The Effectiveness Of Homeopathic Facial Analysis As A Diagnostic Tool In Determining An Individual’s Survival Instinct (Miasm) And A Remedy For Their Chronic Condition

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The effectiveness of Homeopathic Facial Analysis as a diagnostic tool in determining an individual’s miasm and a remedy for their chronic condition

Proposal

A miasmatic model such as Homeopathic Facial Analysis can clinically improve a patient with chronic complaints. In other words, a miasmatic approach using facial analysis can produce successful results. Given the combination of this diagnostic tool to determine an individual’s miasm, along with the totality of the case, Grant Bentley’s homeopathic facial analysis can achieve simplicity, clarity and consistency in practice.

Background

Hahnemann states all chronic diseases have a miasmatic base detailed in certain groups. Given that homeopathy have varied interpretations of clinical miasmatic methodology, HFA can be a practical way of applying Hahnemanns’ guidelines. In fact, Allen and Roberts had written their observations on the relationship between facial structure and miasmatic classification. The process of HFA still embraces all aspects of Hahnemann’s clinical principles as it is also a reproducible and consistent method.

HFA incorporates Hahnemann’s miasm theory but uses the concept of immune system response rather than disease infection. The theory is that a person’s basic (inherited) immune response falls into one of seven categories and their facial structure will indicate which category (miasm). The case is repertorised as per Hahnemann’s instructions (totality of symptoms) and then a remedy is chosen which matches both miasm and symptoms.

Hahnemannian’s eight principles

Law of similars
Potentised remedy
Remedies known through provings
Remedy selected by totality of symptoms
Totality remedy cross matched to miasm (The Chronic Diseases)
Stronger suppressing the weaker
Single remedy
Repeated doses (Organon 6th ed)

HFA methodology
• Case taking – traditional focus on totality
• Case analysis – select rubrics from mentals and generals with focus on distinction, frequency and impact
• Repertorisation with every case – rubric focus is on objective rather than subjective symptoms whether mental or general (as per Boenninghausen instructions for generalising)
• Facial analysis with every case – to determine dominant miasm

<table>
<thead>
<tr>
<th>Miasm</th>
<th>Body Area</th>
<th>Facial Structure</th>
<th>Energetic Motion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psora</td>
<td>Outer body</td>
<td>Dry, sloped, small</td>
<td>Outward</td>
</tr>
<tr>
<td>Sycosis</td>
<td>Internal trapped</td>
<td>Round, straight, large</td>
<td>Circular</td>
</tr>
<tr>
<td>Syphilis</td>
<td>Inner body</td>
<td>Crooked, inward, curved</td>
<td>Inward</td>
</tr>
</tbody>
</table>

• Remedies are then selected from repertorisation which belong to dominant miasm of patient.

Eg repertorisation showing 15 remedies – patient is tubercular as shown through facial analysis – only 2 remedies are tubercular. Remedy selection is reduced from potential of 15 remedies to 2 remedies. Final remedy is differentiated via further rubrics from the case or if the two remedies are equal one is given and if not successful the other is given.
Conclusion:

HFA is a good miasmatic model that can improve clinical results. With the inclusion of facial analysis, homeopathy may be able to have an objective system that can prove to be beneficial. It may not lead to 100% case success the first time but it can lead closer to a patient’s remedy.

Disclaimer: This paper is not intended to discount the teachings of the Canadian College of Homeopathic Medicine. It is to show case the works and teachings of Grant Bentley’s Homeopathic Facial Analysis and its theoretical foundation.
SECTION 1
Summary: Why Homeopathic Facial Analysis?

Facial analysis is a tool used to determine the internal energy of a patient. This internal energy forms our defense system which is made up of the immune system, nervous system, emotions and the face – it exists within all of us. In homeopathy this internal energy is referred to as the vital force. The fundamentals of HFA is that nature knows what's best. The different types of defense systems which are a specific function of the vital force are what we call the miasms. Miasms are energies that exist within all of us. In Homeopathic Facial Analysis (HFA) each miasmatic force is referred to as a survival instinct. The survival instinct is vital to our stress and health response. The survival instinct uses force to either repel or trap stress- or to conserve its internal energy. In homeopathy it is vital for a practitioner to understand the many aspects of the survival instinct. When our system is stressed, it is important to select a remedy that has the same response as our patients survival instinct. HFA gives practitioners consistent results in their practice.

Grant Bentley

WHAT TYPE OF CASES DO HFA BENEFIT?

It is important for practitioners to know the difference between trauma, acutes and chronic categories of disease (Bentley, lecture 6). The HFA system addresses chronic diseases whereby genetic or congenital causes are not involved, but rather is a result of an accumulation of stress or long term exhaustion (Bentley, lecture 6). These type of cases can be treated and modified whereas congenital and genetic will likely not change. We can only do so much with severe structural pathology. In regards to acutes or traumas, HFA is not needed. The totality of symptoms alone are good enough for treatment.

In chronic diseases where the patients energetic level is altered because of continual exposure to stress, the disease is the end result. This is similimum at work
and this is constitutional prescribing (Bentley, lecture 6). As Bentley mentions, pathology is the outcome of events so draining, the body can no longer support the level of energy needed for optimal functioning (lecture 6). Furthermore, in HFA, we are looking for the events and circumstances that have impacted negatively on health; we are not looking for anything subtle, subconscious or hidden (Bentley, lecture 6). We are focusing on presenting symptoms, not digging the inner child. Therefore, there is a biography to match for every chronic disease case. This is where we search for causative stress. The foundation of HFA is in the patients’ response to stress and in their body’s built in defence mechanism. This leads us to the patient’s miasmatic dominance.

**Miasms**

**What is a miasm?**

Defining what a miasm is can be difficult to determine as it differs depending on the authors of homeopathy as well as homeopaths. Having a consistent definition is significantly important as systems and procedures are developed around it.

...there are presently two basic schools of thought in the homeopathic profession regarding miasms: one which ignores the idea altogether, and another which accepts it thoughtlessly and therefore adopts a routine of prescribing in an attempt to “clear” the case of miasms.

George Vithoulkas

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1 Kent also mentions constitutional prescribing is about acknowledging the person- their personality and the stresses they have endured with the events that have shaped their lives
The origin of the miasms came from Hahnemann’s inability to treat chronic disease\(^2\) with the same reproducible success he could achieve with acute disease\(^3\). Treating chronic diseases solely by symptom totality was not as successful as treating acutes.

*Why, then, cannot this vital force efficiently affected through homeopathic medicine, produce any true and lasting recovery in these chronic maladies even with the aid of the homeopathic remedies which best cover their present Sxs*

_Hahnemann_

It led Hahnemann to conclude that all chronic diseases had a miasmatic base driving the disease; be it psoric, sycotic and syphilitic. Hahnemann’s treatment plan intended that the remedy chosen must include the underlying dominant miasm (Bentley, lecture 2). His theory was that an underlying pre-existing disease was the cause of a patient's current chronic disease. If the selected homeopathic Remedy did not cater for this underlying causative state, it could not be considered to be a true simillimum (Bentley, lecture 1). Essentially, Hahnemann thinks the vital force is unable to eradicate these diseases that left a pathological legacy which is transferred down each generation (Bentley, lecture 1). Hence, the classical miasmatic theory is based on devolution whereby each generation becomes progressively sicker and increasingly more immuno-compromised (Bentley, lecture 1). This chronic disease theory is met with varying opinions and debates within the homeopathic community.

Bentley also summarizes that Hahnemann and Kent seem to have differing views on what a miasm is.\(^4\) The major difference is Hahnemann saw chronic disease as ________________________

\(^2\) Chronic disease is a condition that reoccurs- it is not caused by infection but by genetics, stress, exhaustion (migraines, depression, asthma, arthritis)-[HFA lecture 2]

\(^3\) Acute disease is the result of a specific infection (influenza, gastro, measles, chicken pox) [HFA lecture 2]

\(^4\) Hahnemann’s view of a miasm is one where a contagious infection has been medically mismanaged and in consequence becomes a systemic illness that permeates the entire physical body to such an extent that the disease imprint can be now be genetically transferred from one generation to the next (Organon)

Kent regards the whole topic of the miasms beyond the scope of medicine, as the roots of psora extend beyond the physical into the meta-physical. They are, as he points out, of ‘spiritual’ origin and certainly not bacterial. A miasm exists long before any pathological result develops (Appearance and Circumstance, p30, 40)
an infection whereas Kent saw chronic disease as a constitutional weakness. Hahnemann’s treatment plan was based on removing infection while Kent’s treatment plan was based on building up the vitality and internal strength of the person (Bentley, lecture 1).

According to Bentley, there is one major problem with Hahnemann's miasm theory; it contradicts evolution, ecology and genetics. Bentley explains that natural selection and natural forces that govern every living organism must be looked at. It is not evolutions’ best interest to pass on any destructive trait that limits health or reproduction. Nature strives to evolve the best, most perfect species for its environment, hence nature only passes on traits that are beneficial and effective (Bentley, lecture 1). By survival of the fittest, nature breeds out through adaptation and immunity any consistent threat that has the potential to destroy a species. Otherwise, creatures that fail to adapt to environmental change, attack by predators or biological invasion become extinct. Bentley mentions that there is a dichotomy between Hahnemannian miasmatic theory where by you remove the disease, the person will be healthy. In contrast, post Hahnemannian says that is not the case, it's about the patient not the disease and you build up the patient.

I read book after book on miasms and saw the confusion between the next. They were valid theories but not unified. I had to justify what was going to be right. What I did was empty my mind and be taught homeopathy 101 over again in regards to chronic disease. I was re-taught by the patients I was seeing. I did accept one truth...in that homeopathy worked. I worked clinically and based everything on the successful cases. I built up a philosophy in my mind on why these cases are successful based on the commonalities between those cases.
Grant Bentley

Grant Bentley argues that if sycosis is an inflammatory disease, then all inflammatory disease must be sycotic. If syphilis is a destructive disease then every destructive disease must have syphilis as its origin. “But not every one does. You can't apply the same logic in reverse and expect it to be to be the same equally. If you repertorize inflammation in the repertory, every sycotic remedy should come up but it doesn't. Where's sepia? Rhus tox? All remedies and people are multi-miasmatic” (Bentley, lecture 14).
Currently, there are several approaches to miasms.\(^5\) 1) Miasmatic clearing where by an anti-miasmatic nosode is given in order to move the case and achieve a deep change. In this model, the miasm being wiped out is the goal. 2) The layers approach, the most widespread, implies that every individual has more than one miasm and can be removed layer by layer. 3) Acquired miasmatic disease is seen to suit cases where an actual infection with a malady, like tuberculosis, deemed miasmatic has occurred. 4) Family History of an acquired miasmatic disease is applied when a patient’s family history contains a disease like cancer and is considered to be their miasmatic state. 5) Mismanaged or suppressed disease views the miasm as being driven back into the system by suppression or mismanagement.\(^6\) The disease can then influence the next generation as its spirit is passed on in which new miasms are being created. 6) Alpha and Omega is the idea when a patients’ symptoms are all over the place, a nosode will help the symptoms become more manageable. 7) The miasms as a state of stress reaction approach interprets the miasm as a stage response. Rajan Sankaran writes “if his attitude is one of panic, the miasm in the case is likely to be acute” (Bentley, Appearance and Circumstance, 50). Lastly, 8) The single dominant miasm embrace that each individual is influenced by a single dominant miasm rather than multiple. It tries to explain why each person will experience the same world differently.

Bentley proposes that the single dominant miasm theory is the most accurate of all. In this model, individuals can have symptoms from a number of miasms but only one miasm will be dominant in which the remedy will cater to.\(^7\) In fact, Hahnemann also mentions that without prioritizing miasms, deep and lasting cure cannot happen (Bentley, Appearance and Circumstance, 68). These miasms do not change, therefore, individuals who are sycosis for instance remains so, from birth until death. This approach means patients and remedies can be classified, hence creating certainty and organization in prescribing a remedy. By determining the individual’s miasm through their facial features, there will be fewer remedies to choose from since certain remedies belong to certain miasms. This addresses the issues of matching all presenting

\(^5\) Based on the chapter “The Various Ways Miasms Are Clinically Applied” by Grant Bentley, Appearance and Circumstances

\(^6\) 5th and 6th Edition of Organon

\(^7\) Hahnemann states if 2 dissimilar diseases exist in the body, the stronger one will repel the other. If they are of equal strength, it cannot repel or suspend one another but form a double complex disease
symptoms only to have the seemingly well indicated remedy not work. Also in this theory is that complex miasms for eg. syco-psoric, are considered separate miasms which will be discussed. Furthermore, “pathology is a guide to the miasm, and must be taken into account but must not replace the generals of the case, no matter how dominant the pathology may be” (Bentley, Appearance, 63).

**HFA and Miasms**

According to Bentley, “a miasm is an inherited instinctive unconscious reaction to stress, disease, and danger in which there are different miasmatic stress responses because we have faced different dangers” (Lecture 1). Miasms are seen as natural forces or our immune system’s action that move according to their nature (Introductory lecture).

A miasm is a *stress response* designed to defend and protect its host. Every person has two defense systems. The first is generic and it is our primary response to stress and disease. This generic response includes outcomes such as bruising and other standard inflammatory responses. The next response is more specific and is secondary once the primary response has been inadequate to deal with the stress, due to either severity or longevity. It is these secondary responses that are more individualized and more specific and are what we refer to as a miasm or survival instinct (Introductory lecture).

In other words, a miasm in this model is our survival instinct that nature has in place for our long-term survival and how we overcome stress. According to Bentley, stress\(^8\) is anything that alters the body and energy. It can be toxins, depleted energy or erratic energy (HFA lecture 2). When our energy becomes hyper or hypo, our survival instinct turns on and becomes dominant (HFA lecture 7). Even Hahnemann refers to the vital force as instinctive (Organon, alp 9). The survival instinct works by energetic feedback. If energy is erratic the survival instinct is triggered into a fight or flight response (Bentley, lecture 12). Once our program is put in place, we are going to instinctively respond and if the remedy is not matched with the person’s miasm, its

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\(^8\) Most common stressful circumstances include: H/O of abusive, violence, fear and anxiety, death, rejection, overwork, childbirth, too much exercise, too little exercise, lack of meaning, lack of contribution (HFA lecture 7)
underlying fundamental energy is not suited causing an aggravation or no response (Bentley, Blogtalk radio, Oct 17).

According to Bentley, Hahnemann’s definition of vital force is not extensive enough. As he explains, energy molds itself into a variety of different forms. Survival instinct is the same as vital force. Considering water, it gives life through its fluidity but water itself is not alive. At the same time, it absorbs a lot of information via remedy. Its capable of absorbing infinite energy and its influence. ie. snowflakes. Water is the closest physical aspect of energy and we can make an infinite amount of remedies through water.

SECTION 2
Group living

Since the beginning of human history, we have always lived in groups or at least relied on others. We are a dependent species since individual needs are more numerous than our talents can provide (lecture 17). Human beings cannot hunt independently; they can't survive the elements without shelter; cannot hunt without weapons; need a variety of foods to stay healthy; need help when they are injured or sick; and we need love and friendship (lecture 17). Individuals must live in groups as groups can only survive as a unit by performing a number of traditional roles. Securing food, protection and shelter are the primary tasks of life. By being valuable within the group, our existence is assured. The best way to make ourselves valuable to the group is to be good at something the group needs. The more an individual contributed the more they were supported during hardship. “We all have something to contribute but we are not all equal at the same tasks” (Bentley, lecture 18)

This is why it is important to feel useful, needed, successful, skilled and accomplished. This is why we worry about what other people think and why we want the good opinion of others. We are designed to care about what people think. This is why our fear of rejection is the most basic primal and universal fear we have (Bentley, lecture 17). Since humans rely on community survival, we are highly attuned to reading others. We make instinctive notes on what types of people are dangerous and what types are important and useful (lecture 21).

9 Details on the history of group living in Soul & Survival chapter 1
“We have a whole stack of memories inside and its all based on living in groups” (Bentley, lecture 17). The dominant force inside us makes certain traditional roles easier and more natural (lecture 17). As will be discussed, take hunting for instance, “their survival instinct puts quick and reactivity high in the hierarchy for survival purposes” (lecture 17). Traditional roles ensure that base needs\(^{10}\) are met consistently.

