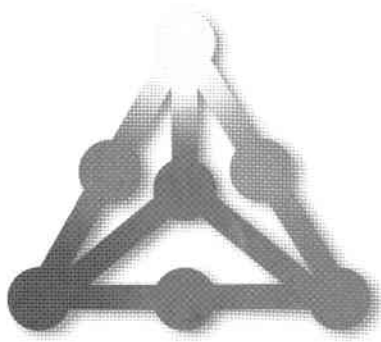


HOMŒOPATHIC FACIAL ANALYSIS



Grant Bentley

Companion volume to

APPEARANCE and
CIRCUMSTANCE

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APPEARANCE AND CIRCUMSTANCE

Remedies, how to use them as well as the theory and development of facial analysis are found in *Appearance and Circumstance*.

This *Companion Guide* is to be used in conjunction with *Appearance and Circumstance* rather than separate to it. Without a thorough understanding of the methods and procedures detailed in *Appearance and Circumstance*, the *Companion Guide* cannot be used properly. Its job is to extend and make more precise the theories and ideas in *Appearance and Circumstance* and act as its complement.

A full list of polychrests and their miasmatic classification is found in *Appearance and Circumstance* and remedies since classified can be accessed on the college website. This site will be updated as new remedies are found and tested.

<http://www.vcch.org/remedies.html>

CONTENTS

Appearance and Circumstance	4
Introduction	6
How to read a face	10
Charting features	20
Taking photos	28
Children	38
Hairlines	40
Foreheads	48
Bridge of nose	58
Eyes	62
Nose	82
Cheeks	90
Mouth	92
Lips	96
Smile	100
Teeth	104
Chin	112
Ears	120
Lines	132
Skin	141
Asymmetry	142
Colour group examples	144
Chart of features	158
Features update 2006	159
Index	161
Contact us	163

INTRODUCTION

It has been four years since *Appearance and Circumstance* was written and the system of facial analysis continues to evolve. Clearer facial features, better case taking and repertorising techniques, as well as a comprehensive understanding of homeopathic philosophy has shaped a complete picture of what miasms are and how they work.

With hindsight, *Appearance and Circumstance* is a better introductory book into the theory of facial analysis and miasms than a training manual. This second book is dedicated entirely to practical facial analysis, in an attempt to remedy any of the shortfalls found in *Appearance and Circumstance*.

One of the major challenges of facial analysis is defining normal limits. When does a nose become wide or a bridge indented? What does a cleft in the chin actually mean? While many have found the verbal definitions and photos in *Appearance and Circumstance* to be adequate, others require more visual parameters. In this book, every effort has been made to ensure each facial feature is as clearly defined as possible, making the system easier to use. Once mastered facial analysis offers a solid foundation for prescribing, and rewards homoeopaths prepared to give it time and practice with a consistency of success generally reserved to highly experienced practioners.

Facial analysis is based on the perfect quality and knowledge of nature and while it requires expertise and finesse, it does not rely on subjective interpretation and that is its greatest strength. The weakness of subjective analysis is due to the fact that the range of

human thought and emotion is limitless and therefore beyond our verbal capacity to express it. Put simply, there are more experiences and feelings than there are words to describe them, therefore we have to squeeze experience into barriers imposed by vocabulary.

Sadness for example is felt in numerous forms and degrees, but it is still called sadness by those who endure it. We often choose sadness as a word to best describe how we feel because there are so few available alternatives.

Words convey thoughts and emotions from one mind to another; they attempt to make others understand what we are thinking and feeling, words try to make another person understand what its like to be us. However, for language to be effective it must be basic, because only the basic can be understood by all. Language is useless if the person we intend the words for fails to recognize what we mean. For words to be useful, the thoughts or feelings they represent must be easily understood. Therefore, the most effective words to express emotions are those most commonly understood. Our problem is that common does not individualize. Therefore, we can never fully understand another persons experience via language because of the need to sacrifice the distinctive for the familiar. A system based entirely on subjective sensation and feeling walks a tight-rope. Boenninghausen recognized this over a century ago which is why he preferred generals over mentals, not because they are better per se, but because they are less subjective and therefore more reliable. Even Hahnemann, although he placed a great deal of emphasis on the mentals did so always in conjunction with the generals.

The law of similars is based on a faith in nature, follow her lead and things will fall into place, analyze without this faith and you run the risk of intellectualizing yourself out of the natural and into a man-made theory based more on supposition than on fact. This was homeopathy's criticism of allopathy. Like the great homeopaths of old, our aim is to work *with* nature not to reinterpret it. Facial analysis is nature at work. Hahnemann understood that nature is all-knowing and that we are not. Hahnemann surrendered himself to nature and used signs and symptoms as a guide to health rather than an enemy

to eradicate. By following nature's lead Hahnemann developed the most sophisticated medical system the world has ever known.

Homeopathy developed from what Hahnemann saw. He put speculation aside and used what existed as his guide to the truth. He knew that two similar diseases could not exist in the same body at the same time because nature told him so. He accepted it as fact and utilized it.

Homoeopathy proved itself in the acute diseases. Typhus, cholera, smallpox, and scarlet fever, all had their sting cut short thanks to Hahnemann. In chronic disease however, his approach needed to differ. Hahnemann acknowledged that he could treat acute disease successfully, but failed when it came to treating the predisposition to disease. We all know the story of his unflagging effort to find a solution to this problem as well as his steadfast belief in the correctness of the miasm theory and yet even now chronic disease continues to create uncertainty.

It would be fair to say that on an historical timeline homoeopathy reached its greatest height during the period when many homoeopathic doctors were using it for acute diseases and ailments. Its relatively recent demise is both fractured and complicated and it is not just because the A.M.A declared war on us and didn't fight fair, that it far too simplistic. I am not saying that this was not a factor, as far as hurdles go, having the A.M.A against you is a 'big one' in anyone's language, but nothing is learned if we do not accept at least some of the responsibility.

As time progressed, homoeopathy's role has moved from the acute to the chronic especially for non-medical homoeopaths. The trouble is, without medical training the base line of diagnosis has disappeared. I understand that a homoeopath should never start with pathology yet at the same time 'genus epidemicus' was invaluable and consistently used.

Unfortunately, in chronic disease genus epidemicus does not apply and there is a good reason for this. Genus epidemicus is applicable in acute disease only because acute disease is about the virus or bacteria

and its impact on the individual rather than the individual themselves. This is not the case with chronic disease because chronic disease is 'man- made' and therefore any viruses or bacteria that go along with the diagnosis do so as a consequence not as a cause. Chronic disease is about the person who has the disease – acute is a mixture of impact and resistance.

It is my belief that part of the reason homoeopathy is in its current depleted state is because chronic disease remains elusive and difficult to alleviate. Hahnemann knew the rules that had to be applied – work out the miasm according to psora, sycosis and syphilis then select the best remedy that fits both the totality of symptoms as well as the miasm, the rest should take care of itself. Yet Hahnemann's own records show that while he knew what to do in theory, the practical application of this theory remained troublesome.

Facial analysis overcomes the previous difficulties of chronic disease and brings homoeopathy into the position Hahnemann envisaged. I believe, facial analysis in chronic disease is the completion of Hahnemann's work.

'Nature always knows best' has always been homoeopathy's creed, facial analysis is an extension of this.

HOW TO READ A FACE

The first thing to understand about facial analysis is that it relates to shape and structure, not looks or beauty. It examines individual features not overall appearance.

Everything regarding the application of miasmatic facial analysis, centres on measuring the impact of psora, syphilis and sycosis. Facial analysis comes from homoeopathy and is designed specifically for homoeopathic use. Its intent is homoeopathic and its application is homoeopathic.

Miasms affect facial features in three distinct ways

1. Small, thin and sloped (yellow)
2. Large, full and straight (red)
3. Inward, sharp and asymmetrical (blue)

The best way of analysing a face is to divide a page into three sections headed yellow, red and blue.

Yellow	Red	Blue
Widows peak Curved nose Sloping chin	Full bridge Large eyes Full lips Full smile	Recessed lids Asymmetry Dimples

These yellow, red and blue columns represent psora, sycosis and syphilis, the three chronic miasms of Hahnemann. All chronic disease, regardless of pathological name, is either a product of one of these miasms or a combination of them.

Three pillars form the foundation of homoeopathy

1. The law of similars
2. The totality of symptoms
3. The infinitesimal dose

At the heart of all homoeopathy lies the law of similars. A natural law that is incontrovertible and inflexible. Attraction and repulsion is the fundamental principle that binds the universe together. It is the heart of homoeopathic theory and the rock upon which all else is built. The totality of symptoms is our key to the similimum and the infinitesimal dose is how we apply it, but the similimum is always the objective.

In chronic disease, two similar diseases cannot live in the same body at the same time, because two similar diseases – of equal strength – ‘annihilate’ one another (Aphorism 43 & 45) leaving the patient cured. Whereas, two dissimilar diseases never cure, they either join to form a ‘complex disease’ (Aphorism 40) or else the stronger will repel the weaker (Aphorism 36). Hahnemann also talked of one dissimilar disease suspending the other until the stronger has run its course, then, the old – weaker disease – will return (Aphorism 38) but in this case the stronger dissimilar disease is acute, not chronic.

If we do not understand these laws, we fail to utilise homoeopathy and run the risk of running off on a tangent. Each primary miasm is a dissimilar disease. Pathology in all of its forms and titles is just an example of these dissimilar diseases at work. The true diagnosis is always psora, sycois or syphilis. Psora is reactive and hypo-productive, sycois is inflammatory and hyper-productive and syphilis is submissive and destructive. All the diseases known to humankind affect the body in either one of these three ways or in a ‘complex’ combination of them.

Yellow, red and blue are the only miasms considered when examining a face because they are the only true chronic dissimilar diseases. Facial features are rated yellow, red and blue to represent each miasm.

Categorising features

If a patient's eyelids are recessed, they feature as one blue point; this feature is noted in the blue column.

Yellow	Red	Blue
		Recessed eyelids

However if a patient's eyes are exophthalmic they are red, and this feature is placed in the red column.

Yellow	Red	Blue
	Exophthalmic eyes	

In this method, facial features are analysed and rated according to shape and appearance. Classifying facial features by the process of small, thin and sloping for yellow, large, round or straight for red and asymmetrical, inward or pointed for blue is generally accurate although there are some exceptions to the rule.

When analysing facial features do not to be in a hurry and do not feel you have to classify every feature. Take your time to compare each feature and examine it in relation to the other features on the face. This is the process of miasmatic classification.

Small eyes for example, may not be small because they are 'X' amount of centimetres wide, but because they are small by comparison to the patient's other facial features. In this sense, a person may have small eyes because;

1. They are anatomically smaller than average
2. They are small compared to the size of the other facial features

It is important to take note of facial features without being obtrusive. Digital cameras give valuable insight, but never downplay the importance of information gathered during the one on one consultation. For example, when a person smiles or laughs during the consultation their smile may be compact. However, a photograph may not show the compact nature of this smile because the smile is not a natural one, it is a camera smile and they are rarely as broad as when a person smiles with delight.

Facial lines are another area where a one on one evaluation is important, because the camera does not show the depth of facial lines and sometimes will not show any lines at all. It is important to take notice of these features during the consultation. Patients go through a gamut of emotions during a consultation and their face will pull numerous expressions. We need to be observant to catch all these expressions so we can take note of their lines, curves and facial idiosyncrasies to fill in the gaps the camera leaves behind.

A digital camera supplies information difficult to obtain with the naked eye without highly obtrusive examination. Asymmetry is an example of this. Occasionally the naked eye may pick up the subtlety of ears not aligned or eyes of a slightly different shape, a nose gently curved or one side of the face that is higher than the other. Generally, however, it is the camera that discovers these details.

Digital photographs allow for close up examination while the naked eye reveals subtlety, expression and depth. Both the camera and good observational skills are required if clinical practice is to be successful using this method.

Assessing facial features is not fool proof and much depends on the eye and mind of the assessor. Some practitioners examine in excruciating detail, every feature and spot. Personally, I believe this is unnecessary and often such attention to detail is more of a hindrance than a help.

