HOMŒOPATHIC FACIAL ANALYSIS

Grant Bentley

Companion volume to

APPEARANCE and CIRCUMSTANCE

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To all involved in this project and to those who support facial analysis, I wish to extend my deepest and most sincere heartfelt thanks.

To practitioners both local and international prepared to try facial analysis. I appreciate your enthusiasm and willingness to inform me of your successes, it has been a great encouragement and I am thrilled it has such supporters.

To my patients and students, especially those who once again answered the call to contribute by allowing me to use their features so others can learn.

To all my children for their cooperation and contribution to this book, thanks for your patience, your interest and your belief in facial analysis, your support is invaluable and I love you all dearly.

To my mother and extended family, for allowing their faces to be scrutinized, analysed and publicized just to help us out, thanks to you all.

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To Heather Betts who has been nothing short of a Godsend. Heather's talent and commitment is responsible for all the illustrations in this book. Without Heather, this book would be nothing more than a good idea. Many people, patients and practitioners alike will benefit due to her effort and skill.

Thanks to Des, Bill, Todd, Celeste, Pat, Simon and Penny (cover). Each is a perfect caricature of the colour they represent.

Finally, to my wife Louise, the third party in the sleepless trio that put this book together. Her contribution to the book as well as to facial analysis as a system has been extensive. Facial analysis would not exist if it was not for Louise. Her contributions include the addition of certain facial features, help in the development of its theory and the formulation of an evaluation process to categorize remedies. Louise is responsible for many of the methods and remedies other practitioners using facial analysis put into practice every day. It may be my name on the cover but it is not a one-man show and Louise has achieved all this while running a family, a clinic and a college. It is my sincere hope that she finds pride in this achievement. From all our family and from me – we love you.

Remedies, how to use them as well as the theory and development of facial analysis are found in *Appearance and Circumstance*

This Companion Guide is to be used in conjunction with *Appearance and Circumstance* rather than separate to it. Without a thorough understanding of the methods and procedures detailed in *Appearance and Circumstance*, the Companion Guide cannot be used properly. Its job is to extend and make more precise the theories and ideas in Appearance and Circumstance and act as its complement.

A full list of polychrests and their miasmatic classification is found in *Appearance and Circumstance* and remedies since classified can be accessed on the college website. This site will be updated as new remedies are found and tested.

http://www.vcch.org/remedies.htm
I

CONTENTS

INTRODUCTION

It has been four years since *Appearance and Circumstance* written and the system of facial analysis continues to evolve. Clearer facial features, better case taking and repertorising techniques, as well as a comprehensive understanding of homeopathic philosophy has shaped a complete picture of what miasms are and how they work.

With hindsight, *Appearance and Circumstance* is a better introductory book into the theory of facial analysis and miasms than a training manual. This second book is dedicated entirely to practical facial analysis, in an attempt to remedy any of the shortfalls found in *Appearance and Circumstance*

One of the major challenges of facial analysis is defining normal limits. When does a nose become wide or a bridge indented? What does a cleft in the chin actually mean? While many have found the verbal definitions and photos in *Appearance and Circumstance* be adequate, others require more visual parameters. In this book, every effort has been made to ensure each facial feature is as clearly defined as possible, making the system easier to use. Once mastered facial analysis offers a solid foundation for prescribing, and rewards homoeopaths prepared to give it time and practice with a consistency of success generally reserved to highly experienced practitioners.

Facial analysis is based on the perfect quality and knowledge of nature and while it requires expertise and finesse, it does not rely on subjective interpretation and that is its greatest strength. The weakness of subjective analysis is due to the fact that the range of

human thought and emotion is limitless and therefore beyond our verbal capacity to express it. Put simply, there are more experiences and feelings than there are words to describe them, therefore we have to squeeze experience into barriers imposed by vocabulary.

Sadness for example is felt in numerous forms and degrees, but it is still called sadness by those who endure it. We often choose sadness as a word to best describe how we feel because there are so few available alternatives.

Words convey thoughts and emotions from one mind to another; they attempt to make others understand what we are thinking and feeling, words try to make another person understand what it is like to be us. However, for language to be effective it must be basic, because only the basic can be understood by all. Language is useless if the person we intend the words for fails to recognize what we mean. For words to be useful, the thoughts or feelings they represent must be easily understood. Therefore, the most effective words to express emotions are those most commonly understood. Our problem is that common does not individualize. Therefore, we can never fully understand another person's experience via language because of the need to sacrifice the distinctive for the familiar. A system based entirely on subjective sensation and feeling walks a tight-rope. Boenninghausen recognized this over a century ago which is why he preferred generals over mentals, not because they are better per se, but because they are less subjective and therefore more reliable. Even Hahnemann, although he placed a great deal of emphasis on the mentals did so always in conjunction with the generals.

