

NINE STEPS TO PRACTISING HOMŒOPATHY USING FACIAL ANALYSIS

Homœopathic Facial Analysis (HFA) is the most straightforward and accurate way of determining a patient's miasm. It allows for the selection of a remedy that will act in a constitutional way to enhance a patient's health. It reduces and removes symptoms for long periods of time, using only one or in some cases a few miasmatic remedies given one at a time.

The following nine step plan demonstrates how to incorporate miasmatic prescribing using facial analysis into clinical application.

ACTION	ANALYSIS	TOOLS	CASE MANAGEMENT
1 – Case taking	3 – Choosing rubrics	5 – Homœopathic software	7 – Potency and frequency of dose
2 – Taking photos	4 – Choosing the miasm	6- Digital camera	8 - Outcome
			9 – Maintaining health

A step by step example of the process of HFA

FIRST VISIT

- Case is taken
- Photos taken
- Symptoms charted
- Rubrics chosen from chart
- Miasm selected from photos
- Rubrics repertorised
- Remedy selected from miasmatic group
- Potency and frequency of dose chosen

SECOND VISIT AND SUBSEQUENT VISIT

Symptoms analysed

- 1 Good outcome – continue treatment as required
- 2 Poor outcome – repeat the following steps
 - Check photos to validate miasm
 - Take new photos if first set are unclear
 - Check rubrics
 - Re repertorise
 - Change remedy

This method has been used on all patients presenting with chronic disease over an eight year period by a number of practitioners in Melbourne Australia. Using a small number of remedies (about 50 polychrests) results have improved dramatically. This has been even more so in the last few years as the method has become more streamlined. The following steps are how we practice.

1 – CASE TAKING

The aim of case taking is to get the totality of the patient's symptoms. It is not about psychoanalysis or putting the patient through a deeply reflective process. It is about finding a simillimum that will bring about better health.

General classical Homœopathic concepts apply –

- Listening
- Removing judgement
- Observing patterns
- Understanding the main complaint – what, when, how
- Checking from top to toe for all physical complaints – current and history
- Ensuring all generals are covered – sleep, appetite, thirst, food (cravings, aversions, aggravations), bowels/urination, menses, perspiration, environmental sensitivity, positions and time factors

Special care must be taken when using mental rubrics. There are two ways 'mentals' can be used and they must be chosen very carefully as this is the area where judgment by the practitioner will lead to errors of rubric choice.

Emotional responses – use sparingly and only when they are very clear – for example weeping, anger, jealousy are usually very easy to see and can be used as a firm rubric choice

Circumstances – asking the patient to give you a biography of their life with an emphasis on important moments is a solid way of determining the energy pattern of their life. It is not about what they think of themselves or how they would like to be but about what actually happened. Being factual means the practitioner is working on solid ground. Examples would be a history of violence (Mind – Violence), a strong concentration on business (Mind – Business or Mind – Dreams of business) or people who spend much of their time alone (Mind – Company aversion to).

Another way circumstances provide mental rubrics is by using the emotional state of the people around the patient. For example a patient who has had three jealous partners – even though they are not jealous themselves, are attracting jealousy to them therefore jealousy becomes an important theme in their life (Mind – Jealousy). Another example is a patient who tells of a family who is always fighting, (Mind – Quarrelsome).

2 – TAKING PHOTOS

Photos are taken after the case taking is completed but prior to the analysis. This is a good time for the patient too as you have gained their confidence through the case taking process. Detailed instructions for taking photos can be found in *Homœopathic Facial Analysis* by Grant Bentley.

- Tell the patient about why you are taking photos before the consultation begins
- Have a set way of explaining the purpose of taking the photos
- Use simple terms like group or genetics rather than miasms
- Do not use pathologies when describing miasms

Five photos are required –

1. Straight on – relaxed mouth
 2. Straight on – broad smile
 3. Straight on – hair pulled back
 4. Profile left
 5. Profile right
- Each image must show the patient holding their head as straight as possible
 - All images must be in focus and must fill the screen – ie so the patient isn't too far away
 - The five photos must clearly show the following aspects of the face - hairline, forehead, eyes, bridge of nose, mouth, teeth, smile, chin and ears

3 – CHOOSING RUBRICS

After taking the case and photos we do a case analysis. Symptoms are categorized into a chart as follows

MENTALS	GENERALS	PHYSICALS
Fearful ++ Jealousy themes ++ Dreams – vivid + Likes friends +	< night ++ > rest Des coffee +++ Av milk + Burning pains +++ Right sided ++ < summer Constipation - occasional	Sinus – pain, discharge – yellow - occasional Headaches – frontal ++ Knee pain + Skin – eruption itchy – on chin

It is easier to determine which rubrics to choose when the whole case is clearly laid out in front of you. It is important to observe patterns, intensity of symptoms and what is

unusual. Our aim for the repertorisation is to choose between five and eight rubrics that meet the following criteria

- The symptom is frequent
- The symptom is intense or distinctive
- The symptom is unusual

Mentals	Generals	Physicals
1-2 rubrics	3-5 rubrics	1-2 rubrics

By ensuring that each of these three areas has some representation (with the majority being generals) the remedies coming through will be certain to cover the case. Note that general rubrics are always the most important and if your case is mostly mental or physical, it will be more difficult to find the correct remedy.