Rubrics and facial analysis

Facial analysis is like repertorising. At the end of a typical constitutional consultation, the practitioner has one to ten pages of information. From this information, they choose four to eight rubrics on average. Rubrics are a summary of the important aspects of the case. Too many rubrics will discriminate against small to medium sized remedies, while too few rubrics are not enough for totality. From the repertorisation, we select a remedy, check it with the materia medica and give it to the patient.

Remember, for good consistent results, rubrics *must* be obvious and poignant. Life is activity and motion is observable. To understand where a person's priority lies, observe what they make time to do. No one has time to accomplish all the things they want to do, so we prioritise. What we make time for represents who we are and what we value. People always find time to do what they really want to do. As the old saying goes – actions speak louder than words.

Repertorisation is a summary of the important aspects in a case it is not every spoken word. In the same way, facial analysis is about the obvious – not the barely visible or unseen. Concentrate on what is real, not on what is speculative. If you have to squint, hunt, guess, or deliberate for too long a period, then you need to question how relevant that feature truly is. At the same time, flippancy is never a way to accomplish anything.

Facial features display the dominant miasm and its influence on the system, and this dominant miasms presence will not be delicate; the dominant miasm dictates all internal and external affairs, it has full authority and power – it *is not* subtle.

When to stop

There is no need to continue facial analysis once the answer is clear. The purpose of facial analysis is purely practical and once achieved there is no point continuing the process, it is a means to an end nothing more.

Yellow	Red	Blue
Freckles Front teeth	Hairline Smile Forehead Bridge Chin Eyes	Recessed eyelids Dimples

Even though one or two facial features have not yet been categorised, it is obvious the person represented in this chart is red. Even if both uncharted features were blue or yellow, it would make no difference to the outcome.

Themes

Another point to consider is the influence of the patient's story upon the practitioner. Themes go hand in hand with facial analysis and it was not long after the system developed that themes became obvious. Each miasmatic group has a unique outlook on life, and the events and circumstances they draw are equally distinct.

It is easy for themes to cloud objectivity. Once a practitioner has become 'convinced' of the miasm by the patient's story, they will 'see' facial features confirming that decision. If the practitioner has decided their patient is yellow, their eyes will see yellow facial features until 'forced' to reconsider.

In the past, I lost a lot of valuable time before realising I was working in the wrong miasm. You will know you are in the wrong group because your patient fails to respond. You have been careful in the selection process, you have taken a good case, and there are no missing links yet the patient fails to gain ground. Their continual failure to respond forces you to rethink the case. Another look at the patient's photographs – now through more objective eyes – reveals features that were previously overlooked or overstated. It now becomes obvious why your 'well chosen' yellow remedies failed – your patient is not yellow.

With every case that fails to respond

1. Recheck your photos and make sure the patient is in the right miasmatic group. If you are wrong, the whole case will be out. Every time your patient fails to respond this is the first thing to do. If your photos have been examined five or six times or they are unclear, then take another set
2. If you are confident of the miasm and confident of your case, recheck your previous repertorisations to see if one remedy keeps showing itself in the background.
3. If, on rechecking the miasm – provided you are happy with your case – you find your patient belongs to another miasmatic group, all that remains is to select the most appropriate remedy from the new miasmatic group. For example, there may be

more red in your patient than previously noticed making them orange not yellow. Examining your previous repertorisations, (always keep a copy of every graph) you see NuxVom and Nat Mur have always been near the top of every repertorisation. However, they were overlooked due to their miasmatic grouping. Read the materia medica on these two remedies carefully because one will do the job. With the miasm now accurately determined, orange remedies will succeed where yellow remedies failed.

Case taking

Following nature's lead and applying facial analysis is a powerful adjunct in the clinic but even this means little if case taking is inadequate.

Some current thinking suggests we dig and delve to uncover the unconscious motivating force, but I disagree. Energy strong enough to influence and carve a pattern in life, is energy that is easy to observe.

To understand the nature of personal energy we need to listen to a person's life story. Their energy will be seen in what they love to do, where they want to be, who they want to be with and what they make time for. Sometimes influencing energy may be an event rather than a focus. In this instance, it will be an event or series of events that are impacting or frequent. Take this information literally and at face value then find a rubric that best describes it.

For example, one recent patient had a life story which included the death of one of her parents while she was young and later on, the death of her husband in a car accident. She also works as a nurse in palliative care. In her case death must feature in the repertorisation. The question is, which rubric best describes this energy? Is it 'death-presentment of' or 'death-fear of'? – Because she has shown no signs of fear, 'death-presentment of' was my choice.

Because there was so much death in her life when compared to the average person, what this woman thinks about death or her reaction to it is less consequential than the event itself. The well-known biblical

statement 'seek and ye shall find' highlights the obvious nature of truth. Human beings love secrets and hidden truth, because secrets – especially those disguised as wisdom – elevate the status of the person who knows it. It is the typical school-yard – 'I know something you don't'. However, truth is never hidden, that's why all we have to do is 'seek' it. Truth is what exists, it is present and out there for all to see. Lies and secrets are what we keep hidden. Truth is transparent.

Repertorising

Repertorising like any other form of data input, is reliant on the accuracy of the information fed into it. The repertory does not sift through information it simply arranges input. Accurate input means accurate output while incorrect input means incorrect output. Therefore, information to be repertorised must be accurate. If rubrics are so important – –what is a rubric?

A rubric is a physical symptom, modality, sensation, time, mental outlook or a state of being. Events and circumstances are also rubrics. Circumstance has often been overlooked as a rubric in repertorising even though it is often the strongest constant force, and this is a grave mistake.

The factors that determine whether a circumstance or symptom should become a rubric are

1. Frequency
2. Distinction
3. Impact

Frequency means regularity of occurrence, something that occurs more consistently than would otherwise be expected.

Distinction is like a mental PQRS, it is out of place, unexpected or unique.

Impact is an event or fear that is so influential it restructures how a patient lives their life. Something does not have to be a trend to be impacting.

Some examples of matching lifestyle to rubrics include:

Patient displays	Rubric to match
History of traveling	Desire to travel
History of abusive relationships	Violence
Feeling put down or humiliated	Ailments from mortification
History of 'bad luck' or accidents	Injuries, blows and bruises
Obsessive	Persistent thoughts
Argumentative	Quarrelsome
Laughing, making light of everything	Cheerful
Always working	Industrious

Results

Like many modern day homoeopaths, I have a history of adaptation. Any system that offered help through the constitutional maze was worth a try. Unfortunately, many of these systems ended in me swapping one confusion for another. In the end I just stuck with standard 'classical' homoeopathy. Like most practitioners, I had my fair share of successes but, also like most practitioners, I had to spend more hours than I care to think about achieving each one.

I was a standard suburban homoeopath working extremely hard with my ego hanging by a thread. I did not want to give up homoeopathy yet at the same time I needed more from it. I needed more success and I needed willing patients. I needed a diary that had newly recommended patients combined with recent follow-ups, and patients happy to come back for their six monthly check-up. I needed to feel less guilty about charging money for patients who were not responding even though I was trying my best. Most of all I needed consistency. The boom and bust ride of patient success was wearing thin and I looked forward to the day when experience would grant me the things I needed. I knew it would all come when I finally had enough experience unfortunately; although I was gaining in experience, the consistency I craved never seemed to get any closer.

What I was looking for is what all homoeopaths are looking for – successful results. Our hope is that one day we will be able to put our knowledge into practice and finally be good at homoeopathy. Kent stated that it takes at least ten years to advance beyond the

stage of novice and with standard 'classical' homoeopathy I think he is right. However, 'classical' homoeopathy does not include facial analysis and it is my firm belief that this system can cut ten years down to three. In three years, a practitioner using facial analysis will have results consistent with those normally gained by practitioners far more advanced. Early results are important to the profession otherwise there will be no one around to reach 'master' status as too many will leave because the out-put is too hard and the in-put too little. It is my sincere hope that facial analysis can help put a stop to this trend and that homoeopathy can once again proudly boast of its successes.

CHARTING FEATURES

Each feature showing a miasmatic influence is charted as either yellow (psora), red (sycosis) or blue (syphilis).

The purpose of charting facial features is to determine a patient's dominant miasm. As discussed in *Appearance and Circumstance* we all have one dominant miasm and do so for life. During development when features change they change according to their dominant miasm. We have researched thousands of cases to determine at what point a miasm becomes dominant. The answer is **two features** or more ahead of the next closest miasm. When one miasm is only one feature higher or lower than the next closest miasm it is regarded as equal in strength.

In general a face will have between eight to sixteen rated features.

The charts below demonstrate how a dominant miasm is determined. Remember a minimum of two features are needed for a miasm to become dominant.

Miasm = Yellow

The yellow features are 3 ahead of the closest primary miasm

YELLOW – 6	RED – 3	BLUE – 1
Freckles Front teeth prominent Ears – high Forehead – slopes back Chin – slopes back Smile – compact	Lips – full Hairline – straight Bridge – full	Teeth – overbite

Miasm = Red

The red features are 3 ahead of the closest primary miasm

YELLOW – 3	RED – 6	BLUE – 2
2 lines between eyes Forehead – slopes back Freckles	Gums show on smile Hairline – straight Bridge – straight Lips – full Teeth – even Ears stick out	Deep set eyes Asymmetry (eyes/chin)

Miasm = Blue

The blue features are 6 ahead of the closest primary miasm

YELLOW – 1	RED – 2	BLUE – 8
Ears – high	Nose – ball Chin – cleft	Eyes – upturned Eyes – recessed lids Chin – pointed Teeth – overbite Asymmetry (eyes/nose) Hairline – high Ears – large Bridge – indented

Miasm = Orange

The yellow and red features are ahead of the closest primary miasm. They are within 1 feature of each other therefore they are of equal strength. They are stronger than the blue miasm by 2 features so they dominate. The red and yellow miasms are of equal strength because they are separated by only one feature. The blue miasm is two features behind and therefore not influential enough to count.

YELLOW – 5	RED – 5	BLUE – 3
Eyes – small Nose – bump Forehead – slopes back Ears – low Mouth – small	Brow – full Hairline – straight Hairline – low Smile – full Teeth – even	Asymmetry (nose/chin) Eyes – recessed lids Cheek – dimple

Miasm = Green

The yellow and blue features are within 1 feature of each other therefore they are of equal strength. The red miasm is not strong enough to be of consideration.

YELLOW – 4	RED – 1	BLUE – 5
Mouth – small Lines – under eyes Hairline – M shape Lips – thin	Teeth – gaps	Asymmetry (ears/eyes) Asymmetry (mouth/chin) Forehead – dip inwards Hairline – high Teeth – crooked

Miasm = Purple

The red and blue features are ahead of the next closest primary miasm. Neither is stronger (by 2 features) than the other therefore they are of equal strength. The yellow miasm is not influential enough to consider.

YELLOW – 1	RED – 6	BLUE – 6
Nose – bump	Teeth – even Smile – full Nose – wide Hairline – crowded Brow – full Forehead – straight/vertical	Asymmetry (ears/smile) Asymmetry (eyes/chin) Teeth – inward Cheeks – dimples Bridge – indented Ears – small

Miasm = Brown

The yellow, red and blue features are all within 1 feature of one another. Neither is stronger (by 2 features) than the other – they are of equal strength

YELLOW – 5	RED – 5	BLUE – 4
Nose – down-turned Forehead – slopes back Hairline – widows peak Lines – below eyes Lines – 2 between eyes	Brow – full Gums – show on smile Teeth – even Smile – full Lips – full	Forehead – dips inward Eyes – deep set Eyes – recessed lids Asymmetry (eyes/mouth)

Examples Of Adding Up The Features

Miasm = Brown

The yellow, red and blue features are all within 1 feature of one another. Neither is stronger (by 2 features) therefore they are of equal strength

YELLOW	RED	BLUE
5	5	6

Miasm = Brown

The yellow, red and blue features are all within 1 feature of one another. Neither is stronger (by 2 features) than the other – they are of equal strength

YELLOW	RED	BLUE
3	4	3

Miasm = Brown

The yellow, red and blue features are all within 1 feature of one another. Neither is stronger (by 2 features) than the other – they are of equal strength

YELLOW	RED	BLUE
5	6	5

Miasm = Purple

The red and blue features are within 1 feature of one another. Neither is stronger (by 2 features) than the other therefore they are of equal strength but the blue miasm is stronger (by 2 or more features) than the yellow so the yellow doesn't count. This is an example of a "cusp" situation. If there is one more yellow feature the patient is brown.

