

Snippet on HFA (Homeopathic Facial Analysis)

HFA coined and originated from *Grant Bentley*. In his book *Appearance and Circumstances*:

“Every homeopath understands the clinic is the real teacher. No new information can be gained without experimentation. Year after year I read the Organon in class with students when one day, the bell rang. To understand the miasms is to understand what sickness is, as miasms and disease are one and the same thing, there is only one true sickness in any individual’s life and this the miasm that dominates them. Everything else is simply how that miasm manifests; this starting point highlighted the three major questions:

1. What is a miasm?
2. How do I recognize it?
3. What do I do with it?

The development of the HFA model is based on my attempt to answer these three questions. This drive came from an effort to be a better homeopath. To be able to better understand, as much as one individual can, this system that we all admire.

I had fears and reservations when venturing into new ground, and even more about the presenting of new ideas publicly, but the remarkable increase in the precision of my constitutional prescriptions provides confidence that allows me to do so.

Because the face has a varied and extensive musculature, it will readily contort itself in accordance with the emotions we feel. A facial expression is a reactive observable response designed to convey the internal emotion being experienced. Just as a body builder regularly works on a particular muscle group to achieve a distinct shape, so the muscles of our face also become sculpted and developed. Consequently, they will take on the corresponding shape formed by the exercise/emotion they perform most regularly. In short, we are responsible for the tired or angry or worried countenance that we bear. Only the face chronicles with such precision an individuals’ life potential and their outcomes. No other area of the body allows us an insight into capability and condition like that provided by the face.

HFA’s course of action was to concentrate on cataloguing a patient’s salient features and deciding to which miasmatic family each patient belonged; in that way a comprehensive dossier could be built for each miasmatic group. Emphasis on this important point: as few previous works in this field exist, much of the data had to be gathered and expanded upon through successful clinical cases. Validation of all relevant information has taken place via the ‘trend to gain the information needed clinically, two important benchmarks were laid down:

1. All the consultations and prescriptions to be considered must be from a constitutional prescription, not organic.
2. There had to be obvious physical pathology in every case under consideration by which an accurate measure as to the success of the remedy could be made. Only those who

responded both mentally and physically were further analyzed in reference to their backgrounds, heredity and physical make up.

Interesting note from number two above: Functional and structural pathology are vital indicators of positive change. Patients will often remark how they feel 'better already' before the remedy is given but this does not necessarily flow on to actual physical change. Kent in his writing suggests that once the patient feels better in themselves, the rest will automatically fall into place. But I am going to be impertinent and suggest that physical symptoms should be reduced in conjunction with and at the same corresponding level to the mental symptoms of the case. Oftentimes patients get to release or come face to face with emotions and beliefs that have evaded or tormented them for years, in some cases for a whole lifetime. The weight that is lifted from their shoulders before any medicine has even been given cannot be overestimated, but that lifted weight will rarely change structural pathology, only the appropriate homeopathic remedy can take it that one step further.

In regard to taking down the heredity details, the formula was uncomplicated. Merely a few simple questions regarding parents and grandparents, a brief health history – cause of death and their age when they passed, from both sides of the family. If a patient could take their lineage further that would be a conus, but few could in fact most patients were stumbling when it came to grandparents let alone going any further.

Once a case is deemed successful, the next step was to photograph the patient. This was done on a digital camera and transferred to computer for closer scrutiny. From here, the major 'stand out' features were identified and allocated to their appropriate miasm. The photograph of a patient should be examined on a computer screen rather than viewing the patient's actual face as digital photographs allow you to highlight and zoom in on certain features, which would otherwise be too invasive and confrontational."

Roses Note: In person we tend to visually fill in the blanks and cannot see asymmetry as we can in a photo.

HFA offers the idea that there are 7 miasms to regard **(The HFA System just allotted colors to the miasms to make the names easier to remember and more comprehensible)**. Psora, Syphilitis, Syphilis, Psora/Syphilitis, Psora/Syphilis, Syphilitis/Syphilis, Psora/Syphilitis/Syphilis. How can two or more miasms come together to make one? Hahnemann himself saw that two dissimilar chronic diseases could co-exist form a chronic disease complex with its own unique make-up and nature. In aphorism Forty he writes: "Or the new disease, after having long acted on the organism, at length joins the old one that is dissimilar to it and forms with it a complex disease."

Two chronic diseases or miasms, provided they are of equal strength (otherwise the strongest will repel the weaker) can join to make a separate, combined or complex miasm.

Many books, Allen's in particular, give numerous accounts of the combined miasm at work. Reference to the 'complex miasms' may also be found in more modern texts of the subject such as *Miasmatic Diagnosis* by Subrata Banerjee.

The miasms are like enemies entrenched. JH Allen

JH Allen's book *The Chronic Miasms and Pseudo- Psora* is one of the most universally respected and comprehensive books ever written about miasms. It is full of details, descriptions and examples that highlight the validity of facial features as an indicative basis in which to identify a particular miasm. *G. Bentley*

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.

Hints regarding miasmatic facial features occur not just in *Allen's* book, but throughout *Roberts' Art and Principles of Cure by Homeopathy*. Also, references regarding appearance are found in more recent works from authors such as *Donald Foubister*.

In the book *Modern Clinical Syphilology* by *Dr John H Stokes* (1926) comments about heredosyphilis in babies and highlighted the importance to structural recognition. The features are as common now as they were then, we have just lost the ability to recognize and interpret them. Blood tests were then taken, and a positive or negative infection decision was made. However, these physicians were looking for the actual disease of syphilis and with a failure to accept the theory of latency, clinical test would be forever highlighting the 'spurious' nature of facial feature recognition; hence it was never highly regarded as a therapeutic tool and as a consequence remained a dormant and undeveloped application.

Homeopaths understand the importance of latency and predisposition. We understand that the failure of a particular disease to manifest physically does not mean freedom from its miasmatic influence.

The miasms influence everything in our body, not just the face, so why such a focus on the face?

1. The face can be easily examined. It is exposed, it is expressive, and it is a body part that can continually be looked at without disturbing customs and social etiquette.
2. The face shows emotion.
3. The genetic and miasmatic inheritance will be evident in the bone structure and design of the face. While lines and contours express the life experience.
4. When there wasn't technology in the past, practitioners had to rely on observation and notice reproduceable trends that ran through families and through sufferers of a particular disease.

NKJV **9** *That which has been is what will be, that which is done is what will be done, and there is nothing new under the sun. 10* *Is there anything of which it may be said, see, this new? It has already been in ancient times before us. 11* *There is no remembrance of former things, nor will there be any remembrance of things that are to come by those who will come after.*

Ecclesiastes 1:9-11

