pupils. Voice loud and bouncing.

d) Anger-violent: Flushed face. Pointing fingers while talking. Dilated pupils. Anger usually associated with abusive language. Body rigid. Fists clenched. Lips closed and held in a tight thin line. Body in motion due to intense emotional energy.

e) Sarcastic: While answering smiling from one corner and raising of eye-brows. Arguing with the physician, aiming to discourage him by certain words.

f) Inquisitive (Children): Constantly asking number of questions. Flash-bulb type of eyes. Handling and desire to know the working mechanism of toys or instruments present over desk.

g) Aggressive: Leaning forward. Finger pointing. Fists clenched. Talks with loud voice as if not interested in other's view. Encroaches upon others.

h) Loquacity: Jumping from one point to other without head or tail. Voice loud and bouncy. Sufocating other during talk.

i) Exaggerated / Over-enthusiastic: Constantly moving hands while expressing enthusiastic complaints. Appearance - dark. Make-up with use of fluorescent colors in dressing and showy (unsuitable to the age).

4. A. SOME SUGGESTIONS FOR PHYSICIANS

- Simply, be 'open.' Be aware of your own body posture.
- Do not cross arms in front of you, or cross your legs away from the person you are talking with.
- Maintain eye contact. Glance away periodically to prevent intimidation but not at crucial moments. Converse at patient's eye level.
- 'Touch.' It helps patient know that you view them as 'people.' A pat on the back, a light touch on the shoulder can be reassuring to patients. But beware of its universal application.
- 'Barriers.' Masks, safety glasses, gloves, bibs etc. Communicate 'barrier free' with the patient.
- 'Facial expressions.' Openness, smile, eagerness, interest yet serious and sincere.
- 'Tone of voice.' Polite tone. Speak slowly, articulately. Proper enunciation and pronunciation of words.
- 'Body Movements.' Avoid excessive, repeated movements of body, legs, hands, fingers etc.
- The FIRST person you need to impact with positive Body Language is not others, but YOURSELF.

4. B. EPILOGUE

Both nature and nurture (eg culture) play a role in body language. Hence 'movements' need interpretation. They are highly unique, succinct and individual. They deal with nuance, with feeling, with degree. One has to recognize them. 'All movements of the body have meaning. None is accidental.' The specific meaning of body movement may be different from person to person. Sometimes body language may not coincide with verbal language. The interpretation requires high skill and perspective vision. Hence, it is always better to see the body language in conjunction with verbal language and not in isolation; to-



gether they comprise a dual dialogue. If they match and are consistent with each other, they strengthen and underscore the meaning.

One swallow doesn't make a summer and one body language signal doesn't necessarily make a message. It is estimated that humans are capable of producing more than 650, 0000 nonverbal signals. Body language is full of ambiguities. To have clarity, one must focus on the cluster of signals and upon those signals that are persistent, pervasive, repeated and characteristic. The words (i.e. verbal language) themselves are produced by articulated body movements of the vocal tract is also a point to be noted.

Body language opens up new vistas of perceptions heretofore unexplored. The language of symbols, the language of universal symbolism is

blended 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 peephole into patient's hidden conflicts and feelings and 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 in reference to the situation, the context, and the culture of the people involved and there can be variations.



Homoeopathy and Inter-personal Relationship

ABSTRACT: Our life is nothing but inter-personal relations.....inter-action between an individual and society.....understanding psyche of patients through related people.... IPR and disease.....conducting interview through IPR.....the concept of totality: need for an integrated view.....IPR and remedies.....IPR and miasms.....conclusion.

INTRODUCTION

The human mind is the most fascinating and the most illusionary subject known to mankind. The homoeopathic physician knows the importance of mental state from the point of view of selection of a proper homoeopathic remedy and the

management of a patient. In homoeopathic clinical practice, elicitation and understanding of the mental state is the most difficult and exasperating concern for a homoeopathic physician: for, the mental state is not a concrete but a vibrant, fluid one

THE HUMAN BEING AND THE SOCIETY

The human being is born and develops in a social setting. For a child, the family- parents and relatives is the primary unit and this family unit is the part of a larger social unit.