YELLOW	RED	BLUE
3	4	5

Miasm = Purple

The red and blue features are within 1 feature of one another. Neither is stronger (by 2 features) than the other therefore they are of equal strength but the red miasm is stronger (by 2 or more features) than the yellow so the yellow doesn't count

YELLOW	RED	BLUE
3	6	5

Miasm = Green

The yellow and blue features are within 1 feature of one another. Neither is stronger (by 2 features) than the other therefore they are of equal strength but the blue miasm is stronger (by 2 or more features) than the red so the red doesn't count. This is an example of a "cusp" situation. If there was one more red feature this patient would be brown. Examine the features very carefully

YELLOW	RED	BLUE
5	4	6

Miasm = Green

The yellow and blue features are within 1 feature or the same as one another. Neither is stronger (by 2 features) than the other therefore they are of equal strength and both are stronger (by 2 or more features) than the red so the red doesn't count

YELLOW	RED	BLUE
5	2	5

Miasm = Orange

The yellow and red features are within 1 feature or the same as one another. Neither is stronger (by 2 features) than the other therefore they are of equal strength and both are stronger (by 2 or more features) than the blue so the blue doesn't count

YELLOW	RED	BLUE
6	5	2

Miasm = Orange

The yellow and red features are within 1 feature or the same as one another. Neither is stronger (by 2 features) than the other therefore they are of equal strength and the red is stronger (by 2 or more features) than the blue so the blue doesn't count

YELLOW	RED	BLUE
4	5	3

Miasm = Blue

The blue features are stronger (by 2 features) than both the yellow and the red. However this is a double “cusp” situation where another yellow feature would equal green or another red feature would equal purple. Check the features carefully

YELLOW	RED	BLUE
3	3	5

Miasm = Blue

The blue features are stronger (by 2 features) than both the yellow and the red.

YELLOW	RED	BLUE
2	3	6

Miasm = Red

The red features are stronger (by 2 features) than both the yellow and the blue.

YELLOW	RED	BLUE
1	6	2

Miasm = Red

The red features are stronger (by 2 features) than both the yellow and the blue. This is an example of a “cusp” situation. If there was one more yellow feature this patient would be orange. Examine the features very carefully

YELLOW	RED	BLUE
3	5	2

Miasm = Yellow

The yellow features are stronger (by 2 features) than both the red and the blue.

YELLOW	RED	BLUE
7	4	2

Miasm = Yellow

The yellow features are stronger (by 2 features) than both the red and the blue. This is an example of a “cusp” situation. If there was one more blue feature this patient would be green. Examine the features very carefully

YELLOW	RED	BLUE
6	1	4

TAKING PHOTOS

The importance of using a digital camera cannot be underestimated. Features such as asymmetry are more difficult to recognise with the naked eye and angles and size are easier to determine when using a camera. Investing in a camera is an investment in your clinical future. It is no different to investing in homoeopathic software and remedies.

Which camera

For five years we have used a 2.2 megapixel camera but recently upgraded to a 7.2 megapixel camera and although the first camera was adequate it has to be said that our latest camera is better. In particular it allows for clearer zoom ups on teeth, hairlines and bridges.

What to tell the patient

We have used this method on thousands of patients over the last few years. Some patients are amused but it is such an essential part of our practice that we wouldn't think of choosing a remedy until the patients' miasm (as assessed by facial analysis) has been determined. Photos are taken after the consultation has finished but as part of the introduction to the consultation the following is a recommended explanation.

“In this clinic we use facial analysis to determine your inherited predisposition to disease. After all of your symptoms have been described to me I will be taking some photos of your face and analyzing your facial structure through the computer. This information helps me to choose the best remedies for you”

After explaining the purpose of facial analysis most patients become involved and interested in the process.

Taking the photos

It is important that the patient is perfectly upright and straight. If the patient is not straight it is easy to misinterpret information or miss an emphasis or feature. With a digital camera you can check each photo as they are taken and repeat them again if required. It is easier if the patient sits in a chair especially if they are taller than you as this will allow you to be exactly horizontal to them with the camera. Remember if you take the photos either looking up or looking down at the patient all the angles will be false.

Many people naturally hold their head to one side or have a raised or lowered chin position. Ask the patient to sit up straight and keep asking them to move their head to the left or right or up or down until it is as level as possible. Then take the photo whilst asking them to hold that position. A tripod can be useful in keeping the camera level but is not essential.

Five photos that are essential

Originally we only took three photos but as the system has developed we recognise the importance of taking five photos as described below. Sometimes we take as many as ten but this is only because we need to repeat one of the five until we are happy with that particular photo. Where possible take the photos against a plain light background as this makes them easier to analyse.

Photo 1 – Face on relaxed

The patient is sitting face on and is level on both sides and the chin is level. The expression is relaxed – ask them to hold them lips naturally

without smiling. The hair should be around the ears so the height of the ears can be determined both front on and side on.

Photo 2 – Hairline

Have the patient sit face on and level on both sides with their chin also level. This photo determines the shape of the hairline so the hair needs to be pulled back. Even a slight fringe or piece of hair draping down over the forehead can give a distorted image so ensure the hair is pulled back properly. Many men have their hair cut short or are balding so their hairline is easy to determine. Women and children often need to pull their hair back. Hair-bands can be used although having the patient use both hands to pull back the hair seems to give the best image especially as they are pulling their hair more tightly so the hairline becomes clearly visible. Remind them to keep their head straight even though their arms are up.

Photo 3 – Smile and teeth

Ask the patient to drop their arms and have them smile as broadly as possible. Many patients do not smile very well when in front of the camera and need coaxing. If they are unable to smile have them grimace so that their teeth become visible. The compact smile (yellow) is often not seen in this photo and must be determined during the consultation. See the section on smiles for examples.

Photo 4 – Left profile

Whilst they are still seated have the patient swivel sideways in their chair at right angles to the camera. Again ensure that they are sitting up straight and that their chin is level. Their hair must be both pulled back from the forehead and pulled back from the ears. A hair-band is useful for this photo but they can use their arm to pull back their fringe. However their arm must be pulled back out of view of the profile or their profile will be more difficult to see in the final photo.

Once this position has been established ask them to slowly turn to their left. Watch the eye and the bridge of nose and when the furthest

eye appears ask them to stop turning left. Now ask them to slowly turn back to their right whilst observing their furthest eye. Once this eye disappears from sight and the bridge is as close to 90 degrees to the camera as possible ask them to stop and hold still whilst the photo is taken. If the patient turns too far to their right during this process have them turn back to their left until they are 90 degrees to the camera.

Photo 5 – Right profile

Whilst still seated have the patient swivel sideways in their chair in the opposite direction at right angles to the camera. Their hair must be both pulled back from the forehead and pulled back from the ears. Again ensure that they are sitting up straight and that their chin is level. A hair-band is useful for this photo but they can use their arm to pull back their fringe. However their arm must be pulled back out of view of the profile or their profile will be more difficult to see in the final photo.

Once this position has been established ask them to slowly turn to their right. Watch the eye and the bridge of nose and when the furthest eye appears ask them to stop turning right. Now ask them to slowly turn back to their left whilst observing their furthest eye. Once this eye disappears from sight and the bridge is as close to 90 degrees to the camera as possible ask them to stop and hold still whilst the photo is taken. If the patient turns too far to their left during this process have them turn back to their right until they are 90 degrees to the camera.

Summary

- Seat the patient
- Keep head level in all directions
- Pull hair back from forehead, ears and profile for photos 2, 4 & 5
- Request the broadest smile possible or an open mouth to show teeth
- Take the profile shots as close to 90 degrees as possible

What doesn't show well in photos

- **Facial lines** – due to the two dimensional nature of photos these lines are much easier to see when the patient is animated during the consultation. Make a note to include in your facial analysis. If you ask the patient to frown the lines between the eyes will become more apparent, however only include where they show strongly during this pose. Nearly everyone has some time of crease between the eyes when they frown but it must show strongly.
- **Skin markings** – freckles in particular may not show well but be quite apparent during the consultation
- **Compact smile** – often more visible when the patient smiles naturally so will be seen during the consultation unless the patient smiles fully for the camera
- **Cosmetic surgery** – remember to ask – the features **PRIOR** to the surgery are the only ones worth analysing. A bump removed from a nose or teeth that used to be crooked are important pieces of information. Have the patient describe what their teeth or face used to be like - most will remember clearly. Old photos prior to the surgery can be helpful.

Taking photos – five correct images



CORRECT – front on and straight



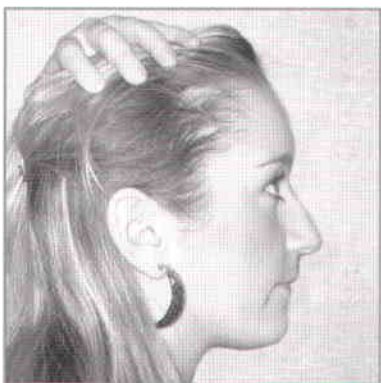
CORRECT – front on and smiling



CORRECT – front on holding back hair



CORRECT – profile, left side of face*



CORRECT – profile, right side of face with hair held back and arm held behind left side of head

*As this patient has her hair tied back it wasn't necessary for her to hold her hair back.

Taking photos – common mistakes



INCORRECT – head slightly turned



INCORRECT – head to one side



INCORRECT – chin is too low



INCORRECT – head to one side



INCORRECT – chin too high



INCORRECT – head tilted up and back



INCORRECT – head towards camera



INCORRECT – head towards camera



INCORRECT – chin too high



INCORRECT – chin too low



INCORRECT – head too far to right



INCORRECT – head too far to left



INCORRECT – elbow obstructing profile



INCORRECT – head crooked and elbow obstructing profile



INCORRECT – hair covering ear and profile and chin too low

INCORRECT = taking a photo from too far away – remember to use the zoom or be close enough for face to be dominant in the screen

About the photographs

Photographs as well as sketched illustrations feature throughout this book to show the feature in detail (sketch) as well as how it looks in real life (photo). Each photo chosen is a good 'real life' representation of the feature discussed however, it does not always come out looking that way in print. The reasons for this include

1. Photographs are flat – not three dimensional
2. To fit on the page, photos are shrunk to a much smaller size
3. Photographs are black and white and so miss natural skin tones
4. Definition is lost when printing a photo to standard paper

With all these factors in mind, do not be confused if you find the photographs a bit difficult to decipher at first. This difficulty is to be expected and is the reason behind the creation of this book. *Appearance and Circumstance* used photos as its instructional guide because at that time – being my first book – I was unaware of the difficulties of working with photos. With the expertise of hindsight '*Homoeopathic facial analysis*' addresses this shortcoming by providing detailed illustrations as its main means of teaching.

It is still my belief that real life examples are beneficial and for this reason, photos are still included in this work.

CHILDREN

Facial analysis is an important and useful tool for patients of any age. Children however pose their own special set of problems that need to be understood as part of the analysis.

Posing for photos

Most children under the age of four (and some quite a bit older) cannot sit still for long enough for a good set of photos to be taken. If the child will sit on a separate chair to have their photo taken the parent can help by holding the hair back and keeping the head firm. Babies and toddlers should be held on the parent's lap whilst you hold the camera freehand and move around until their image is centred. Often the child will follow your movements so the parent needs to help by distracting them with toys. Explain to the parent the five photos required so they can help to pose the child. It is common to use the information that has been gained by the naked eye more than the photos.



A common pose – not straight



The parent helps to straighten the child and hold back the hair

Changing features

Many babies have an indented bridge of the nose to aid in feeding so do not use this feature under eighteen months unless it is very pronounced. As we grow from a baby to a young adult changes occur with our facial features. It is common for the nose and teeth to change shape over time. After seven years of analysing faces, we have observed that although these changes occur, another feature will also change resulting in the same miasm showing on the face. DNA influences features that are in turn influenced by the miasm. It remains the same miasm, no matter what changes occur.

