

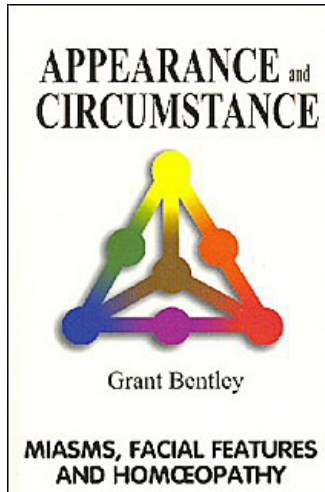
Grant Bentley

Appearance and Circumstance

Leseprobe

[Appearance and Circumstance](#)

von [Grant Bentley](#)



<http://www.narayana-verlag.de/b3454>

Das Kopieren der Leseproben ist nicht gestattet.

Narayana Verlag GmbH

Blumenplatz 2

D-79400 Kandern

Tel. +49 7626 9749 700

Fax +49 7626 9749 709

Email info@narayana-verlag.de

<http://www.narayana-verlag.de>

In unserer [Online-Buchhandlung](#) werden alle deutschen
und englischen Homöopathie Bücher vorgestellt.



Chapter 13

FAQs

1. How does this method differ from other methods of prescribing?

It differs because the miasm is the central point of the prescription. This is done in accordance with Hahnemann's last works of recognising the miasm as the single most important factor in a case. In reference to actual prescribing and rubric selection it differs very little. Repertorisation is done according to the same rules as is remedy selection in accordance with keynote of a case and essence. The major difference is that the remedy selected must come from the same miasmatic family as your patient.

2. Is a facial feature a look?

No, a facial feature is a specific characteristic such as a nose or a chin, a look is a quality.

3. How can miasms be applied practically?

Their application rests in limiting selection to a smaller number of remedies from your repertorisation rather than being left with an extensive group from which a selection must be made and provided that your facial features have been correctly labelled, miasmatic prescribing ensures that your prescription will cover the miasm dominating the case.

4. What are the different views on what miasms are?

There are a number of differing views as to what a miasm actually is.

First, there is the view that a miasm has a biological origin, that is, a miasm is a disease that engrafts itself onto our genetic material from which

it is continually transferred, some say indefinitely, while others say until the appropriate homoeopathic remedy is given.

Second is the belief that a miasm is any disease that has been driven inward and has engrafted itself via suppression.

Third is the view that a miasm is an emotional reaction or state.

Finally, a miasm is an inherited predisposition that lays the foundation *for* disease rather than being a consequence of it. It is a continuous, ever-present force that binds with our character.

5. Can you be more than one miasm?

Any individual can have more than one miasm in them but the combination of the miasms will form a single entity in its own right. Therefore someone may have both psora and sycosis in equal proportions but they would now be regarded as syco-psoric. Even the facial features themselves often show the presence of less influencing, dormant miasms. Hence a person's facial features may still be yellow (psora) even though they may have some blue (syphilitic) features. This shows that even if other miasms can be noticed only one will be dominant.

6. Can a mental picture be one miasm and the physicals another?

Yes. I have seen many instances where a patient will display a mental image of orange for example, yet have the destructive pathology of blue. In cases such as this, as always, the facial features will guide you as to the *real* influence behind the symptoms. REMEMBER — IF THE FACIAL FEATURES DO NOT MATCH THE MIASMATIC THEME, THE FACIAL FEATURES ARE THE BEST GUIDES AS THERE IS NO INTERPRETATION. THEY ARE STRAIGHTFORWARD AND *ALWAYS* CORRECT.

7. Can you predict what miasm you or your children will be?

Perhaps, but I have not looked into this area in any great depth. I fully appreciate that nothing is random, so there must be some pattern but I cannot see it yet.

8. Will you always be the same miasm?

Yes. The miasms remain constant, they do not change. The conscious mind may come up with various ways of modifying or appeasing them but their influence and presence will always remain stable. As in astrology an Aquarian may come in a variety of forms and expressions, but an Aquarian they are and an Aquarian they will remain.

9. Does your nature change after a miasmatic remedy is given?

Because a remedy will often alter the way you look at a problem, it would be fair to say that after a remedy a more constructive you may emerge to replace the more negative one, but you can never become a person that is incompatible to your genetic make-up, you will always be you, so it's important to be someone you like.

10. Why doesn't the right remedy take away the miasm?

The miasms are your genes. Nature through homoeopathy has provided an opportunity for genetic improvement that otherwise may take lifetimes. You are here for a specific purpose, your character, your form – everything is the way it is because it was necessary for it to be that way. Nature would never allow that to be taken away on a whim. The miasm you have inherited is needed by you for reasons beyond what my understanding; hence the miasms can be modified but never eradicated.

11. Are you attracted to the same miasmatic group in a partner?

Some people are, although most tend not to be. Whether for reasons of behavioural compensation or for genetic balance, most people will be attracted to a partner from outside of their own miasmatic group. However this also requires a great deal of maturity from both sides if this is to be compatible, as this person will have a completely different way of viewing things to you.