The family unit influences, and shapes the personality in the initial years. The child learns through models, and imitation. The basic processes like thinking, feeling, judging and acting. Through progressive learning, child is gradually socialized. Socialization can only take place, not



intimate inter-personal relationship (IPR). With the dominance of genetic milieu, the child's overall evolution marches ahead under the influence of family set-up, then school set-up and thus progressive socialization is a continuing process.

Growth and development are inseparable phenomena leading towards maturity and involving both evolution and involution. The persons make-up the society. The society shapes persons and the society is also shaped by persons.

INTER-PERSONAL RELATIONSHIP

IPR is the substratum of society. It begins soon after birth, when child arrives in the world. Progressive socialization results in contact with varied persons, thus spawning the inter-personal relationship. The personal desires, aptitudes, attitudes, pleasures, ethics, beliefs, faiths, id, ego, circumstance etc contribute towards origin, development, maintenance or cut-off of IPR. For sound IPR to exist and progress, harmony is essential. We find many persons in the society having different emotional and intellectual set-ups. The areas of work are quite different, rather antagonistic, but still IPR of a healthy type exists for a long time even though it may have few common basis like art, music, sports or ethics. In contrast to this, one may encounter disturbed IPR between persons having several identical views!

Change is the characteristic of universal phenomena. Circumstance(s) is the reflection of time and space, the integral part of universe. Under the time-space continuum, the circumstance(s) may give the opportunity to form or strengthen the IPR or give negative feedback where IPR may be irreparably spoiled.

INTER-PERSONAL RELATIONSHIP AND DIS-EASE

Dis-ease implies ill-at-ease at physical, and/or mental level. The human mind gets developed, vitalized / devitalized, rejuvenated / cracked down through inter-personal relationship. Disturbed IPR causes stress and strain on the mind

and if the mind is not capable of mobilizing its resources to effectively cope with it and critical threshold value is achieved leading to the development of disease process, manifested in acute or chronic phases depending on the stressors, genetic predisposition, reservoir of energy and the timing when stressors are operative. To illustrate: Elevation of blood pressure after an acute emotional upset is a known phenomenon observed in clinical practice. D U, Migraine, Irritable Bowel Syndrome, anxiety neurosis, ulcerative colitis, chronic somatization disorder and many psycho-somatic illnesses can be linked to prolonged disturbed IPR.

The disturbed IPR acts as a maintaining / precipitating cause of the dis-ease which gets manifested in the intra-psychic conflict 'somatization mechanism, which again may act as a stressor. Thus the cause becomes an effect and effect again becomes the cause: a vicious cycle is thus set-up.

The consideration of inter-personal relationship may give a new dimension to our thinking of disease phenomenon. 'Stressors' which deviate the immune response as well as related change in hormonal balance can be better identified.

As heredity has a significant role in individual resistance, the constitutional predisposition on the part of a sick individual is of paramount importance.

HOMOEOPATHY AND INTER-PERSONAL RELATIONSHIP

Hahnemann demanded understanding of the individual, the total human being, the MAN behind sickness. The motto in Homoeopathy is: 'Treat the patient as a WHOLE and not merely a dis-ease'. Homoeopathy deals with MAN. We understand Homoeopathy as a HOLISTIC medicine.

Do we conceive these fundamental ideas in their entirety and perspectivity and implement them effectively in our practice when we claim to be homoeopathic physicians?

We do not know the IPR of the patient; we don't



know the significance of IPR and we do not know what is going on in the life of the patient and yet we claim as physicians of HOLISTIC medicine! What a travesty!

THE CONCEPT OF TOTALITY: NEED FOR AN INTEGRATED VIEW

Totality : Of what?

- Only signs and symptoms of a disease?
- Only the symptoms narrated by the patient of a somatic type?
- Of Psychic manifestations only?
- Only past and family history?
- Why not totality of 'Human Experiences'?
- Why not in-depth study of IPR since childhood?
- What happened to Hahnemann's concept of treating the patient as a WHOLE?
- Are we able to understand the patient as a PERSON with the present totality we elicit?
- The in-adequate data
- In-adequately explained Homoeopathy Rx
- Failure in many cases

And yet we feel ourselves contented: because: 'Habits die hard'.

