NINE STEPS TO PRACTISING HOMEOPATHY USING FACIAL ANALYSIS

Homeopathic 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	5 - Homeopathic	7 – Potency and
	rubrics	software	frequency of dose
2 – Taking photos	4 – Choosing the	6 – Digital camera	8 - Outcome
	miasm		
			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 eleven year period by a number of practitioners in Melbourne Australia. Using a small number of remedies (about 50 - 70 polychrests)

results have improved dramatically across all pathology types. 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 Homoeopathic 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 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 therefore jealousy becomes an important theme in their life (Mind – Jealousy). Another example is a patient who has a family who is always fighting even though they are gentle themselves, (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 the practitioner has gained their confidence

through the case taking process. Detailed instructions for taking photos can be found in *Homoeopathic 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

Nine photos are required -

- 1. Straight on relaxed mouth
- 2. Straight on broad smile (flash on)
- 3. Straight on broad smile (flash off)
- 4. Straight on top and bottom row of teeth visible
- 5. Straight on hair pulled back tightly
- 6. Profile left
- 7. Profile right
- 8. Frown photo (between the eyes) (flash off)
- 9. Eyebrows raised to the point of natural animation (to show depth of forehead lines) (flash off)
- 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 nine 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 complete 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	Sinus – pain, discharge – yellow - occasional Headaches – frontal ++ Knee pain + Skin – eruption itchy – on chin
	Constipation - occasional	

It is easier to determine which rubrics to choose when the whole case is clearly laid out in front of the practitioner. It is important to observe patterns, intensity of symptoms and what is unusual in the case. The 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 – 3 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 collect 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 the patients miasm our choice will become much smaller. The repertorisation will be reduced by another 1/7 with only the remedies belonging to the patient's miasm being considered for the case.

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 and in some cases inaccurate use facial analysis as the sole indicator
- 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 five in total) are detailed in both books on HFA

Appearance and Circumstance – photos and theory
Homoeopathic Facial Analysis – sketches and facial parameters

Both books are required to understand the HFA method. HFA is a working guide based on the theory demonstrated in Appearance and Circumstance.

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 eleven 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 feature 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	Wide nose	Hairline – high
Close set eyes	Teeth – straight	Asymmetry – nose, eyes
Two lines		Dimples
Thin lips		
Two front teeth		
Chin – receding		
Ears – sloped		
7 features	2 features	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 (2003)* for a detailed description of the colour allocation. A more in depth description of the miasms (now known as a survival instinct) is written in Soul & Survival (2008). The survival instinct is a defence mechanism which incorporates the emotions, the nervous system, the immune system and the face. Colours are used as descriptors because -

- 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 which is a defence mechanism to stress.

5 - HOMOEOPATHIC SOFTWARE

Provides the following benefits

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

We use MacRepertory Complete and RadarOpus. The package you choose must contain all the generals as grouped by Boenninghausen and Kent including modern updates of the polychrests.

6 – DIGITAL CAMERA

- Give instant images
- More accurate than the naked eye (smiles and lines are better observed with 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 or more (every year cameras have more megapixels but they are not necessary for good images). The higher the megapixels the more definition will be seen. Definition is helpful for zooming in on teeth or hairlines.

7 – POTENCY AND FREQUENCY OF DOSE

Everyone in Homoeopathy has different ideas about posology. VCCH 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 most patients and can give daily doses for one, two or many months without any aggravations provided there is continuous or sustained improvement.

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 of symptoms and the patient's miasm (as determined by facial analysis). A potency of 6C or 30C daily is suitable for even the most sensitive patient.

VCCH POSOLOGY GUIDELINES

Daily doses are suitable for almost all patients in either 6C or 30C. Once the right remedy is found it delivers a daily dose of energy to the patient which strengthens all aspects of their being. Sustained healing and balanced emotions as well as increased energy levels will result. Daily doses can also be given in LM potency as Hahnemann advised. VCCH have used centesimal potencies for almost all clinical cases.

Patients must be checked at regular intervals to ensure the remedy still suits their case. Where a remedy does not suit a patient it must be changed. Always check the facial analysis (new photos where required) to ensure the miasm is correct. Rerepertorise on the current symptom patterns including previous important symptoms as required.

Occasionally patients with entrenched pathology will also do well on repeated doses of 200C (twice a week or every 2nd day). This type of posology must not be given until the 30C has been tested first - and then only given where the 30C was <u>very successful</u> but didn't sustain for the long term. The only time to increase the potency is where the case has been very good - raising the potency where a remedy has only acted partially generally does not bring about a positive result. It is better to choose another indicated remedy that matches the patient's miasm.

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 improved 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.
- If a patient slips back for one or two days continue the same remedy as people are always changing and re-establishing a state of balance and they may get better without changing the remedy. If the slip back continues for longer than a few days it is time for another remedy or where the case has been very good but slips a higher potency*.

*Most patients do very well on no higher than 30C. We rarely use 1M or higher anymore and advise giving this potency in single dose, wait and watch.

8 - OUTCOME

A well-chosen Homeopathic 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

Continuous 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. Too much or too little exercise
- 6. Negative self-belief
- 7. Emotional trauma
- 8. Physical trauma including childbirth and accidents

It is important to remember that our remedies are energy 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. When a patient has returned to balance after the correct remedy the increase in energy will often allow for more positive behaviours and insights. While

the remedy was the catalyst for this increase in energy it is not operating directly on the soul but on the survival instinct.

This chart is a guideline for what can be expected from the application of a wellchosen 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. Will only be changed (if at all) to the positive where the patient has been negative. Positive traits will always remain and cannot be changed.

We regard the removal of symptoms as a "quelling" of symptoms or bringing the patient back into balance. A remedy that is Homeopathic 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 continued 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 despite the best treatment given previously.

9 – MAINTAINING HEALTH

• Use miasmatic Homoeopathic 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