12. Do miasmatic themes imply that all happy people are psoric while all creative people are tubercular, etc.?

No, in fact one of the major points I have learned via miasmatic understanding is that many of the clichés regarding remedies and people are incorrect. A yellow person can be just as creative as a green and so on. What do apply are averages. A green or a yellow for example may make a fine actor, but if we were to add up all of the famous actors we may find a disproportionate number of brown or green as they are able to adapt their personalities to nearly every part. Brown can understand all aspects of behaviour because they have all the miasms in them; green because they are able to imagine the exact happenings and events in their mind. But this is not the same as saying all actors are brown, or green or that all brown or green want to be actors. As with all things homoeopathic, miasmatic prescribing requires a degree of subtlety and refinement if it is to be properly applied.

13. Why are miasmatic themes different to remedy portraits?

A portrait is an attempt to render a description or resemblance to a remedy that is easily recognisable in the patient by the practitioner. A miasmatic theme is a topic that presents itself disproportionately when compared to the other miasmatic groups. However like rubrics of a remedy all of the points in a miasmatic theme should not be expected to be present in a case. Burning is a major theme in Arsenicum, so too is restlessness or fear or fastidiousness, but it is not expected that all these will be present in a single case and certainly not in every case. The same commonsense needs to be applied to the miasmatic themes. For example, money is a theme for yellow, but they can be frivolous with it or they can be miserly, they may want to acquire a lot of it so they can retire early or they may moan about the lack of it throughout the consultation. What is important is that the energy of money surrounds the patient.

14. Does this method of facial feature identification need to be modified according to race?

No, facial feature recognition transcends all barriers of race. Remember this is not about a look or appearance; it is a review of individual features in relation to width, shape and texture. Unless there is a race without noses, ears, eyes, or mouths this method can be applied to everybody irregardless.

15. How good is pathology as a miasmatic indicator?

The influence or importance of pathology in miasmatic prescribing is no different to standard symptom-based prescribing. The severity of the pathology can tell you a great deal about the vital force of the patient. The type of pathology – destructive, overgrowth, absence, etc. – also imparts crucial information. But as always, it is the nature of the disease that is important, not the name.

16. Does pathology always fall within a certain miasmatic group? Is schizophrenia, for example, always syphilitic and warts always sycotic?

Warts are found in Aurum and Fluor Ac. They are also found in Hepar, Psorinum and Sulphur, indeed warts are found in a number of remedies from a number of miasms, so it cannot be stated that they indicate the presence of red as the *dominant* miasm. However it is true to say that the nature of overgrowth is displayed in warts and as such should be taken into consideration along with the other generals of the case. Likewise, pathologies such

as Parkinson's disease or schizophrenia most likely have a blue influence. Therefore pathology in regards to understanding the disease process is an invaluable diagnostic tool as someone who has Parkinson's is not absolutely but certainly far less likely to be purely yellow or red. But this still means that a patient with a pathology such as this can be purple, brown or green, they don't have to be purely blue. Understanding this means that greater attention needs to be paid to all the remedies that contain blue.

17. If someone in the family has had cancer does that mean everyone belongs to the cancer miasm?

No, in fact brown may not even be the dominant miasm in the person who has cancer. Case after case has shown that cancer in the family does not mean a dominant cancer miasm but it certainly draws attention that way if it is a continuously repeated trend. Cancer is found just as commonly in purple as it is in brown. Parents, children and siblings often don't look alike or act alike or even have the same interests. I have seen families where nearly every member in it belonged to a different miasmatic group. On the other hand I have also seen families where only one parent may differ and the influence of one side totally outweighs any contribution from the other.

18. How do you know if there is a dominant miasm within a family? Does that mean your patient automatically belongs to that same group?

There is always a dominant miasm within every individual but the same cannot be said for entire families. Often people will take on the dominant miasm from a grandparent more than a parent. Why this is I cannot explain but it seems to be a relatively common phenomenon.

19. Will you always see the same facial features for each person within a miasmatic group?

Think of facial features like letters of the alphabet, even though there is a limited number, the variation of meanings, words and sentences made from them is endless. All the miasms have distinctive recognisable facial features, but their potential arrangement is infinite. There are millions of different looks, but if a person's yellow features outweigh all influences by other miasms, then that person is yellow.

20. How do you know which remedies fall into which miasmatic group and why?

All the miasms have some distinguishing qualities about them. Blue, for example, has a tendency to withdraw, or for anger. They can have high energy or they can have depression. Blue has themes of ulceration, degeneration, yellow/green discharges, they are aggravated at night and so on, and these symptoms build upon one another until an expression of the entire miasm begins to show itself. Once a miasmatic theme is established you have a 'genus epidemicus' around which remedies can be matched and grouped. Once a genus epidemicus has been arrived at for every miasmatic group, all remedies by virtue of their symptoms and essence can be categorised into their respective miasmatic family.

21. Why is the miasm the origin of all chronic disease?

Hahnemann believed that a miasm was behind all chronic illness. As such a miasm can be interpreted as a genetic blueprint determining strengths, weaknesses, mental outlook, inherent skills and disease propensity. To some degree chronic disease treatment or constitutional prescribing is like an extension of Schusslerism. This is the idea that if a cell is perfectly nourished, then there is no foothold for disease to enter. But these footholds do exist and what's more they repeat themselves. Observation also shows that these footholds run in families. A miasm is the conceptual name given to these footholds; if the miasms did not exist there would be no disease either in body, mind or character.