Inclusion of IPR in detail should become the necessary part of interview, of totality of sickness: this only can bring clarity. Through understanding of psycho-dynamic and psycho-somatic mental state, somatization mechanism, cause --- effect relationship, intra-psychic conflict-all will be adversely affected as far as erecting the proper, integrated totality is concerned and the entire management of a case.

The proper analysis of IPR will not only give the mental characteristics (which are difficult to derive or infer otherwise) but also help select the proper homoeopathic Rx.

One sided diseases or diseases where data is inadequate, stumps the homoeopathic physician to the extent of losing the case. IPR elicited skillfully in such cases will bring forth the personality

traits and will help fish out an accurate homoeopathic remedy. Interview of a patient through IPR is very interesting and allows the physician to get the inner state of the mind through deeper relations. Experience reveals that 'Key-note prescribing' has many pitfalls and demerits. There are more problems in the follow-up of a case as key-note prescribing involves multiple, changeable, zigzag and jumping method resulting in utter confusion.

The entire management of a case that also includes psychotherapy and counseling can be sorted out; individual strategy can be planned out if we have adequate information about IPR of the patient.

LOGICAL APPLICATION OF THE LAW OF SIMILARS

The homoeopathic remedy has an immense potential to affect the personality of the patient. Intelligence and emotions are the two basic qualities of human mind and the human pharmacology. As explored through provings, yield disturbances in both these fields; in addition, the somatic semeiology is also recorded. By using the method of inductive and deductive reasoning, Jungian Psychology, Freud's psycho-analysis, Behaviorism concept, Transactional psycho-analysis, Piaget's cognitive theory, Erikson's psychosocial theory etc one can structuralize the personality: the individual characteristics, behavioral responses as per circumstance, disposition and expressions etc out of vast proving of data available to us in the homoeopathic materia medica. Each homoeopathic polycrest drug is a PERSON having its own characteristic individual features. The semblance between the natural person existing in society and artificial person grasped through homoeopathic provings, will yield an accurate homoeopathic constitutional drug, as it will cover the 'essence' of the personality.



INTER-PERSONAL RELATIONSHIP AND INTERVIEW

We want to explore: **WHAT?**

- The patient as a **PERSON**
- The person as a **WHOLE**
- What made the person **PATIENT?**

His life-style,

- his characteristics,
- personality traits

His totality of life experiences,

- Approach to life
- How he copes up with the conflicts,
- His thought processes:

Their logic, sequence, coherence, relevance.

His level of consciousness:

- Attention, awareness, orientation.

His sensory perceptions:

- Tone, facial expressions, demeanor, posture, how he sits, stands, sleeps, looks, communicates.

His **TRANSITION:**

- As a child
- As an adolescent
- As an adult

We want to explore: **How?**

Through **PROPER** interview Techniques:

Through

Skill

Greeting

Facilitation

Reflection

Empathy

Confrontation

Silence

Interpretation

To probe IPR is an interesting experiment

But a difficult task:

For: It demands: Extensive knowledge of:

- : Human mind
- : Of collective / individual Psychology
- : Of Psychiatry
- : Of Psycho-physiology
- : Of Psycho-pathology
- : Of Psycho-neuro-immunology
- : Of life and living and
- : A lot more.

General Theme

IT DEMANDS:

Sensitivity and Sensibility
at every step of interview.

IT DEMANDS:

Multiple requisites
Human and humane approach

And the condition must be fulfilled:

'The patient must feel satisfied after the interview'

For: There should be

free association
discharging of emotions

Without letting the patient

be hurt
insecure
suspicious
confused
guilty

'Rapport' is essential

Physician----- Patient relationship

Should be

intimate
harmonious
healthy
frank
trustful
active.

Alliance should be shared by

both patient and physician.

Both should recruit their own resources

If the aim of cure is to be achieved.

One stalwart wrote: 'A well taken case is almost half cured.'

Do we pay our attention to interrogation?

