

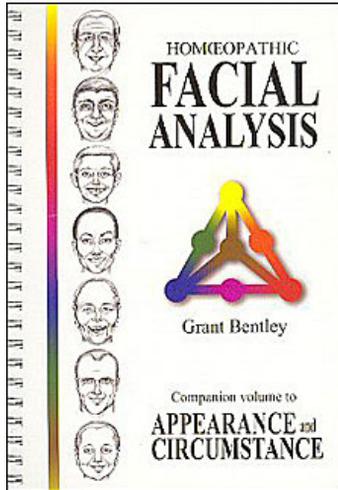
# Grant Bentley Homeopathic Facial Analysis

Leseprobe

[Homeopathic Facial Analysis](#)

von [Grant Bentley](#)

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# INTRODUCTION

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It has been four years since *Appearance and Circumstance* was 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* to 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 its 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 persons 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 is 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.

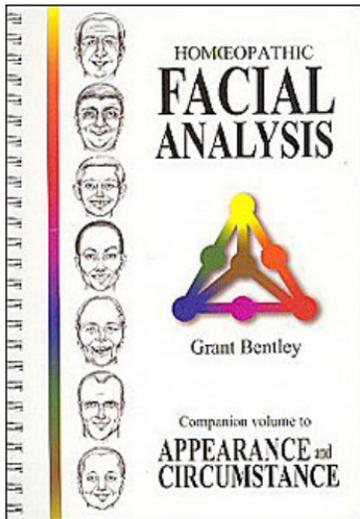
Unfortunately, in chronic disease genus epidemicus does not apply and there is a good reason for this. Genus epidemicus is applicable in acute disease only because acute disease is about the virus or bacteria

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.



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