The law of similars is based on a faith in nature, follow her lead and things will fall into place, analyze without this faith and you run the risk of intellectualizing yourself out of the natural and into a man-made theory based more on supposition than on fact. This was homeopathy's criticism of allopathy. Like the great homeopaths of old, our aim is to work with nature not to reinterpret it. Facial analysis is nature at work. Hahnemann understood that nature is all-knowing and that we are not. Hahnemann surrendered himself to nature and used signs and symptoms as a guide to health rather than an enemy

to eradicate. By following nature's lead Hahnemann developed the most sophisticated medical system the world has ever known.

Homeopathy developed from what Hahnemann saw. He put speculation aside and used what existed as his guide to the truth. He knew that two similar diseases could not exist in the same body at the same time because nature told him so. He accepted it as fact and utilized it.

Homoeopathy proved itself in the acute diseases. Typhus, cholera, smallpox, and scarlet fever, all had their sting cut short thanks to Hahnemann. In chronic disease however, his approach needed to differ. Hahnemann acknowledged that he could treat acute disease successfully, but failed when it came to treating the predisposition to disease. We all know the story of his unflagging effort to find a solution to this problem as well as his steadfast belief in the correctness of the miasm theory and yet even now chronic disease continues to create uncertainty.

It would be fair to say that on an historical timeline homoeopathy reached its greatest height during the period when many homoeopathic doctors were using it for acute diseases and ailments. Its relatively recent demise is both fractured and complicated and it is not just because the A.M.A declared war on us and didn't fight fair, that it far too simplistic. I am not saying that this was not a factor, as far as hurdles go, having the A.M.A against you is a 'big one' in anyone's language, but nothing is learned if we do not accept at least some of the responsibility.

As time progressed, homoeopathy's role has moved from the acute to the chronic especially for non-medical homoeopaths. The trouble is, without medical training the base line of diagnosis has disappeared. I understand that a homoeopath should never start with pathology yet at the same time 'genus epidemicus' was invaluable and consistently used.

Unfortunately, in chronic disease genus epidemicus does not apply and there is a good reason for this. Genus epidemicus is applicable in acute disease only because acute disease is about the virus or bacteria

and its impact on the individual rather than the individual themselves. This is not the case with chronic disease because chronic disease is
'man-made' and therefore any viruses or bacteria that go along with the diagnosis do so as a consequence not as a cause. Chronic disease is about the person who has the disease – acute is a mixture of impact and resistance.

It is my belief that part of the reason homoeopathy is in its current depleted state is because chronic disease remains elusive and difficult to alleviate. Hahnemann knew the rules that had to be applied – work out the miasm according to psora, sycosis and syphilis then select the best remedy that fits both the totality of symptoms as well as the miasm, the rest should take care of itself. Yet Hahnemann's own records show that while he knew what to do in theory, the practical application of this theory remained troublesome.

Facial analysis overcomes the previous difficulties of chronic disease and brings homoeopathy into the position Hahnemann envisaged. I believe, facial analysis in chronic disease is the completion of Hahnemann's work.

'Nature always knows best' has always been homoeopathy's creed, facial analysis is an extension of this.

HOW TO READ A FACE

The first thing to understand about facial analysis is that it relates to shape and structure, not looks or beauty. It examines individual features not overall appearance.

Everything regarding the application of miasmatic facial analysis, centres on measuring the impact of psora, syphilis and sycosis. Facial analysis comes from homoeopathy and is designed specifically for homoeopathic use. Its intent is homoeopathic and its application is homoeopathic.

Miasms affect facial features in three distinct ways

1. Small, thin and sloped (yellow)
2. Large, full and straight (red)
3. Inward, sharp and asymmetrical (blue)

The best way of analysing a face is to divide a page into three sections headed yellow, red and blue.

Yellow	Red	Blue
Widows peak Curved nose Sloping chin	Full bridge Large eyes Full lips Full smile	Recessed lids Asymmetry Dimples

These yellow, red and blue columns represent psora, sycosis and syphilis, the three chronic miasms of Hahnemann. All chronic disease, regardless of pathological name, is either a product of one of these miasms or a combination of them.

Three pillars form the foundation of homoeopathy

1. The law of similars
2. The totality of symptoms
3. The infinitesimal dose

At the heart of all homoeopathy lies the law of similars. A natural law that is incontrovertible and inflexible. Attraction and repulsion is the fundamental principle that binds the universe together. It is the heart of homoeopathic theory and the rock upon which all else is built. The totality of symptoms is our key to the similimum and the infinitesimal dose is how we apply it, but the similimum is always the objective.

In chronic disease, two similar diseases cannot live in the same body at the same time, because two similar diseases – of equal strength – 'annihilate' one another (Aphorism 43 & 45) leaving the patient cured. Whereas, two dissimilar diseases never cure, they either join to form a 'complex disease' (Aphorism 40) or else the stronger will repel the weaker (Aphorism 36). Hahnemann also talked of one dissimilar disease suspending the other until the stronger has run its course, then, the old – weaker disease – will return (Aphorism 38) but in this case the stronger dissimilar disease is acute, not chronic.