Number of features

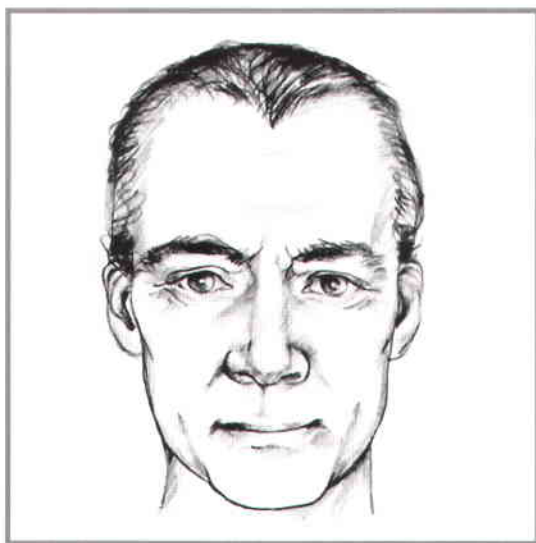
Both baby face and the moving child make analysis more difficult than with adults. It is common for an analysis to contain as little as five to seven features in total. However if analysed correctly the result will be the same no matter how many features. It is prudent to consider that due to the lesser amount of features and the difficulties in analysing them, other close miasms should be considered.

Teeth

More than any other feature teeth will demonstrate many changes. It is still interesting that the baby teeth will often display the miasm in just the same way as the teeth of the older child. Slight spaces (red), serrated edges (blue), more dominant front teeth (yellow) will still be seen. The most difficult age is when the teeth are falling out, usually around five to seven. Then of course single gaps will be seen but these should not be rated. Occasionally the teeth will fall out and gaps will remain for a year or more before the adult teeth come through – this can be considered as one red feature. The new teeth will usually also have a red quality.

HAIRLINES

Widow's Peak — Yellow



Yellow – Widow's peak

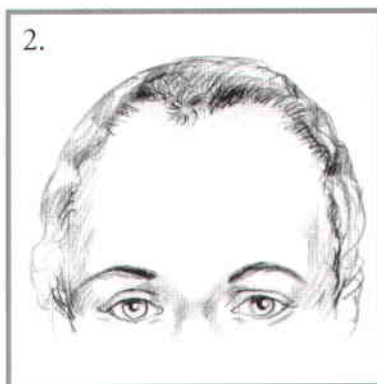
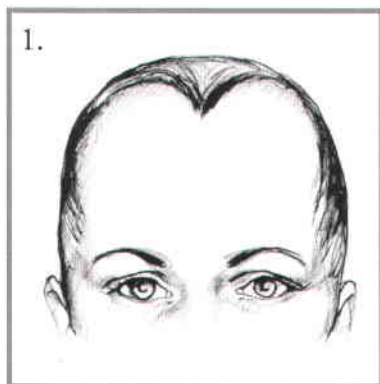


Yellow – M shape

The widow's peak is where the fringe of the hairline creates a downward triangular peak. This peak may come to a sharp point or be rounded to form an M.

HAIRLINES

Widow's Peak — Yellow



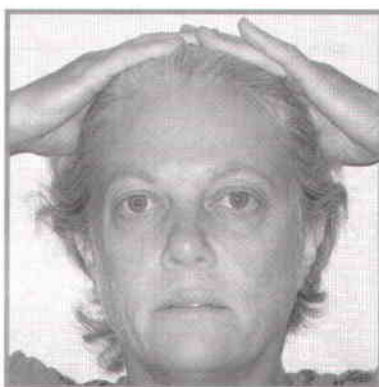
1. A triangular peak (yellow). This hairline will get two points. Widows peak (yellow) and high hairline (blue)
2. A cowlick either centred or off to one side (yellow). This hairline will get two points. Widows peak (yellow) and high hairline (blue)
3. An M shaped hairline seen mostly in men where the hair on the temple has receded back (yellow). This hairline will get two points. Widows peak (yellow) and high hairline (blue)
4. A small widow's peak in an otherwise straight hairline. This hairline will get two points. Widow's peak (yellow), straight hairline (red)

HAIRLINES

Straight — Red



Red – Hairline straight

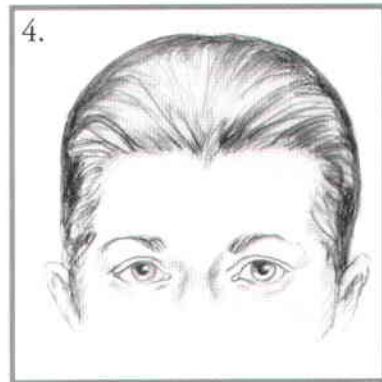
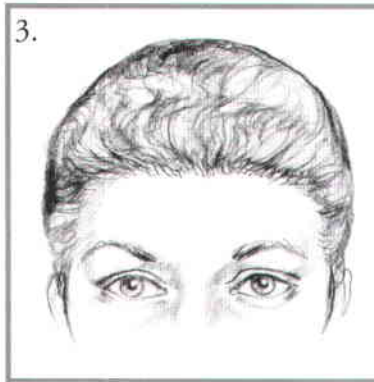
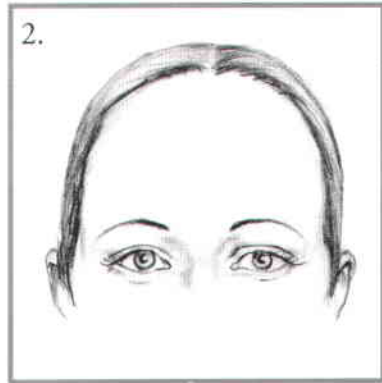
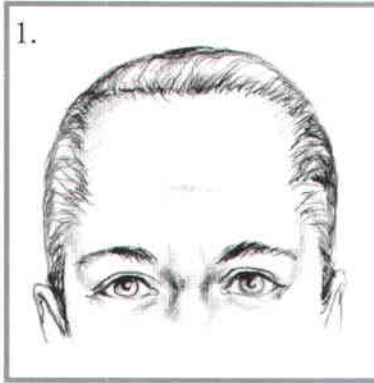


Red – Hairline straight (oval)

Many features in red are straight including the hairline. Provided the overall impression is of a straight line each hair does not have to be perfectly even.

HAIRLINES

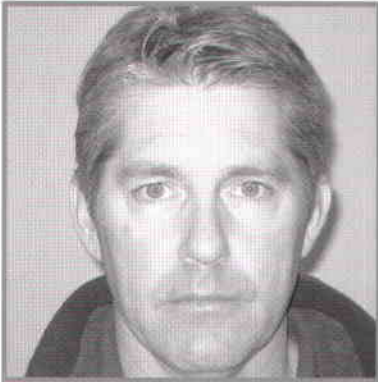
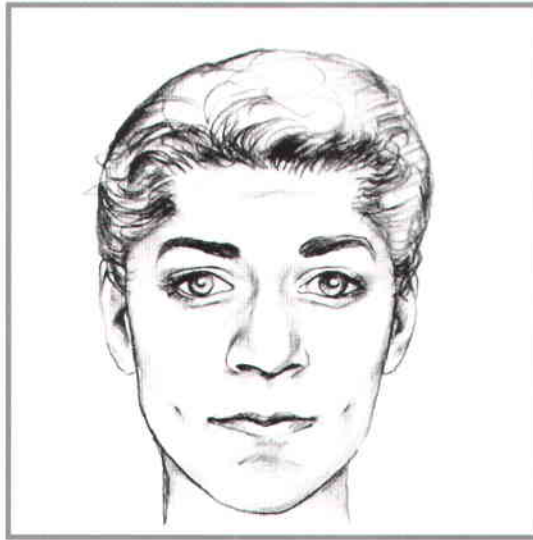
Straight — Red



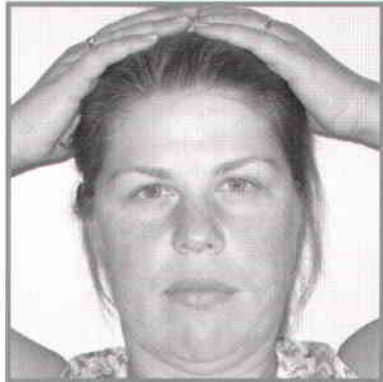
1. A straight horizontal hairline across the forehead that is also high. This hairline will get two points. Straight (red) and high (blue)
2. A straight and high hairline giving an oval shape. This hairline will get two points. Straight (red) and high (blue)
3. A straight hairline that is also low. This hairline will get two points. Straight (red) and low (red)
4. A straight hairline with a widow's peak. This hairline will get two points. Straight (red) and widows peak (yellow). The height is average

HAIRLINES

Hairline low and/or crowded — Red



Red – Hairline crowded



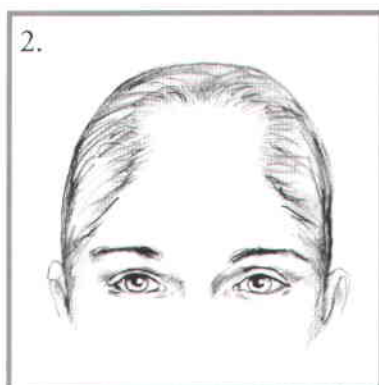
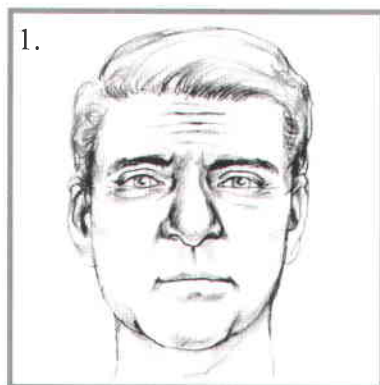
Red – Hairline low

Crowded – a crowded hairline is the term given to describe a hairline that encroaches inward on both sides of the forehead and temples. In this feature, the hairline of the temples extends inward past the outer end of each eyebrow.

Low – a low hairline is approximately 1/2cm below the main curve of the forehead. An average hairline ranges from level with this curve to 1/2cm above it.

HAIRLINES

Hairline low and/or crowded — Red



1. A low and straight hairline. This hairline will get two points. Low (red) and straight (red).
2. A crowded and higher hairline that gives the forehead a narrow appearance. This hairline will get two points. Crowded (red) and high (blue).
3. A low hairline on profile (red).
4. A crowded hairline on profile (red). This hairline will get two points. Crowded (red) and high (blue).

HAIRLINES

Hairline high — Blue



Blue – Hairline high

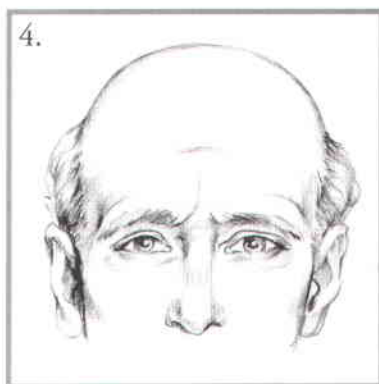
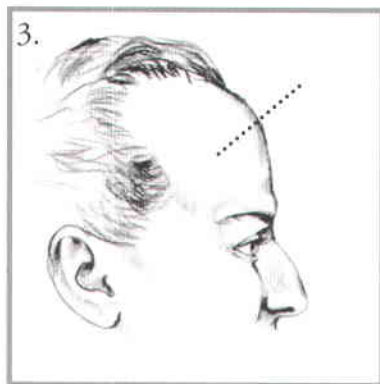
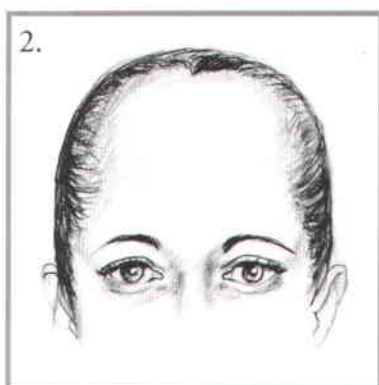
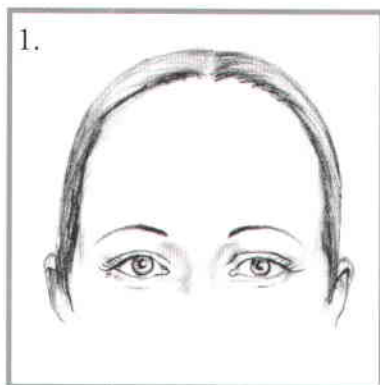


Control – Height not rated

A high hairline means the edge is set back past the natural curve of the scalp. This lengthens the distance between the eyebrows and the hairline often making the forehead seem longer. A hairline is high regardless of shape.