**What is the role of our survival instinct?**

*We carry inside us all the strategies nature can provide for longevity and effective competition. When times become hard, for whatever reason, we revert to this instinct because it is how we have survived the tough times- be it attack or famine- of the past. The survival instinct’s sole purpose is to keep us alive and help us compete for resources within a group setting. Grant Bentley, Soul and Survival, 31.*

The survival instinct is our reaction to danger and stress in order for us to stay alive. Its primary role is to protect and extend life. “The survival instinct can never be switched off, otherwise we would not respond to danger when appropriate. Regardless of whether the stress is a spouse, child, sibling or a work colleague; the survival instinct does not examine relationship, it simply responds to danger” (Bentley, Soul and Survival, 35 & 43). Consider the struggle for resources; every creature develops and continues the successful traits that helped them acquire food and outcompete their competitors. It is vital to adapt to life’s most constant threats to escape danger. It is pointless to adapt to dangers that occur infrequently. Evolutionary change occurs slow so it must be done in response to the dangers that occur frequently (lecture 16). Bentley explains, since nature always play the odds, the more a particular danger is repeated, the more important it becomes to protect ourselves from that danger (lecture 16).

When we are in competitive state, we are in a state of famine even though we have a full fridge. We can become perfectionists, try to be the best of everything, and

\(^{10}\) As will be discussed, each colour group or ‘miasm’ have a set of circumstances where they feel safest
become fault-finding of other people. Its a hologram (Bentley, lecture 16). “All of homeopathy is a hologram- a repeating pattern. When we are in survival instinct, we are going to react as if a past danger is present whether it is there or not. In the same way, the similimum mimics the energy of the disease” (Bentley, lecture 16).

When the survival instinct believes we are in mortal danger, all available energy supplies are given to it and there is not enough left for maintenance or repair. Pathology begins when areas of our body are denied the extra energy they need for optimal functioning or denied energy for too long a period of time. In other words, the longer we allow ourselves to stay in the environment that keeps us stressed or exhausted [fight or flight] the greater the chance of chronic disease developing; first functional pathology then structural. As Bentley describes, “we are not pure instinct, we are consciousness but that goes to the background when instinct is what is required” (HFA lecture 7). Our survival instinct reacts to our unique energetic triggers and understanding the similimum is the key because that is what the survival instinct works on (HFA lecture 7). The more a chronic disease fluctuates with energy changes the more it can be influenced by our medicines (HFA lecture 2). When we address a patient’s chronic condition with their miasm, we are doubling up on their body's response to protect itself. We are supplying our body with energy that is so similar to 'self' that it has to take it on and replenish energy (HFA lecture 5).

Consider Darwin’s theory of the survival of the fittest; where only the strongest, more competent will remain and the weak will not make it. This is the drive behind evolutionary change. Survival of the fittest is geared towards hardships and thus, create the survival state of competition. This, in turn, lowers our energy and now our mental and physical behaviors reflect our dominant survival instinct.

*Rational thought belongs to consciousness, instinct belongs to unconsciousness. Its a reaction. Survival instinct responds to energetic levels; it works by remembering stress and danger. That way, it can secure the present and future by having in place a set of programmed reactions ready and waiting.*

Grant Bentley
The survival instinct (or miasm) works through four different stress reactions. It is not clairvoyant or character reading but an attempt to clarify and understand the causes and reactions of stress (lecture 18). Our immune system protects us from biological infection; the nervous system is designed to protect us from the external environment; emotions provide the fuel for response (fear makes us run faster); and our face displays our inner emotions and intent (Bentley, lecture 2). When stress pushes us back into the primary force and we experience exhaustion or stress, we begin to display the qualities of the dominant force inside. Any event that brings to the fore the immune system, nervous system or creates emotional turmoil, is instilled into the survival instinct of that individual. The survival instinct reacts to energy and imprint; the deeper the imprint the more the survival instinct will respond to the same triggers. The more a reaction is needed and used, the more prepared the survival instinct becomes for that particular stress (Bentley, Soul & Survival, 121-123). The more a memory is charged with emotion- good or bad- the more we remember it. Emotion belongs to the survival instinct, any emotionally charged moment is energetically remembered (Bentley, lecture 16).

As will be discussed, each colour group (or miasm) has been subjected to their own unique fears, and stressors in the past. It has a different set of dangers and responses. How their brain is hardwired are different (Bentley, lecture 7). In order to quiet the survival instinct mode of being and take away that belief that it is under threat, a change in lifestyle is needed. When the present mimics the past- we over-react due to the danger and pain stored in our survival instinct.

The survival instinct draws to itself the people and circumstances needed to re-create the conditions of the past, knowing it has survived it and an attempt to secure the present. The best thing it knows is how it survived yesterday. These negative events will continue while the survival instinct is dominant but will stop when the soul is in balance with the survival instinct (Bentley, Soul & Survival, 84) “The more out of balance, the worse its going to hit them. The more in balance we are, the more we can rationalize it” (Bentley, lecture 21).
It is important to note the survival instinct does not represent a person’s soul. The energetic world is diff from the material world. According to Bentley, our soul is independent of our physical form, it transcends time and space and is also conscious and self aware. The soul attempts to expand horizon and be in a constant state of movement and learning. In the energetic world, the more we give away, we have internally more of it. ie. the more we love, the more we get it back (Bentley, lecture 17). However in the material world, the more we give away, the less we have. The survival instinct tries to keep time the same and make life as small as possible (Bentley, Soul & Survival, 45). The laws between both worlds are not interchangeable. Since we are both, we can experience conflict with ourselves at times. That is one of life’s challenges but balancing both elements are our best objectives. In the soul’s world, the law of similars work but in the physical world, the law of opposites is at its best (Bentley). “Human beings are both a soul searching for elevation as well as a survival instinct ready to sacrifice everyone and everything for more than one more breath” (Bentley, Soul & Survival, 61). Balancing soul and survival is more than finding a balance between doing what we have to and doing what we want to; it is finding a balance between thought and physical activity (Bentley, Soul & Survival, 69).

SECTION 3
The Number of Miasms
In the HFA model, the total number of miasms or colour groups\textsuperscript{11} is 7. Bentley acknowledges in Appearance and Circumstances that Hahnemann was accurate with his original miasmatic construct of psora, sycosis and syphilis as well as the addition of tubercular and cancer (69).

\textsuperscript{11} Also known as the survival instinct or vital force
The evolved miasmatic theory is illustrated above\textsuperscript{12}. Building upon Hahnemann’s original 3 miasms, the additional 3 miasms has both elements of either Psora, Sycosis, or Syphilis, or all. The two unknown miasms; syco-psora and syco-syphilis are not as established as the other five. It rests on the notion of Hahnemann’s deduction of the 3 primary miasms, combined with his principle of ‘complex diseases’. As stated in the Organon, two vital ingredients must be present in order for a new, separate complex form to arise. The first is that the two miasms or internal forces must be dissimilar or different in order for a union to take place and an interaction to create something new. Second, each force must be equal in strength otherwise the stronger force will overpower the weaker force making a combination impossible.

This makes the number of possible miasmatic categories increase in number from three to five to seven. While there are only three primary miasms or forces – psora or outward motion, sycosis or circular motion and syphilis or inward motion, there are also another four complex combinations.\textsuperscript{13} The first is the equal combination of psoric outward motion with sycotic circular motion. The second is the equal combination of psoric outward motion and syphilitic inward motion. Third is the equal combination of sycotic circular motion and syphilitic inward motion, while fourth is the equal combination of all the forces - psoric outward motion, sycotic circular motion and syphilitic inward motion. Each miasm is its own entity despite having influences of more than one force.

\textsuperscript{12} As described in Appearance and Circumstance

\textsuperscript{13} As described in HFA’s introductory lecture.
This led Bentley to the remaining two miasms (Appearance, 70). He did not use actual disease names to label the miasms simply to avoid the confusion of what the miasm represents. Bentley used comparative examinations to determine the remedies that had a combination of both parents in equal proportions. “Once a miasmatic theme is established you have a ‘genus epidemicus’ around which remedies can be matched and grouped. Then all remedies by virtue of their symptoms and essence can be categorised into their respective miasmatic family” (Bentley, Appearance, 99). Through this, a foundation was laid on which remedies was best used as syco-psora and syco-syphilis examples. 14

Colour coding, rather than pathological terms, was used to describe the miasms to more appropriately show its individuality and temperament; so it can be remembered; and to illustrate that there are multiple possibilities in each group. It also breaks the concept of having a contagious disease from the practitioners mind. As Bentley states, “using these primary colours as coding for the mixed or complex miasms became a straight forward affair” (Appearance 83). Below is an illustration of each miasms’ colour.

<table>
<thead>
<tr>
<th>Miasm</th>
<th>Type</th>
<th>Colour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psora</td>
<td>Primary</td>
<td>Yellow: eg. warm, friendly, colour of liver</td>
</tr>
<tr>
<td>Sycosis</td>
<td>Primary</td>
<td>Red: eg, hot, inflamed, passion, jealous</td>
</tr>
<tr>
<td>Syphilis</td>
<td>Primary</td>
<td>Blue: eg. cooling, deep, melancholy</td>
</tr>
<tr>
<td>Syco-psora</td>
<td>Mixed</td>
<td>Orange (yellow + red)</td>
</tr>
<tr>
<td>Syco-Syphilis</td>
<td>Mixed</td>
<td>Purple (red + blue)</td>
</tr>
<tr>
<td>Tubercular</td>
<td>Mixed</td>
<td>Green (blue + yellow)</td>
</tr>
<tr>
<td>Cancer</td>
<td>Mixed</td>
<td>Brown (yellow + red + blue)</td>
</tr>
</tbody>
</table>

14 “Because of the two new miasms, a reclassification of the main polychrests has to be done. Statistically, two-sevenths of our medicines had to be in an incorrect miasmatic group so an overhaul of all the major remedies was conducted (Bentley, Appearance 78)
Universal Forces

Bentley does agree in Hahnemann’s description of motion that corresponds with each miasm. “Inward-syphilis; outward-psora; and circular-sycosis is universal in motion. These 3 universal forces are practical and apply to all organisms such as plants, animals, and all other organic life. The universal force is what makes remedies interchangeable with us” (Bentley, lecture 1 & 2). We are all essentially made of the same material. Our medicines work because the same force in those medicines are the same as in us (Bentley, lecture 5). Furthermore, it is these forces that the survival instinct employ as a defence mechanism against stress (Bentley, lecture 2). Each person’s instinct will display only one dominant force. These 3 forces can also come together to form a new entity just as when protons, neutrons and electrons come together, they create different elements (lecture 16).

“When universal forces are confined in small areas they are forced to interact with each other and the rules of the Organon come into play” (Bentley, lecture 18). Smaller physical forms will be dominant in 1 force because the laws of nature make them compete. The larger the substance the less likely it is to be dominant in any one particular energy. The larger the size of matter the more each energy can exist in its own right without being forced to compete, enabling universal forces to move in cycles. “Energy is part of the earth but because the earth and other planets are large spaces, the one single dominance is no longer there. These forces co-exist and go in phases rather than one single dominance” (Bentley, lecture 21). For the earth this means time moves in energy cycles; each color group having its own time period where its force and influence is dominant. (will be discussed at the end of the paper)

Below is a brief explanation of the 3 forces. This will be discussed in more detail in the following sections.

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15 Bentley outlines the physical universe as being 3 dimensional: height, width, depth; up, down, around; forward, backward, circular; time, space, matter; proton, neutron and electron; psora, sycosis, syphilis
Yellow or outward motion

Psora and its outward motion, although seen as a disease in Hahnemann’s theory, Bentley sees as a positive reaction by the body. When a disease or stress is pushed out of the body or out on to the skin- the internal organs stay protected (lecture 1). Consider environmental allergies- outward motion tries to attack anything foreign before it enters the body. Once inside the body, outward motion tries to expel any stress or invader to the periphery. “It is not the disease that is pushing an invader out to the surface of the skin but our response to disease- this is our survival instinct” (Bentley, Lecture 1). Outward motion is designed to move forward, to travel far. Yellow is naturally aerodynamic. Facial features are equally aerodynamic and represented by small features to streamline effective movement (Bentley, lecture 3). This can be seen in sloped, downturned features, thin, small (ie birds’ structure so they can fly). The emotional defence of this outward motion or energy is detachment and withdrawal.

Red-circular motion

Consider the spiral pattern in planets and galaxies, where energies are accumulated. In this way, the physical universe accumulates mass. Circular motion works in our body by capturing stress and disease and imprisoning it in inflammation tumours or cysts. When a disease is trapped and imprisoned in a cyst or wart, the body is protected because the germ is stopped from becoming systemic. Red facial features are round because of the circular motion, and linear because of the universal task of providing a wall or barrier for matter to form (Bentley, lecture 3). Facial features include: large, straight and round. The emotional defence can be demonstrated through bonding, acceptance, and controlling.

Blue- inward motion

Blue is prepared to sacrifice the periphery in order to protect its vital interior. The blue survival instinct is defensive and energy is withdrawn during stress to conserve it (Bentley, lecture 3). Because blue withdraws into the interior, peripheral facial features can lack vital energy. Asymmetry and curved bones are the result (Bentley, lecture 3). Facial features include: inward and recessed; teeth that rot and hair that falls early;
pointed, sharp. Emotional defences can be demonstrated through withdrawal and obsessive-ness.

Differing from Hahnemann’s theory, it is not the 3 forces as a destructive disease that is passed down the generation but outward motion, for instance, as a stress response. It is not sycosis, for instance, the destructive disease that is passed down the generation but circular motion as a stress response.

The 3 primary forces of outward, circular and inward motion exist so creation can begin. Circular motion traps outward and inward motion into a confined space making them interact; if one force was stronger, it would dominate. When 2 or more forces of equal strength come together, all 3 must cooperate to create something new. Humans react in the same manner; cooperation and unity of opposite forces is the most creative power of the material universe while competition builds resilience (Bentley, Soul & Survival, 50).

Miasmatic Themes

Similarly to keynote prescribing, miasmatic themes portray common life events and behavioral patterns. However, “one should not expect to find all of them in each patient. They attempt to be guidelines, not characteristics” (Bentley, Appearance & Circumstances, 106). Just because someone has burning sensations, does not mean they are sulphur. Rather, it’s the combination of several symptoms. Similarly, an individual may portray facial features belonging to all miasms but the dominant features will usually gravitate towards one miasm.

Everybody belongs to one colour group that has the memories and reactions of a traditional role as part of their survival instinct. Since each traditional role experienced repeating circumstances and dangers, their reactions are embedded in our genetic makeup generation after generation. According to Bentley, when a number of people all experience a similar dangerous event, the memory becomes part of the collective
experience shared by everyone in that colour group; this is why the history of traditional roles are so important.

A life theme is a repeating pattern of circumstances or emotional reactions (Bentley, lecture 11). It is set apart by: frequency, repeating circumstances, distinctiveness and impact. While impact and distinction are important triggers in raising memories up the scale of survival significance, frequency takes precedence (lecture 17). Circumstances and repeating events show the survival instinct at work as it tries to reproduce what has been successful in the past (Bentley, Soul & Survival, 83). As Bentley explains, life themes are what we make time to do, who we like to be with, the type of stress that follows us around and how we react to stress (lecture 16). “Essentially, what is dominant in our life. It can be negative and positive “ (Bentley, lecture 16).

SECTION 4

Collective instincts/memories

Consider that human beings survive by knowledge, which relies on memory. For human beings our most successful survival tools are knowledge and memory. Bentley believes nature passes memory down to each generation as instinct (lecture 17). Memory tells us that energy absorbs otherwise memory would not exist. Particularly, survival instinct memory is graded into a hierarchy of importance- the more energetically charged and impacting a memory- the higher up the hierarchy of importance that memory moves (lecture 17). A crossover of unconscious experiences, ambitions, aversions and reactions is inevitable amongst people within the same colour group. As Grant describes, shared memories of past dangers and reactions also mean shared fears, aversions, desires and ambitions (lecture 16). “Since the neurons in our brain is physical, it has limits. Our survival instinct wants to network the memories it considers vital. In order to do that, it must have a grading system. Because our survival instinct is an energetic body, the energetic trigger is emotion and that tells our body what is going on in the outside world and it helps our survival instinct form that hierarchy” (Bentley, lecture 17).