If we do not understand these laws, we fail to utilise homoeopathy and run the risk of running off on a tangent. Each primary miasm is a dissimilar disease. Pathology in all of its forms and titles is just an example of these dissimilar diseases at work. The true diagnosis is always psora, sycosis or syphilis. Psora is reactive and hypo-productive, sycosis is inflammatory and hyper-productive and syphilis is submissive and destructive. All the diseases known to humankind affect the body in either one of these three ways or in a 'complex' combination of them.

Yellow, red and blue are the only miasms considered when examining a face because they are the only true chronic dissimilar diseases. Facial features are rated yellow, red and blue to represent each miasm.

Categorising features

If a patient's eyelids are recessed, they feature as one blue point; this feature is noted in the blue column.

Yellow	Red	Blue
		Recessed eyelids

However if a patient's eyes are exophthalmic they are red, and this feature is placed in the red column.

Yellow	Red	Blue
	Exophthalmic eyes	

In this method, facial features are analysed and rated according to shape and appearance. Classifying facial features by the process of small, thin and sloping for yellow, large, round or straight for red and asymmetrical, inward or pointed for blue is generally accurate although there are some exceptions to the rule.

When analysing facial features do not to be in a hurry and do not feel you have to classify every feature. Take your time to compare each feature and examine it in relation to the other features on the face. This is the process of miasmatic classification.

Small eyes for example, may not be small because they are 'X' amount of centimetres wide, but because they are small by comparison to the patient's other facial features. In this sense, a person may have small eyes because;

1. They are anatomically smaller than average
2. They are small compared to the size of the other facial features

It is important to take note of facial features without being obtrusive. Digital cameras give valuable insight, but never downplay the importance of information gathered during the one on one consultation. For example, when a person smiles or laughs during the consultation their smile may be compact. However, a photograph may not show the compact nature of this smile because the smile is not a natural one, it is a camera smile and they are rarely as broad as when a person smiles with delight.

Facial lines are another area where a one on one evaluation is important, because the camera does not show the depth of facial lines and sometimes will not show any lines at all. It is important to take notice of these features during the consultation. Patients go through a gamut of emotions during a consultation and their face will pull numerous expressions. We need to be observant to catch all these expressions so we can take note of their lines, curves and facial idiosyncrasies to fill in the gaps the camera leaves behind.

A digital camera supplies information difficult to obtain with the naked eye without highly obtrusive examination. Asymmetry is an example of this. Occasionally the naked eye may pick up the subtlety of ears not aligned or eyes of a slightly different shape, a nose gently curved or one side of the face that is higher than the other. Generally, however, it is the camera that discovers these details.

Digital photographs allow for close up examination while the naked eye reveals subtlety, expression and depth. Both the camera and good observational skills are required if clinical practice is to be successful using this method.

Assessing facial features is not fool proof and much depends on the eye and mind of the assessor. Some practitioners examine in excruciating detail, every feature and spot. Personally, I believe this is unnecessary and often such attention to detail is more of a hindrance than a help.

Rubrics and facial analysis

Facial analysis is like repertorising. At the end of a typical constitutional consultation, the practitioner has one to ten pages of information. From this information, they choose four to eight rubrics on average. Rubrics are a summary of the important aspects of the case. Too many rubrics will discriminate against small to medium sized remedies, while too few rubrics are not enough for totality. From the repertorisation, we select a remedy, check it with the materia medica and give it to the patient.

Remember, for good consistent results, rubrics must be obvious and poignant. Life is activity and motion is observable. To understand where a person's priority lies, observe what they make time to do. No one has time to accomplish all the things they want to do, so we prioritise. What we make time for represents who we are and what we value. People always find time to do what they really want to do. As the old saying goes – actions speak louder than words.

Repertorisation is a summary of the important aspects in a case it is not every spoken word. In the same way, facial analysis is about the obvious – not the barely visible or unseen. Concentrate on what is real, not on what is speculative. If you have to squint, hunt, guess, or deliberate for too long a period, then you need to question how relevant that feature truly is. At the same time, flippancy is never a way to accomplish anything.

Facial features display the dominant miasm and its influence on the system, and this dominant miasms presence will not be delicate; the dominant miasm dictates all internal and external affairs, it has full authority and power – it is *not* subtle.

When to stop

There is no need to continue facial analysis once the answer is clear. The purpose of facial analysis is purely practical and once achieved there is no point continuing the process, it is a means to an end nothing more*.

Yellow	Red	Blue
Freckles Front teeth	Hairline Smile F/head Bridge Chin Eyes	Recessed eyelids Dimples

Even though one or two facial features have not yet been categorised, it is obvious the person represented in this chart is red. Even if both uncharted features were blue or yellow, it would make no difference to the outcome.

*2010 – to be safe it is best to check all features. In some cases one or two features from a different colour will change the outcome of the analysis.

Themes

Another point to consider is the influence of the patient's story upon the practitioner. Themes go hand in hand with facial analysis and it was not long after the system developed that themes became obvious. Each miasmatic group has a unique outlook on life, and the events and circumstances they draw are equally distinct.

