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Interpreting children's body language: Enhancing miasmatic analysis in pediatric homoeopathy: A clinical study

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Abstract

Pediatric case taking poses unique challenges in homoeopathic practice as young children often cannot verbally express their symptoms. This study explores the utility of observing body language along with miasmatic analysis in pediatric cases to enhance case taking and remedy selection. A prospective clinical study was conducted on 30 pediatric cases aged 0-6 years. Cases were analyzed based on body language observations, miasmatic evaluation, and standard homoeopathic principles. The results showed significant improvement in 73.33% cases and complete recovery in 23.33% cases, demonstrating that systematic observation of body language combined with miasmatic understanding helps in gathering characteristic symptoms and selecting the simillimum. This approach is particularly valuable in pediatric cases where verbal communication is limited.

Keywords: Body language, miasms, pediatric case taking, homoeopathy, non-verbal communication

Introduction

Homoeopathy, as established by Dr. Samuel Hahnemann, emphasizes the importance of individualized treatment based on the totality of symptoms^[1]. Case taking forms the cornerstone of homoeopathic practice, where accurate observation and interpretation of symptoms are crucial for selecting the most appropriate remedy. This process becomes particularly challenging in pediatric cases, where young patients often lack the verbal ability to express their symptoms effectively^[4].

The significance of non-verbal communication in understanding human behavior has been well-documented. Research studies indicate that approximately 65% of human communication occurs through non-verbal channels^[8]. Body language, encompassing facial expressions, gestures, postures, and eye movements, serves as a fundamental means of expression, especially in children who have limited verbal capabilities^[7].

Darwin's pioneering work on emotional expression established that certain basic patterns of non-verbal behavior are universal and innate rather than learned^[7]. This understanding becomes particularly relevant in pediatric case taking, where the physician must rely heavily on observational skills to gather accurate information about the patient's condition^[10].

The miasmatic theory, a cornerstone of homoeopathic philosophy, provides a deeper understanding of disease processes and their manifestations. Hahnemann identified three primary miasms - Psora, Sycosis, and Syphilis - as fundamental causes of chronic diseases^[2]. These miasms influence both physical and mental symptoms, making their understanding crucial for comprehensive case analysis^[5].

Integration of body language observation with miasmatic analysis presents a promising approach in pediatric homoeopathy. This combination allows practitioners to gather more accurate and complete information about their young patients^[9]. Kent emphasized the importance of careful observation in his lectures, noting that the physician must develop the art of seeing beyond mere physical symptoms^[2].

Current pediatric homoeopathic practice faces several challenges, including: - Limited verbal communication from young patients

- Difficulty in obtaining accurate subjective symptoms
- Reliance on parental observations which may be biased
- Need for more systematic approaches to case taking^[4, 10].

Therefore, this study aims to evaluate the effectiveness of incorporating systematic body language observation along with miasmatic analysis in pediatric case taking. The research seeks to enhance the accuracy of remedy selection and improve treatment outcomes through better understanding of non-verbal cues and their miasmatic significance [3].

Study Design

- **Type:** Prospective clinical study
- **Duration:** May 2023 to November 2024
- **Sample size:** 30 cases
- **Setting:** Central OPD/IPD of Bhargav Homoeopathic Medical College and Hospital and Municipal Corporation Dispensary, Belgaum

Materials and Methods

Inclusion Criteria

- Children aged 0-6 years
- Both genders
- All socioeconomic backgrounds

Exclusion Criteria

- Children above 6 years
- Mentally retarded subjects
- Cases with communication disorders

Data Collection Methods

1. Standard case proforma recording

- Presenting complaints
- Past history
- Family history
- Physical generals
- Mental symptoms

2. Body language observation parameters

- Facial expressions
- Gestures
- Posture
- Eye movements
- Physical behavior
- Response to environment

3. Miasmatic Analysis

- Based on presenting symptoms
- Past history
- Family history
- Constitutional features

4. Case Processing

- Repertorization using Complete Repertory
- Remedy selection based on totality
- Potency selection considering susceptibility
- Monthly follow-up for minimum six months

Assessment Criteria

- **Recovered:** Complete removal of symptoms with general well-being.
- **Improved:** Marked decrease in symptoms with better well-being.
- **Not improved:** No relief in symptoms.