HAIRLINES

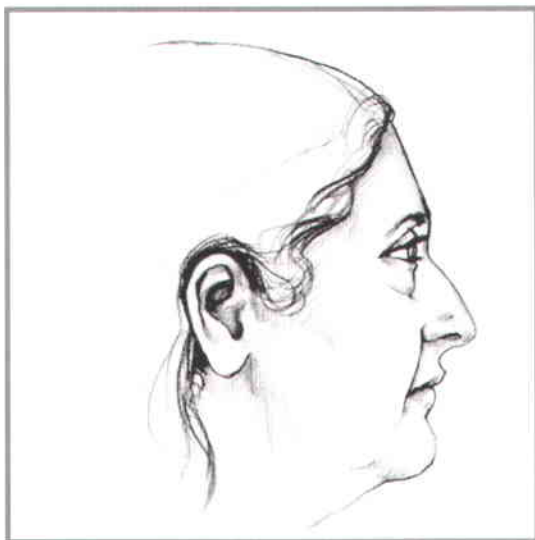
Hairline high — Blue



1. A high but straight hairline giving an overall oval impression. This hairline will get two points. High (blue) and straight (red)
2. A high hairline with a widow's peak. This hairline will get two points. High (blue) and widow's peak (yellow)
3. A high hairline showing the start of the hairline above the curve of the scalp, as seen on profile (blue)
4. Baldness (blue)

FOREHEADS

Forehead sloped — Yellow



Yellow – Hairline sloped

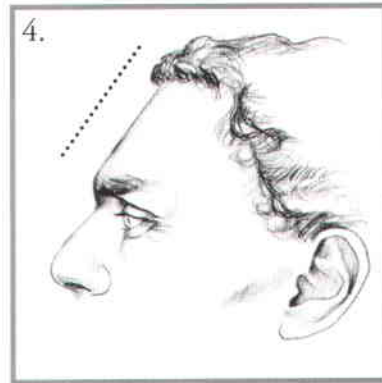
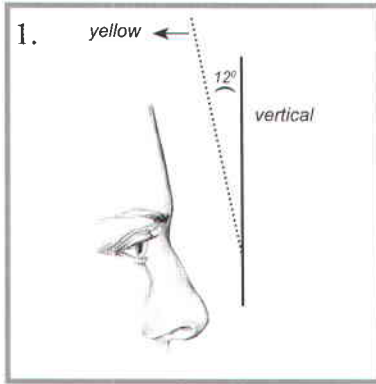


Control – curved not sloped

The measuring point for the forehead is from between the eyebrows. From this starting point the angle and shape of the forehead is assessed. If a forehead is yellow, it will slope backwards in a straight line at an angle of 12° or greater. If the forehead curves backwards it is blue. If the forehead is 11° or less it is red.

FOREHEADS

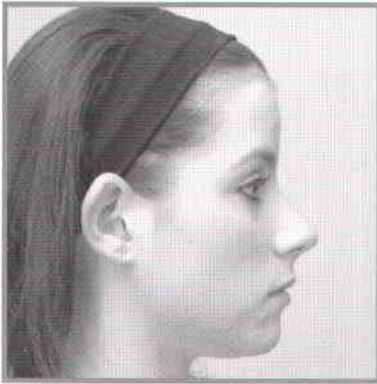
Forehead sloped — Yellow



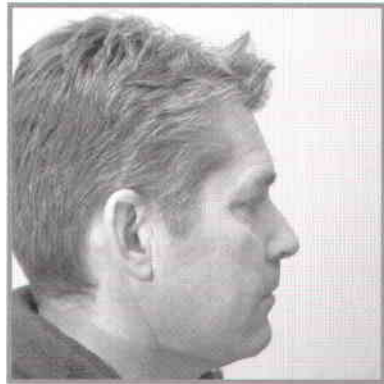
1. The reference line that divides yellow from red – 12° or greater is yellow.
2. The most commonly seen example of the yellow forehead.
3. A sloped and indented forehead. This forehead will get two points. Sloped (yellow) and indented (blue).
4. A sloped forehead at an acute angle (yellow).

FOREHEADS

Forehead straight (vertical) — Red



Red – Forehead straight (and vertical)

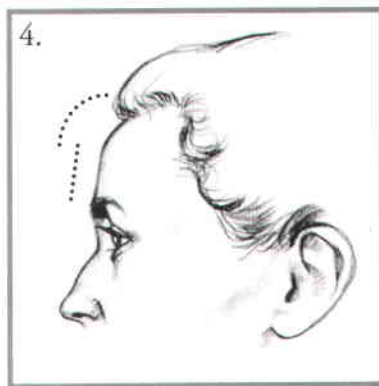
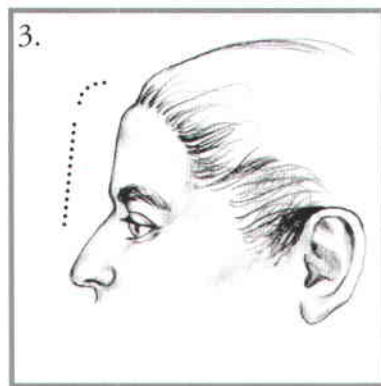
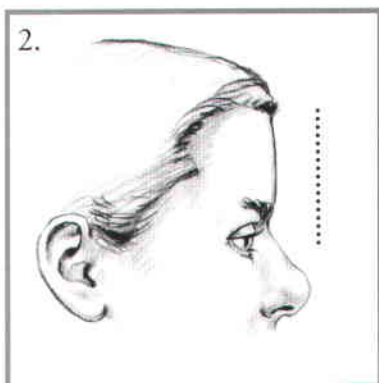
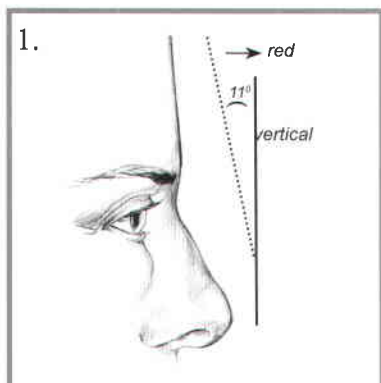


Control – straight (and sloped)

Using between the eyes as the starting place, the red forehead is a straight or almost vertical line (between 0° and 11°) from this point. A forehead must curve at some point to form the top of the head. The last 20% of the forehead is often curved but as long as the first 80% is straight this type of forehead is red.

FOREHEADS

Forehead straight (vertical) — Red



1. The reference line that divides red from yellow – from vertical to 11° is red.
2. The most commonly seen example of the red forehead.
3. The last 20% of the forehead is curved but as 80% of the forehead is straight it is still red.
4. The last 30 – 40 % of this forehead is curved so this forehead will get two points. Straight (red) and curved (blue). Note this angle is 10° (red).

FOREHEADS

Forehead curved — Blue



Blue – Forehead curved

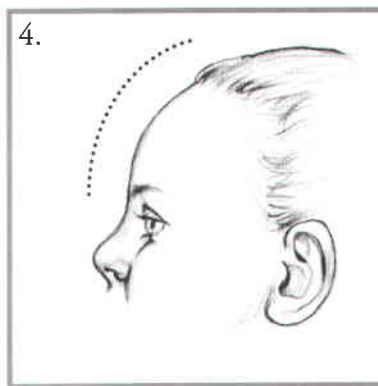
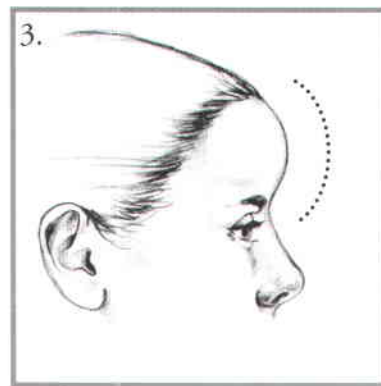
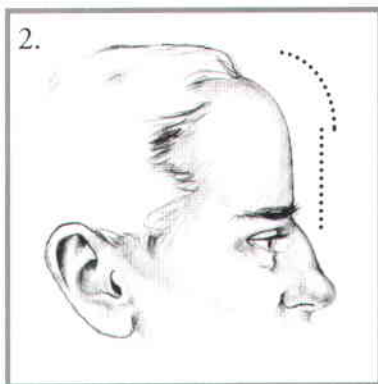
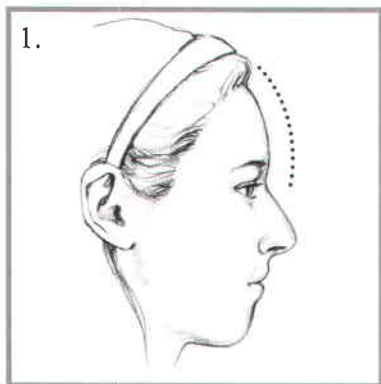


Control – not curved

The curved forehead of blue is a continuous arc extending from between the eyes to the hairline. The curves found in the blue forehead range from a gentle continuous arc, to a semi-circle. When it reaches this degree, the forehead takes on a bulging appearance.

FOREHEADS

Forehead curved — Blue



1. A gentle backward curve, because of its curved shape this forehead is blue.
2. A forehead that is both curved and straight. Straight (vertical) for the first 60% then curved for the last 40%. This forehead will get two points. Curved (blue) and straight (red).
3. An outward bulging curve (blue).
4. A curved forehead seen in a child (blue). Even though this forehead slopes back, it is still blue, because it is curved.

FOREHEADS

Forehead indented — Blue



This takes closer examination than many facial features, because it resembles the sloping forehead of yellow. However, instead of one straight continuous line, the indented blue forehead is actually wavy not straight therefore, it is two small joined curves rather than one long arc.



Blue – Forehead indented



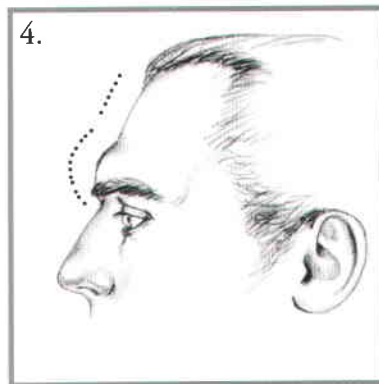
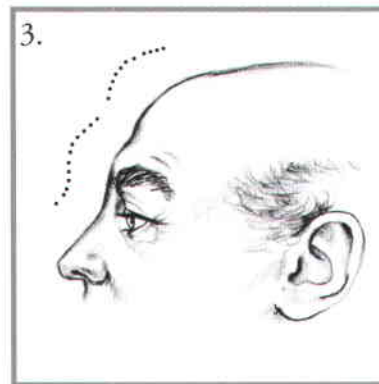
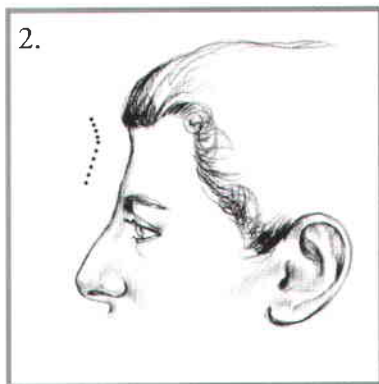
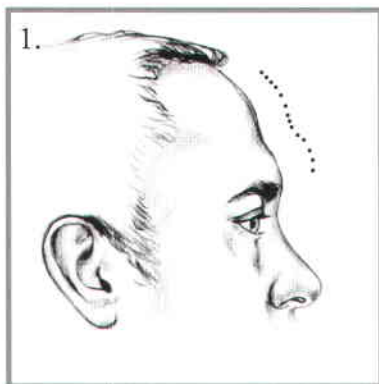
Blue – Forehead curved

Using between the eyes as the starting point, notice the forehead dips in approximately one third the way up toward the hairline. It then curves outward at a slight angle to join the top of the head. The difference between an indented forehead and a brow

- The indented forehead looks like a continuous wave.
- A brow is a semi circular boney projection along or just above the eyebrows.