It is easy for themes to cloud objectivity. Once a practitioner has become 'convinced' of the miasm by the patient's story, they will 'see' facial features confirming that decision. If the practitioner has decided their patient is yellow, their eyes will see yellow facial features until 'forced' to reconsider.

In the past, I lost a lot of valuable time before realising I was working in the wrong miasm. You will know you are in the wrong group because your patient fails to respond. You have been careful in the selection process, you have taken a good case, and there are no missing links yet the patient fails to gain ground. Their continual failure to respond forces you to rethink the case. Another look at the patient's photographs – now through more objective eyes – reveals features that were previously overlooked or overstated. It now becomes obvious why your 'well chosen' yellow remedies failed – your patient is not yellow.

With every case that fails to respond

1. Recheck your photos and make sure the patient is in the right miasmatic group. If you are wrong, the whole case will be out. Every time your patient fails to respond this is the first thing to do. If your photos have been examined five or six times or they are unclear, then take another set
2. If you are confident of the miasm and confident of your case, recheck your previous repertorisations to see if one remedy keeps showing itself in the background.
3. If, on rechecking the miasm – provided you are happy with your case – you find your patient belongs to another miasmatic group, all that remains is to select the most appropriate remedy from the new miasmatic group. For example, there may be

more red in your patient than previously noticed making them orange not yellow. Examining your previous repertorisations, (always keep a copy of every graph) you see NuxVom and Nat Mur have always been near the top of every repertorisation. However, they were overlooked due to their miasmatic group- ing. Read the materia medica on these two remedies carefully because one will do the job. With the miasm now accurately determined, orange remedies will succeed where yellow rem- edies failed.

Case taking

Following nature's lead and applying facial analysis is a powerful adjunct in the clinic but even this means little if case taking is inadequate.

Some current thinking suggests we dig and delve to uncover the unconscious motivating force, but I disagree. Energy strong enough to influence and carve a pattern in life, is energy that is easy to observe.

To understand the nature of personal energy we need to listen to a person's life story. Their energy will be seen in what they love to do, where they want to be, who they want to be with and what they make time for. Sometimes influencing energy may be an event rather than a focus. In this instance, it will be an event or series of events that are impacting or frequent. Take this information literally and at face value then find a rubric that best describes it.

For example, one recent patient had a life story which included the death of one of her parents while she was young and later on, the death of her husband in a car accident. She also works as a nurse in palliative care. In her case death must feature in the repertorisation. The question is, which rubric best describes this energy? Is it 'death -presentment of' or 'death -fear of '? – Because she has shown no signs of fear, 'death-presentment of ' was my choice.

Because there was so much death in her life when compared to the average person, what this woman thinks about death or her reaction to it is less consequential than the event itself. The well-known biblical

statement ‘seek and ye shall find’ highlights the obvious nature of truth. Human beings love secrets and hidden truth, because secrets – especially those disguised as wisdom – elevate the status of the person who knows it. It is the typical school-yard – ‘I know something you don’t’. However, truth is never hidden, that’s why all we have to do is ‘seek’ it. Truth is what exists, it is present and out there for all to see. Lies and secrets are what we keep hidden. Truth is transparent.

Repertorising

Repertorising like any other form of data input, is reliant on the accuracy of the information fed into it. The repertory does not sift through information it simply arranges input. Accurate input means accurate output while incorrect input means incorrect output. Therefore, information to be repertorised must be accurate. If rubrics are so important – –what is a rubric?

A rubric is a physical symptom, modality, sensation, time, mental outlook or a state of being. Events and circumstances are also rubrics. Circumstance has often been overlooked as a rubric in repertorising even though it is often the strongest constant force, and this is a grave mistake.

The factors that determine whether a circumstance or symptom should become a rubric are

1. Frequency
2. Distinction
3. Impact

Frequency means regularity of occurrence, something that occurs more consistently than would otherwise be expected.

Distinction is like a mental PQRS, it is out of place, unexpected or unique.

Impact is an event or fear that is so influential it restructures how a patient lives their life. Something does not have to be a trend to be impacting.

Some examples of matching lifestyle to rubrics include:

Patient displays	Rubric to match
History of traveling	Desire to travel
History of abusive relationships	Violence
Feeling put down or humiliated	Ailments from mortification
History of 'bad luck' or accidents	Injuries, blows and bruises
Obsessive	Persistent thoughts
Argumentative	Quarrelsome
Laughing, making light of	Cheerful
Always working	Industrious

Results

Like many modern day homoeopaths, I have a history of adaptation. Any system that offered help through the constitutional maze was worth a try. Unfortunately, many of these systems ended in me swapping one confusion for another. In the end I just stuck with standard 'classical' homoeopathy. Like most practitioners, I had my fair share of successes but, also like most practitioners, I had to spend more hours than I care to think about achieving each one.