As explained, a memory charged with fear, hate or anger is remembered long after memories of mundane moments are forgotten. At the same time, collective memories are passed on as unconscious instinct. “Negative emotions are usually a result of
perceived dangerous external environment. We can be born with these networks in place. So our environment may not validate these emotions. It belongs to the family of the colour group. Our brain will interpret that as real. As a result, we treat others accordingly” (Bentley, lecture 17). Our survival instinct also tries to create an external environment that suits us best and where its programmed responses can win. That’s why the more exhausted we become the more competitive we get but every colour group competes in different ways (lecture 17).

**Traditional Roles**

Performing traditional roles meant experience and dangers became varied. Every traditional role encountered its own stresses and dangers. Hunters faced the danger of animal attack while performing their traditional role far more frequently than a shaman or trader would ever do performing theirs. Shamans, priests, witches and mediums have a long history of people turning against them. Hunters do not have this memory (lecture 17). Traditional roles create a collective experience because the individuals performing those roles frequently experiences the same dangers (lecture 17). Inside the unconscious survival instinct of every person who is green (traditional role of a hunter), for instance, are the memories and reactions of the most frequent dangers faced by hunters since the dawn of time. In current times, the survival instinct will return to those instinctive reactions because they repeatedly worked in the past. “When our survival instinct is triggered, it goes into its memory bank and picks up the top memory that is being hardwired into you. It says this is the first response no matter what the stress or date is” (Bentley, lecture 17). For eg, when people in the green colour group become tired or stressed, they start having problems sleeping due to an overactive mind or senses. They become super sensitive to noise, smells, taste and touch. For the hunter these reactions increased their efficiency. For the modern green office worker they are a nightmare (lecture 17). In modern day clinical life, you'll see patients with the same people being attracted to them over and over again because the survival instinct knows that during stress X, I can implement strategy Y and survive it. Since Stress X is out of the picture, your in balance again. But that is not the case, because strategy Y is still on. Their survival instinct is unconscious but deliberately attracting the type of personality that will most likely cause a replication of the past (Bentley, lecture 17).
Not all programmed strategies need to be implemented to overcome a stress. This means a person who is purple, for instance, will not display every purple trait but only those reactions their survival instinct deems necessary to cope with the dangers of life as they perceive it (lecture 18). People who are in balance will not display the negative aspects of their color group as a consistent part of their behavior. People who are out of balance may only display 1 or 2 aspects of behavior in the overall color group picture. Some people will display nearly every aspect of their color group. Similarly, outward motion gives yellow, for instance, the drive to explore and be attracted to new markets and ideas. This does not mean yellow are the only people to like new ideas but it does mean that a large percentage will embrace and search out new ideas by comparison to other colours (lecture 18).

According to Bentley, you can't overcome past memories. All you can do is be aware and understand your own negative triggers. Color groups show us that life is all about developing our skills and our strengths, not trying to change the impossible (lecture 21). “We need a balancing act so the survival instinct is not switched on and consistently think we’re in a state of danger. Nature won’t say I’m going to allow you to eradicate all the memories stored in the collective bank” (lecture 21). The responsibility is essentially ours to keep our energy in check. When the survival instinct is dominant, you work harder, even if it means sacrificing personal happiness. “Your passion is crucial to your energy. We are always going to move in and out of instinct mode. The best we can do is to live as consciously as possibly for as long as possible.” (Bentley, lecture 21). As will be discussed, what can contribute to feelings of safety are colour ‘base needs’ or life circumstances that each color group need in order to feel most safe and secure.
Below is a snapshot of the forces of motion and their associated traditional roles. \(^{16}\)

<table>
<thead>
<tr>
<th>Type of motion</th>
<th>Energetic purpose</th>
<th>Natural skills and attributes</th>
<th>Traditional roles</th>
<th>Colour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outward</td>
<td>Progress</td>
<td>Opportunity</td>
<td>Trader</td>
<td>Yellow</td>
</tr>
<tr>
<td>Circular</td>
<td>Growth</td>
<td>Productivity</td>
<td>Farmer</td>
<td>Red</td>
</tr>
<tr>
<td>Inward</td>
<td>Stability</td>
<td>Support</td>
<td>Shepherd</td>
<td>Blue</td>
</tr>
<tr>
<td>Outward-Circular</td>
<td>Resistance</td>
<td>Determination</td>
<td>Warrior</td>
<td>Orange</td>
</tr>
<tr>
<td>Circular-inward</td>
<td>Separation</td>
<td>Creativity</td>
<td>Priest</td>
<td>Purple</td>
</tr>
<tr>
<td>Outward-inward</td>
<td>reaction</td>
<td>Perception</td>
<td>Hunter</td>
<td>Green</td>
</tr>
<tr>
<td>Outward-circular-inward</td>
<td>Unity</td>
<td>Equality</td>
<td>Craftsman</td>
<td>Brown</td>
</tr>
</tbody>
</table>

A brief description of each role:
Trader- history of developing markets and trade routes. They stretch the boundaries of the known world to the unknown, opening communication lines.
Farmer- The long and hardworking ethics of a farmer comes from circular motion-determination.
Shepherd- Developed beliefs, culture, social framework; communication and cooperation; relied on symbiotic relationship of the individual, community and animals.
Warrior- Need to protect, attention to detail, pursuit of perfection as they sculpted their skill and art form.
Priest- Initially seen as shamans; participate in both physical and immaterial worlds
Hunter- Sharp senses in order to capture prey; analytical
Craftsman- Solution oriented and detail oriented

Throughout history there have been 7 basic traditional roles (lecture 18).
Traditional roles are life skills and reactions needed to keep a group vibrant and healthy

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\(^{16}\) Taken from Soul & Survival p 53
but are not exclusive in the sense that only yellow people were or are traders. Traditional roles are the human expression of the dominant primal force. Each primal force imparts qualities that manifests as natural talent. Each talent provides the basis for a service or skill that is valuable to the group. These skills are called traditional roles and they form the foundation of human culture (Bentley, lecture 18). Traditional roles are how we contribute to the group. The more indispensible we can make ourselves the more protected we become. So having a competitive edge in a particular traditional role has been a highly successful survival strategy.

**Colour Themes**

Below are some general keypoints within each miasm or colour group. 17

**YELLOW (PSORA)**18 - Trader
- Flexibility- this allows outward motion to move around obstacles without being stopped and without wasting energy trying to push an obstacle from its path
- Heat- outward motion manifests itself in a variety of different forms including light, repulsion and heat
- Wealth- movement and exchange are survival techniques their defense system puts to good use whenever they are stressed and times become difficult. Under stress, yellow is always reminded of the value of money and qualifications. How much they are willing to sacrifice depends on how out of balance yellow are
- Independence- contentment to survive without the help of anyone’s guidance. They can sometimes find intimacy and romance difficult because of detachment
- New ideas- open to new ideas, many are self motivated in their hunger for enterprise or to expand their own horizons
- Leadership- often a leader in business or the home or laying down the law
- Detachment- some yellow are prepared to step up and take control, serving the needs of all. Detachment comes from necessity and was reinforced by the trader.
- Repulsion- their immune system takes the offensive; its role is to push to the edges of the body anything that doesn't belong. The vital organs are protected

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17 Based on ‘Soul and Survival’

18 More details on yellow can be read in Soul & Survival p 117- 160
• Attack- Out of balance their defence system attacks unnecessarily causing physical allergies or emotional isolation. If the centre of their imbalance resides in the emotional, yellow will push away, like a foreign invader, anyone with a difference of opinion
• Foreign- will challenge the opinions of those around them
• Law- yellow and law go hand in hand because outward motion leads the way. The more stressed they are, the more likely they are to bend and twist the law to achieve their aims
• Freedom- enjoy their own company and a life that is unconstrained by others
• Sun- natural symbol of yellow
• Summer- like an electron, everyone is moving, trading and sharing. Exchange takes place, swapping excess for other needed goods. Understanding the cycles of life and how to protect the future by planning the present has kept the trader alive for centuries. Out of balance dictatorial yellow is head of a family held together by fear
• Leprosy- It is not leprosy itself that lies dormant in the yellow survival instinct but the legacy of the emotional and social reaction that occurred to the people who suffered leprosy. It was leprosy that created social and moral horror causing repulsion and rejection from the world; represents a disfigurement of the soul
• Outcast- under stress, outcast yellow returns to the feelings of the leper. Outcase yellow speak their mind irrespective of whether it is offensive
• Sharing- to share and accommodate is part of yellow. Consequently, out of balance yellow person can squirrel away money as if the world is coming to an end. From historical events, the trader imprints the traits of analytical skills, opportunistic, control of emotions, planning, exchange
• Rational- the trader relies on being calm and rational. The more emotional, the more they perceive the world as dangerous
• Urbane- the development of the town and the trader go hand in hand; both flourish on excess
• Enterprise- traders travelling must quickly become acquainted with the customs of the land. They have an instinct for networking and finding people at the right time
• Isolation- from rejection and being away on business. Single and homesick, even when at home, become life themes
• Practicality- being emotionless and rational while on business gives the impression of control and command
• Home- family-oriented, enjoying being the provider
• Sense of inferiority- Out of balance, yellow will feel inferior to those more ‘qualified or rewarded’.

Out of balance, yellow can be seen by others even if they don’t see it in themselves— as blunt, dictatorial, aloof and unemotional. In balance yellow is a charitable, determined committed and supportive person who values their family

RED (SYCOSIS)^19- Farmer
• Circular motion is the motion of form. Its purpose in the material world is to capture and secure opposite forces so matter can form. Turns energy into substance
• Containment and vanity is a defensive red behavior
• When stressed or out of balance, red is predictable and direct in their approach
• Solutions- obstacles are seen as dangerous & a threat and must be overcome. So problem solving is a strength red has
• Work- Red excels in this environment because of the challenge and finding answers
• Fixed ideas- disruptions, delays and minor mishaps are intolerable for red because circle doesn’t allow for flexibility or compromise because of its continuity
• Mistakes- red is obsessed with avoiding or fixing mistakes. Out of balance, they can focus on what’s wrong instead of what’s right
• Anger- can have a quick temper and sharp tongue
• Social difficulty- does not make contact with other forces. Circular motion stays on its predictable path. When stressed, its hard to related to other people. Some are very social and loud. Red’s unchanging personality can provide a solid platform to establish a lasting personal/business relationship
• Activity- red needs to be planning, solving, doing thinking to feel in balance
• Cradle of life- As outward and inward motion become trapped within the circular motion, each begins to build in strength as more of each force is added. Using the circular motion as its womb, the material universe begins. Circular motion must remain uninfluenced by outside force for structure to develop

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^19 Details can be found in Soul & Survival pg 161-195
• Contribution - what red can’t display by words, they deliver in deeds and efforts. They are doers rather than talkers
• Multi-skilled - they piece problems together effectively and quickly, they have a variety of talents
• Matter and barriers - circular motion surrounds with a wall any threat whether biological, environmental, or human. Harmful invaders are confined (cyst, inflammation)
• Growth and bonding - Out of balance, red’s instinct is to partner up. Without a partner or group of close friends, red can become edgy. This attachment fuels their confidence in other areas of life. Under stress, red falls in and out of love easily as long as they are attached to someone, the survival instinct is calm
• Appearance - appearance is vital for attachment so red takes it seriously
• Insular - out of balance, the barrier created by red’s survival instinct suppresses empathy & understanding
• The desert - the environmental symbol of red. It is a good metaphor for understanding red’s survival instinct
• The farmer - by learning how to sprout seeds and grow plants, the task of providing food becomes easier as gathering turns into growing
• Busy - red finds it difficult to relax because their survival instinct is aware that security comes from toil. The more stressed they are, the harder they work. The more they move, the better they feel
• Labour - society solves the problem of shortage in supplies but now has created a social hierarchy that ensures labour is available - slavery. A long history of peasantry and serfdom is embedded into the survival instinct of red
• The worker, slave - farm labourers were forced to work under the same horrific conditions as slaves. The emotional impact comes from being separated from people you love and forced to work long hours to harvest
• A time of slavery - the heights it reached during this red time. 10-20 million African Americans were shipped to the America during the red time. But every period has its good and bad attributes
• Injustice - red searches for mistreatment and injustice. This unconscious drive make them jump into fights for the sake of fighting when out of balance. They will also fight
for justice and serve the community. They have the ability to overcome hurdles and see the task through

- Contentment- to know hardship is to appreciate success. Red is grateful for what they have and value everyone & everything in their life
- Memory- memories of the past are strong in red especially when the present is difficult. Some forget the past as easily as a way to survive. There are the 2 ends of the scale but both are the same way of interpreting an inability to escape
- The slave master- has the survival instinct of exploitation and willingness to sit back and let others work on their behalf. When threatened, the tendency to view people as property resurfaces. Making other people too scared of the consequences to say no is the tactic of the slave master instinct
- Privilege- historically, red was often a colour of the rich. The survival instinct of the privileged red is divided into 2 parts: one is the view of the slave master, the other, a softer with liberated values that want to give back and improve lives
- Defiance- 2 avenues: 1) non-compliance- only works when necessary (avoiding being seen is a way to survive being overworked) 2) open hostility- intolerant of slightest demand (sends their survival instinct back into ball and chain). Can't be told what to do
- Physical- the role of the farmer is physical regardless of gender. Muscles and attraction are the survival tool of the red
- Effort and energy- red has survived by their capacity to work under the harshest of conditions. Under stress, they show other people how hard they’re working. Surplus of energy is often produced in red to increase survival. Today, this energy surplus is often diagnosed as ADHD
- Red is represented by circular facial shapes and straight lines due to its inability to go around obstacles

Out of balance red can be clingy, insular, hard, brash, serious and walled off.
In balance, red is loving, gracious, inclusive, hard working and diligent.

Red base needs include the need for a loving partner (bond) or to remain unattached and as well as feel productive (lecture 21).
BLUE (SYphilis) 20. Shepherd

Inward motion creates a personality that feels secure in being part of a group

- Attraction- inward motion is represented by the proton. The more protons that exist in the nucleus, the heavier a substance becomes. In human terms this is equivalent of gaining strength from safety of numbers. Drawing support towards them is the strength of blue

- Withdrawal and hibernation- under stress, some blue withdraw and make their world small. They hibernate in order to conserve energy. The immune system withdraws to conserve.