FOREHEADS

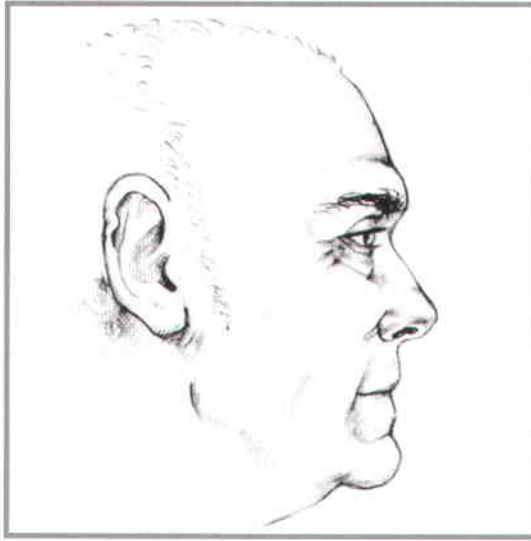
Forehead indented — Blue



1. Indented forehead curving backwards (blue).
2. Indented forehead with a concave curve (blue).
3. Two curves with an indentation (blue). Compare with picture 4.
4. NOT BLUE – Semi circular brow joining a straight sloped forehead. This can look very similar to the example in number 3. This forehead will get two points. Brow (red) and straight sloped (yellow). A forehead that has both a brow (red) and a curve above the brow (blue) also exists.

FOREHEADS

Forehead brow — Red



Red – Forehead brow

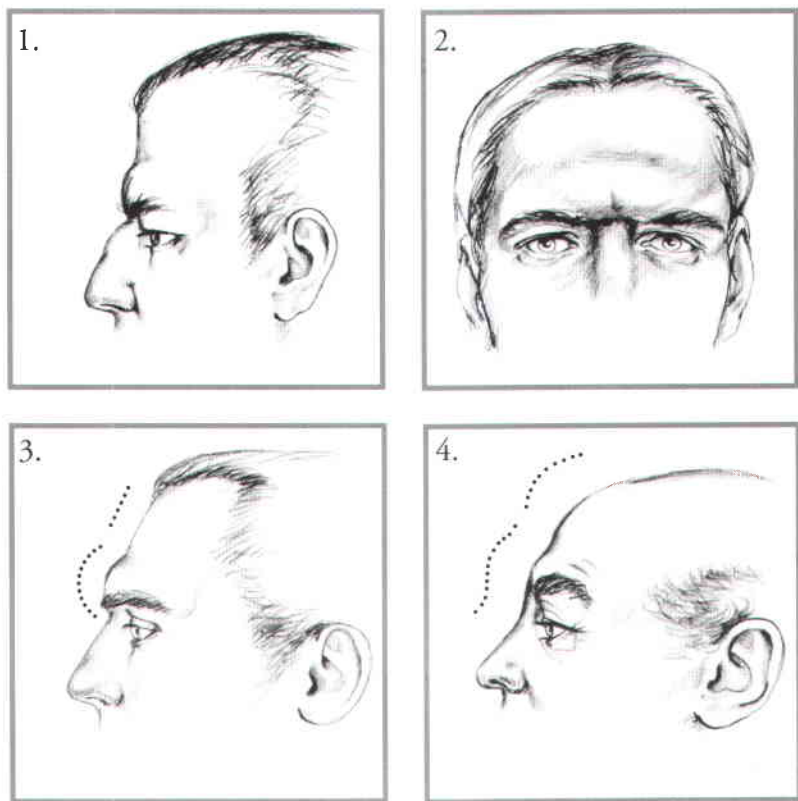


Control – Indented - no brow

A brow is a bony projection that begins level to the eyebrows and gently curves outward extending upward into the forehead for approximately one to two centimetres to join with the forehead. It is separate from the forehead. The red brow differs from the indented forehead of blue because it is a semicircular outward curve rather than a concave indentation.

FOREHEADS

Forehead brow — Red



1. A brow with a straight vertical forehead. This forehead will get two points. Brow (red) and straight vertical (red).
2. A brow from a frontal view. From this position the forehead appears indented but on profile it is the brow that is strong (red) not the forehead.
3. A brow with a straight sloped (yellow) forehead. This forehead will get two points. Brow (red) and straight sloped (yellow). Compare with picture 4.
4. NOT RED – two curves with an indentation. This can look very similar to the example in number 3. This forehead is blue only, it does not have the outward curve that defines a brow.

BRIDGE OF NOSE

Bridge full — Red



Red – Bridge full



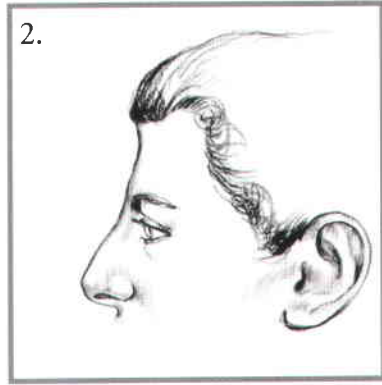
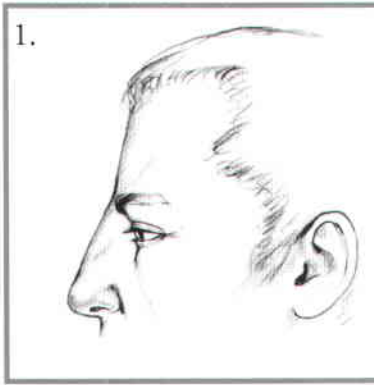
Control – bridge not rated

The term bridge in this context is the point between the forehead and the commencement of the nose. There are two ways of viewing this fullness.

1. In a full or vertical bridge, the bone of the nose begins between the eyebrows. It does not have an inward curve
2. Full bridge is also used to describe the distance between the eye and the bone of the nose on profile

BRIDGE OF NOSE

Bridge full — Red



1. The bridge in this example extends directly downward from a position slightly higher than the middle of the eyebrows. This gives the impression that the nose starts from the forehead (red).
2. The bridge extends from the more standard middle of the eyebrow position before extending outward into the nose (red).
3. Although there is a curve in the bridge, the distance between the eye and the bridge of the nose is greater than average (red). See picture 4.
4. **AVERAGE BRIDGE** – not rated. Both the full and indented bridge are measured against this point. Anything more full or straight is red and anything less is indented (blue).

BRIDGE OF NOSE

Bridge indented — Blue



Blue – Bridge indented

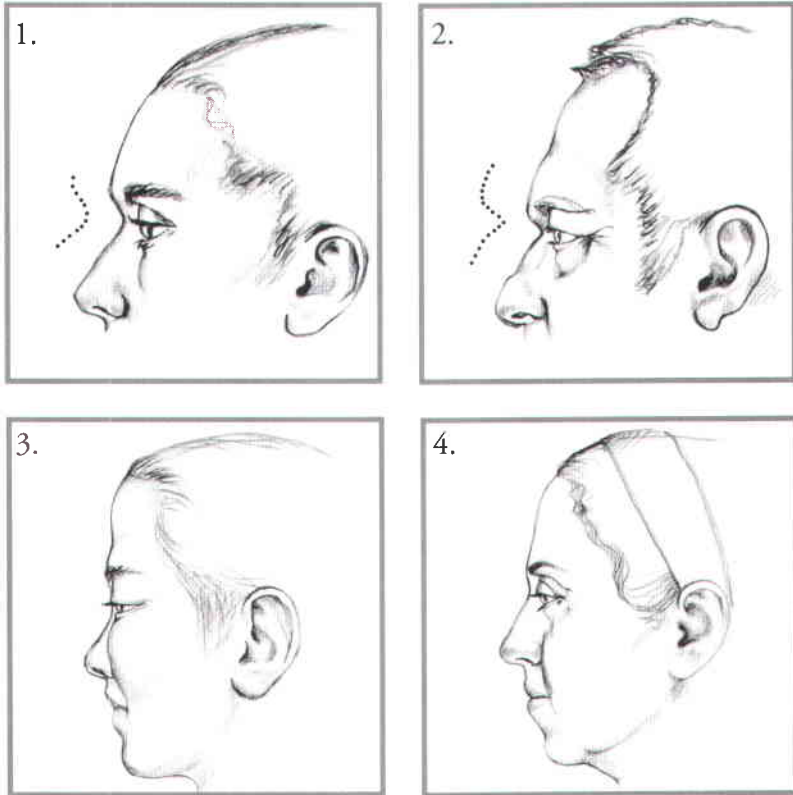


Control – Bridge not rated

The term bridge in this context is the point between the forehead and the commencement of the nose. With an indented bridge the nose curves or cuts inward toward the eyes before extending outward to the nose. The bridge on profile has a definite concave appearance.

BRIDGE OF NOSE

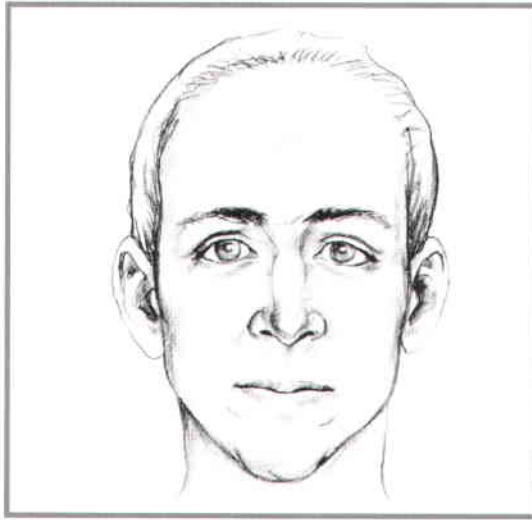
Bridge indented — Blue



1. A gentle continuous inward curve (blue).
2. A smaller but sharper 'cut' creating a sideways V appearance between the forehead and the nose (blue).
3. No bridge at all, where the bone of the nose is almost non existent like that of many new born babies (blue).
4. AVERAGE BRIDGE – not rated. Both the full and indented bridge are measured against this point. Anything more full or straight is red and anything less is indented (blue).

EYES

Eyes downturned — Yellow



Yellow – Eyes down-turned

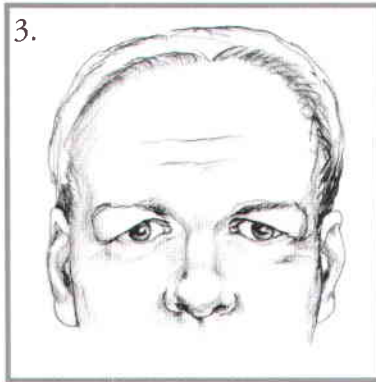
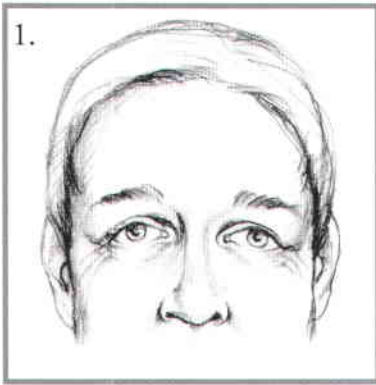


Control – eye shape not rated

Down-turned eyes slope downward at a more pronounced angle than the first half of the upper eyelid. Down-turned eyes occur regardless of whether the eyelids are full or recessed.

EYES

Eyes downturned — Yellow



1. A commonly seen example of down-turned eyes (yellow).
2. A subtle example, but still regarded as down-turned (yellow).
3. Down-turned eyes with recessed lids. These eyes will get two points. Down-turned (yellow) and recessed lids (blue).
4. Down-turned eyes with full lids. These eyes will get two points. Down-turned eyes (yellow) and full lids (yellow).

EYES

Eyes close-set — Yellow



Yellow – Close-set (starting point)

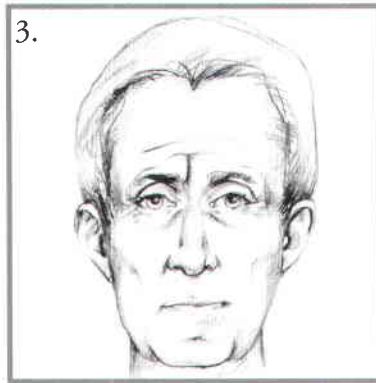
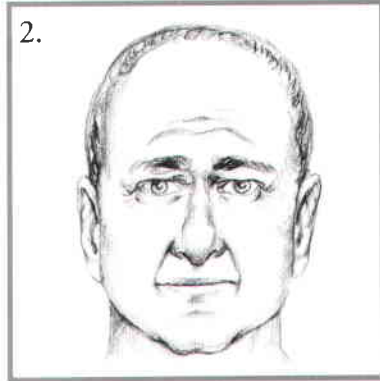


Control – not close-set

Close-set eyes are when the inner canthus of each eye appear closer to the bridge of the nose than average. No mathematical definition for close-set eyes exists so it relies on visual interpretation. It depends on a number of factors including the width of the face, the width of the nose, the length of the nose and the size of the eyes.