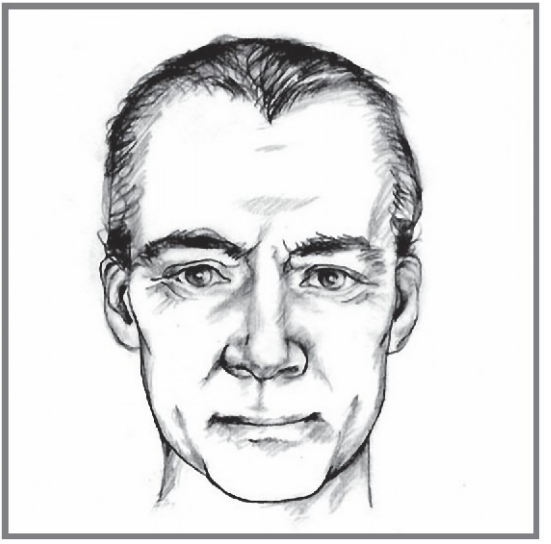
I was a standard suburban homoeopath working extremely hard with my ego hanging by a thread. I did not want to give up homoeopathy yet at the same time I needed more from it. I needed more success and I needed willing patients. I needed a diary that had newly recommended patients combined with recent follow-ups, and patients happy to come back for their six monthly check-up. I needed to feel less guilty about charging money for patients who were not responding even though I was trying my best. Most of all I needed consistency. The boom and bust ride of patient success was wearing thin and I looked forward to the day when experience would grant me the things I needed. I knew it would all come when I finally had enough experience unfortunately; although I was gaining in experience, the consistency I craved never seemed to get any closer.

What I was looking for is what all homoeopaths are looking for – successful results. Our hope is that one day we will be able to put our knowledge into practice and finally be good at homoeopathy. Kent stated that it takes at least ten years to advance beyond the

stage of novice and with standard 'classical' homoeopathy I think he is right. However, 'classical' homoeopathy does not include facial analysis and it is my firm belief that this system can cut ten years down to three. In three years, a practitioner using facial analysis will have results consistent with those normally gained by practitioners far more advanced. Early results are important to the profession otherwise there will be no one around to reach 'master' status as too many will leave because the out-put is too hard and the in-put too little. It is my sincere hope that facial analysis can help put a stop to this trend and that homoeopathy can once again proudly boast of its successes.

HAIRLINES

Widow's Peak-Yellow



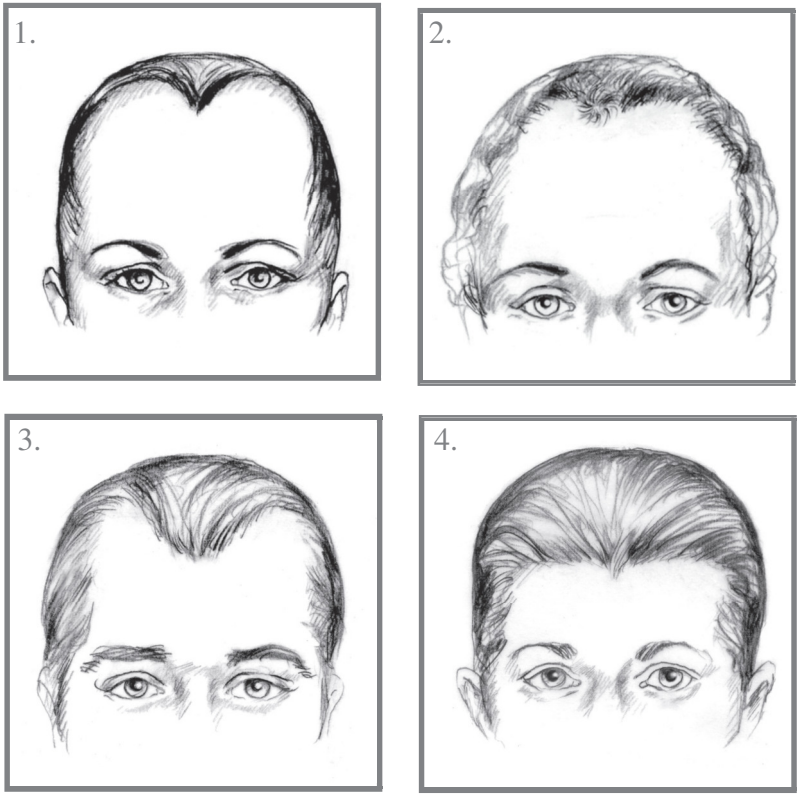
Yellow -Widow's peak

Yellow - M shape

The widow's peak is where the fringe of the hairline creates a downward triangular peak. This peak may come to a sharp point or be rounded to form an M.