Statistical Analysis

- Chi-square test of independence
- Level of significance: 5%

Observation and Results

The 30 subjects of this study were taken from Central OPD/IPD of A.M. Shaikh Homoeopathic Medical College Hospital, Nehru nagar, Belgaum and Satellite OPD of A.M. Shaikh Homoeopathic Medical College, Belgaum in collaboration with Municipal Corporation Dispensary, kanbargi.

Cases were taken up considering the inclusion and exclusion criteria.

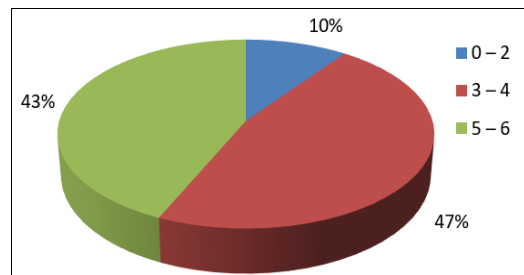
Follow up of all the cases was reviewed every month for a minimum period of six months to assess the result criteria set for the study.

These cases were subjected to statistical study. The statistical analysis is as follows in tabular form.

Table 1: Age incidence

Sl. No.	Age Group	No. of Cases	Percentage
1	0 - 2	3	10%
2	3 - 4	14	47%
3	5 - 6	13	43%
	Total	30	100%

As shown in the above table, the incidence of the subjects in my study; 47% of the patients were in the age group of 3 - 4 years i.e 14 cases, 43% of the patients were in the group of 5-6 years i.e 13 cases and 10% of patients were in the age group of 0-2 years i.e 3 cases.

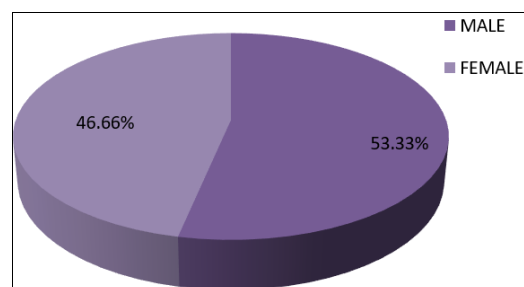


Graph 1: Age Incidence

Table 2: Table for Sex incidence

Sl. No.	Sex	No. of Cases	Percentage
1	Male	16	53.33%
2	Female	14	46.66%
	Total	30	100%

As shown in the above table, the incidence of male: female ratio for the 30 cases taken for study is 16 (53.33%) males and 14 (46.66%) females.

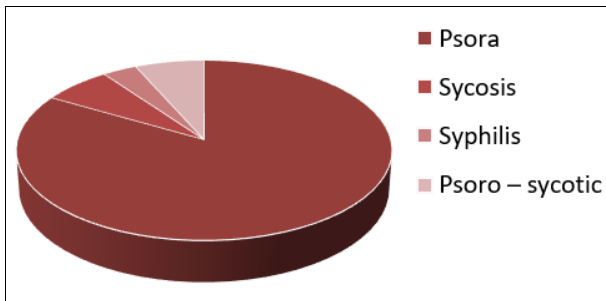


Graph 2: Sex Incidence

Table 3: Table for Miasm

Miasms	No. of Patients	Percentage
Psora	25	83.33%
Sycosis	2	6.66%
Syphilis	1	3.33%
Psoro - sycotic	2	6.66%
Total	30	100%

From the above table it is noted that out of 30 patients, 83.33% were psoric, 6.66% were sycotic, 3.33% were syphilitic and 6.66% were psoro – sycotic.