- Etiquette- politeness and manners are vital if a community is to be cohesive. These behaviors are natural as breathing to blue

- Explosion- When inward motion contracts to its most dense point an explosion of energy occurs. Once the explosion has concluded, inward motion calms. Volatile blue is capable of violent and extreme behavior

- Winter- cold promotes withdrawal of life and blue’s SI behaves in the same manner

- Focus- detailed and absorbed, this can allow blue to reach the top of their field but can also lead to addiction

- Simplicity- blue arranges their life around simplicity. Many choices and material wealth overwhelm blue

- Conversation- conservation by withdrawal has been successful employed by the survival instinct whenever energy reserves run chronically low. Blue can become sad, numb

- Depression- form of hibernation- thoughts, emotions and body shut down. Their survival instinct reacts as if there is famine and winter. Depression designed to help the physical body withstand the rigours of environmental hardship

- The ice age- Their survival instinct has experiences of harsh blizzards, starvation. Ice ages and glacial periods were a major part of the climate during evolution. Their survival instinct is geared for the cold because in the mountain where the shepherd lives, the climate is similar to the ice age

20 Details can be found in Soul & Survival pg 199-234
• High energy- an abundance of energy gives an individual the ability to draw on existing reserves to last the winter through. In contemporary times, high energy blue enjoys physical training

• The sea- metaphor for blue. Blue in nature resemble the sea. Depending on the degree of external stress, blue is generally a placid and stable person. But if stress becomes strong they can explode like a storm

• Yin and yang- A tiny dot of yang lies deep inside yin, and vice versa to symbolize that nothing in nature is solely one dimensional. The circular motion is important to the total symbolic representation

• Passive- passive blue is friendly and well liked, they make a friend wherever they go

• Absorption- Blue can be treated with disrespect or talked to harshly and will often just smile in return

• The Shepherd- following a herd rather than trying to kill it changed lifestyles dramatically. Over thousands of years a strong symbiotic relationship between the shepherd and the herd developed. Imprinted life lessons included: cooperation, patience, gentleness, endurance, management

• Loner- A type of shepherd enjoy working alone. They live in the mountains

• Company- another type is opposite and take pleasure in large social gatherings. The nomadic herdsman travelling in large communal families. These two extremes are an extension of the diff roles performed by the shepherd

• Night- the night can be a difficult time for blue since their survival instinct remembers the need to be alert during the night. When in balance, sleep comes easily but out of balance, the opposite occurs and their physical aches can be worse at night

• Routine- the traditional role of the shepherd was highly structured with the same organized routine, with few peaks, troughs or risks

• Focus on the small- knowing precisely what is required so there are no surprises makes routine a proficient micro-manager. The shepherd looks after and plans for the little things in life

• Simplicity and peace- the shepherds survival instinct means putting in place the necessary requirements to ensure the peace and safety of themselves and their herd

• Nurture- blue has a strong nurturing tendency that forms a deep aspect of their survival instinct
• Community- blue look for the total package-a kind and loyal partner with healthy happy children. Communal blue is friendly and open but sometimes others can misinterpret incorrectly this friendliness as either inexperience or as a romantic invitation
• Authority- blue does not like to break rules. Their survival instinct understands the need to comply with the expectations of the community
• Management- Their survival instinct is based on careful planning, attention to detail, good management skills, leadership skills
• Stubborn- years of friction and hostility have created a survival instinct that stands its ground. Out of balance, standing ground is more important than the original disagreement
• Childish- this quality has nothing to do with intelligence. Its their approach to life that has a child-like innocence that seems out of context
• Cheerful- blue capitalise on happiness and use it as a defence and a way of securing their position in a group
• Emotion and communication- in balance, blue is successful at social interaction because they speak to others in a manner that is appropriate
• Intimidating- sometimes the face of blue is far more fierce in presentation than their personality. In their traditional role of the shepherd, scaring away predators was a necessity
• Facial features include inward, sharp and pointed features to symbolise energy being drawn to a single point.

Out of balance blue can be withdrawn, depressed, childish, self righteous, all knowing and a doormat. In balance blue is friendly, parental, helpful and protective.

Blue base needs include for many, a sense of community and the need for a more the merrier extended family. For others, the need for seclusion is paramount (lecture 21).

ORANGE (SYCO-PSORA)21- Warrior
• The outward motion of yellow and circular motion of red interact to define the new and unique character of orange. “Their survival instinct is a different one from yellow and

21 Details can be read in Soul & Survival p 239-270
red.” Orange is resistance- outward motion pushing against circular motion. Each absorbing the impact of the other and resisting its pressure (lecture 17)
• Resistance and struggle are seen in remedies like Nux, Nat-mur, and Ignatia- these are examples of orange remedies
• Competition- they project this internal conflict onto the external world. They see life as a competitive struggle to acquire resources necessary to survive
• Their internal force makes relationships difficult
• Out of balance, everyday is a struggle that can make them resourceful and tactical
• Preparation and planning- under stress, they revert to the drill and procedure that has kept them alive in the past as a warrior- through precision and training
• Struggle and ambition- anger and fear are primary reactions for orange when out of balance. They have an energy of struggle and effort. They like to defend those who cannot help themselves. For them to fill the need of struggle, they set high goals
• Fire, protection and security- Since fire (orange in color) is seen as giving protection against many elements. Similarly, protection and security is the fundamental drive of orange
• Change- orange has a desire for change that can be expressed in various ways (ie. building businesses, studying new topics etc)
• Emotions- love, loyalty, kindness are positive experiences of the warrior. At the same time, they use emotions as a weapon to get what they want
• Protection of assets- the job of the warrior is to protect and secure and by doing it well, the warrior has earned their right to stay with the group
• Loyalty- one of their survival instinct is loyalty towards their group when danger comes. Someone who is not trustworthy is not worth having around to orange
• Crisis- orange measures loyalty of those around them by creating circumstances of high emotion. The more out of balance, the more constant that testing of those around them. It benefits warriors because crisis is the time for them to shine
• Memory of pain- warriors often retell of their past experiences of battle in order to remind the group of their importance. Orange remind themselves and others of the suffering and pain they endured
• Depth of suffering- grieving orange will suffer and mourn as if the experience occurred yesterday. Time does not diminish the pain of the event
• Righteousness- Like the knights of the old, righteous orange is a fight looking for a cause (Soul and Survival, 255). Out of balance, they see things in black and white only. In balance, they combine good judgement with an understanding of other’s sufferings

• Endurance- the survival instinct of the warrior relies on impossible endurance, they have tremendous reserves of energy. The more stress, the greater their need for physical exertion as a release

• Rescue - orange are drawn to people who need their help because their survival instinct of the warrior survives by defending others

• Martyrdom- Out of balance, orange can be a selfless martyr, risking being taken advantage of. In balance, orange does not confuse love with suffering. Out of balance, orange takes on partners that need them

• Drama and hysteria- a warrior who is disoriented is a warrior who is dead. Under stress, their SI creates confusion and disorientation because it is a weapon a warrior uses to distract their opponent. But they can also be composed during times of chaos that are not of their making

• Denial- this is part of their survival instinct because morale must remain high. Ignoring or pretending are coping mechanisms for some orange when life gets difficult

• Caring for the sick and injured with rebuilding lives resides in orange’s survival instinct. They are driven by a need to contribute above and beyond the call of duty

• In balance, orange approaches life with a sense of equality and justice for all

Out of balance orange is demanding, volatile, over bearing, serious, combative and hysterical. In balance orange is loyal beyond compare, nurturing, resourceful, caring and available (lecture 21).

PURPLE (SYCO-SYPHILIS)22- Priest

• Purple is the only group where two dominant forces never meet. Blue inward motion is too strong to be captured by red

• Separation- purple is founded on a lack of interaction and not because of an interaction. Purple returns to the emptiness, or shuts down to nothingness or separate

22 Details can be read in Soul & Survival pg 273-311
from others/themselves when stressed. Their disassociation from the external world when stressed comes easily. But some purple fear emptiness and avoid the space
• Duality- The space between red and blue means purple can live in 2 different, separate worlds. They have a bond to the supernatural world
• Drugs- creates a false nothingness the purple survival instinct demands yet it can cause more damage. Breaking the bonds that tie us to life in an attempt to reach nothingness can mean harm to the physical body
• Royalty and religion- Associate with wealth & prosperity, the colour purple is the chosen colour of many new age and spiritual movements. The traditional role of purple is the priest- (also counselor, healer, spiritual advisor)
• The priest or shaman drifts in between worlds and relies on both intuition and material talent. They served others problems when ordinary help is insufficient
• Expectation and responsibility- For purple, responsibility can develop at an early stage. They have an innate feeling that others are looking to them to perform some task. Out of balance, they cannot manage tasks continously; pressure causes them anxiety
• Suspicion-can range from general weariness to complete paranoia. The memories of being loved yet attacked for basing decisions from intangibles carried. It is also a side where they feel or see the presence of evil everywhere in the form of violence, demons, etc- this comes from the embedded memory of the priest and the devils that tormented them
• Assurance and faith- Some of the priests’ offers are intangible and heavily relied on intuition
• Religion- the church and religion in general is an accurate metaphor for the energy and character of purple but not every purple is spiritual
• Purity- this concept is central to the priest. This exists in purple in a variety of forms ie. avoidance of violence, veganism, etc
• Refuge and shame- Purple can feel sinful and dirty, worthless
• Internal division- when stressed, purple separates themselves from the rest of the group, making their internal division apparent
• Intuition- the most constructive way in which purple can manage their need for separation and emptiness is intuition
• Haughty- some priests serve as judge and jury; they represent arrogance, self importance
• Spirituality and spirits- not all purple see or hear spirits; spirituality can take many forms. The need for purple to know about the non material world is strong
• The supernatural- clairvoyance and supernatural occurrences are common
• Angel and devil- Many feel as if they are 2 people in the one body with 2 different thought processes and 2 diff desires
• Self importance and devotion- being able to connect with God, angels and spirits elevates the priest to a position of authority. That traditional roles had perks and privileges. Devotion and committment are part of the purple survival instinct
• Expecting to receive- the automatic expectation to receive is common in purple. This is not learned behavior, its ingrained expectation
• Power- Power and influence are life themes for many purple people
• Attention- an out of proportion craving for attention is the human manifestation of the unfulfilled impulse from separation and division
• Sickness- sickness is a way purple capture the concentration and emotion of others
• Jealousy- with a strong demand for attention, jealousy can play a large part in purple’s life
• Sex and fidelity- Attention purple can have a strong sexual presence at the same time, celibacy also exists
• Morality and judgement
• The confessional
• Charity and benevolence

Out of balance purple is demanding of attention, unstable, distant, vindictive, and jealous. In balance purple is generous, devoted, intuitive, charismatic and lavish.

**GREEN (TUBERCULAR)**

• Reactive as their system struggles to find balance either by sudden reaction or over-reaction (can occur mentally, emotionally, physically). Extreme and violent reactions with excessive counter measures are part of the green makeup

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23 Details can be read in Soul & Survival pg 313-347
• Alert- their sense must work overtime to keep pace with their reactions. Their sense are really acute
• Energy and the adrenals- nervous system and kidneys are prime areas for chronic pathology
• Stimulation- greens have a well developed fight or flight response because of the constant push and shove between yellow and blue. Adrenalin and stimulation are vital to the hunter. For some greens, stimulation equals danger, others see it as inspiration. Hunters have the capacity to absorb enormous amounts of information
• Learning- they need inspiration, dislike routine. Their learning needs to involve inspiration. When bored, their survival instinct becomes dominant. They can do poorly academically. But yet, they do not like not knowing. If they don't know the outcome, they will feel vulnerable
• War and disease- during green time 1800-1950 AD, both world wars occurred imprinting it in their SI. Quiet green wants a life free from emotional upsets and disturbance
• The jungle- all their senses are alert because the nervous system is the primary defence in the jungle
• Camouflage- its the main strategy for both hunter and hunter alike. Concealment is a mind game designed to confuse and outsmart
• Benevolence- the jungle is a benevolent provider
• Quick thinking- Green under stress has the instincts of the jungle. Many green's symptoms come at twilight
• Vibrancy and exhilaration- vibrant green is in balance with passion while exhilaration (argument or death defying sport) green is out of balance
• Refined- green is endowed with a refined artistic sense. They are enthralled by the exquisite, the exotic and historical. Colour, shape or design
• Communication- Without skilled communication, hunting could not take place. Verbally, they can connect with people easily, loves story telling
• Memory- Hunter has no maps or written directions. Everything in life was committed to memory
• Skill- it is the skill of the hunter that is most admired, not the labour of the hunter. Traits include: alertness, accuracy, strength, speed, patience, acceptance, flexibility,
Some greens highlight how difficult their task is to convince others how smart they are. They use this as their measuring stick of importance.

- **Happy-go lucky** - stems from green’s background and being able to go into the jungle and get whatever they want. They have the ‘there’s more where that came from’ attitude. They prefer the independence that comes with that; no restrictions, timetable etc.
- **Unsupervised** - the hunter expected the tribe to give them the freedom needed to perform. Being watched makes their survival instinct nervous.
- **Free** - the hunter must have the willingness and ability to change at a moment’s notice. Green works best when free to work according to their pace and nature. Out of balance, green may become meticulous.
- **The kill** - they are good at finding the prey’s weakness. In modern day, greens can exploit other people’s weakness.
- **Taking command** - in balance, they are not afraid to take charge of the moment and open to other’s opinion. Out of balance, they can’t take criticism.
- **Trapped** - Green doesn’t like the feeling of being trapped with nowhere to go.
- **Reserved** - Some greens are shy, timid by nature and like quiet. They avoid parties, and suppress highs and lows.
- **Nerves** - their nervous system has extreme reactions to a minimum of stress. They panic. These greens avoid pressure because it’s linked to danger. Content with small, quiet family. They have inherited the nervous system of the trenches.
- **Determination** - determined green applies strength and willpower to make sure the job gets done.
- **Conceptual** - Their brain makes patterns that join independent pieces into a holistic picture. They have an abstract way of thinking because their brain can also turn each piece of information into something comprehensible. In balance, green uses the trait of linking information together to observe, design and make innovative original creations. Live in a world of ideas. Their skill is to turn the incomprehensible into simple terms.
- **Thinking** - In balance, they enjoy grounding their ideas and giving them practical value. Out of balance, green is a perpetual student or intellectual snob - learns but don’t put it in action.
• Living for the moment- this came from the jungle and was accentuated by war. Talks as if life is still ahead of them. don’t complete projects, etc
• Detail and quality- have talent to become an authority in a topic they’re passionate about because of their keen attention to detail and commitment to quality
Out of balance green is fearful, unpredictable, arrogant, naive, adolescent and insatiable. In balance green is carefree, joyful, hard working, sharing, stimulating and passionate (lecture 21).

BROWN (CANCER)\textsuperscript{24}- Craftsman
Represented by physical form, brown has both aspects of unity and disunity. While structure is held together, it is also dissolved to re-create new forms of matter (Soul & Survival, 350).
• Brown is the outcome of the interaction of all 3 universal forces in equal strength; it’s about balance and unity (lecture 17)
• There’s a perfectionism as an attempt to balance the forces inside them. It is an externalized action to an internalized feeling (lecture 17)
• Vulnerable- since matter is subject to change and destruction, this vulnerability has enormous consequences
• Balance and harmony- in order to achieve this balance, brown must remain in control internally and resist external pressure
• Natural dangers, artificial solutions- the external world is dangerous to brown because of the risk of disrupting their harmony
• Fear- there are many fears with brown because of their material vulnerability. Out of balance, they shield from the outside world
• Soil- representing degeneration, disintegration, foundation and growth; this is brown unity and disunity at work; its the cycle of life
• Nurture- brown can be the foundation of family providing nurture unconditionally
• Unity and perfection- by trying to have all forces in balance, perfection and nurture is a big role of being brown. As a result, brown can handle confrontations and pressures with difficulty. Keeping peace is their primary goal

\textsuperscript{24} Details can be read in Soul & Survival pg 349-382
• Confrontational- opposite to ‘perfect’ brown, some can be overly confrontational, with the goal of letting the world know they cannot be swayed. This gives them the relaxation they need that the outside world is not strong enough to disrupt their internal unity

• Replication- “the cycles that control organic life are the cycles that control brown. Replication and perfection are two traits of the brown survival instinct and suited to the craftsman traditional role” (Soul, 355)

• Precision- Nature must be precise with the reproduction process. Any slight gene mishap can cause disaster. This meticulous trait is found in brown.

• Rebuilding & synthesising- When organic life dies, the materials that remain decay, become utilised into another substance. “The body turns what is available into a supply of what is not” (Soul, 356). Brown has this same quality of reorganizing life, into the work of restructuring, looking at how the world can better suit them.

• Problem solving- reliable brown can forge ahead can create solutions and improvement to problems. Out of balance, this can lead to manic brown seeing problems everywhere

• The craftsman- the eye for detail can make brown the perfect craftsman since building and development relies on reproduction. Brown doesn’t work in nature but utilizes nature. Making organic substance into synthetic is their primary task. Without the craftsman, no other traditional role can perform their task effectively

• Isolated & lost- stressed out, brown can look outside of themselves to find a solution. The more out of balance, their survival instinct looks to their environment rather than inside. This leads them to feeling isolated from all the meaningless searches.