EYES

Eyes close-set — Yellow



1. Close-set eyes (yellow).
2. Close-set eyes with recessed lids. These eyes will get two points. Close-set eyes (yellow) and recessed lids (blue).
3. Close set eyes with full lids. These eyes will get two points. Close-set (yellow) and full lids (yellow).
4. Close-set eyes that are small. These eyes will get two points. Close-set (yellow) and small eyes (yellow).

EYES

Eyes small — Yellow



Yellow – Small eyes

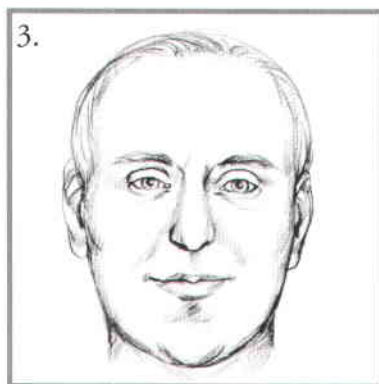
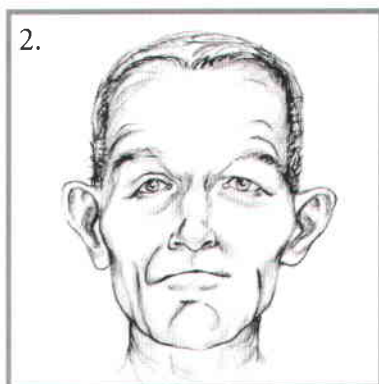
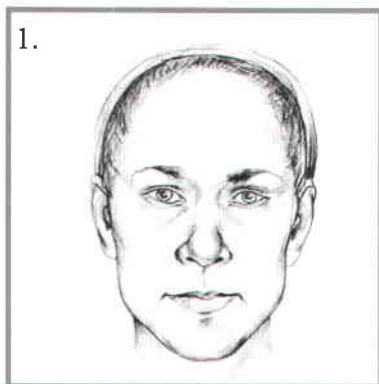


Control – Size not rated

Small eyes are a visual interpretation in context with other facial features. There are no mathematical measurements. Eyes can appear small regardless of eye shape.

EYES

Eyes small — Yellow



1. Small eyes that are also upturned. These eyes will get two points. Small eyes (yellow) and upturned eyes (blue)
2. Small eyes that are also down-turned. These eyes will get two points. Small eyes (yellow) and down-turned eyes (yellow)
3. Small eyes with full lids. These eyes will get two points. Small eyes (yellow) and full lids (yellow)
4. Small eyes (yellow)

EYES

Eyes full-lids — Yellow



Yellow – Full lids (starting point)

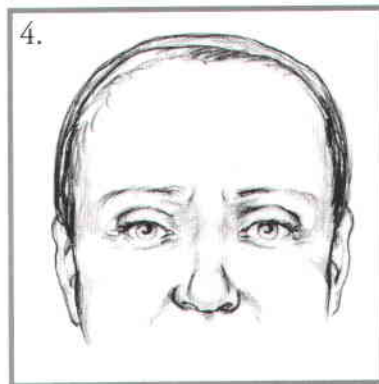
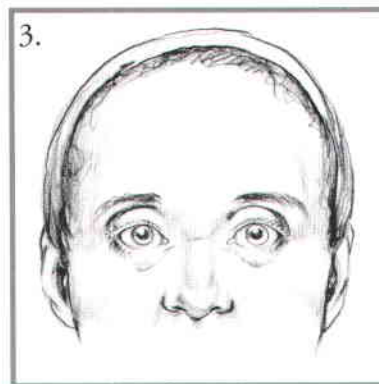
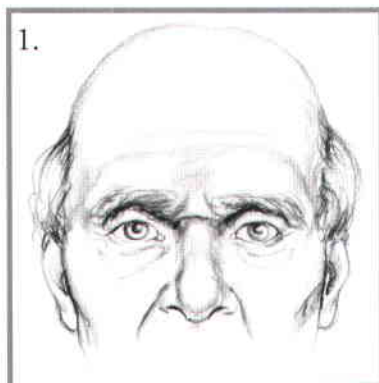


Yellow – Full lids commonly seen

Full lids extend over the eyeball covering an area of thirty percent or more. Picture one is where full lids begin. Anything less than this would not rate.

EYES

Eyes full-lids — Yellow



1. Full lids with deep-set eyes. These eyes will get two points. Full lids (yellow) and deep-set eyes (blue).
2. Full lids with down-turned eyes. These eyes will get two points. Full lids (yellow) and down-turned eyes (yellow).
3. Full lids with exophthalmic eyes. These eyes will get two points. Full lids (yellow) and exophthalmic eyes (red).
4. Full lids (yellow).

EYES

Eyes large — Red



Red – Large eyes

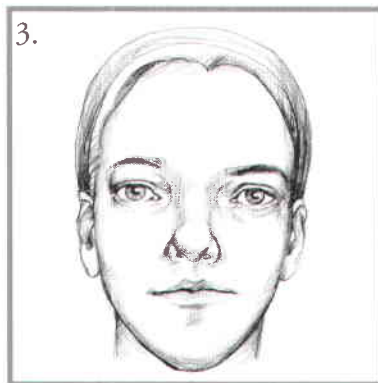
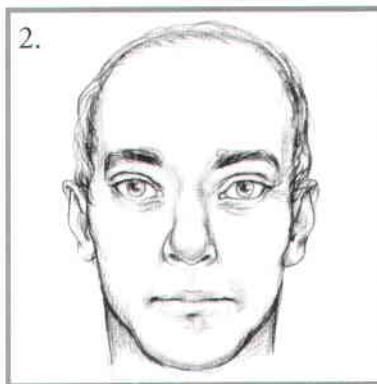


Control – Size not rated

Large eyes are a visual interpretation in context with other facial features. There are no mathematical measurements. Eyes can appear large regardless of eye shape.

EYES

Eyes large — Red



1. Large eyes that are also exophthalmic. These eyes will get two points. Large eyes (red) and exophthalmic eyes (red)
2. Large eyes that are also upturned. These eyes will get two points. Large eyes (red) and upturned eyes (blue)
3. Large eyes that are also wide-set. These eyes will get two points. Large eyes (red) and wide-set (blue)
4. Large eyes (red)

EYES

Eyes exophthalmic — Red



Red – Exophthalmic eyes



Red – Exophthalmic eyes on profile

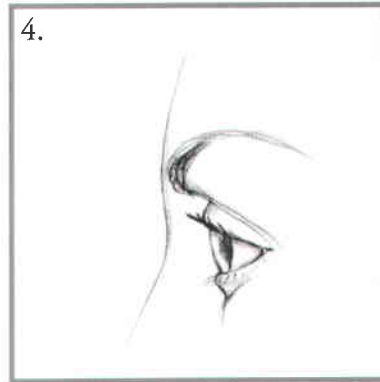
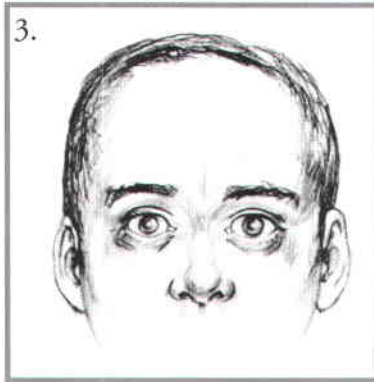
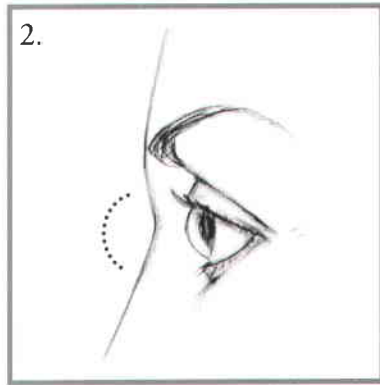
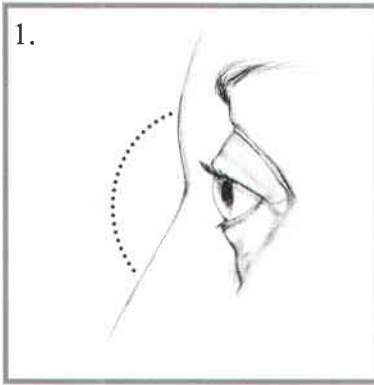
There are two aspects to the exophthalmic eye.

- When the whole socket of the eye protrudes beyond the line of the face
- On profile the eyeball has a marked convex curve

When looking front on at a person's face, exophthalmic eyes are best observed with the naked eye because of their three dimensional character. With a camera, exophthalmic eyes are best observed on profile. Exophthalmic eyes often give a 'staring' impression.

EYES

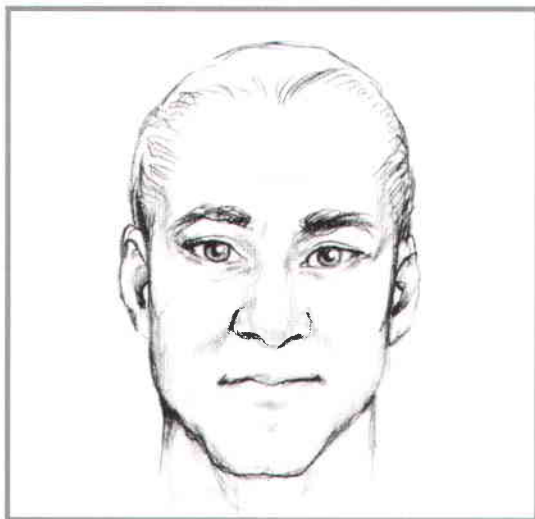
Eyes exophthalmic — Red



1. Exophthalmic eyes showing a protrusion of both the socket and the eyeball (red)
2. Convex curvature of the eye on profile (red) with a normal socket
3. Exophthalmic eyes frontal view (red)
4. Average curvature of the eye on profile – no rating

EYES

Eyes upturned — Blue



Blue – Upturned eyes

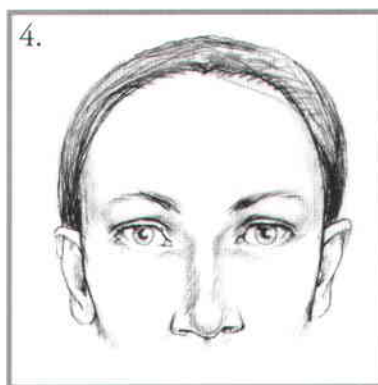
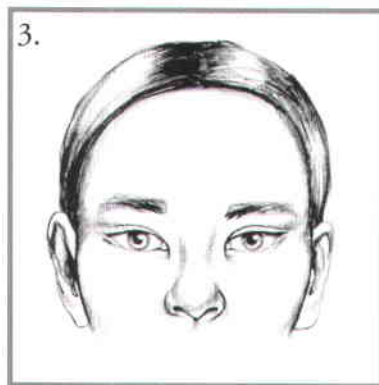
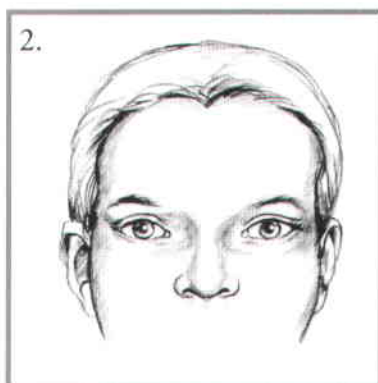
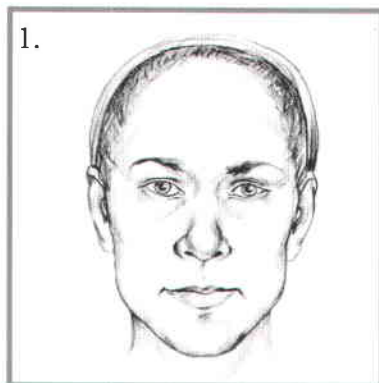


Control – Shape not rated

If a horizontal line is drawn from the inner canthus to the outer canthus, the level should be approximately even. When the outer canthus is considerably higher, it gives the eye an 'upturned' appearance as though the eye is slanting upwards at an angle.