So in our example above we might choose

- MIND; JEALOUSY (65)
- MIND; FRIGHTENED easily (162)
- GENERALITIES; NIGHT, nine pm. - five am.; agg. (262)
- GENERALITIES; FOOD and drinks; coffee; desires (51)
- GENERALITIES; PAIN; burning; internally (195)
- GENERALITIES; SIDE; right (225)
- HEAD PAIN; LOCALIZATION; Forehead (430)

Note that we try to use rubrics with 40-500 remedies in them. Even though this will bring us more remedies to choose from we can feel certain that the **one** remedy we need will be amongst the group. In the example above fourteen remedies will repertorise. Once we know our patients miasm our choice will become much smaller.

4 – CHOOSING THE MIASM

- Facial analysis will always determine the miasm accurately
- Pathology is a poor indicator of miasms
- Psora, sycosis and syphilis are the base of all miasmatic prescribing
- Essence pictures of psora, sycosis and syphilis are incomplete
- All miasms are equal in their potential for destruction

Each facial feature is influenced by psora, sycosis or syphilis or a combination of two or more miasms. Some facial features are within normal range and will not rate. Categorised features (about seventy in total) are detailed in both books on HFA

Appearance and Circumstance – photos
Homœopathic Facial Analysis – sketches

There are fifteen feature areas on each face

1. Hairline
2. Forehead
3. Bridge of nose
4. Eyes
5. Nose
6. Cheeks
7. Mouth
8. Lips
9. Smile
10. Teeth
11. Chin
12. Ears
13. Lines
14. Skin
15. Asymmetry

These features and their miasmatic classifications come from more than eight years of observation and analysis from thousands of patients – they have been clinically verified and form the basis of HFA.

Learning to apply HFA

- Practice on at least fifty faces before expecting to be competent
- Use family, friends, patients, television and movies
- Practice taking photos
- Use the HFA book to help in defining parameters
- Chart your results

It is important to take your time and judge carefully. Use the HFA book as a desktop guide – soon you will remember the features well and know when to allocate them and when to leave them out. Make a simple chart like the following and place the patient’s features in them. Not every feature is rated as some fall within “normal” parameters.

PSORA (Yellow)	SYCOSIS (Red)	SYPHILIS (Blue)
Down-turned nose Close set eyes Two lines Thin lips Two front teeth Chin – receding Ears – sloped 7 features	Wide nose Teeth – straight 2 features	Hairline – high Asymmetry – nose, eyes Dimples 3 features

The patient in this example will need a psoric remedy as their psoric features dominate over their sycotic and syphilitic features.

COLOURS

Are used to describe the miasms – see *Appearance and Circumstance* for detailed description

- Pathology is not an accurate way to determine a miasm
- Colours are non-judgemental
- Colours are easy to remember

For example patients who are dominated by the tubercular miasm can get cancer and patients dominated by the cancer miasm can get tuberculosis. By removing the pathological tags we remove the disease name from our minds and focus on the true nature of the miasm.

5 – HOMŒOPATHIC SOFTWARE

Provides the following benefits

- Large rubrics are very useful – they cast a wide net and will draw our remedy to us
- Cases can be looked at from more than one perspective
- Saves time

We use MacRepertory Complete but any Homœopathic software will be adequate. The package you choose must contain all the generals as grouped by Boenninghausen and Kent including modern updates.

6 – DIGITAL CAMERA

- Give instant images
- More accurate than the naked eye
- Catch the patient in the best position
- Allow for many extra images until the information is fully provided

WHAT TYPE OF CAMERA?

2.2 to 7.2 megapixels

The higher the megapixels the more definition. Definition is helpful for zooming in on teeth or hairlines.

7 – POTENCY AND FREQUENCY OF DOSE

Everyone in Homœopathy has different ideas about posology. We commenced our clinics using Kentian prescribing but have developed the following guidelines from ongoing clinical experience. We find daily doses of 6C or 30C satisfactory for many patients and can give daily doses for one, two or more months without any aggravations provided there is continuous or sustained improvement. However there are still cases that are given a single dose of 200C or 1M with occasional repeats as required.