HAIRLINES

Widow's Peak — Yellow



1. A triangular peak (yellow). This hairline will get two points. Widows peak (yellow) and high hairline (blue)

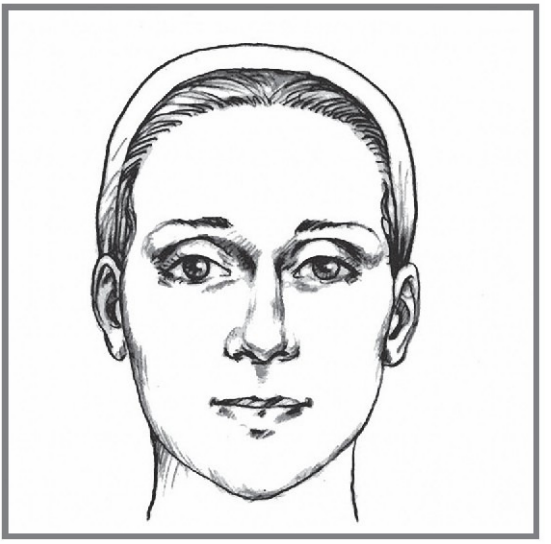
2. A cowlick either centred or off to one side (yellow). This hairline will get two points. Widows peak (yellow) and high hairline (blue)

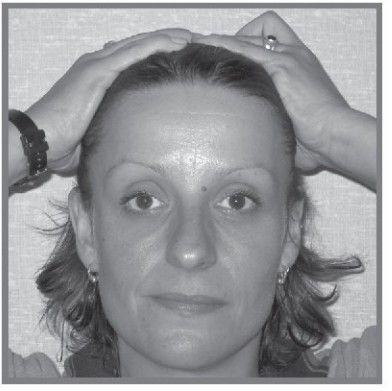
3. An M shaped hairline seen mostly in men where the hair on the temple has receded back (yellow). This hairline will get two points. Widows peak (yellow) and high hairline (blue)

4. A small widow's peak in an otherwise straight hairline. This hairline will get two points. Widow's peak (yellow), straight hairline (red)

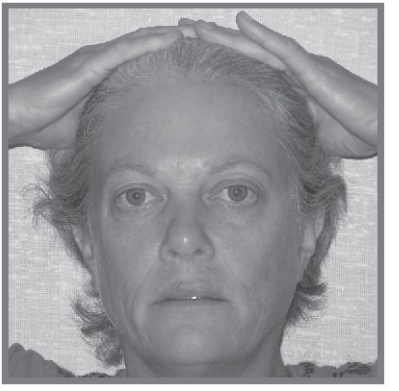
HAIRLINES

Straight - Red





Red- Hairline straight

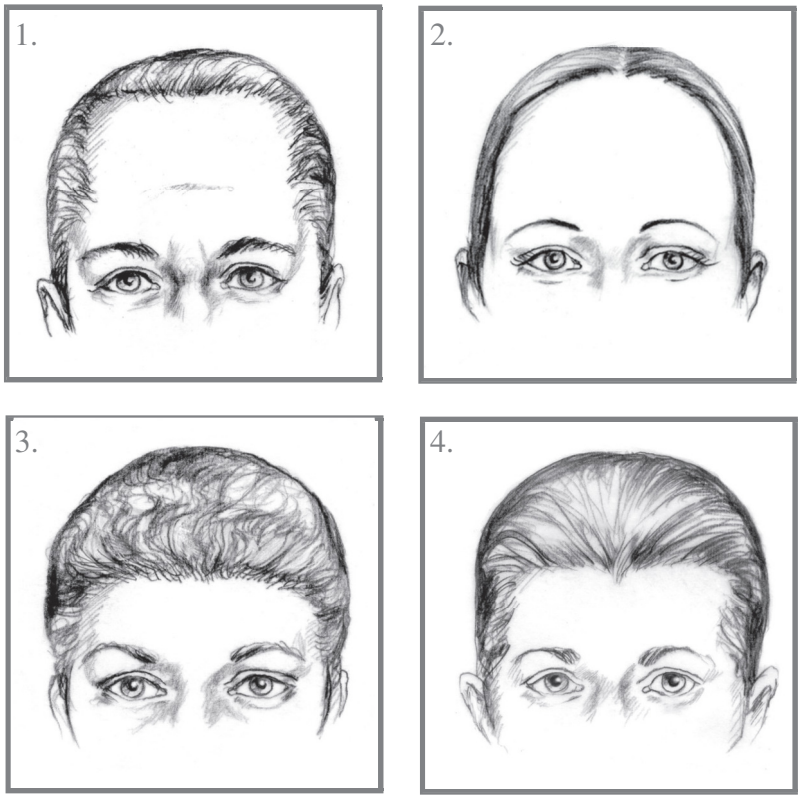


Red- Hairline straight (oval)

Many features in red are straight including the hairline. Provided the overall impression is of a straight line each hair does not have to be perfectly even.

