TANTIA UNIVERSITY JOURNAL OF HOMOEOPATHY AND MEDICAL SCIENCE
Website- www.tjhms.com Email : tujhms@tantiauniversity.com
Peer-Reviewed Journal, E-ISSN: 2581-8899, P-ISSN: 2581-978X
Volume 8|Issue 1|Jan. –March 2025|

REVIEW ARTICLE

B- AWARE (BEWAR) ON THE BEHAVIORAL SCIENCES IN THE REALM OF CANINES

Anju Singh[1], Yash Gaurav Mishra[2]
[1]M.D Part 2 Department- Organon of Medicine & Homeopathic Philosophy), [2]Associate Professor, Department of Anatomy, Bakson Homoeopathic Medical College & Hospital. Greater Noida.

Abstract

It's fascinating how Hahnemann's observations predate the formal concept of the unconscious mind. His mention of "mania of self-destruction" suggests an awareness of complex psychological states that resonate with later psychoanalytic theories. The idea that underlying conditions can manifest as overt symptoms highlights a depth of understanding about the interplay between mental and physical health.

In his work, Hahnemann acknowledged that diseases could have both somatic and psychological dimensions, even if he lacked the terminology we use today. His insights into chronic disease and the latent stages of illness point to a recognition of deeper, perhaps unconscious, processes at work in the patient's psyche. This foreshadows later explorations into how unresolved conflicts or traumas can influence behaviour and health.

His ability to observe these phenomena and articulate them—albeit in a different framework—demonstrates his pioneering spirit in the field of medicine. The intersection of his ideas with those of Freud illustrates a continuum in understanding human health, one that integrates both the visible and hidden aspects of our experiences.

Received- 12/02/2025
Revised- 25/03/2025
Accepted– 30/03/2025

Key Word- Differences Between Human and Animal Mental Symptoms, Dogs Behavior, Homeopathy

Corresponding Author:- Anju Singh, M.D Part 2 Department- Organon of Medicine & Homeopathic Philosophy), Bakson Homoeopathic Medical College & Hospital. Greater Noida.

INTRODUCTION

Animal patients exhibit mental symptoms that arise directly from their unconscious, lacking the reflective consciousness characteristic of humans. This difference means we can relate their symptoms to the emotions, cravings, and aversions documented in the mental section of the repertory, but we must avoid interpreting them through the lens of human-specific experiences or the concepts of repression.

Animals possess memory, but it operates differently from human memory—being more automatic and simpler. Their eidetic memory allows them to recall past experiences with the same clarity and intensity as when they were first encountered, triggered by specific stimuli present at that time.

To effectively assess our animal patients, it's essential to observe them in natural environments, rather than in the stressful context of a veterinary office, which can lead to distorted behaviours. Observing animals in familiar settings allows us to gather more accurate and useful information about their true states.

Moreover, we must be cautious of owners' interpretations of their pets' behaviours. These explanations, often rooted in personal beliefs or misconceptions, can mislead our understanding. For instance, an owner might say, "My dog doesn't like the sun because he has a black coat," or "She must be afraid of men because she was mistreated." Such narratives can obscure the genuine behavioural cues we need to consider.

By focusing solely on observable behaviour and resisting the urge to overinterpret or analyse it through conscious explanations, we can gain deeper insights into the animal's needs and emotional states. This approach emphasizes the importance of direct observation in understanding and supporting our animal patients more effectively.

How Do We Know What Is Normal and What Is a Symptom?

Assuming we have gathered sufficient observations of the animal's behaviour, the next crucial step is to determine whether the behaviour in question is a symptom of an underlying issue or falls within the range of normal behaviour. This is the initial question we must address. Once we establish that a behaviour may indeed be symptomatic, the next inquiry is to identify which rubric in the repertory it corresponds to.

Deciding whether a behaviour is normal or symptomatic can be more challenging than it initially appears. Many behaviours listed in the mental section of the repertory can also be considered normal under certain circumstances. For instance, the saying, "You are not paranoid if someone is after you," underscores the complexity of differentiating between a

justified emotional response and a pathological one.