• Fear of nature- fearful brown can view the natural world as an enemy

• Embracing nature- at the same time, some feel the need to challenge nature

• Fastidious- the need for order and structure comes from a sense of vulnerability of their external world. This can be seen in being particular about everything; cleanliness of their house, aligning their closet

• Diversity- craftsmen who are diverse in what they can make are held more valuable to the group. In modern day life, this can be seen in the overachiever; being average is not in their vocabulary
• Confrontation- out of balance, brown sees the world needs changing and that their values triumph
• Having it all- in balance, brown can equally balance all areas of their lives
• Equality- the essence of brown is strength through unity; they break down stereotypes or anything demoralising to age, sex, ethnicity
• Strength- confrontational brown tackles anyone they believe are repressive. Out of balance, they confront just for the sake of it. In balance, they pick their battles.
• Peacemaker- Their primal state of unity is to be a provider for everyone. In balance, they know when not to cross the line
• Breakdown- once unity is fractured or their survival instinct believes they can’t handle anymore pressure, breakdown will occur. This can manifest in auto-immune disorders, nervous breakdown, chronic fatigue
• Abundance- turning to synthetic abundance can be a way brown’s survival instinct responds to stress. Since that’s what gave craftsman security in the past, in modern day, indulging in synthetic materials can be the result

Out of balance brown is confrontational, arrogant, controlling fearful, fastidious, neurotic and a doormat. In balance brown is centred, caring, peacemaker, able to relate to everyone, strong, independent, and nurturing (lecture 21).

Base colour needs

As mentioned, base colour needs are key points that make each colour group feel most safest and secure.
• Yellow must have some degree of independence otherwise they can feel smothered and resentful
• Orange demand a loyalty above and beyond the call of duty as they give and demand total reliability
• Red feel happiest when they have bonded with someone. Generally this is a relationship but it can also be a close friendship
• Blue enjoy the simplicity of friends and family - most are not after pressure or fame but the basic pleasures of life. If blue do get themselves into a position of too high intensity their stress levels can skyrocket

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Based on lecture 20
• Purple need to make time to empty their mind and let intuition, creativity or space take over. Many need to be the centre of attention so while some will benefit from art or meditation others may love amateur theater
• Green love stimulation and for many green people stimulation is they love people or things that make them laugh or people or things that excite them. Drudgery and boredom to many green is stress
• Brown is often about harmony, they love the peace and stability of a contented family. Another type of brown is all about individuality- and as long as they feel in charge and call the shots they are happy

By understanding colour groups, communicating between individuals and understanding can be easier. As Bentley says, “if you show red in a yellow way, they are not understanding. Your survival instinct only talks a certain language; you need to talk in an instinctual level “(lecture 21).

SECTION 5
Miasms and the face

What’s the face got to do with miasms?

*Every facet of our lives is governed by our genes, including our appearance; our miasm influences our genes, so our miasm can be depicted by our appearance. Grant Bentley- Appearance and Circumstance*

The works of J H Allen’s The Chronic Miasms and Pseudo-Psora, Roberts’ Art and Principles of Cure of Homeopathy and Donald Foubister all support that miasms are influenced by more than just pathology (Bentley, Appearance and Circumstance, 20) For eg, we see chronic miasms in every feature and every physiological process; in the shape and contour of the body; upon the visual expression, the face, nose, lips, ears, mouth, upon the hair, its growth, lustre and general beauty or lack of it (Allen). Furthermore, Roberts explain “pathological and structural changes take place in the dental arch and the teeth come through deformed, irregular in shape and irregular in order of eruption.”
Similarly to miasms being a part of our DNA or our genetic makeup, our face and appearance are also genetically determined. When we are doing facial analysis, we are looking at nature's blueprint for us (Bentley, lecture 5). In homeopathy, if chronic conditions and miasms go hand in hand, surely, our facial features would play a large part in determining an individual’s miasmatic state. Facial features are formed by universal forces. This means the shape and nature of physical matter is representative of the internal force that shaped it (Bentley, lecture 3). As Bentley states, “all chronic illness has its foundation in the miasms, so each miasm will alter the body in its own inimitable fashion, but two dissimilar miasms can join together to form another miasm just as unique.” (Appearance and Circumstance, 26). What we must keep in mind are differing energies within ourselves come into regular contact and therefore must compete (Bentley, lecture 3). If they are of equal strength, one cannot dominate nor one be suppressed. As stated in the Organon, two dissimilar diseases of equal strength combine to form a complex disease. In HFA a complex disease is an outcome of this constant interaction between two different forces (Bentley, lecture 3). This will be further discussed in “how we can interpret this in facial analysis.”

It is also through our facial expression that we unconsciously convey what our survival instinct needs (Bentley, introductory lecture). The survival instinct uses facial features to suit its best interests and to achieve its needs. Living in groups since the dawn of time means everyone is highly skilled at reading the facial features and body language of others. Reading and responding to facial features is partly conscious- but in a large part unconscious and instinctual (lecture 16). Our face serves many functions in how we govern our lives: our face displays our inner emotions and intent; our face attracts, bonds, or repels other people according to the emotions we feel. Facial features serve the duel purpose of communicating emotions as well as securing our personal needs and safety (Bentley, lecture 3). Essentially, “the face is part of the survival instinct and an integral link in our defense system. Emotions and the face are complementary to each other, so expression can be interpreted by others. Reading and responding to facial structure is instinct talking to instinct” (Bentley, Soul & Survival, 78 & lecture 16).
Facial Features as Indicators to a Miasm

Homeopathic facial analysis does not intend to predict futures or attach meanings to single features. Facial analysis is about shape, size, and placement; it not about looks, ethnicity, gender, or age. The only purpose is to identify which miasmatic/color group family an individual belongs to which then leads to remedy selection. The way our features are arranged; their shape and size show us which force is dominant within us (Bentley, Soul & Survival, 109). It describes trends of illness. For eg, the syphilitic miasm has a destructive trend, and in sycosis, an overproduction (inflammation). Bentley explains that pathology or mental themes as the sole indicator of miasm is misleading and unreliable primary guides. He says “warts may be a sycotic symptom but they can also be found in remedies outside of sycosis.” Similarly, “many times I have interpreted a symptom to mean X, when after further consultations it becomes obvious that the patient meant Y” (Bentley, Appearance 89). On the other hand, facial features are objective, stable, easy to distinguish and applies regardless of sex or race.

By understanding what is common to each color group, it is easier to decipher which symptoms are considered unique and important. “This does not mean that a generalised repertorisation will provide a remedy that will fail- it simply means that often only eighty percent of the case will be covered, as the specific rubric that is a key to the case has been overlooked” (Bentley, Appearance, 93). As will be discussed in more detail, repertorisation is done according to the same rules with keynotes of a case and essence prescribing with the only difference being that the remedy must come from the same miasmatic family as the patient. 26 It is important to note that this model is not a replacement of conventional techniques but an adjunct.

26 If the facial features do not match the miasmatic theme, the facial features are the best guides as there is no interpretation. They are always correct (Bentley)
INTERPRETING FACIAL FEATURES

Facial features need to be taken through photos and direct observation in clinic.

Photos need to include:

Front on- head straight, no smile
Access features that would not be distorted by a smile (shape of the eyes); check for asymmetry; eyes, nose, chin, lines, mouth

Front on- head straight, hair back
Patient will hold hair back so we can see the hairline's shape (widows peak, straight, crooked)

Front on- smile (with teeth)
Look at whether the smile is full or compact; shape of teeth; dimples; lines

Front on- full growl
Access teeth top and bottom

Profile-left
Keep head level- The forehead, bridge, shape of nose, chin and ears- look for size, shape

Profile-right
Similar to above. Note: when both sides do not match, it is a feature of asymmetry

Frown
Confirming lines between eyes

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27 The categorization of facial features into colour groups was gathered by Grant Bentley over an 8 year period in a clinical setting with more than a thousand participants. The facial analysis method was developed through interviews and facial research of more than 70 facial shapes, sizes and positions (Soul & Survival p 114).
The patient should inform of any cosmetic or dental surgeries and what features were there prior to surgeries. Each facial feature is categorised and placed into its universal force group. Each obvious feature will either be yellow, blue or red and will be one point. If a feature is unclear, leave it out. Once complete, tally up the points. Where one miasm is 2 or more points ahead of the others, that will be the dominant miasm.\textsuperscript{28} If its within 1 point, that patient will be one of the double complex miams (orange, purple, green). Where all 3 miasms are within 1 point, that patient is brown. For eg, if their facial features lead to 4 yellow, 7 red, 6 blue, they are purple\textsuperscript{29}. When a universal force reaches a stage where its influence is stronger than any competitor, it becomes dominant and it has full influence over the survival instinct (Bentley, lecture 3).

\textbf{Case-taking in HFA}\textsuperscript{30}

Case taking for chronic diseases in HFA focuses far less on emotions and feelings than many contemporary models- unless the emotions ends up being the cause. Rather, the focus of HFA is on actions and events because of the relationship between cause and effect. In HFA we use selected single words or phrases in the repertory to re-write our patients most significant life stresses together with their overall health as accurately and completely as possible (Bentley, lecture 10). Our task is to find the obvious stresses, and put it into homeopathic language. In HFA, rubrics are one word descriptors that encapsulate or try to literally describe what a patient is feeling or has experienced (Bentley, lecture 9). Repertorization has two major areas of focus: life themes and physical generals (Bentley, lecture 9). They impact health in three ways: distinction, frequency and impact.

In HFA, its the job of the practitioner to find the similimum, to identify stress or exhausting causes, and to educate patients regarding energy and pathology. It is also important to understand the human condition because common aspects of the human

\begin{footnotesize}
\begin{enumerate}
\item Through numerous clinical cases, it has been shown that any colour that is a clear 2 features or more ahead of its next nearest miasm will be the dominant miasm from which the remedy was chosen. A miasm that is lower in its presence by 2 or more features will not exert enough influence on the patient (Bentley, Appearance, 222)
\item Refer to references at the end of the paper
\item As described in lecture 7 through 11
\end{enumerate}
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conditions are poor rubrics to repertorise on (Bentley, lecture 10). The patient's biography is used to find any negative life themes that may be causing the survival instinct to remain dominant. The biography gives both practitioner and patient an understanding of the stresses that created or aggravated the pathology. Biographical events become the mental rubrics of the case. Furthermore, biographical mentals are kept as broad a net as possible and let totality find the similimum. Causative events or circumstances are sought after, not just the emotional reaction to that event. Emotional reactions to circumstances are generally not used in homeopathic facial analysis because
1) reaction is a result, not a case
2) reaction is non-specific

In HFA, emotions such as anger or jealousy become rubrics only when they form a large part of daily life, or character and when they are consistently out of proportion or time to the events that created them. Emotions that are in proportion and relevant to circumstance are often not rubrics. In addition, circumstance becomes a mental rubric when an event is a repeating pattern therefore creating a recurring life theme. “Frequency will tell you whether an intangible is real or not.” (Bentley, lecture 10). The mentals are a focus on the causes and conditions that created this state (Bentley, lecture 11). Overall, mentals make up only a quarter to a third of the repertorization of most HFA chronic disease cases.

The most important area of focus in HFA case taking is the generals of the case and the facial analysis which will do further selecting. “ Generals tell us how the patient is trying to rebalance themselves and its manifestations, and indicates the remedy that is going to get us there” (Bentley, lecture 7). Generals make up most of the rubrics which are repeating sensations or modalities. There are an average of 1-3 mentals (repeating patterns), 3-6 generals including presenting pathology. The inclusion of mentals and generals mean our repertorisation is a complete story of the cause and effect of our patients’ current state. Even without mental rubrics, with a few good generals and good facial analysis, the case can still be successful (Bentley, lecture 11).
A general is a repeating pattern or frequency which is why generals are vital eg. sensations, modalities, discharges, pathology, sleep, food, sides. In order for totality to work, rubrics must be taken from a diverse range and not just in one area (Bentley, lecture 10). This challenges the belief that the mind is higher or more important than the body (Bentley, lecture 10). In HFA, fear or anxiety is not broken down into specific components. For eg, If a person is fearful of ghosts, animals, night and storms then they are a fearful person generally (Bentley, lecture 10). “ It's not about trying to narrow down your field. It’s about reproducing as close as possible the character the patient is storing. Overall, consistent character is more accurate and descriptive than 'uncharacteristic' outbursts (lecture 10).

Examples of generalizing mental rubrics in HFA:

- Regardless of the type of addiction- alcohol, gambling, drugs, work- The rubric 'alcoholism' is used. The nature of quality of addiction is what is important, not what substance a patient is addicted to.
- If a patient is suffering emotional or physical health problems from a death or deaths of loved ones or it is an obvious life theme in their biography, MIND- DEATH-presentiment of (71).
- If a person makes time for spirituality in their life or the impact of religion has been influential in either a positive or negative way, MIND- RELIGIOUS affections (72)
- If a patient physically over reacts to their environment- displayed commonly in multiple allergies, Generalities- sensitiveness
- If there has been a series of accidents or surgical operations and it is obvious a patient's mind or body has suffered because of it, Generalities- injuries-blows-falls and bruises
- If a patient is witness as a child to abuse between their parents and if they marry an abusive partner or become short tempered and intolerant themselves, MIND- VIOLENCE-VEHEMENCE

On the other hand, repping for acute disease does not rely on the totality, just the specific. Considering the Sxs are not an exacerberation of the chronic disease, case

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31 Taken from lecture 11
taking does not have to include HFA. The purpose of acute prescribing is to repel the foreign invader or bug. As Grant says “understand that homeopathy is about homeostasis as well as an acute repellant model. We should not mix acute and chronic prescribing. We should know when miasms are important “(lecture 9). Also, be “careful of jargon such as psychological or new age speech, ie.learning to let go, anger management, as you want to exactly how it manifests in your patient” (Bentley, lecture 10).

**Remedies and personalities in HFA**

In HFA, remedies are not viewed as personalities but simply as energy medicines. Since remedies can alter and change the way we think, modify our emotions or influence character, remedies are seen to have their own unique character. As Bentley mentions, with this train of thought, remedies must have a personality to match because remedies alter personality. He says this led to the belief that studying materia medicas are the key to unlocking the personality of remedies and the key to understanding homeopathy (lecture 14). “You have every right to be skeptical that I’m stating the opposite of what schools teach. Remedies does alter behavior but it does so by balancing energy levels thereby bringing the survival instinct into a state of calm; not by replacing thought and character patterns” (Bentley, lecture 14). I can understand that this goes against the majority of practitioners train of thought but considering that destructive behavior is at a high when their survival instinct is in a state of competition, it is common for us to have desperate reactions in the will to survive. When it is calmed down, that destructive temperament will not be necessary and conscious thinking returns. As Bentley puts it, the best version of you is an unstressed you. “In HFA, remedies are not accessed by 'personality' so drug pictures or essence prescribing is not applicable. Anti-dotes, triangles, complementary remedies also do not apply. In HFA, remedies are selected by their similimum to cause and effect- nothing more” (Bentley, lecture 14).
When Grant was teaching Hering’s law, he did not always see it in that context. As challenging as it is for practitioners to even think Hering’s law does not correspond all the time, Grant’s clinic was his laboratory. “I'm still keeping Hahnemann's ideas of miasms and that you have to match patients with it. What I'm not keeping is the laws of infection. All we can do is try our best to get the medicine right and see for ourselves what is successful. It's true that people will do good on a remedy but will then need another remedy because their circumstance have changed and their stress response is different and some people do adapt to the remedy. The fact is, the human organism is designed to adapt. “Re-repertorize on what exists now, which are the dominant memories, lifestyle, and actions. No subtle, no speculations, no searching for hidden meanings. If you get the facial analysis right, the next medicine will always belong to that group. I'm not choosing the complement for that remedy. If one theory works for you, then keep it in your practice. I'm not saying throw away the old, what I'm saying is keep that knowledge and see how it plays out and go from there.” (Bentley, lecture 13).