HAIRLINES

Straight — Red



1. A straight horizontal hairline across the forehead that is also high. This hairline will get two points. Straight (red) and high (blue)

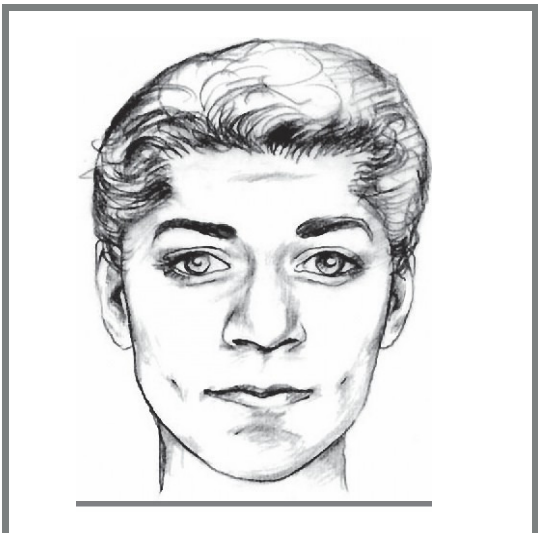
2. A straight and high hairline giving an oval shape. This hairline will get two points. Straight (red) and high (blue)

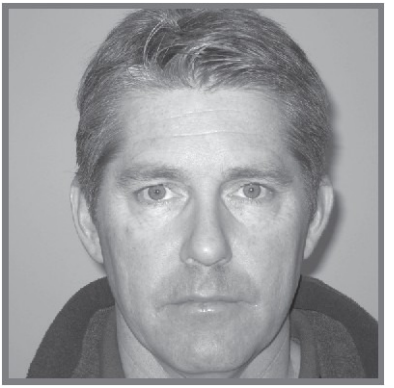
3. A straight hairline that is also low. This hairline will get two points. Straight (red) and low (red)

4. A straight hairline with a widow's peak. This hairline will get two points. Straight (red) and widow's peak (yellow). The height is average

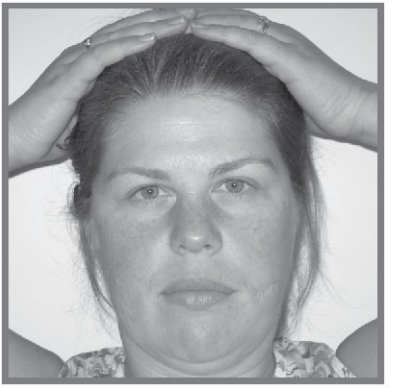
HAIRLINES

Hairline low and/or crowded - Red





Red - Hairline crowded



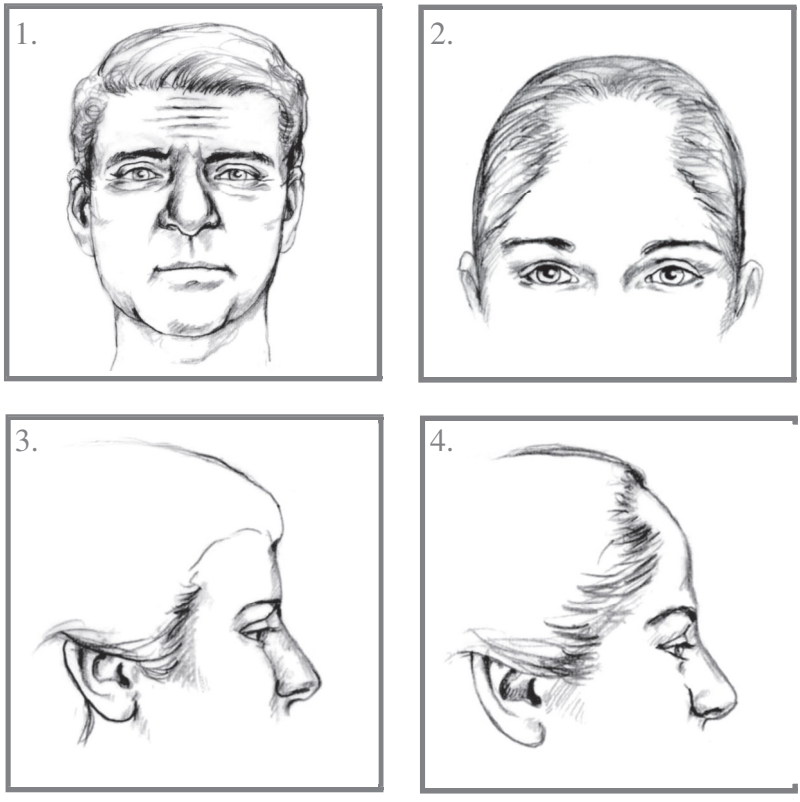
Red - Hairline low

Crowded- a crowded hairline is the term given to describe a hairline that encroaches inward on both sides of the forehead and temples. In this feature, the hairline of the temples extends inward past the outer end of each eyebrow.

Low- a low hairline is approximately 1 /2cm below the main curve of the forehead. An average hairline ranges from level with this curve to 1/2cm above it.