Take, for example, a cat living in a multi-cat household that exhibits constant fear. If another cat is displaying threatening behaviours—subtle movements that may go unnoticed by us—should we classify the fearful behaviour as a symptom or a natural response? If there is a perceived threat, it seems instinctive for the cat to feel fear. In this context, one might argue that a cat that appears unafraid may be less attuned to its environment.

However, the situation is further complicated by the possibility of experiencing fear without a valid cause. Here are some potential scenarios to consider:

- There is a legitimate threat, and the fearful response is appropriate. In this case, the behaviour aligns with the animal's instinctual need for self-preservation.
- There is a threat present, but the animal remains unusually calm or unconcerned. This response may indicate an atypical reaction to stress, raising questions about the animal's emotional state.
- There is no actual threat, yet the animal displays fear. This scenario could suggest an underlying anxiety disorder or a past traumatic experience that influences the animal's current behaviour.

By analysing these possibilities, we can begin to understand the nuances of the animal's behaviour and make informed decisions regarding diagnosis and treatment. This thoughtful approach ensures that we consider both the context of the behaviour and the individual characteristics of the animal, ultimately leading to a more accurate assessment of its mental health.

Not recognizing your biases, weaknesses and not learning new approaches to case taking and evaluating the animal

Case taking in animals presents a unique set of challenges. While we can identify current symptoms and review prior medical history, gathering comprehensive characteristics and modalities often proves difficult. For instance, when observing a cat that prefers open air, is it simply a desire to hunt, or does it indicate something deeper? Similarly, when a dog seeks warmth, are they looking for heat, or do they simply enjoy cuddling with their guardians?

Some practitioners place significant emphasis on mental, emotional, and behavioural symptoms, while others consider these too vague to be reliable indicators. The *Organon* provides valuable guidance, offering clear

frameworks and questions that can be adapted for animal cases. For example, in paragraph 95, we are reminded that "chronically ill patients become so accustomed to their long sufferings that they pay little or no attention to the smaller, often very characteristic accompanying befoulment's which are so decisive in singling out the remedy." This insight also applies to guardians who may overlook signs, such as claiming their dog has no odour after years of routine baths.

To enhance our understanding, we can utilize various sections of the repertory to ensure we ask the right questions. Reviewing past medical records is also crucial. However, in veterinary practice, we often encounter a limited range of symptoms or ones that have been obscured by suppressive or palliative treatments. This paucity of information makes it essential to approach each case with keen observation and an open mind, allowing us to piece together a more accurate picture of the animal's health.

Observing animals in their home environment can provide valuable insights into their behaviour and well-being. It's essential to remain focused and not be distracted while taking a case, as attentive observation can reveal critical clues. Dr. Sue Beal emphasized this point in her insightful presentation at the 2006 AVH conference, where she discussed the importance of rubrics in case-taking.

Organon § 210

1. **Territorial Aggression** - Dogs often exhibit aggressive behaviour towards unfamiliar intruders within their defined territory, which includes not only their home but also familiar areas where they are regularly walked or confined. A survey indicated that 18% of dog owners consider their pets to be overly protective of their territory (Serpil). This territorial behaviour first emerges in wolves around 16 to 18 weeks of age.
2. **Dominance-Related Aggression** - This type of aggression is typically directed at owners or family members and is triggered by dominant behaviours such as grooming, holding, petting, pushing, staring, yelling, or leaning over. It can also arise from competition for resources like food, sleeping spaces, or general territory. Dominance-related aggression is more common in intact males and neutered females. It stems from an inherited propensity for aggression and usually manifests within the first few weeks of life; in wolves, this occurs between 4 and 8 weeks. Isolation during the socialization and juvenile periods can hinder a dog's ability to compete for food with normally reared puppies. For

example, German Shepherd bitches who adopt a disciplinarian role during weaning often encourage submissive behaviour in their pups, which may persist into adulthood. It is important to note that the concept of hierarchy in dogs is often misunderstood. Unlike the strict linear hierarchy observed in some species, wolves exhibit a more fluid social structure, and hierarchical dynamics can vary across species. This dynamic situation is largely influenced by "resource holding" potential; dogs tend to compete only when necessary, and the order of dominance may change depending on the resources at stake.