Obstacles to cure is an important part of case management in homeopathy and as continued stress is a part of that, Bentley believes in continued doses. “When there is a continuing stress it is unreasonable to expect that a remedy like 30c has enough energy to supply the body for all it has to do from a single dose. We burn up energy as we go, we're not designed to store energy. We need the 30 so we can supply it on a daily basis and deliver 'self energy' to a depleted body. The duration is dependent on the patient's life force, events and circumstance in their lives” (lecture 13). Furthermore, in HFA we are looking for signs that our remedy has been accepted as 'self' and taken on by the body- there is no better sign than amelioration. Energy for constitutional treatment must be 'self' energy to be completely accepted and utilised by the body. If energy is too foreign it is unrecognised, unaccepted, unutilised and even upsetting to the body (lecture 13). Bentley also points out that homeopathy can only do so much when obstacles to cure, or stressors is beyond their body's ability to handle. He also suggests implementing more than just the remedy such as diet, lifestyle, exercise with the

32 Taken from lecture 13
perception of an energetic model. “I let patients and success stories tell me what philosophies work and it’s told me a lot about posology. Remedies are a spark to the flame, they are not the flame. It’s up to the patient’s lifestyle and free will” (Bentley, lecture 14).

Bentley was very keen in knowing what people have done in their lives rather than their intellectual analysis of who they are. As he mentions, sometimes internal environment changes when circumstances change and when that happens, a re-repertorization may be needed. Because of that flux in internal energy, Bentley does not view remedies as constitutional. Remedies can change but within their colour group.

Posology

We are dealing with energy, and the pills or liquids are the deliverer. It’s the content that matters, not so much how it’s delivered (Bentley, lecture 13). The topic is not about the medium or the ‘envelope’. Bentley states that 10 drops vs 5 drops makes no difference when you’re dealing with energy. It’s the information in the medium and frequency that matters. Although many homeopaths disregard repetitive dosing, HFA prefers daily doses most commonly in 30c. When a patient begins to improve using the HFA method, the medicine is not stopped, only reduced. In fact, Bentley states this is a sure sign that the body is accepting and needing energy. As Bentley explains, once the body has been altered from its normal state, more energy than usual is required. It requires more energy to do daily functioning as well as extra to re-balance and repair. If there is more pain, even more energy will be needed because pain burns up vast quantities of energy. “We are designed to have a constant supply of energy since we cannot store. It’s a frequency issue, not a potency issue. We cannot trap energy. When we’re stressed, we require more energy than we can self regenerate” (Bentley, lecture 12). This is why Hahnemann wanted to introduce much needed daily doses of medicine (lecture 13).33

Bentley notes the discrepancy between theory and practice, whereby the Organon may suggest not doing repetitive dosing while homeopathy’s history, and the cases documented, shows a different story (Bentley, lecture 12). “I didn’t know the truth. I

33 Alp 246...The same carefully selected medicine may be given daily and for months, if necessary
decided to try them all and let the patient outcome decide the theory or practice” (Bentley).

Examples of literature on repetitive dosing

The Life and Letters of Dr Sam Hahnnemann
By Thomas Bradford Ch 82
"For asthma he gave 5 grain doses of Ipeca; 4 grains, twice daily of Nux
"...St Ignatius' bean produced effects that were truly surprising. I have it in large doses every 12 hours; to children from 9 months to 3 years of age
","He gave Camphor in doses of 15 to 20 grains daily, increasing them to doses of 30 and 40 grains. He gave a child of twelve 15 grains a day for a fortnight.'
'...Ledum he gave in doses of 6 or 7 grains 3 times a day'
As a preventative Hahn writes in his treatment of Scarlet Fever '..a dose every 72 hours, well stirred with a teaspoon for a minute in any kind of drink, as long as the epidemic lasts, and 4-5 weeks thereafter'

Boenninghausen's Lesser Writing
High potencies
'...I affected cures last spring in 7 cases in this neighborhood within 12 hours by administering 2 doses of Secale corn 30 and an intermediate dose of sabina 30, one dose every 3 hours, shaken up with water

Dorothy Shepherd- magic of the minimum dose
Her prescription for chronic bronchitis in a patient
'...I gave her Lycopodium 6 night and morning. I was anxious to make and impression on this case'
In her next case of chronic bronchitis '...Kali carb 6 night and morning

“Even Hahnemann invented the LM potency for the sole purpose of repeating daily doses of homeopathic remedies to patients. He focused on developing repeatable

34 As shown in lecture 12
doses because he recognized the need for patients to have daily dosing35” (Bentley, lecture 12).

I started experimenting repeating 30 c years ago. The reason I decided to originally change from the single dose to repeated doses was to check the validity of stress as the foundation behind chronic disease. I did 200s, and 1M but I did not repeat those. I was prepared to do 6s and 30s. I experimented with repeated 30s to single LMs and I looked at the cases. I saw in common that the successful cases were all on repeated doses. When I started that repeating, I instructed them to shake the bottle as per Hahnemann so it didn’t seem like I was disrespecting him. I found no real difference between LMs and centessimals. As a result when it came to repeating medicines I had no personal clinical reason why I should choose LMs over 30 c repeats. The truth is what works- if the clinic did not validate any part of HFA theory- that part of theory was thrown out.- Bentley, lecture 12

In light of the debates that occur within this topic, Bentley does say posology differs on what you are theoretically trying to achieve (lecture 12). In HFA, the aim is to supplement patients’ drained energy due to stress or exhaustion36, bringing the survival instinct back into balance and not peeling off chronic disease layers. “Its either you get the remedy right or not. Sometimes a patient may only need one remedy for the entire case- however it is more common to need a number of remedies to bring a patient back into balance” (Bentley, lecture 12). Of course, we have to take into consideration the stresses and strainings of life and keep a realistic view on our expectations.

Case management & Potencies37

In HFA, we think in terms of case management rather than cure. This means the same pathology can return if energy once again becomes erratic or exhausted. When a

35 Alp 248
...Thus in chronic diseases, every correctly chosen homeopathic medicine, even those whose action is of long duration, may be repeated daily for months with ever increasing success

36 In HFA, chronic disease is the outcome of the stress or exhaustion that preceded it

37 Taken from lecture 15
patient has significantly improved under the treatment of a 30c, for a reasonable amount of time but the case has come to a standstill, then 200 or 1M is worth a try. Not when there's slipping backwards, then you’re just giving bigger doses of the wrong medicine. In this model, the right remedy does not lead to a backward slip. Important considerations are comparing frequency and severity of the totality between treatment time frames. “If a more severe pathology is being ameliorated while a milder pathology is unaffected or not ameliorated to the same degree, continue with the remedy anyway. Whenever there is beneficial movement in a case- continue the remedy- don’t stop. Some patients are completely exhausted and its going to take time before their survival instinct can be brought back into balance” (Bentley, lecture 14).

However, after an adequate amount of time, if severe pathology remains untouched even though minor pathology may have improved, a change of remedy may be required. When improvement stops but there’s still work, change the remedy or change the potency, since this may be all the remedy can do. “80-90% of the polychrests will do the trick. There will be some people that require the smaller remedy. In these cases, you wouldn’t have as much rubrics” (Bentley, lecture 14).

e.g. If serious asthma, ulceration, cancer, depression or multiple sclerosis is brought under control- even though some minor problems such as occasional headaches or intermittent nausea remain- there are 2 choices:

ONE- try and find another Remedy that will keep the main pathology under control while at the same time also ameliorating the remaining minor Sxs

TWO- be content that a patient's main or serious pathology is ameliorated, improving or stable and not worry about the more minor Sxs until later down the track

What about provings and aggravations?

As taught in lecture 13, aggravation takes 2 forms: a proving and aggravation of existing Sxs due to an excessive sensitivity or too strong a potency. Provings are when the normal state of health is subdued by a dissimilar remedy. We know we are proving a remedy because uncharacteristic signs and symptoms appear. This is the dissimilar dominant energy momentarily replacing the weaker. “All your sx goes to the background and new sx come up. The stronger is suppressing the weaker. You can't
prove the right remedy- because of the similimum” (Bentley, lecture 13). Aggravation occurs because our remedies are giving instructions to the body that are unnatural to the way it naturally responds. For eg, this occurs when we give remedies whose energy does not match the defensive action of the patient (Bentley, lecture 13). “People that usually aggravate in my clinic are people who expect an aggravation. People who know nothing about homeopathy, they never aggravate. But they do occur, we can't avoid it, but in HFA aggravations are kept to a minimum because the patient's face tells us their internal energy or immune reaction” (Bentley, lecture 13). If your patient does aggravate while on the remedy simply stop the remedy and wait a couple of days (lecture 14).

**Remedies**

The survival instinct of minerals, plants and animals can be captured by dynamisation. Once a remedy is made and placed into a solution or sugar pill, that survival instinct is trapped and cannot escape (lecture 17). This is because the survival instinct is designed to attach itself to matter. The soul is like the water in our remedies; it has an infinite capacity to absorb. Homeopathy shows us that remedies do not mix and merge with each other; otherwise all remedies in our pharmacy would eventually blend into one. Remedies are not interchangeable (lecture 17). So how do remedies create mental and emotional Sxs? Anxiety about the future cannot be coming from the 'personality' of the remedy because minerals don't have the capacity to personally experience life (Bentley, lecture 17). Considering that homeopathy is the bridge between the material world and the energetic, we take a material source and extract its internal energy then place it on another material source where it stays until liberated through interaction. The remedy is then ingested and once again broken down to release internal energy (lecture 17). As Bentley explains, the micro of the homeopathic pharmacy are the macro laws of universal force in motion. The similimum is a hologram of how life works; the experience is not real but it seems like it. ie. in the movie Total Recall, characters experience something as if it's real but it's only a program. All in all, choose a remedy because it matches the patient; it is a mistake to exclude it for what it does not have (lecture 18).
HFA in the clinic

In clinic, Bentley found that prior to prescribing a remedy, many patients were coming in with ‘me vs the world’ perception whereas after the remedy, it altered to ‘me in the world’. He came to see that their suppressed relaxed state came out and their systems were strengthened with the acceptance of themselves and others. Bentley explains that the correct remedy never depletes the ability to think; never depletes individual talent; never depletes the positive emotions one person feels for another; and never depletes ambition, drive, wonder or enthusiasm (lecture 2). The correct remedy calms anxiety; struggle; makes people feel safe; and stops us being on red alert. Essentially “the right remedy has the totality of symptoms and underlying miasm, thats the baseline of addressing chronic cases” (Bentley, Blogtalk radio, Oct 31).

Bentley found that with the addition of facial analysis and giving his patients a remedy that belongs to their miasmatic group, DESPITE all indications of another remedy just through totality alone, he got 2 things:

1) facial analysis model works
2) the medicines he was giving had a lot more to them than what the books were saying
We have been taught that the materia medica is the end all to find the right remedy, so it was a big leap of faith to go against what we’ve been taught, against everything to what I’ve been teaching and to trust the facial analysis model. But it came through everytime” (Bentley, lecture 3).

Grant: I started to change the way I did initial consultations from 'who are you?' to what kind of life have you led? Instead of going to freudian questions and freudian style, I examined the stresses they've endured over life.

To be a good practitioner, we need a mind that can bridge both material and energetic world. You can miss the point if your too analytical or abstract. We need both but not at the same time. Understand the serenity prayer- there is a spiritual knowledge but as practitioner, we need to decipher between theory and practical, clinical theory. Develop the wisdom to know when to use what. Theory is the way we would like things to work. Practice is the way things actually work.
CONCLUSION

What does understanding colour groups mean to people outside of homeopathy?

The concept of colour group traits help explain the repeating patterns we face in our lives. By understanding colour groups and how they arouse over the course of human history, we can learn the values of those we love and the things they consider important, and accept those traits for what they are, knowing they cannot be changed. Understanding colour groups mean recognising stress in yourself and in the people around you. They make clear the motivations of behavior, giving a historical context as to why they are important and why the survival instinct employs them during stress. Knowing the color groups mean we can understand why people from one color group feel stressed or passionate about something, that other people take for granted or are indifferent to. By knowing the different survival needs of each colour group we can understand the basic differences that exist in those we love (Bentley, Soul & Survival, 102,104)
Collective instinct and time frames  

As discussed previously, the energetic forces that make up our universe are also the forces that make up who we are. These forces move in cycles throughout Earth by drifting in and out of dominance rather than becoming one single force (lecture 18). This means during time frames throughout evolution, a color will be dominant. During each time period, any trials, dangers, reactions and pain that occurs en masse (frequency) is absorbed into the collective energy of that color group and passed on to every individual in that group as unconscious memory and instinct (lecture 18). “Color groups go into cycles because of the size of the planets. When they are dominant during that time, two things occur: that color will subtly influence humans, events according to its own energy and controlling color group becomes imprinted with the energy and emotions that occur during its time phase” (Bentley, lecture 21). For eg, when blue is the dominant force, it will influence human behavior in a blue way. The memories that are necessary for future survival will go to the blue survival instinct and everything that is happening at that time is also absorbed (lecture 21). “Cultural change cannot be explained solely as social evolution” (Soul, 384). At the same time, any sort of exhaustion goes directly into the memory bank of the dominant colour at that time. “Each colour period lasts approximately 150 years before changing tinto the next colour group” (Soul, 383).

Phases of the dominant colour throughout Earth:
0-150 AD- Orange
150-300 AD- Yellow
300-450 AD- Purple
450-600 AD- Blue
600-750 AD- Red
750- 900 AD- Green

[38 Details taken from Soul & Survival pg 383]
For the purpose of a theory that there’s a planetary shift every approximately 150 years, consider the different epidemics that raged the world to see if it represented an actual culture shift. “What we should see is a transition of epidemic culture take place every 150 years” (Bentley, lecture 21). If there was an Earthly transition- and epidemics are an outcome of that change, then theoretically a color group epidemic should be specific to each particular time period. So the criteria Bentley applied regarding each disease was:

1) as an epidemic it has to originate during a specific time frame- it could continue on but it must start at the specific time
2) A pre-existing disease must be shown to have developed or change from benign to epidemic during a specific time frame
3) The disease must influence or define the culture of a specific time period

“It had to originate in that time period OR it had to be a disease that became the most feared disease even though its been around before and after” (Bentley, lecture 21).

Working from a start date of 150 years before 1500 AD- a new or different epidemic should theoretically begin around 1350 AD (lecture 21). During that time period, plague enters Europe around 1348. Another 150 years prior, leprosy suddenly becomes epidemic (1200-1350 AD)-and disappears just as suddenly in the 1340s.

Orange 1050-1200 AD
During this time, crusades, knights, and holy war were prevalent representing duty, hysteria, compassion. Knights also represented chivalry, reward- nobility and land as a reward for service. Missionaries are also highlighted in this time period duty to
represent charity, protection and duty. Famine reduced, prosperity increased; this meant more farming ground etc. Professional judges were first appointed at this time to ensure justice.

Yellow- 1200 AD- 1350AD
(Money, blood family, charity, law, education, business, independence, new ideas, authority, outcast)

During this time, the greatest misery was the biggest leprosy epidemic the western world had ever known\(^\text{39}\). Leprosy- nearly a third of all England's 1,103 hospitals were devoted to lepers while France maintained 2,000 lazarettes. By its peak in the 13th century, Europe had more than 19,000 leper houses. In the early 1340s, leper houses that had been overflowing suddenly reported that they were taking care of no more than 2 or 3 lepers. Leprosy made an energetic impact on the survival instinct of yellow because of the number of victims and the pain caused by its social consequences. Leprosy as a disease has not imprinted the yellow survival instinct as much as the social rejection, loss of property, separation from family and the cruelty inflicted upon those who suffered leprosy (lecture 21). “Since the biggest fear is the repulsion from the group, that's what is in the survival instinct” (Bentley, lecture 21). Other yellow movements during this time period was independence through development of law; magna carta; trial by jury; parliament; legislating kings aided by jurists versed in roman law.

Outward motion was seen in the actions of Genghis Khan and the Mongols empire. His descendants continued this expansion and paper money was introduced. St Francis continued the trend through the distribution of wealth to the poor. At the same time, filth became a badge of honour by monks and saints since it symbolised disregard for vanity.

Purple time 1350-1500 AD
(spirituality, space, division, paranoia, supernatural, charisma, expectation, betrayal, generosity, death)

\(^{39}\) Hahnemann writes of this epidemic in the chronic diseases
As leprosy dies down, the black death arrives in 1348 killing one third of the population by 1350 and in half by 1400. Believed to be the end of the world- 'the earth was within the grasp of the evil one.' Witches became scapegoats (Joan of Arc was burned for witchcraft); the first inquisition begins; duality- 3 popes (The Great Schism). During this time period, “Disease was seen as sin; so anyone who tried to help out was anti-christian and was drowned and we see it in the remedies” (Bentley, lecture 21).

