

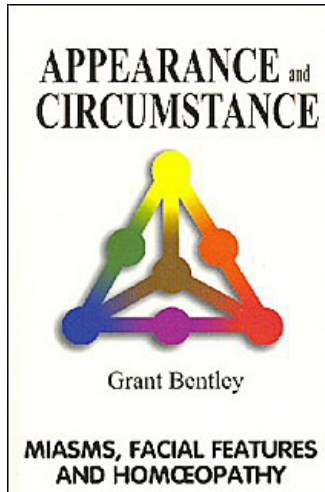
Grant Bentley

Appearance and Circumstance

Leseprobe

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von [Grant Bentley](#)



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INTRODUCTION

A book is the culmination of a thousand different ideas and theories. Often they begin with nothing more than a faint flicker, a “what if” or a throw-away line. Most of the time, very little comes from these postulations, but occasionally one idea won’t go away, it keeps building and evolving until it takes off like a wildfire and develops a life of its own; this book is the result of one of these ideas.

I would love to tell you a tale of development like that of Newton and the apple tree or Galileo and the pendulum, a precise moment of time when an idea was conceived. Perhaps a case of serendipity? A chance occurrence where one’s perspective is changed forever. But such a story would be untrue, for the development of this miasmatic model had humble origins. The truth is, I am uncertain as to how it all started – but it did and now I find the way I practise homoeopathy has changed, and the world has become a far more interesting, yet at the same time more understandable place in which to live. The development of this miasmatic model has been the single greatest learning tool in my understanding of homoeopathy and life in general. What started as an attempt at understanding a few more remedies has become a way of life, a guiding philosophy that helps me understand why things happen and to whom they are most likely to occur.

In the past I knew the miasms were important only because Hahnemann had said so, however for much of the time they were seldom applied in practice. Miasms played little part in the process of case taking and even less in remedy selection. Patients with distinctly syphilitic backgrounds were receiving doses of Nat Mur for their depression or perhaps Sulphur because they looked unkempt or were philosophical. Others were being administered Aurum because of a sense of responsibility even though their spirit was as light as helium. I look back at many of my past prescriptions, cases that I can now see clearly were screaming out their miasm but falling on ears as

deaf as a post. Today as my results show, I can tell a different story, one of vastly improved accuracy and professional confidence, a story where, as a practitioner, I am in control of the case from start to finish. I don't always get it right of course, but my chances have significantly improved and this is solely due to miasmatic awareness and the categorisation method.

As a lecturer of classical homoeopathy, I am in a privileged position. Not only am I constantly reviewing *Materia Medica*, but I frequently re-read texts like the *Organon*, *Kent's Lectures* and other traditional works. I know well Hahnemann's story, his twelve years of labour formulating the doctrine of the miasms. At its conclusion, Hahnemann believed he had the answer to what lies behind all chronic disease, a working model that, in his opinion explained the balancing act between health and illness. Here, thought Hahnemann, was the answer to that most elusive of medical questions: "Why do we get sick?"

Things happen when they are meant to. 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 that is the miasm that dominates them. Everything else is simply how that miasm manifests; this starting point highlighted three major questions:

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

The development of this model is based on my attempt to answer these three questions.

Beginnings were modest, no thoughts of lectures, much less a book, the drive was an effort to be a better homoeopath and to understand, as much as one individual can, this system that we all admire and love so much.

There are always fears and reservations when venturing into new ground, and even more about presenting new ideas publicly, but the remarkable increase in the precision of my constitutional prescriptions provides a confidence that allows me to do so. Nonetheless there are some uncertainties I would like to address. These include the following.

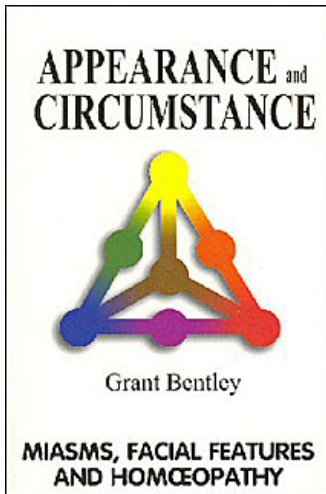
1. Miasmatic themes. There was some hesitation as to how much detail a miasmatic theme should contain. By design a homoeopathic theme is an attempt to standardise individual characteristics for easier recognition. But it sometimes can reduce temperament to a cliché profile. A theme is a premise, a foundation on which other facts are built. The problem with personality profiles as a foundation is they are not concrete, they are just one demonstration of an assortment of possibilities, and as a consequence, themes can lead you astray if you view them as set rather than flexible. Themes may shift and yield, like the water in our remedies, and as a consequence take on and mould themselves to an influencing character. For example, Arsenicum is a remedy of many varied keynote, fastidiousness being only one of them, however to expect to see this trait in every Arsenicum case is just as naive as expecting fastidiousness to always be associated with neatness. This will lead to as many failures as successes. At the same time many wonderful cures have only been made possible by drug pictures such as “Mr Arsenicum”. In much the same way clinical cases have both exposed and confirmed distinct miasmatic issues. These issues often belong not solely, but certainly disproportionately, to a particular miasmatic group. These themes or issues are best understood if viewed as drives or energies rather than caricatures. This energy will influence decision-making and can often be most accurately seen via events and patterns continually recurring throughout an individual’s lifetime. Rather than portraits, miasmatic themes symbolise a power or quality that lies behind the conditions and actions that take place in accordance with the laws of attraction and repulsion. They are magnets that draw equivalent people, happenings and dramas.

2. Varying opinions. There are a number of ways miasms can be interpreted, many of which are different to what I am submitting in this book, but that is to be expected. No creation is ever entirely original and this book is no exception, it builds upon foundations already laid down. I will show, by highlighting passages scattered throughout the homoeopathic classics, that many other authors were arriving at the same conclusions in reference to miasmatic understanding. One of the main principles in the book is the theory that there is a single dominant miasm within every individual. This will unfortunately place the book in a position of disagreement with other authors whose miasmatic understanding varies from this, but differing opinions are a healthy sign of a thinking profession and should be viewed as such.

3. References outside of homoeopathy. I have drawn many thoughts and opinions for the extension of this miasmatic model from areas outside of homoeopathy. These areas include Christianity, Buddhism, the Kabbalah, traditional shamanism, Rosicrucian mysticism, psychology and quantum physics. Aspects of all of these have helped formulate a comprehensive theoretical model that defines a miasm.

4. Facial feature recognition. It needs to be clarified that when I talk of reading a face or understanding facial features as miasmatic indicators, I am not referring to either physiognomy or Siang mien. Both of these arts recognise individual facial features as external guides to internal character traits. Therefore both systems claim a degree of emotional diagnosis that is not undertaken here. I have read many of their texts and have become acquainted with both systems during the research for this book, but in both cases I have found them inappropriate for our specialised homoeopathic needs. It soon became apparent that the best way to develop a model that specifically catered for the needs of the homoeopathic profession was to start the whole model from scratch. Therefore any crossover information is purely coincidental. Miasmatic prescribing through facial feature recognition gives a practitioner firm footing and confidence to place their patients into a miasmatic group, it does not define character.

With all these points in mind, I present to you my understanding of the miasms.



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Homeopathy

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