3. **Fears and Phobias** - Shyness and fearfulness have been identified as highly heritable traits in dogs. For instance, "wildness" in the Basenji is governed by a single dominant gene, while "tameness" is a recessive trait in the Cocker Spaniel. Overall, fearfulness and nervousness in dogs show moderate heritability, indicating that genetic factors play a significant role in these behaviours. In wild dogs, the bond between males and females plays a crucial role in their social structure. During copulation, males release oxytocin, which is essential for fostering a parental bond. Puppies are particularly sensitive to oxytocin, and this hormone is integral to the development of attachment. Such attachment provides a secure base from which puppies can explore their environment, helping them build confidence and stability in their relationships.

Importantly, this attachment is not solely dependent on suckling. For instance, if whelping is disrupted, such as through a caesarean section, inadequate release of oxytocin can lead to weak attachment. This lack of parental influence may result in increased aggression, as affected individuals are more prone to fighting with other dogs.

During the first two weeks of life, even brief handling or exposure to noxious stimuli can have significant long-term effects on both behavioural and physical development. Around three weeks of age marks the beginning of the "sensitive" or socialization period, during which puppies can more readily accept new stimuli. In the wild, this is crucial for forming bonds with littermates, parents, and pack members. In domestic dogs, puppies also establish attachments to humans and even other pets, as well as to their environment.

After 12 weeks of age, puppies generally become more fearful of unfamiliar individuals and situations. However, there is a critical window around eight weeks where puppies are particularly

hypersensitive to distressing experiences, which can shape their future behaviour and interactions.

Ethogram of a Wild Dog

The daily life of a wild dog can be broken down into distinct activities:

- 10 hours eating
- Hunting
- Eating
- Caching (storing food for later)
- 10 hours sleeping
- Sleep cycles of 7 to 15 minutes
- Dogs are primarily crepuscular, being most active during dawn and dusk.
  - Approximately 4 hours
  - Grooming
  - Urination
  - Defecation

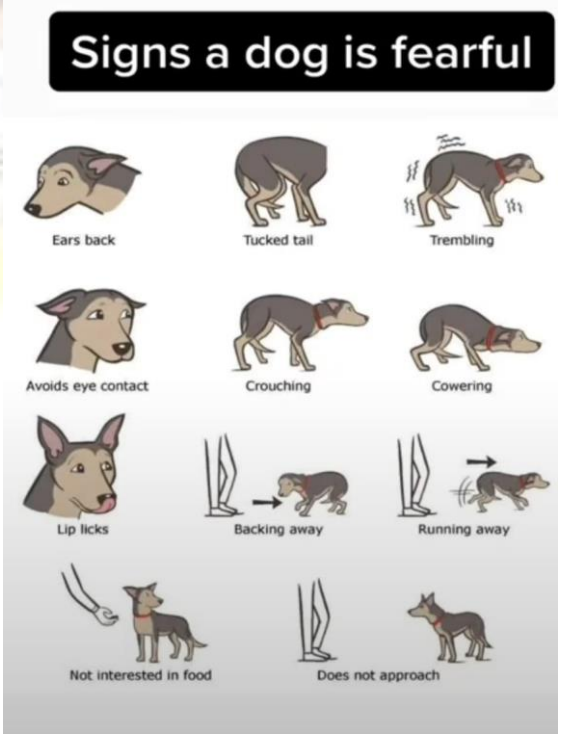
In contrast, the life of a domestic pet dog differs significantly, particularly regarding eating habits; the extensive 10 hours spent foraging in the wild is reduced to just a few minutes in a home environment.