Blue time 1500-1650 AD
(management, simplicity, cooperation, social etiquette, withdrawal, routine)
A return to basic values was seen in religion with the simplicity of faith and a break from the more complicated and more profitable structure of selling indulgences. The reformation exploded into a fury including the peasants revolt where nearby 100,000 people were killed before the counter reformation began. This has been called Europe's search for stability. Blue can also be seen in the simple austerity of Puritanism. Martin Luther King was the biggest influence in religion as the reformation changed the Christian world.

Also in this time, Columbus bought syphilis back from America in 1494. “In the blue time, not only syphilitic, a large proportion of the population has been wiped out through epidemics. There was a lot of dreaded disease with a mortality rate higher than the black death during the purple time. Blue remedies have a morbid fear of germs, infection etc because diseases were so rampant during the blue time” (Bentley, lecture 21)

Red- 1650 AD - 1800 AD
(confusion, solutions, obstacles, capture, growth, anger, appearance, romance, work)
“The nature of red is to capture, encaptulate and imprison. In society, we should see this during red's time period” (Bentley, lecture 21). Slavery was dominant during this time. The export of over 11 million slaves from 1500-1800 including the astronomical increase between 1650-1800 in the Atlantic sector. Until the red time slaves were counted by the hundreds or thousands. In the red time, slaves were counted in the millions. The volume of misery, the children torn away from their families to be bought,
sold, abused; also the families of the original slaves who lost their families has placed the memory of slavery dominant in the red survival instinct (lecture 18). Small pox was also prevalent during this time period. It changed from an annoying childhood disease into Europe's most feared and largest epidemic diseases (lecture 21).

What could sum up the energy of circular motion more than revolution? 1688-England becomes a constitutional monarchy; 1776- American Declaration of Independence; 1789-the French Revolution begins lasting until 1799; slavery- the slave trade was historically small and often slaves were the spoils of war. In 1698 the controlled european slave trade was opened to private traders- the result was the largest forced migration in modern history.

Green- From 1800-1950 AD
(adrenalin, fight or flight, reactivity, sensitivity, freedom, skill, stimulation, intellect)

Tuberculosis takes over from smallpox to become the western world's number one killer. Events that occurred during this green time: Fight or flight- war-American civil war Napoleon, WW1 & WW2; economic cycles of boom and bust (as represented by the hunters/inward & outward reactivity); energy- electricity and nuclear. Immigration was prominent during this time; it meant freedom to start over.

Brown- 1950-2100 AD
(perfection, anxiety, unity, synthetic, replication, breakdown, balance)

Tuberculosis is confined to the poor; however cancer has taken its place as the most feared disease in time. Events that occurred during this brown time: 1945- end of World War 2; terrorism and terror cells; rise in human rights and equality of the sexes; individualism; production line and franchising; materialism and excess; reliance on drugs and synthetic solutions.

Representing unity, the United Nations were formed during this time, Nato was put in place. The communist block was built to shield from the western world. The world lives in fear of nuclear destruction, the ultimate internal breakdown.

Anxiety and exhaustion is fierce in our contemporary world; anti-depressants and medications flourishing. Mass production is seen in franchises with replication and design at its forefront. Technology enables different parts of the world to come together; the internet is a synthetic world where everyone can equally play.
During disasters, organizations come to aid those suffering through charities and donations. The First World's standard of living is now what only the rich in the past can experience.

Overall, during our current time in the brown period, we see destruction and overindulgence but we also see a rebirth, a renewed strength and appreciation from suffering. We see a re-building from breakdowns.
Grant Bentley: Victorian College of Classical Homœopathy - Homeopathic Facial Analysis (HFA) Research - Grant Bentley (ND Dip Hom Grad Dip Psych. Th reg AROH, ATMS)

Grant Bentley is from Melbourne, Australia and has been working and studying in various fields of natural therapies since 1987. Grant is a qualified Homeopath and Naturopath and has studied Clinical Hypnosis and has a Post Graduate Diploma in Eriksonian Psychotherapy. Grant is the current principal and senior lecturer of the Victorian College of Classical Homeopathy (1995 - current).

His first book Appearance and Circumstance (2003) details the nature of miasms (inherited stress and health responses) and how facial analysis can be used to determine a patient's stress response using classical homœopathy. Homeopathic Facial Analysis (2006) continues this work with detailed descriptions and examples of facial analysis.

Soul & Survival (2008) explains how these inherited stress responses (the survival instinct) influence our instinctive memories and define our behaviors when we are stressed. Grant discusses the importance of competition and co-operation in regard to personal survival. He outlines the universal forces that influence each of us and how these forces can be read from our facial features. These forces are also responsible for changing social ethics over historical time periods.

Appearance and Circumstance, Homœopathic Facial Analysis and Soul & Survival have been translated into Russian and German. Grant has lectured in Australia, New Zealand, the Middle East, USA and Europe.

Further information about Grant Bentley's research and his books can be found on these websites:

* Victorian College of Classical Homœopathy website - [www.vcch.org](http://www.vcch.org) (miasm research)
* Soul & Survival website (general public) - [www.soulandsurvival.com](http://www.soulandsurvival.com)
* Soul & Survival/HFA website (HFA training) [www.soulandsurvival.org](http://www.soulandsurvival.org)
* Free online facial analysis wizard - [www.soulandsurvival.com/facial-analysis-wizard](http://www.soulandsurvival.com/facial-analysis-wizard)
Interview between Dr Rajeev Singh and Grant Bentley

**Dr. R Singh:** Dear friends, today we have with us the famous homeopath credited with pioneering the "HOMEOPATHIC FACIAL ANALYSIS (HFA) method, Dr. Grant Bentley. Hello Dr. Bentley! How are you?

**Dr. Bentley:** Hi! I am fine.

**Dr. Singh:** You have worked a great deal on Facial Analysis and that too with excellent results. I am sure our readers are hanging on to hear it from you. But first I would like to ask something about you. Tell us something about yourself? How did you turn to homeopathy?

**Dr. Bentley:** I started studying Naturopathy after working in business and studying Psychotherapy and Hypnosis. Naturopathy was the most popular way to learn alternative medicine for Australian Homoeopaths. I had already qualified and was practicing Psychotherapy but felt I needed something more to enhance my clinical practice. My first book was *Classical Homoeopathy* by Margery Blackie and I became an instant convert to Homeopathy on my first read. I was fascinated by its structure, something I thought was sadly lacking in Naturopathy. By the time I had finished the book I wanted to study the topic and I began studying Homoeopathy the next year.

**Dr. Singh:** Presently you are the Principal and senior lecturer of the Victorian College of Classical Homoeopathy. How did you become associated with the Victorian college of homeopathy?

**Dr. Bentley:** I was fortunate to choose the Victorian College of Classical Homeopathy for my undergraduate training. The course training I received was grounded and thorough. The patron of the college was Dr Subrata Banerjea who helped the original founder Denise Carrington-Smith, formulate a curriculum grounded in the classics. This gave me the foundation I needed to understand Homoeopathy in a practical and clinical way. I now look on this training I received as invaluable and I consider myself fortunate to have had such teachers. Modern Homoeopathy in the west can be extremely interpretive and I feel blessed that my training was based on the solid unshakable
platform supplied by Hahnemann, Kent, Allen, Roberts and the teachers I just spoke about.

After graduating and practice I began teaching and then was offered the position of principal at the Victorian College of Classical Homoeopathy, a position I still hold sixteen years later.

**Dr. Singh:** So, what is HFA or homeopathic facial analysis method?

**Dr. Bentley:** Homeopathic Facial Analysis (HFA) is a way of using physical structure to determine the underlying miasm; in particular using facial structure. The face is rich in information and once I knew what to look for the information fell into place. Now it is the cornerstone of my practice and all my graduates and many other followers use this method too. It is a stable and objective method which I really like as too much of Homeopathy is subjective. I developed and tested this theory over many years in my clinic and have seen my results improve dramatically as a result.

**Dr. Singh:** Tell something about its birth and development? How did the idea come to you?

**Dr. Bentley:** My journey in developing Homeopathic Facial Analysis (HFA) was a long one and came about by accident.

While Hahnemann’s work on the miasms was a stroke of genius, I found his concepts in Chronic Diseases very difficult to work with. In fact I must confess that I was like a number of people who during their training found the miasms so complicated and to some degree so unnecessary, that I contented myself on finding the simillimum. After all the simillimum represented the underlying miasm anyway, therefore to focus on one was to focus on the other. This is not the case but I did not know that then.

In the years following my graduation I had more failures than successes but enough successes to keep me going. Like many Homoeopaths I adopted essence prescribing as my principle method of achieving greater constitutional results. My focus on constitutional prescribing was necessary because chronic disease did and continues to make up more than ninety percent of my practice. Unfortunately essence prescribing is rooted in the belief that extremely subtle differences between remedies exists.
Therefore the focus was entirely on materia medica and the extraction of how the indignation of Staphysagria is slightly different to the indignation of Nat Mur, which is different to the indignation of Calc Carb. Because I'd already done Psychotherapy I found this area fascinating and seductive. Later I was to learn that even though it sounds good the results never reached expectation.

One of the good things about teaching undergraduates was that I got to reread the Organon every year. And each time I picked up a little bit more valuable information. Around 1998 when I was reading the Organon once again, I was struck by Hahnemann's conviction regarding the miasms. Of course I had read this a number of times before - nearly ten times myself but for some reason this time I was really taken by the concept of a miasm. His conviction and his willingness to stake his reputation on the truth of the miasms convinced me that I should not be giving them the lip service I had been doing in the past. Nobody knows Homoeopathy like its founder and if Hahnemann says that the miasms should be central to every chronic disease prescription, then that's what should occur.

So I guess that's how it started - by believing in Hahnemann's belief yet at the same time acknowledging that I had no way of applying the principles as written in Chronic Diseases and The Organon.

My understanding of Hahnemann's miasms really didn't take shape because of Hahnemann but because of the writings of Allen and Roberts. For example if I read and try and make sense of psora the way that Hahnemann wrote about it, I fail to pick up any patterns and put down the book with the belief that it can cause anything and everything but that's not really individualizing. Allen and Roberts on the other hand are the authors that begin to categorize Hahnemann's three miasms into more easily recognizable groups. These authors talk about the hypofunction of psora, the hyperfunction of sycosis and the dysfunction and degeneration of syphilis. Now I can see trends forming and now I can see differences and how each miasm is a dissimilar disease in its own right.

I took these concepts and the small but important references to facial structure made by Allen and Roberts and began to explore if there was a pattern. I soon determined there was and then began applying the information to patients to find a miasmatic diagnosis.
Through using patient's faces to find a miasm, I found better remedies for them and my results improved. I then started teaching what I had discovered to my students and they got very good results too. In fact most of them are as good as I am without the years of experience. This is very rewarding for myself and the college. The majority of the clinical information is in my first two books - Appearance and Circumstance and Homeopathic Facial Analysis. I am currently writing an online clinical course to support this information too.

Over the years I have explored the concepts I learned through applying facial structure to miasmatic theory and have understood a deep strain of human behaviour that I refer to as the survival instinct. In fact I believe that the miasm is a survival instinct and it has an impact on four main areas within each of us; our nervous system, our immune system, our emotional responses and our social behaviour - all of which are reflected in our physiological appearance. I began to see distinct patterns occurring in patients who belonged to the same miasm and wanted to understand why. I used my clinical experience, my clinical results and research into time cycles that reflect these miasms and came to understand the purpose of the survival instinct more clearly. I spent two years writing this information in Soul & Survival which was completed last year.

I hope to have left a legacy of clarity for my profession both clinically and philosophically. Homeopathy is more than just a medicine; it is a true and deep way of viewing and understanding life.

**Dr. Singh**: That's fantastic work. But there is one thing which intrigues me, why did you choose the face as a mode for analysis?

**Dr. Bentley**: I was interested in what Allen and Roberts said. At that time I had no idea how important the face would become but within a short period I could see how certain shapes, sizes and angles were more dominant on the patients who did well on remedies that belonged (traditionally) to a specific miasm - such as Sulphur being psoric, Thuja being sycotic and Mercury being syphilitic. From examining successful cases of these remedies I began to collate facial features that would belong to each of the 3 primary miasms. It took a few years and some trial and error but I have rated over 70 features which have proved clinically successful.
I also spent a lot of time examining the polychrests to determine which miasm they belonged to. I knew by that stage that each patient had a dominant miasm that COULD NOT change - for life. Remedies had to be the same. I use about 50 polychrests successfully with more than 80% of cases. I still examine smaller remedies but their provings are limited. I like to work with remedies that have had good provings and are known to work in multiple types of people and with different pathologies. Polychrests are the life blood of the clinic. I have found that essence pictures are limited and only repertorise to find a remedy that matches both the patients miasm and the totality of their symptoms.

**Dr. Singh:** In what manner do you use face analysis: for identifying miasm, for choosing medicine, for repertorisation, for deciding prognosis or elsewhere?

**Dr. Bentley:** The facial analysis is critical for determining the patient's miasm which in turn leads to the choice of medicine. I always analyse the face of every patient (chronic illness). Once I have determined their miasm I can choose a remedy for them that matches this miasm. It limits my remedy choices and gets me to deep acting and successful outcomes more quickly - usually between one and four visits for most people but obviously not all. There are always people who take more time and more effort to discover what they need but that is true of any modality. Many factors such as age, external stress, longevity of illness etc must be factored in. However since using facial analysis and repertorising with polychrests my results are consistently very good.

**Dr. Singh:** Does it mean you take Facial Analysis as an Eliminating symptom in your prescription?

**Dr. Bentley:** Facial analysis is not a symptom. It is observable information about that patient. It is an observable way of determining what their miasm is. By miasm I mean their internal energy force - how their immune system, nervous system and emotions operate under stress. I can then identify a remedy with similar energy which will enhance their own body's efforts at establishing equilibrium and restoring health.

**Dr. Singh:** But doesn't sex, creed, race affect your method of identification? I mean to say that since sex, creed and race affect the face of a person then does your method change according to these factors?
**Dr. Bentley:** Every face regardless of sex or race is made up of features which exhibit certain shapes, sizes and angles. It is true that some races have features that are recognisable for that race. For example Caucasian people are more likely to have downturned noses, Asian people recessed eyelids, African people wide noses and high hairlines. But none of these features are exclusive to a race and each individual regardless of race or sex has their own mix of features which makes up their total facial appearance.

Every feature must be examined and rated as to the influence on that feature of either psora, sycosis or syphilis. Most people have some of each miasm but the important outcome is to determine DOMINANCE. So a person might have 3 psoric features, 8 sycotic features and 4 syphilitic features. This is common to see some of each. What is important is which is dominant. In the example I have given this patient would need a sycotic remedy. If however their features were rated as 3 psoric 5 sycotic and 5 syphilitic - the two miasms (sycosis and syphilis) are of equal dominance - neither is stronger than the other so this patient needs a syco-syphilitc remedy.

I have to mention at this stage that because so many authors had different categories of miasms and different categories of remedies within miasms and some multiple miasms (which I do not believe in) I only took a few remedies (from the older authors) such as Sulphur (psoric), Thuja (sycotic), Mercury and Aurum (syphilitic) and Phosphorus (tubercular). I worked out all the rest through clinical examination of cases and facial structure. Some I worked out through reading materia medica and tested them until I had validated which miasm they belong to.

It is important to note this. For example in my system Silica is a cancer remedy, meaning it is for people with the 3 miasms in equal proportion as diagnosed through facial analysis (plus the totality of their case calls for Silica). I would never use Silica for a patient (chronic illness) in another miasm as I have clinically verified its success for cancer miasm patients only. And yet other authors mention it as tubercular or even sycotic. This isn't helpful and I suggest that if anyone is considering the use of facial analysis (which I highly recommend!) they MUST use the list of remedies found in my first book Appearance and Circumstance with extra remedies (not previously published) on the college website. [http://www.vcch.org/remedies.html](http://www.vcch.org/remedies.html)
**Dr. Singh:** Regarding miasmatic cleavage, the description of each author is a bit different. Psora for Dr. Hahnemann is a shade different from Dr. Kent's or Allen's. Whose description have you considered as baseline in your work and why?