HAIRLINES

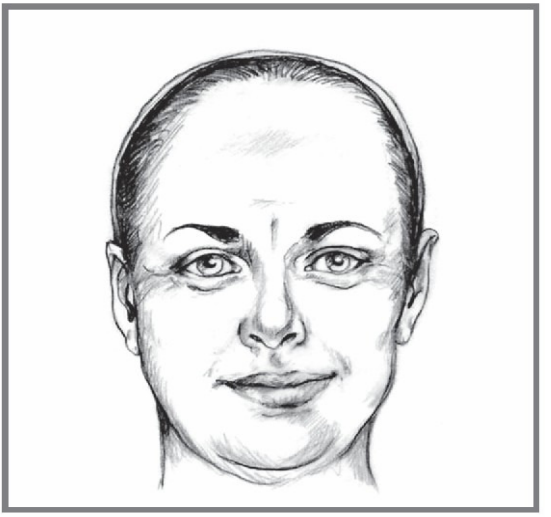
Hairline low and/or crowded — Red

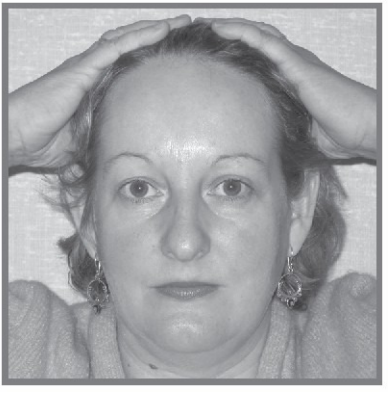


1. A low and straight hairline. This hairline will get two points. Low (red) and straight (red).
2. A crowded and higher hairline that gives the forehead a narrow appearance. This hairline will get two points. Crowded (red) and high (blue).
3. A low hairline on profile (red).
4. A crowded hairline on profile (red). This hairline will get two points. Crowded (red) and high (blue).

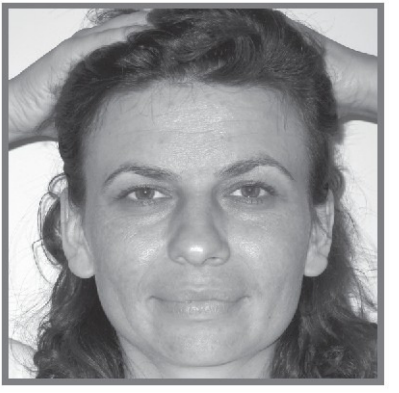
HAIRLINES

Hairline high - Blue





Blue - Hairline high

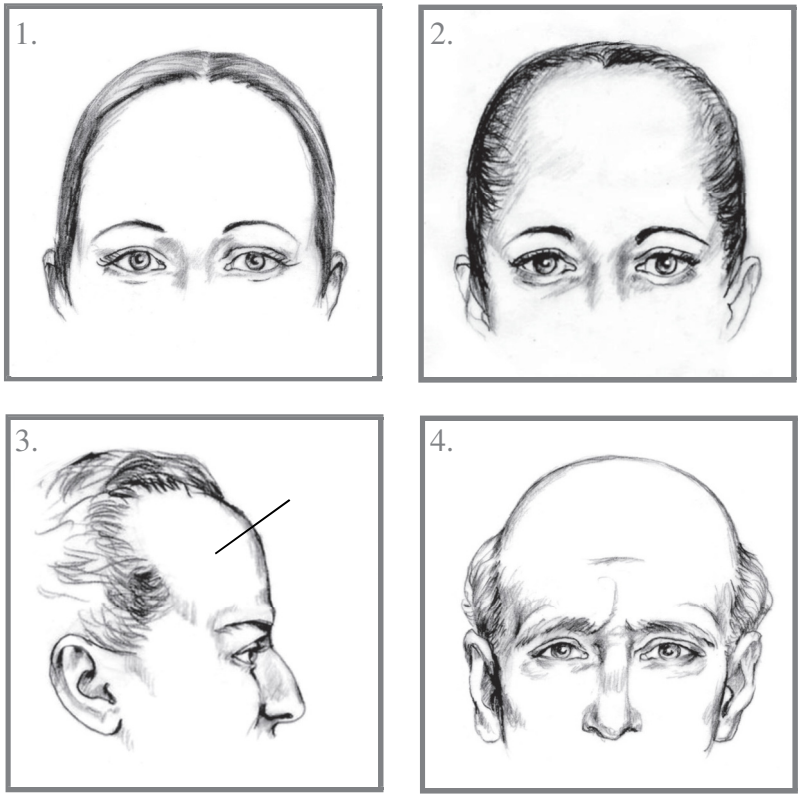


Control- Height not rated

A high hairline means the edge is set back past the natural curve of the scalp. This lengthens the distance between the eyebrows and the hairline often making the forehead seem longer. A hairline is high regardless of shape.

HAIRLINES

Hairline high — Blue



1. A high but straight hairline giving an overall oval impression. This hairline will get two points. High (blue) and straight (red)
2. A high hairline with a widow's peak. This hairline will get two points. High (blue) and widow's peak (yellow)
3. A high hairline showing the start of the hairline above the curve of the scalp, as seen on profile (blue)
4. Baldness (blue)

1