Consciousness in Animals

Recent studies suggest that animals, especially domesticated ones, possess a level of consciousness or self-awareness. This is supported by various observed phenomena, including:

- Imitation
- Inferences: Understanding cues such as pointing
- Delayed reward: The ability to postpone immediate gratification for a larger reward later
- Concept formation: Recognizing abstract concepts, such as associating an image of a hand behind a tree with a human
- Gaze following
- Exercising free will
- Asymmetric behaviours: For example, one animal standing guard while others eat
- Sense of self: Demonstrated by recognizing their reflection in a mirror

These behaviours highlight the cognitive complexity of domestic animals and their ability to engage with their environment in meaningful ways



Rubric Selection

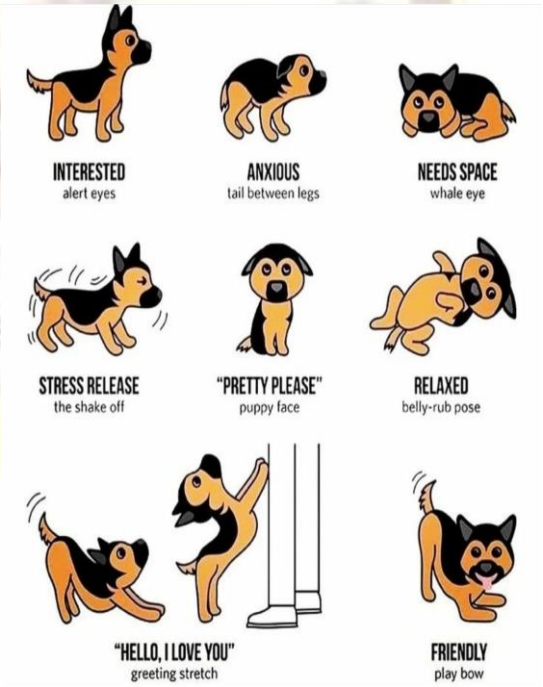
After gathering observations, the next critical step is determining whether a particular behaviour is a symptom of an underlying issue or falls within the range of normal behaviour. This is our first question. Once we establish that the behaviour is symptomatic, the second question arises: which rubric can we match it to in the repertory?

How to Utilize the Mental Section of the Repertory

When I analyse the mental rubrics, I approach them with the following considerations, which, while quick, follow a structured sequence:

1. Is this behaviour observable in the animal? We must ensure that the behaviour can be recognized in a non-human context.
2. Does this symptom correlate directly with the observed behaviour?
   It's important that the symptom we select aligns closely with what we see, providing a clear connection.
3. Is the rubric general enough?
   Specific fears may be part of a broader fearful state; thus, opting for a "partial" rubric may not be helpful. We want to capture the full spectrum of the symptom.

To illustrate this process, let's examine some rubrics from Boenninghausen , focusing on the initial entries from the mental section of the Boger / Boenninghausen repertory, along with my commentary.



Mental Rubric Selection and Commentary

1. **Mind; Absence of** - This rubric indicates a complete lack of mental

activity or the inability to process thoughts and concepts. It may apply if an animal appears quiet and unresponsive, but I would lean towards using other, more specific rubrics.

2. **Mind; Abusive-** While this rubric refers to aggressive behaviours, I find it questionable to label such actions as "abusive" in animals. There are more directly applicable rubrics for aggressive behaviour that would provide a clearer understanding
3. **Mind; Active** - Determining whether an animal has an "active mind" poses a challenge. Activity alone, such as being up and about, doesn't necessarily indicate mental engagement.
4. **Mind; Affectionate** - This rubric may apply in certain contexts, but it doesn't capture the common behaviours of pet animals effectively. The 1828 Webster Dictionary defines "affectionate" as "having great love or fondness." For example, a cat that persistently head-butts a client might be displaying affection, but whether this constitutes "zealous" affection is debatable.
5. **Mind; Agitated** - Agitation is defined as a disturbance of mental tranquillity and an excitement of the passions. While it could apply to an excited animal, I would prefer rubrics that correspond more closely to specific emotions such as fear or anger.
6. **Mind; Alcoholism** - This rubric is not applicable to animals.
7. **Mind; Alternating with Physical Symptoms** Although this rubric is intriguing, I have never identified it in any case.
8. **Mind; Ambitious** - It's unlikely we can ascertain ambition in animals, as this trait requires a developed sense of time and future planning.
9. **Mind; Amorous** - Like "affectionate," this rubric appears to have a more sexual connotation. While animals can display affection toward others, including humans, other rubrics related to sexual drive might be more precise.
10. **Mind; Anger** - This is a valuable and commonly observed behaviour in animals, making it a useful rubric.
11. **Mind; Anthropophobia** - This term suggests an abnormal fear of people and society. However, if I observed an animal exhibiting this behaviour, I would prefer to use terms like "fear in company" or "fear in public," as these provide a clearer context.
12. **Mind; Anxiety-** Distinguishing anxiety from fear can be challenging. Anxiety is characterized as a state of distress arising from the dread of potential danger, while fear is the apprehension of imminent threats. Since animals do not possess the ability to "dread" future events, I