Graph 3: Miasm

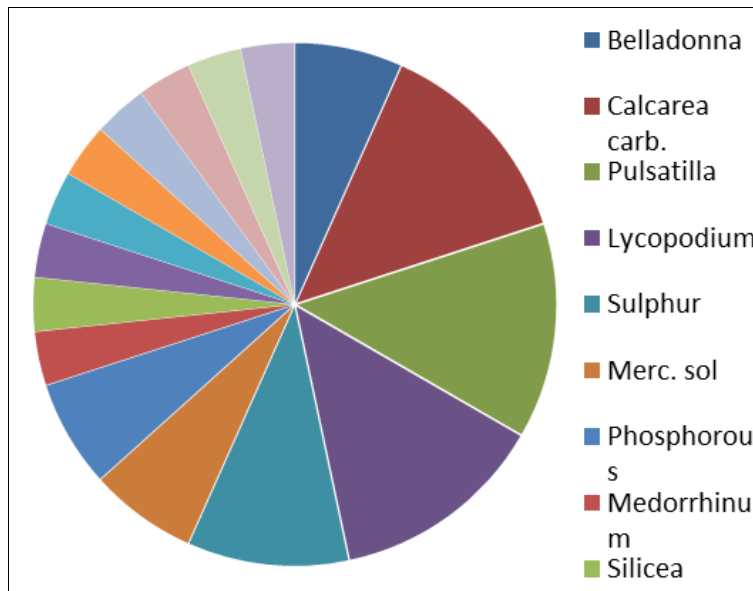
Table 4: Table for Prescribed Remedy

S. No	Prescribed remedies	No. of Cases	Percentage
1	Belladonna	2	6.66%
2	Calcarea carb.	4	13.33%
3	Pulsatilla	4	13.33%
4	Lycopodium	4	13.33%
5	Sulphur	3	10%
6	Merc. sol	2	6.66%
7	Phosphorous	2	6.66%
8	Medorrhinum	1	3.33%
9	Silicea	1	3.33%
10	Lachesis	1	3.33%
11	Tuberculinum	1	3.33%
12	Dulcamara	1	3.33%
13	Arsenic album	1	3.33%
14	Nux vomica	1	3.33%
15	Chamomilla	1	3.33%
16	Cina	1	3.33%
	Total	30	100%

Out of 30 cases, maximum prescribed remedies were Lycopodium, calcarea carb., pulsatilla (13.33%) in 4 cases each, sulphur (10%) i.e; 3 cases each, merc. Sol, bell. And phosphorous (6.66%) i.e 2 cases each and (3.33%) i.e; 1 case of medorrhinum, silicea, lachesis, tuberculinum, dulcamara, arsenic alba, nux vom, cham and cina.

Table 5: Table for observations of body language

	Observed body language	No. of Cases
1	Keeps touching things	1
2	Hides herself	1
3	Puts fingers in mouth	4
4	Startled at least noise	2
5	Makes nervous tics	2
6	Biting of nails	7
7	Throws away things	4
8	Bores nose with fingers	3
9	Makes gestures	1
10	Fear of darkness	3
11	Sleeps on abdomen	2
12	Eye winking	1
13	Teeth grinding	2
14	Repeats same actions	1
15	Stamps feet	1
16	Involuntary movement of hand and mouth	1
17	Rolls on the floor	1
18	Stretches extremities in anger	1
19	Likes to be carried	3
20	Mischievous	2
21	Cheerful	2
22	Pulls others hair	1

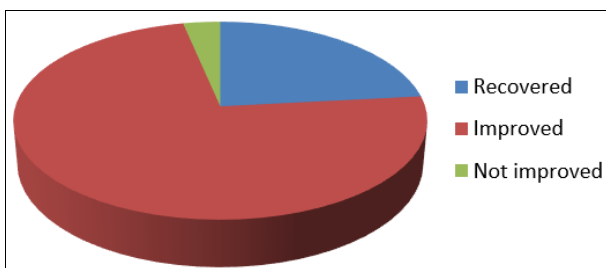


Graph 4: Prescribed Remedies

Table 6: Table for Analysis of Result

Analysis	No. Of Subjects	Percentage
Recovered	7	23.33%
Improved	22	73.33%
Not improved	1	3.33%
Total	30	100%

It is evident from the above table that 7 cases (23.33%) Recovered after the treatment, 22 cases (73.33%) of the cases improved and 1 case (3.33%) did not show any improvement.



