

Founder and CEO - Homeosetu

# Clinical Observations for Remedy Selection & Practitioner Mastery

In homeopathic case taking, non-verbal clues are often as revealing as spoken words.

These subtle signals help the practitioner perceive the patient's inner state, temperament, and even the peculiarities that guide remedy selection.

Here's a structured overview prepared by Dr Alpesh Oza, Founder and CEO of Homeosetu from his 17 years of Homeopathic Practice:

When a Patient enters your clinic, you will observe the patient's Facial expressions, posture, Gait, Attire, Eye contact and Gaze, Gestures and movements, emotional tone and behaviour, voice and Speech patterns, Skin colour...

## FACIAL EXPRESSIONS & MICRO-MOVEMENTS

- 1. Furrowed brows may signal sadness, anxiety, or anger—observe for repetition.
- 2. Downturned lips often reflect indifference or suppressed emotion.
- 3. Tense jaw muscles hint at internal resistance or stress.
- 4. Use rubrics from "Mind" and "Face" chapters to decode expressions.
- 5. Compensated anger is best revealed through life examples, not demeanour.



- 6. Observe expressions at entry, mid-case, and exit—each phase reveals a layer.
- 7. Watch for micro-expressions during narration.
- 8. Laughing immoderately or silly laughter can mask trauma.
- 9. Incongruent affect (laughing during grief) may signal denial.
- 10. Use "Contradictory actions and speech" rubrics for mismatch.

# POSTURE & ATTITUDE

- 11. Slumped shoulders suggest depression or habitual slouching—verify with relatives.
- 12. Vague sitting posture may reflect casualness or mental disengagement.
- 13. Use "Attitude Bizarre" rubric from Boger's Synoptic Key for posture anomalies.
- 14. Occupational posture must be differentiated from constitutional traits.
- 15. Always verify if posture is occupationally induced—ask family if it persists at home.
- 16. Remedies like Sulphur, Tuberculinum, Argentum, Phos may match slouched posture.
- 17. Use "Back" chapter rubrics for posture-related complaints beyond slouching.
- 18. Observe how patients sit, stand, and adjust posture.



# **A GAIT & NEUROLOGICAL SIGNS**

- 18. Ataxic gait signals neurological involvement—observe from 5–10 feet away.
- 19. Reeling or spastic gait may indicate systemic pathology.
- 20. Use "Extremities" and "Generalities" chapters for gait rubrics.
- 21. Over-exaggerated gait may reflect attention-seeking or shyness.
- 22. Always perform a neurological exam for gait anomalies.
- 23. Clinical neurological exams are essential—gait changes may precede patient awareness.
- 24. Online videos from neurology educators can sharpen your gait observation skills.
- 25. Maintain 5–10 feet of walking space in your clinic to observe gait naturally.

# ATTIRE & THERMAL MODALITIES

- 26. Overdressing in summer may indicate thermal sensitivity or emotional imbalance.
- 27. Underdressing in winter can signal peculiar thermal modalities.
- 28. Watch for patients who immediately react to AC/fan—note remedy clues.
- 29. Use "Generalities" and thermal rubrics for attire-based insights.
- 30. Corallium rubrum, Rumex, and Hep Sulph have cured coughs via thermal clues.



- 31. Patients who scan the AC/fan on entry may have strong thermal sensitivity—note it.
- 32. Thermal modalities are often hidden in prefaces or back pages of repertories—don't miss them. (Example Kent Repertory / Boericke Repertory)

# **EYE CONTACT, GAZE & COLOUR**

- 33. Avoidance of eye contact may reflect guilt, shyness, or fear.
- 34. Fixed gaze suggests anxiety or suspicion—watch for darting eyes.
- 35. Lyco, Staph, Silicea are classic for gaze avoidance—confirm with generals.
- 36. Arsenic, Merc sol, Tarentula show restlessness in gaze and movement.
- 37. Hyperactivity in gaze often mirrors mental restlessness.
- 38. Brown or black eyes may reflect individuality—match with Brom, Caps, Puls.
- 39. Unusual eye colour in family may suggest Tuberculinum or Carcinosin constitution.
- 40. Don't confuse muddy sclera in bikers with jaundice—context matters.

# **GESTURES & MOVEMENTS**

- 41. Fidgeting fingers indicate nervousness—use "Fidgety" rubrics.
- 42. Clenched fists may reflect suppressed anger—think Staph or Colocynth.



- 43. Hand wringing aligns with Kali brom's emotional profile.
- 44. Repetitive movements suggest compulsive traits—consider nosodes.
- 45. Repetitive thoughts mirror physical gestures—observe both.
- 46. Use movement patterns to differentiate remedies.
- 47. Observe how they respond to greetings and instructions.
- 48. Hastiness in Movement may be observed when patient enters the clinic.
- 49. Patients sometimes hastily share reports (if paper reports brought) ...this can give clues to record a rubric.