would favor using "fear" over "anxiety." This commentary illustrates my thought process when selecting rubrics from the repertory. Of the rubrics discussed, the only one I would confidently utilize is "anger."

13. **Exploring Anger Further** - Given that we often observe what appears to be anger in animals, including aggressive behaviours, let's examine some sub-rubrics related to anger from Boenninghausen:
    - Mind; Anger; effects of (15)
    - Mind; Anger; hysteria, alternating with (1)
    - Mind; Anger; remorse, followed by (1)
    - Mind; Anger; repressed (1)

I don't believe these apply to animals. "Effects of anger" would refer to the emotional aftermath following an outburst, something animals do not experience in the same way as humans. Similarly, concepts like "hysteria" and "remorse" are distinctly human experiences and do not translate well to animal behaviour. The idea of "repressed" anger also aligns more closely with human psychological concepts.

Additional Sub-Rubrics from Kent

Let's consider the following sub-rubrics for "anger" from Kent:

- Mind; ANGER; morning (5)
- Mind; ANGER; forenoon (1)
- Mind; ANGER; evening (9)
- Mind; ANGER; absent persons, at
- Mind; ANGER; ailments after anger
- Mind; ANGER; answer, when obliged to (6)
- Mind; ANGER; caressing, from (1)
- Mind; ANGER; consoled, when
- Mind; ANGER; contradiction, from
- Mind; ANGER; convulsion, before
- Mind; ANGER; former vexations, about (3)
- Mind; ANGER; interruption, from
- Mind; ANGER; mistakes, over his
- Mind; ANGER; misunderstood, when (1)
- Mind; ANGER; past events, about
- Mind; ANGER; stabbed, so that he could have, anyone (4)

Given the specific nature of these sub-rubrics, it's essential to evaluate their applicability to animal behaviour thoughtfully.

Rubric Selection in Animal Case-Taking

Once we have made our observations, the next crucial step is to determine whether a given behaviour is a symptom or falls within the range of normal behaviour. This leads us to two fundamental questions:

1. Is this behaviour symptomatic of an underlying issue?
2. If it is a symptom, what specific rubric can we associate it with?

Utilizing the Mental Section of the Repertory

When exploring the mental rubrics, I approach them with the following sequence of thought:

- Relevance to Animal Behaviour: Can this behaviour be recognized in an animal context?
- Direct Correlation: Does this symptom correlate directly with the observed behaviour?
- Generalization: Is the rubric sufficiently broad? For instance, a specific fear may indicate a generally fearful state, so using a more inclusive rubric is often more beneficial.

Homeopathic Treatment Based on Medicinal Symptoms

Here is a selection of remedies with associated symptoms:

1. **Agaricus Muscarius:** Delinquent behaviour; fear of evil or suffocation.
2. **Anacardium:** Fear of being pursued or poisoned; sudden changes in behaviour.
3. **Apis Mellifica:** Fear of death and being touched; sudden onset of symptoms.
4. **Argentum Nitricum:** Anticipatory anxiety; fear of crowds or public speaking.
5. **Arsenicum Album**: General anxiety; fear of death and narrow spaces.
6. **Aurum Metallicum**: Depression coupled with fear of neglecting duties.
7. **-Belladonna:** Sudden rage; fear of crowds and imagined threats.
8. **Calcarea Phosphorica:** Fear of darkness and separation.
9. **Cantharis:** Fear of water and mirrors; sensations of choking.
10. **Causticum:** Fear of harm coming to others; feelings of criminality.
11. **Chamomilla:** Anger linked with pain; fear of being touched.
12. **Coffea Cruda:** Overreactive mind; fear of impending danger.