Graph 5: Analysis of Results

Demographic Distribution

1. Age Distribution

- **0-2 years:** 10% (3 cases)
- **3-4 years:** 47% (14 cases)
- **5-6 years:** 43% (13 cases)

2. Gender Distribution

- **Males:** 53.33% (16 cases)
- **Females:** 46.66% (14 cases)

Miasmatic Classification

- Psora:** 83.33% (25 cases)
- Sycosis:** 6.66% (2 cases)
- Syphilis:** 3.33% (1 case)
- Psoro-sycotic:** 6.66% (2 cases)

Common Body Language Observations

- Biting nails (7 cases)
- Putting fingers in mouth (4 cases)
- Throwing objects (4 cases)

- Boring nose with fingers (3 cases)
- Fear of darkness (3 cases)
- Desire to be carried (3 cases)

Prescribed Remedies

- Calcarea carbonica, Lycopodium, Pulsatilla:** 13.33% each (4 cases)
- Sulphur:** 10% (3 cases)
- Belladonna, Mercurius solubilis, Phosphorus:** 6.66% each (2 cases)
- Other remedies (single cases): 3.33% each

Treatment Outcomes

- Recovered:** 23.33% (7 cases)
- Improved:** 73.33% (22 cases)
- Not improved:** 3.33% (1 case)

Statistical Analysis

Chi-square test showed calculated value (6.16) > table value (5.991) at degree of freedom 2, indicating significant correlation between body language observation and treatment outcomes.

Discussion

The study demonstrates the crucial role of body language observation in pediatric case taking. Several key findings emerged:

1. Miasmatic Predominance

The high prevalence of psoric miasm (83.33%) aligns with Hahnemann's observation that psora forms the fundamental cause of chronic diseases. This understanding helped in remedy selection and prognosis.

2. Body Language Patterns

Common observations like nail-biting, finger-sucking, and nose-boring indicated anxiety and restlessness, helping identify constitutional remedies. These physical manifestations often corresponded with specific remedy pictures, enhancing prescription accuracy.

3. Remedy Selection: The most frequently prescribed

remedies (*Calcarea carbonica*, *Lycopodium*, *Pulsatilla*) reflect common constitutional types in children. Body language observations helped differentiate between similar remedies:

- **Calcarea carbonica:** Timid, seeking security
- **Lycopodium:** Lack of confidence despite capable appearance
- **Pulsatilla:** Clingy, emotional behavior

4. Treatment Outcomes

The high percentage of improvement (96.66% combined recovery and improvement) validates the effectiveness of incorporating body language observation in case taking. This approach particularly helped in:

- Understanding the child's emotional state
- Identifying characteristic symptoms
- Confirming remedy selection
- Monitoring treatment progress

5. Clinical Applications

The study highlights several practical applications:

- Systematic observation methods for pediatric cases
- Integration of body language with miasmatic analysis
- Enhanced understanding of remedy pictures
- Improved case documentation techniques

Limitations

- Small sample size
- Limited study duration
- Subjective nature of observations

Conclusion

This study establishes that systematic observation of body language combined with miasmatic understanding significantly enhances pediatric case taking in homoeopathy. The high success rate (96.66%) demonstrates the validity of this approach. Key conclusions include:

- Body language observation provides crucial information in cases where verbal communication is limited
- Miasmatic analysis helps understand the deeper aspects of pathology and guides treatment
- Integration of body language observation with classical homoeopathic principles improves treatment outcomes
- This approach is particularly valuable in pediatric practice for:
 - Accurate symptom gathering
 - Constitutional remedy selection
 - Treatment monitoring
 - Progress assessment

Future research recommendations include

- Larger sample studies
- Longer follow-up periods
- Development of standardized observation protocols
- Comparative studies with conventional case-taking methods

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Conflict of Interest

Not available.

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