22. Why does this model say there are only seven real diseases?

Hahnemann stated that the miasms were the cause of all chronic suffering; all the different diseases that exist in the world are merely expressions of that miasm. In the end the three primary miasms of too little (yellow), too much (red) and perversion or destruction (blue) or the various combinations of each, are the only ways a disease can express itself. Every illness falls into one of these variant categories. Seven is the outcome of combining all three miasms in all their combinations. The miasm not only determines what type of pathology one is susceptible to but how far it is likely to progress. Take away if or how far a disease is allowed to develop and you take away the power of the illness. How circumstances are dealt with, the general environment determines what potentials will manifest, so free will plays an enormously important role.

23. Why will the miasm influence everything that happens in our lives?

A miasm is an energy and as such it will attract similar energies towards it. If it is a violent energy then it will cause violence in the person in whom it resides as well as attract and create the circumstances for violence to occur either to or around that person. Therefore we can say that a person who suffers violent and cruel things is just as influenced by a violent energy as those who inflicted the violence.

24. How do you know when a remedy has worked?

A remedy has worked when the patient feels better within themselves, they are sleeping soundly and waking refreshed, the ups and downs of daily life are being coped with and not exaggerated or denied, there is a balanced appetite for both food and physical output, defecation and urination are regular and the presenting physical symptoms that brought the patient to your clinic in the first place are going, gone or greatly reduced, relationships are cordial and emergencies and accidents are infrequent or non-existent.

25. Can you transfer a miasm to another person?

This miasmatic model is based on genetic transference therefore each miasm is inherited. It is not a contagion that can be acquired from an outside source or person.

26. What happens if you give a well-indicated remedy but it's the wrong miasm?

This is most probably where the concept of “layers” came from. A remedy seemingly well indicated, fails to allow the patient to return to full health or still leaves them prone to accidents, trauma or chaos showing that the energy around the patient has not truly changed even though their symptoms may have been alleviated. If the true constitutional was found the patient would not be returning in a month's time with a new set of ailments. Many times a patient may return with their ailments diminished or gone, but their energy is no better, another sign of the right symptom similimum but the remedy does not fit the miasm. Sometimes a remedy can be given that perfectly fits the presenting symptoms but not the miasm and eighty per cent of the symptoms will diminish or go; this is fine if your patient is happy and it is still an extremely good prescription, but Hahnemann focused extensively on the miasms for a reason — he believed they were what kept the fire of

disease burning. While a prescription made on symptom totality was good and valid, he believed that a prescription which included both symptoms and the underlying miasm was even better.

27. How do you know you have the miasm wrong?

The energy of the patient hasn't changed. As mentioned in Question 24, a remedy should change not just the symptoms but the energy and quality of the patient.

28. What happens if you give the wrong remedy but have chosen the right miasm?

Choosing the incorrect remedy whether based on symptom prescribing only or symptoms and the miasm, is irrelevant, as the incorrect remedy is always the incorrect remedy regardless of its basis. As with any incorrect remedy, the two most likely outcomes are:

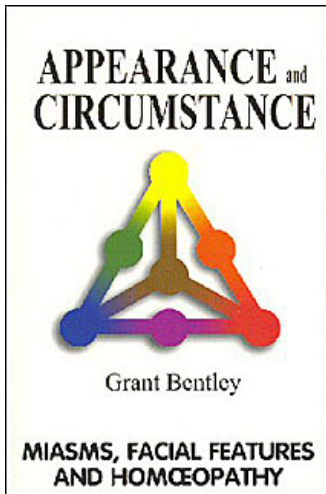
1. There may be an aggravation.
2. Nothing occurs at all.

29. Does miasmatic prescribing change the way I take a case?

No, the fundamental rules of case taking still apply. Miasmatic prescribing is an adjunct to conventional techniques not a replacement. In repertorising a case, however, there may be some minor changes, for example, often not as many mental symptoms need to be repertorised as many of them are just further examples of the miasm itself. It is not the genus epidemicus symptoms we are looking for but the individualising ones. In the same way many of the mental symptoms will be part of the genus epidemicus of the miasm and should be treated as such, this places greater emphasis on the importance of the generals. In a standard miasmatic-based repertorisation of six or seven rubrics, an average distribution of rubrics will include two to three mentals along with three to four generals.

30. What happens if I see more than one miasm in a patient's face?

Miasmatic facial feature identification is the same as taking rubrics for a case. In every case there will be symptoms that do not belong within the sphere of the remedies' action. However if the overall essence is Arsenicum then that remedy will clear all the symptoms regardless of whether they were found in the remedy or not. It is an overall dominance that we are looking for when selecting a remedy and it is a dominant miasm we are searching



Grant Bentley

[Appearance and Circumstance](#)

Miasms, Facial Features and
Homeopathy

286 Seiten, kart.
erschien 2003



bestellen

Mehr Homöopathie Bücher auf www.narayana-verlag.de