CONCLUSION

In conclusion, I have outlined my understanding of utilizing mental symptoms in animals effectively. Key points include:

- Animal patients exhibit immediate, direct symptoms in response to present stimuli.
- Unlike humans, animals do not conceptualize time or project fears into the future.

This approach aims to facilitate better outcomes in treating our animal patients by applying appropriate mental rubrics.

To summarize, I'd like to highlight the following key points:

- Immediate Symptoms: Animal patients exhibit direct and immediate

symptoms based on present stimuli. Unlike humans, they do not have a sense of time, nor do they project into the future or dwell on the past.

- Caution in Interpretation: We must be careful not to impose human-derived symptoms on animals, especially those stemming from neuroses. The patterns of consciousness applicable to people do not always translate to the animal experience.
- Unique Animal Experience: The animal mind operates differently from the human mind. Their perceptions of the same environment can vary significantly, influenced by their heightened senses (like smell oversight) and distinct priorities. It's a mistake to view them as merely "little people."
- Context of Emotions: Animals may display emotions that are appropriate to their circumstances. They might react to threats that are not apparent to us, indicating a potential husbandry issue rather than a homeopathic one. For example, an aggressive dog barking in the yard is often fulfilling its role as a watchdog, responding to cues from its owner.
- Direct Observations: Our best outcomes will stem from taking our observations directly to the most reliable rubric, without overcomplicating the process.
- Confidence in Rubric Selection: If you cannot confidently translate a behaviour into a specific rubric, it's best not to use it. Misapplication can lead to confusion.
- Prioritizing Physical Symptoms: Start by addressing the physical symptoms before incorporating mental symptoms to inform your case analysis, much like Hahnemann's method with the washerwoman.

REFERENCES

1. Hahnemann, Samuel. *The Lesser Writings of Samuel Hahnemann*. R. E. Dudgeon, MD. B. Jain Publishers, New Delhi, p. 769.
2. Stafford-Clark, David. *What Freud Really Said*. Schocken Books, New York, 1965, p. 33.
3. Nonreturners, Tor. *The User Illusion*. Viking, translated by Jonathan Sydenham, 1998, p. 145.
4. Hahnemann, Samuel. *Organon of the Medical Art*, edited by Wenda O'Reilly, p. 37:
5. O'Reilly, p. 37: "1." O'Reilly, par. 9: "
6. Nonreturners, p. 143.
7. Wilson, pp. 101-102.
8. Bach, Richard. *Messiah's Handbook*. Cygnus Books, 2006.
9. Banerjea, S. K. *Miasmatic Diagnosis*. B. Jain, 1993.

10. Boericke, W. *Pocket Manual of Homoeopathic Materia Medica*. B. Jain, 1991.
11. Hahnemann, Samuel. *Organon of the Medical Art*, edited by O'Reilly, W.B., Redmond, 1996.
12. Morrison, R. *Desktop Guide to Keynotes and Confirmatory Symptoms*. Hahnemann Clinic, 1993.
13. Schroyens, F. *Synthesis*. Repertory Homeopathic Book Publishers, 2005.
14. Sankaran, R. *The Soul of Remedies*. Homoeopathic Medical Publishers, 1997.
15. Schema. Homoeopathic Medical Publishers, 2005.
16. HPTG Summer School. Goa, 2000.
17. Saxton, J., and Gregory, P. *Textbook of Veterinary Homeopathy*. Beaconsfield, 2005.
18. Serpell, J. (Ed). *The Domestic Dog*. Cambridge University Press, 1995.
19. Simpson. *Teach Yourself Dog*. D.J. Murphy, 2007.
20. Westerhuis, A. *Your Dog and Homeopathy*. Qualipet C Products and Education BV, 2000.
21. Bach, Richard. "Illusion" by Richard Bach)

How to Cite this Article- Singh A., Mishra Y. G., B- Aware (Bewar) On The Behavioral Sciences In The Realm Of Canines. TUJ. Homo & Medi. Sci. 2025;8(1):02-13.

Conflict of Interest: None **Source of Support: Nil**