What about aggravations?

When choosing a remedy from within the patient's miasm few aggravations are encountered as long as the remedy matches the totality and the potency is low enough to suit the patients sensitivity.

VCCH POSOLOGY GUIDELINES

	6C daily	30C daily	200C sd	1M sd	10M sd
Structural pathology – long term or very bad	x				
Structural pathology – less severe		x			
Functional signs and symptoms – daily occurrence		x	x	x	
Functional signs and symptoms - intermittent			x	x	
Allergies – all ages	x	x			
Child - sensitive		x			
Child – first remedy (no structural pathology)			x		
Child – second remedy or later (no structural pathology)			x	x	
Mental symptoms dominant (no sp or strong fss)			x	x	
Mentals with structural pathology	x	x			
Mentals with functional signs and symptoms		x	x	x	
Elderly – structural pathology – long term/very bad	x				
Elderly – structural pathology – less severe		x			
Elderly – functional signs and symptoms		x			
Elderly – mental symptoms only (no sp or fss)		x	x		
Mental illness – no sp or strong fss				x	x

sp = structural pathology (changes to body – skin, joints, organs)

fss – functional signs and symptoms (sleep, pains, digestion with no test results indicating structural changes)

Sd = single dose

Where more than two potencies are shown always commence at the lowest potency

FREQUENCY OF REPETITION

6C or 30C daily – commence with a daily dose from two weeks to one month or until their next visit. When the problem is 90% or greater fixed and all auxiliary symptoms have settled withdraw the remedy. Commence again if and when symptoms decline, if returning symptoms are different search for a different remedy.

200C, 1M, 10M – single dose. Give one dose only. Repeat the single dose only when the action of the remedy is slipping backwards. If a patient slips back for one or two days still wait as people are always changing and re-establishing a state of balance and they may get better without a further dose. If the slip back continues for longer than a few days it is time for another dose. When the potency no longer brings about the depth of response or the length of response consider going up the scale.

8 – OUTCOME

A well chosen Homœopathic remedy should provide the following for our patients

70-100% improvement of the presenting complaint AND
Improvement in auxiliary symptoms such as

- Sleep
- Other pathologies
- Well being
- Energy

Repetition of the remedy will depend on

- The state of the patient
- The type of pathology
- External stresses

External stresses deserve a special mention. They are almost always the cause and the continuance of chronic disease. External stress can be

- Removed (best outcome for patient)
- Adjusted
- Put up with

Where external stress continues it is reasonable to expect that the remedy will hold for lesser periods than when it has been removed.

Areas that result in energy being drained from the patient include

1. Worry
2. Tension and stress
3. Overwork
4. Poor nutrition
5. Negative self belief
6. Emotional trauma
7. Physical trauma including childbirth and accidents

It is important to remember that our remedies are medicines – they are not people themselves and although we have painted caricatures to help us learn materia medica these pictures are not always true of every patient that needs that remedy. The remedy is a set of potentials waiting to replace an existing state of energy imbalance using the law of similars as an agent for removal of those symptoms. It is nothing more and cannot change the soul or the personality of the patient.

This chart is a guideline for what can be expected from the application of a well chosen miasmatic remedy

BEFORE THE REMEDY	AFTER THE REMEDY
Functional symptoms	Gone Reduced in frequency – 70% or more Reduced in intensity – 70% or more
Structural symptoms	Completely gone (rare) Partially gone Reduction of pain – 70% or more No further advancement of symptoms
Negative emotions	Gone Reduced – 70% or more Only triggered by far greater stress than previously Patient takes control more quickly
Positive emotions	Will remain the same – they are not to be “fixed” and are not part of the problem
Personality	Belongs to the patient for life and to be used only as a guide for remedy selection if at all

*We regard the removal of symptoms as a “quelling” of symptoms.

A remedy that is Homœopathic to the patient and their symptoms, gives them the extra energy required to quell those symptoms.

Increased energy = health

Energy down = signs and symptoms

Humans are homeostatic beings and designed to react to stress. Pathology is the result of wrong thinking that came about due to stress either imposed externally or from within. There are no guarantees in life that this will not occur again in the future. It is up to the practitioner to explain to the patient that it is possible that these symptoms or other symptoms may occur again in time.

9 – MAINTAINING HEALTH

- Use miasmatic Homœopathic remedies as required
- Eat natural, whole foods
- Exercise regularly in fresh air
- Keep company with people you love and like
- Choose an activity that you find joyful – indulge in it regularly