# EMOTIONAL TONE & BEHAVIOUR

- 48. Mood congruence validates verbal complaints—watch for contradictions.
- 49. Energy level (lethargy vs hyperactivity) guides remedy polarity.
- 50. Greeting style reflects affection—Phosphorus may return greetings.
- 51. Abruptness in clinic may point to Nat mur or Sulphur.
- 52. Timid patients often mask deeper pathology—observe transitions.
- 53. Hyperactive entry vs subdued narration is a key contradiction.
- 54. Use "Dullness," "Slowness," and "Absorbed" rubrics with care.
- 55. Watch for mismatch between verbal and non-verbal cues.



- 56. Observe for inner agitation masked by politeness.
- 57. Use affection and abruptness as constitutional clues.

## VOICE & SPEECH PATTERNS

- 58. Trembling voice reflects fear—consider anxious rubrics.
- 59. Loud tone may indicate dominance or irritability
- 60. In Loud tone patients watch or confirm for dictatorial traits.
- 61. Mildness is often evident in tone—don't miss it.
- 62. Abrupt speech may reflect Nat mur's constitutional profile.
- 63. Rapid speech suggests anxiety—Merc sol, Tarentula may match.
- 64. Slow, monotonous speech aligns with Helleborus or Cannindica.
- 65. Speech rhythm reveals mental pace—observe transitions.
- 66. Hurried speech may reflect mania or restlessness.
- 67. Use voice rubrics alongside broader behavioural patterns.
- 68. Tone and pitch often reveal more than words.

# 🗴 SKIN, PERSPIRATION & MIASMATIC SIGNS

- 68. Sallow complexion may reflect miasmatic load—check generalities.
- 69. Pale skin can signal anemia or constitutional weakness.
- 70. Warts on face/neck suggest sycotic miasm—differentiate from skin tags.



- 71. Pedunculated, non-pedunculated, flat warts guide rubric selection.
- 72. Cold perspiration on forehead or upper lip is a key observation.
- 73. Perspiration in folds is common—unusual areas are more telling.
- 74. Use "Perspiration" rubrics from face/neck/upper lip for precision.
- 75. Use skin and eye colour to assess miasmatic load.
- 76. Use perspiration patterns to assess elimination pathways.

## CASE TAKING STRATEGY

- 77. Keep minimal obstruction between you and the patient.
- 78. If typing, pause to watch patient's movements.
- 79. Notebook users—don't miss gestures while writing.
- 80. Watch how patients react to clinic environment.
- 81. Note how they respond to greetings and instructions.
- 82. Watch for repeated phrases or themes.
- 83. Monitor their interaction with family or companions.
- 84. Use observation to supplement verbal case history.
- 85. Don't rely solely on speech—watch for contradictions.
- 86. Match non-verbal cues with repertory rubrics.
- 87. Validate observations with physical generals and thermals.
- 88. Use peculiarities to guide intercurrent remedy selection.
- 89. Watch for signs of denial or dissociation.



# REMEDY SHORTLISTING BY OBSERVATION

- 90. Match posture with Sulphur, Tuberculinum, Argentum.
- 91. Match gaze with Arsenic, Merc sol, Tarentula.
- 92. Match gestures with Aconite, Phosphorus, Tarentula.
- 93. Match voice tone with Nat mur, Sulphur, Cann indica.
- 94. Match laughter with Hyos, Ignatia, Tarentula, Crocus, Nux moschata.
- 95. Match thermal sensitivity with Psorinum, Iodum, Hep Sulph, Rumex, Corallium.etc..
- 96. Match compulsive traits with Medorrhinum, Syphilinum.
- 97. Match affectionate behaviour with Phosphorus.
- 98. Match abruptness with Nat mur, Sulphur.
- 99. Match fidgeting with Tarentula, Merc sol.

## **6** FINAL TIPS & HOMEOSETU-INSIGHTS

- 100. Observation is not just a tool—it's a doorway to the patient's inner world.
- 101. Use it with empathy, precision, and clinical curiosity.
- 102. Use laughter and greeting style to decode personality.
- 103. Use contradiction in behaviour to spot remedy themes.
- 104. Use attire and thermal clues to access deeper states.
- 105. Use speech rhythm to assess mental pace.
- 106. Use posture and gait to assess systemic involvement



- 107. Sometimes first prescription may not yield the exact constitutional remedy, but your recorded observations may definitely be of help in subsequent follow ups.
- 108. Observation is an art, as you start observing once, twice, thrice, you will make a habit and become a pro in gradual process.

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