A primary step of understanding the case

Opening of an interview

Continuity-break during interview,

The influence of physician's all-round knowledge

The 'dominance' by the physician

The perfectionism,

neatness,

accuracy of the physician,

Physician's personality,

All these affect the BOND ..

between physician and patient.



INTER-PERSONAL RELATIONSHIP OF SOME POLYCREST REMEDIES:

As the subject is vast, we will consider here IPR of some frequently used and well-proved homoeopathic remedies in a succinct way.

THE NATRUMS

There are two definite *Natrum*- introverted and extroverted. The introverted are the silent sufferers who go on burning themselves. In both of them, getting hurt deeply and not able to come out of the hurt feeling is common. The extroverted *Natrum*s are the aggressive, irritable, and domineering fellows having 'fighting' spirit. In addition to these, they have an anti-authority element due to which *Natrum*s find themselves in conflict with many persons. The typical *Natrum* personality doesn't like the domination of authoritatives like father, mother, GF, GM, at home or of boss / colleagues at work area. Provided that the circumstances are favorable, he will fight outrageously and exhibit his grievances in an agitational and aggressive way; or he will exhibit his impulsive and impatient character to the stimuli of circumstance(s), by hurting the concerned person irrespective of respect, caliber, age or prestige possessed by that person.

Another response shown by the *Natrum* personality is the feeling of hostility, resentment, indignation or suppressed anger, being expressed by seeking the solitude. The *Natrum* will go alone and will weep outside. Many *Natrum* personalities are characterized by outward serenity but inward turmoil and 'brooding'. The *Natrum* is highly sentimental and is governed more by emotions than by intelligence - hence attachment is strong as far as IPR is concerned and breaking up the bond often causes a hostile response and the domineering, egoistic behavior of *Natrum* may end the inter-national relationship.

If the circumstances are such that expressions

are not possible, *Natrum* will exhibit his irascibility over other persons, other than the one to whom there is a hostile response eg domination at the work area by a boss will get discharged in the form of anger, or domination etc over the wife or children.

IPR in *Natrum* personality is usually disturbed and relatives of the *Natrum* person usually complain a lot about the negative aspect of *Natrum* mind. *Natrum* makes his own life miserable and that of others too. He adds salt in IPR and make everything bitter.

THE MAGNESIUM PERSON

The *Magnesium* behavioral response is characterized by an inward response. Instead of 'fighting' spirit which is observed in extroverted *Natrum* (other drugs are *Staphysagria*, *Tarentula*, *Lachesis* etc), we come across the withdrawal phenomenon. The genesis of withdrawal in *Magnesium* lies in childhood repression, suppression, vexation etc. that results in strong feeling of being neglected and rejected. *Magnesium* person prefers isolation, remains segregated, and becomes asocial and reserved.

Magnesium should be projected when we come across the history of death of mother or father at an early age with deprivation of love. Characteristically though there is over-crowding of emotions, desires, aspirations and anxieties coming out of insecurity, but outward expressions are poor. The person becomes introverted and gets himself entrapped into the capsule of his own. The feeling of being neglected is augmented by the insult or misbehavior committed by other persons. Hence sensitivity to insult is quite marked.

Social mixing is not easy for the *Magnesium* - children as well as adults. Shyness is marked in children with fears about strangers. Temperamental incompetence to protest and communi-



cation difficulty make mixing difficult. He doesn't express his sentiments, thoughts, agonies, anxieties and grievances and rather becomes more introvert.

Another strong characteristic of *Magnesium* is that though there is a lack of expression at the conscious level, at the sub-conscious field, we come across expressions in the form of dreams. Variable forms of dreams are covered in *Magnesium*.

Magnesium is full with anxieties, fears, and a host of negative emotions but they are kept inside. Others, hence, are unable to sense *Magnesium*. Sufferings and emotions are not shared and the problems continue.