**Dr. Bentley:** The baseline for my miasmatic description is from Hahnemann. Psora, sycosis and syphilis - they are three of a total of seven miasms but they form the base of all miasms and the facial analysis method. That is because they relate to the three energies that form our material world - outward energy (psora), circular energy (sycosis) and inward energy (syphilis). Every face reflects these energies (or miasms) through its structure (not the look or expression). A homoeopath can identify the shape, angle and size of each feature to identify which of the three energies (miasms) is dominant in that patient.

There are four more miasms than just the three primary miasms - making the total of seven miasms. In cases where 2 energies (miasms) are dominant in equal proportion - eg outward/inward (tubercular), outward/circular (syco-psora), circular/inward (syco-syphilis) or all 3 are equally dominant outward/inward/circular (cancer) these other miasms will be seen. As Hahnemann said when two diseases (or energies, or miasms) of equal strength join they form a new disease (or energy, or miasm).

Allen and Roberts were a huge influence because they extended upon Hahnemann's work and pointed me towards looking at facial features. They mentioned only a few facial features but it was enough for me to consider and begin my research.

**Dr. Singh:** Can you share with our readers in short some features of each miasm which you have found helpful for diagnosis?

**Dr. Bentley:** I can mention a number of features but it is important for the reader to know that ALL features must be examined. So every feature and its possible presentation must be learned with its matching primary miasm (psora, sycosis or syphilis). If I mention a few features and they can be seen on a patients face I don't want the reader to leap to the conclusion that a small part of the information equates to the whole. That is like learning homoeopathy for 2 days and then going out and looking for a remedy but not understanding how totality works. Totality is the key to everything in homoeopathy (and in life) - you cannot just take some bits and then think you know the whole. As I mentioned more than 70 features have been observed and rated. With
only a few additions in the last couple of years so I suspect (having viewed thousands of faces) that the system is close to 100% now - at least 99%.

However to interest your readers consider the following

- Psora - outward energy - a common example is a downturned nose or a nose with a "bump" on it as seen on profile
- Sycosis - circular energy - a common example is a "ball" shape at the end of the nose as seen front on or sometimes on profile
- Syphilis - inward energy - a common example is dimples or deep lines seen in the cheeks (not the chin or end of nose - indentations through the centre of the face are sycotic)

To see how this system works there is a free online facial wizard which any user can test to see the number and combination of features which are used.  [http://www.soulandsurvival.com/facial-analysis-wizard/](http://www.soulandsurvival.com/facial-analysis-wizard/)

This wizard will give a reliable outcome if EVERY feature is chosen accurately. I suggest that practitioners need to learn each feature and its miasmatic rating from studying the two books about facial analysis and homoeopathy ( [http://www.vcch.org/book.html](http://www.vcch.org/book.html) ) to be able to identify each patients miasm in a clinical setting - with photos and analysis this takes about 10 minutes.

Note too that I have renamed all the miasms - pathology is not a good indicator of a miasm and so not a good label for each miasm. I chose colours because they have an individual quality but are no positive or negative than each other - which is true of all of the miasms. A miasm is what I see as a survival instinct - given to each of us for life. Our own brand of vital force. Each is equally positive or negative depending on the individual's life themes and external (and internal) stress levels. I write more on this in my third book Soul & Survival.

**The colours are :**

- Psora - yellow
- Sycosis - red
- Syphilis - blue
- Syco-psora - orange
The colours have been very useful in destigmatising certain miasms. Syphilis is a good example. Many people are dominantly syphilitic (blue) but do not exhibit disintegration such as mentioned in certain materia medicas. Many syphilitic (blue) people are soft and sweet. They have inward energy as their dominating force and when stress is too much will withdraw. Patients like these may have bone problems but also interestingly some have skin problems as their energy is withdrawn into their interior. Patients like this need an inward energy (syphilitic or blue) remedy to match their own bodies attempt at restoring equilibrium or balance. Even though the pathology is showing on the skin, the facial features of that patient will show the practitioner that a remedy such as Sulphur (even if it covers the totality) will be quite unsuitable for this patient. They must have an inward energy remedy and if Aurum or Mercury or any of the other HFA rated blue remedies are showing on the same repertorisation one of these remedies is to be chosen over an outward energy remedy such as Sulphur.

In my first book Appearance and Circumstance I feel I gave the syphilitic miasm a hard time as I was still working to materia medica pictures. Later the clinic brought me so many sweet, gentle syphilitic patients I had to reassess that picture. I am much happier with the description of this miasm in Soul & Survival even though Appearance and Circumstance is still the base research to the whole method and the starting point to learning it.

Dr. Singh: That's great! And with such great success rate I am sure most of our readers would love to apply HFA in their clinical practice. I would like to inform the readers that if they want to know more about Homeopathic Facial Analysis, they can get hold of a copy of Grant's book Appearances and Circumstances and Homeopathy Facial Analysis and can also visit his website - http://www.vcch.org.

Thanks Dr. Bentley.

Source:
http://www.homeorizon.com/homeopathic-articles/materia-medica/face-reading
Timeline of Miasm Philosophy

Hahnemann – Samuel (1755 – 1843)

Wrote Chronic Diseases in 1828 where he defined a miasm as the underlying cause of chronic disease. He saw miasms as inherited weaknesses created by prior infection form one of three diseases – psora (leprosy), sycosis (gonorrhea) and syphilis (syphilis). Hahnemann said that miasms influenced the development of all chronic disease in a specific and negative manner.

Boenninghausen – Clemens Maria Franz Baron (1785 – 1864)

Contributed to the miasm theory by furthering the understanding of sycosis. He allocated remedies as being dominantly or partially sycotic that had previously been allocated to psora (eg Rhus Tox and Ant Tart). He clinically verified these allocations through the treatment of smallpox which he saw as a sycotic disease.

Hering – Constantine (1800 – 1880)

Hering didn’t believe or follow any miasmatic theory. He regarded the totality of signs and symptoms to be sufficient for a successful prescription.


Concluded that everyone (rather than most – Hahnemann) was tainted with psora. Psora was a moral issue rather than an infection. He believed psora was the result of original sin and these beliefs formed the basis of contemporary understanding of homoeopathy that under constitutional treatment patients should make the correct decisions in their life and become more enlightened. As a result of Kent’s teaching, Homoeopathy – through the homoeopathatic remedy – has been given both a moral and an intellectual responsibility for patient’s decisions.

Allen – John Henry (1854 – 1925)

Wrote Chronic Miasms and Pseudo Psora in which he refers to the pathological influence of each miasm through areas of the body. He defines the miasms by both character and physical impact and makes reference to the miasms influencing facial structure.

40 Appearance and Circumstances
Roberts – Herbert A (1868 – 1950)

Wrote The Principles and Art of Cure of Homœopathy. He extended upon the work of Allen adding more facial feature references. His main focus was on the action of the miasm as learned through the action of miasmatic remedies eg the centrifugal action of psora from the centrifugal action of the remedy Sulphur.

Ortega - Proceso Sanchez (1919 – 2005)

Writes about predisposition to disease in the Notes on the Miasms and that a miasmatic influence gives a pattern of expression which reveals form and function. He details psora as functional, sycosis as overgrowth and syphilis as destructive.

Further authors develop these ideas into a classification of Deficiency (Psora), Excess (Sycosis) and Perversion (Syphilis).

Sankaran – Rajan (1960 - )

Brings the concept of miasms back into contemporary homœopathy in the 1990’s. He refers to miasms as being coping mechanisms using a disease model to define stages of response to the impact of the pathological or emotional condition. Introduces new miasms using pathologies such as ringworm, malaria and typhoid and allocates remedies using their most well known treatment of these diseases.

Bentley – Grant (1961 - )

Creates the Homœopathic Facial Analysis (HFA) model in 2002 and redefines miasms away from a model of the impact of disease into a model of self protection and evolutionary development. The model is based upon three universal forces that form seven survival instinct responses using facial structure to categorise the response and the allocated remedies.
HFA in the clinic
These areas must be well known to choose a patient’s simillimum

• Factual case taking (mentals and generals)
• Choosing rubrics
• Repertorising
• Facial analysis
• Posology
• Case management

Case example
A male 65 diagnosed with prostate cancer. PSA levels currently 8.2. He has generally been in good health and is recently retired and is helping his son renovate their home. His hobbies include golf and caravanning. Physical history includes a bout of prostatitis where he was put into hospital 20 years previously as well as removal of an inflamed gall bladder and some slight arthritis of the joints of his hands.

Patterns in the biography
The first thing to consider, are any repeating patterns of stress or moments of great impact. The best way of getting this information is to have the patient recount their biography beginning from the childhood home, including their relationship with parents and siblings. Next is primary school then high school (generally more important as the teenage years are times when we are under energetic depletion due to stress, growth and change). The biography then moves to what events occurred after completing school and the people who have come into the patient’s life. The series of questions asked are open but directed, these include

Tell me what major events occurred during your thirties?

This is done for each decade to the present and many times a pattern reproduces itself.

In this case the prostatitis developed after an episode of extensive overwork where the patient was building his house, had begun a new job in a higher and more demanding position and his wife needed greater help around the home. These circumstances depleted his energy to a degree where pathology began.

41 taken from Soulandsurvival.org
While his arthritis is now under control there was a period of time where it was extremely bad and once again a detailed biography shows that it was during a period of extensive stress caused by over-work. The prostate itself also began showing signs and symptoms during the last years of his working life which were the busiest of all. Removing an obstacle such as excessive work is necessary but it does not always increase energy levels. Depleted energy levels are increased by the administration of the appropriate homœopathic remedy.

Physical generals
Each case concludes with a top to toe questionnaire regarding physical symptoms and pathology to identify any important generals in the case. A physical general is a sensation, modality, time frame, food preference etc and is often decided by seeing a pattern recur in two or more physical symptoms. Headaches worse right, arthritis pain worse right hand and cramps right calf means < right side generally and is a strong and worthy general and MUST be in the repertorisation.

This patient also craved fatty and sugary foods, suffered from disturbed sleep and allergies to wheat, cats and dust with hayfever worse in spring.

Biography and generals
Through the biography the cause of the energy drain is often established while the generals and pathology highlight how the body has been impacted by this loss. The two together are VITAL. If one area is missing the case is more difficult to solve.

Facial analysis
Once the case taking is finished, photographs of the patient’s face are taken and analysed. This facial analysis determines the internal driving force that exists in the patient while the repertorisation of the mentals and generals determines our choice of remedies.

Repertorisation
What decides whether a symptom becomes a rubric is dependant on one of three factors

- Distinction
- Frequency
- Impact

Distinction means a symptom is rare and unusual. A person whose migraine is ameliorated by over-eating or a person whose energy is much worse after sleep, are both examples of more unusual responses.

Frequency is the amount of times that a particular symptom occurs. The more it occurs the more that symptom becomes a rubric.
Impact is the long lasting legacy of a particular event or circumstance, often changing the life of the patient from that moment onwards. When a whole system is changed that symptom or event becomes a rubric.

If a patient is injury prone and often breaking bones or ending up in hospital

*Rubric = Generals – Injuries*

It is also important to look laterally at a patient’s life and not to make LITERAL conclusions.

A patient maybe surrounded by drugs and alcohol yet be a moral crusader against them or ambivalent to the substances. However because they have played such a frequent and impacting role in the patient’s life the following rubric should be included -

*Rubric = Mind – Alcoholism*

**Truth is reality**

Contemporary homœopathy is often based in extrapolation. Finding out what feelings lie behind, underneath or at the bottom as a cause, is a quest adopted by many practitioners under the guise that the truth is always hidden under layers. Human beings love hidden knowledge but like a lot of things in life ‘secret truth’ is an illusion. Truth is what occurs and what is real. It is not hidden and anything that is going to have life changing impact will be obvious not subtle.

**Three solid platforms**

HFA is a systemised procedure of observable and collectable data. The facial features represent the energy that dictate the physical matter of the body, the patient’s biography represents the ebbs and flows of their energy, while the physical generals represent the impact of that energy depletion. The three combined, give a rock solid platform from which a prescription can be made with accuracy and without supposition.

Hahnemann was vehemently against using the clinic and other people’s health as an experiment into personal philosophy. He was well aware of the doctrine of signatures yet never relied on it, preferring instead to do a scientific analysis (proving) to discern the truth.

**Remedies**

Every case needs to be repertorised because it is impossible for any person to completely know the signs and symptoms that exist within the framework of ONE remedy let alone ALL of them. There are some twenty thousand signs and symptoms in the proving of Sulphur most of which are not red or itchy. Cold and clammy does not describe the full picture of Calc Carb and there is more to Phosphorus than being bubbly as the matchmakers of old England can testify with
their necrosed jaws, and short life spans. The idea that each remedy has its own unique personality has been the single most detrimental addition to homeopathic understanding.

Polychrests are polychrests because they treat lots of different patients with lots of different ailments. The *Calc Carbor Pulsatilla* ‘type’ exists, but only in the minority of cases. The vast majority of people who will benefit from either *Calc Carb* or *Pulsatilla* will NOT meet the profile yet their pathology will respond. To view remedies as profiles means we miss more successful cases than we gain. This misjudgment comes from misunderstanding what it is that remedies do, and what part of our nature they work on.

Remedies work on the *survival instinct* which is a preordained system that works within defined limits. At a practical level this means we can include broad spectrum rubrics such as < exertion, < overwork. Repertorisation is a time for facts not supposition.

In this prostate case the following rubrics applied

**Case rubrics**
GENERALITIES; EXERTION, physical; agg. (203)
GENERALITIES; INFLAMMATION; internally (108)
GENERALITIES; FOOD and drinks; fats and rich food; desires (30)
GENERALITIES; FOOD and drinks; sweets; desires (101)
SLEEP; WAKING; frequent (239)
GENERALITIES; SENSITIVENESS (187)

Remedies that repertorise are Sulph, Calc Carb, Nux Vom, Phos, Arg Nit, Nit Ac, Nat Carb, Sil

An examination of the patient’s facial features showed an equal distribution of *psora* and *syphilis* – the tubercular miasm.

In the repertorisation there are eight remedies which cover the totality of the symptoms. Traditionally we would use the materia medica to decide which of these eight ‘best fits’ the case. However with HFA this problem is eliminated. Of the eight remedies that contain the totality of symptoms only two of them, *Calc Carb* and *Phos* are tubercular like the patient. Therefore our choice is to give either *Calc* or *Phos* as our first remedy. In this case *Phos* was chosen in a 30C once daily.

**Case outcome**
This patient is in reasonable health and elevated psa levels along with disturbed sleep and allergies are the only guide to the success of the remedy. After taking Phos 30C daily for one month his sleep has returned to a normal eight hour pattern, with the occasional single waking in
the night to use the toilet but he is able to go back to sleep immediately. This and the fact that he stated that he felt good on the medicine was enough to continue until the next blood test for psa levels in two months time. The next appointment was two and a half months later and psa levels had dropped to 7.1 and his sleep was still good. It was also spring and he would normally be suffering with his usual hayfever which had not appeared. The medicine was continued in the same way. Six months later his next psa reading was 5.9. There were no ill effects to taking the medicine daily so it was continued.

What is important to highlight is the frequency of the repetition of the dose. Too many homœopaths myself included, have been misled by the ‘single dose and wait policy’. Obviously Hahnemann saw great benefits in the continuous repetition of medicine otherwise the LM potency scale would not have been devised. Boenninghausen also kept the momentum of medicine going by his alternation of remedies. The contemporary notion of a single medicine and waiting sometimes up to months is generally unfruitful and should be avoided.

The right medicine will show itself to be accurate by an amelioration of symptoms generally within the first or second week and sometimes earlier. The expectation of waiting a month or more for a remedy to even begin to work is erroneous.

During the last eighteen months the patient had been on holidays and forgot to take the medicine for a period of two months. On his return psa levels had risen to 7.9 but lowered immediately to 5.9 once the Phos 30 was given again daily. After two and a half years the patient remains in good health with psa levels stable in the range of 5. The medicine has been given during this entire period excepting during the holiday.
SOURCES


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