THE KALIS

Kalis make acquaintances readily. As they are characterized by inherent / spontaneous attachment of a strong type, at the outset, they appear to be extrovert and mix easily with friends, relatives, neighbors etc. However this attachment itself is a source of many conflicts resulting in pathological IPR that produces various manifestations at the somatic and psychic level. The bonds of love and affection soon get established in *Kali* IPR. It is difficult for a *Kali* person to remain segregated in the society. A *Kali* woman will try to develop an amicable relationship with other persons. For maintaining the IPR sound, she will even sacrifice to some extent but in return will expect the same from others. If she doesn't get any positive response, she soon gets depressed and sad. Irritability, agitation occurs out of retaliation.

Instead of 'fight' response observed in *Natrum*, *Lycopodium*, *Lachesis* etc, we find 'flight' response in *Kali*. The *Kali* person is overwhelmed by anxiety and anticipation. He / she is so encased into the capsule of 'fear, fright, anxiety state.' It will not be wrong to write that *Kali* runs in and out walks the anxiety. If the husband

/ children are late in coming home, the *Kali* woman will become anxious, depressed and will wander to and fro in the veranda, will telephone many times and will heave a sigh of relief when they come home. The elderly *Kali* whose sons are away in other cities for education will enquire a lot about them, will write letters often and make plenty of suggestions about their health and behavior.

Underneath the disposition of attachment lies the irritability that comes as a counter response to threats (to the attachment) that make her sad, depressed and lachrymose. Brooding is quite marked over the incidences that have insulted her. This mental portrait added with anxiety represents the 'anxiety neurosis' with depression.

As far as IPR is concerned, *Kalis* are attached to people. They do not want to cut off relations on their own. They are rigid, moralistic and refrain themselves from doing wrong deeds. They are ego-centric, family oriented and cocoons.

INTER-PERSONAL RELATIONSHIP 'BREAK'

Some prominent remedies are discussed in succinct.

Pulsatilla: Will try to prevent a rupture as IPR is like O2. *Puls* is like a leech.

Lycopodium: Will employ wit for conciliation and will try to keep his dignity through non-rupture. Rupture, according to *Lyco* amounts to defeat. However, *Lyco* lacks the sweetness of *Puls*.

Ars-alb: A continuous, critical and censorious harping leads to severing relations with those not performing to his standards.

Nat-m: Although there is an internal need for unconditional love, *Nat-m* will cut off relations out of hurt feeling; to forget or to forgive is difficult; she will add more salt and will make the IPR complex irreversible.

Sulphur: Quick to quarrel but equally quick to forgive and make up and hence there is no real falling out. The quarrel is more intellectual.

Calcarea: Wants a home; is generous; but if offended, will withdraw in its own shell. Will pro-

fended, will withdraw in its own shell. Will protect its security and will see that it is not jeopardized.

Kali-carb: Attachment a source of troubles; rigidity, conservatism, and weak will lead to cold war; *Kali-c*. On her own will not cut off; she is more practical and well-grounded and will keep it hanging.

Sepia: Continuous ragging and detached attitude (self imposed, in *Kali-c* it is imposed upon by others) results in severing the relationships, however, *Sep* doesn't have to break the relations with others, as others break with her first.

Staphysagria: Jovial, conciliatory until his sensitive mind, rather sensitive pride is maintained; once offended, pent-up emotions will explode resulting in severing the relations.

Kali-iod: Its crude, rude and harsh behaviour expressed through abusiveness raptures the relations.

Exploration of the dispositional characters and the behavioural responses yield the miasmatic dominance.

- The emotive responses of high order expressed in IPR but with base-line of IPR being maintained indicate PSORIC miasm. Healthy attitude towards IPR is kept up thought with emotional overtone on many occasions.

- The sycotic stigma demonstrates pathological IPR. The negative attitudes and characters viz. suspiciousness, vindictiveness etc, make IPR disturbed. The states in melancholy, gloominess etc develop as a consequence to chronic disturbed IPR

- Unpredictable, erratic behaviour in tandem with emotional overtone complicate IPR in Tubercular Miasmatic subjects.

- The syphilitics reflect the irreversibility at IPR level. Suicide, criminality, murder etc characterize this phases. This is the perverted portrait of IPR.



INTER-PERSONAL RELATIONSHIP AND MIASMS

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