EYES

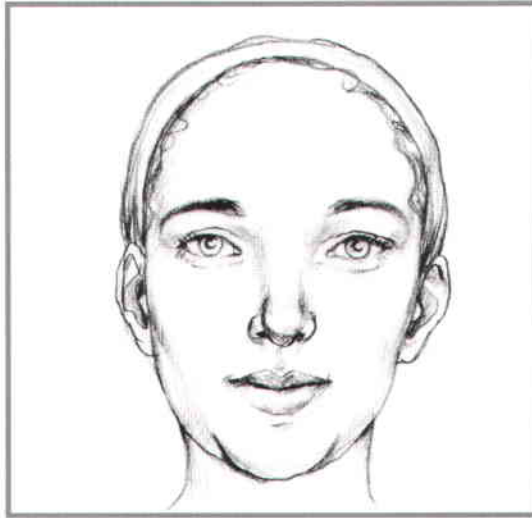
Eyes upturned — Blue



1. Upturned eyes that are also small. These eyes will get two points.
Upturned eyes (blue) and small eyes (yellow)
2. Upturned eyes that are also wide-set. These eyes will get two points.
Upturned eyes (blue) and wide-set eyes (blue)
3. Upturned eyes.
4. Upturned eyes (blue)

EYES

Eyes wide-set — Blue



Blue – Wide-set eyes

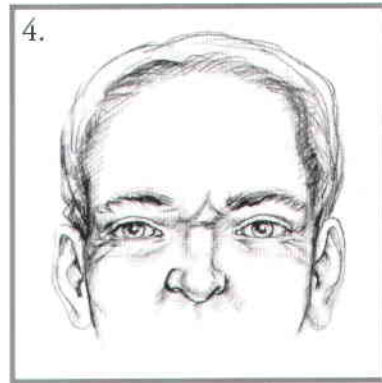
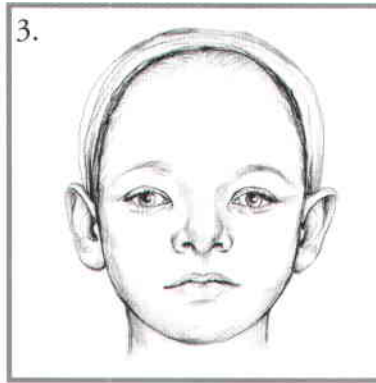
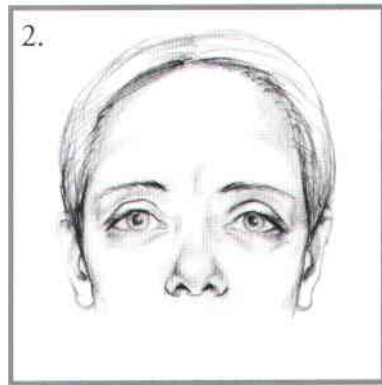


Control – Width not rated

Wide-set eyes are when the inner canthus of each eye appear further away from the bridge of the nose than average. No mathematical definition for wide-set eyes exists so it relies on visual interpretation. It depends on a number of factors including the width of the face, the width of the nose, the length of the nose and the size of the eyes. Wide-set eyes are often more observable 'face to face' than they are by photograph.

EYES

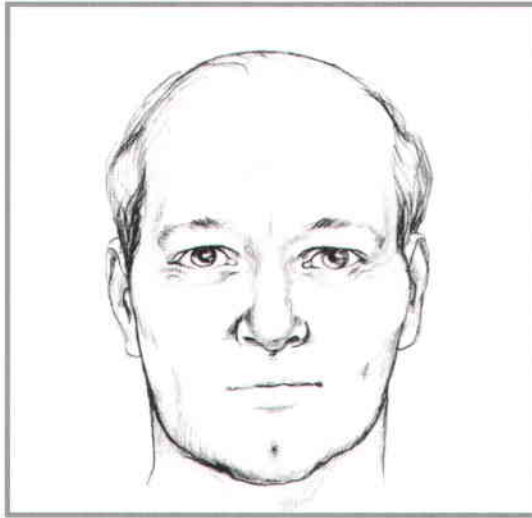
Eyes wide-set — Blue



1. Wide-set eyes that are also large. These eyes will get two points. Wide-set eyes (blue) and large eyes (red)
2. Wide-set eyes that are also down-turned. These eyes will get two points. Wide-set eyes (blue) and down-turned eyes (yellow)
3. Wide-set eyes that are also small. This will get two points. Wide-set (blue) and small (yellow)
4. Wide-set eyes (blue)

EYES

Eyelids recessed — Blue



Blue –Eyelids recessed

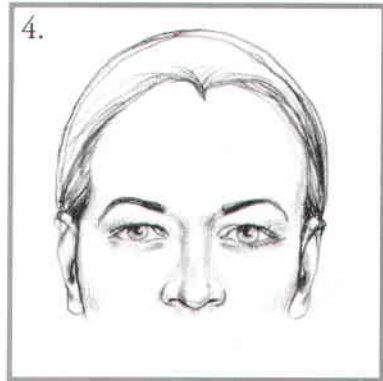
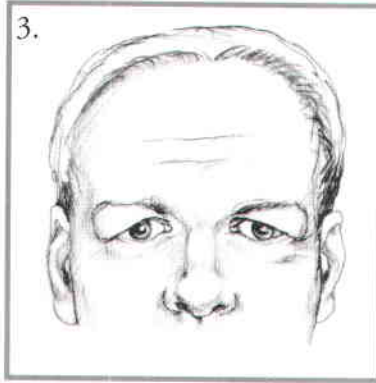
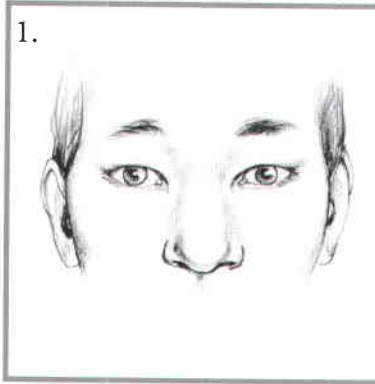


Control – Lids not rated

Many eyes have a layer or fold of skin referred to as the eyelid. If this fold or lid is not visible, it is recessed regardless of the shape of the eye. Usually the eyelashes are still visible. Recessed lids feature prominently amongst some races. Regardless of race, creed or colour facial features are rated as they appear.

EYES

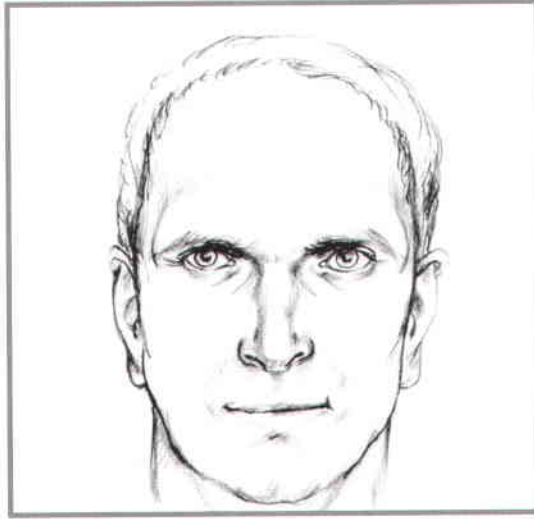
Eyelids recessed — Blue



1. Recessed lids with upturned eyes. These eyes will get two points. Recessed lids (blue) and upturned eyes (blue)
2. Recessed lids with deep-set eyes. These eyes will get two points. Recessed lids (blue) and upturned eyes (blue)
3. Recessed lids with down-turned eyes. These eyes will get two points. Recessed lids (blue) and down-turned eyes (yellow)
4. Recessed lids (blue)

EYES

Eyes deepset — Blue



Blue – Deep-set eyes



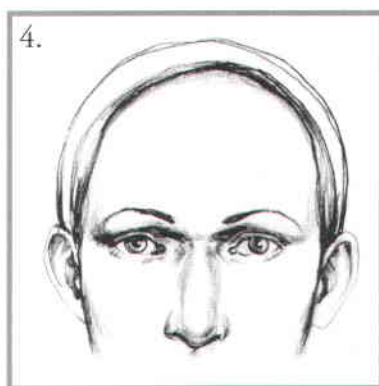
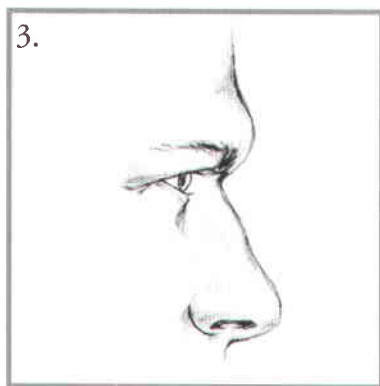
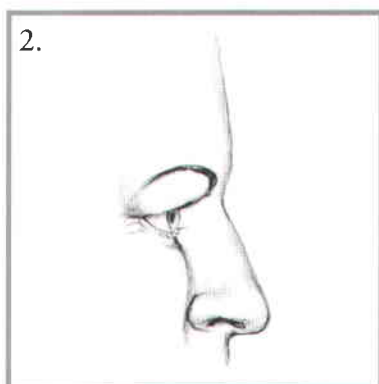
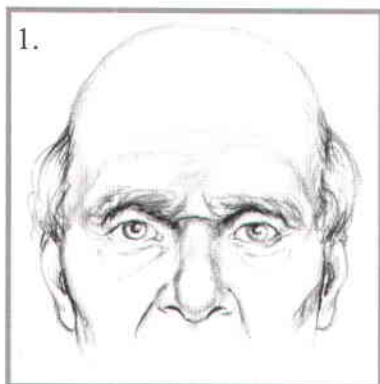
Blue – Deep-set eyes on profile

Deep-set eyes are a three dimensional facial feature and therefore not identified via a photograph easily. They are seen during the consultation.

Deep-set eyes are different to recessed lids although both are blue features. Deep-set eyes are set further back into the skull rather than level with the face. Although sometimes seen with a heavy brow deep-set eyes are a separate feature.

EYES

Eyes deepset — Blue



1. Deep-set eyes with full lids. These eyes will get two points. Deep-set eyes (blue) and full lids (yellow)
2. Deep-set eyes on profile (blue)
3. Deep-set eyes with a full brow on profile. These eyes will get two points. Deep-set eyes (blue) and full brow (red)
4. Deep-set eyes (blue)

NOSE

Nose bump — Yellow



Yellow – Bump on nose

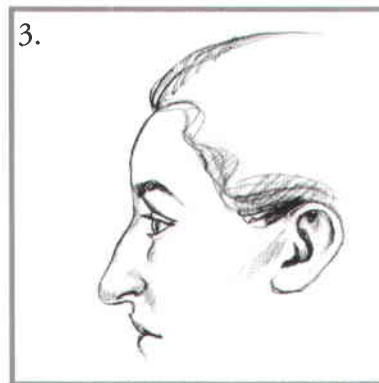
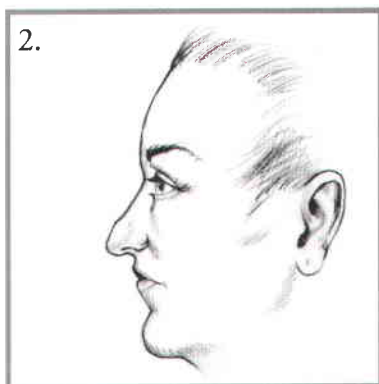
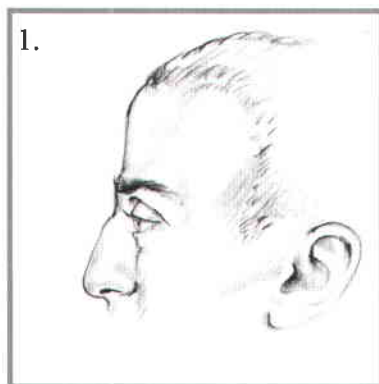


Control – Nose not rated

The bump of the nose is generally located in the upper third of the length of the nose on profile. However, in some cases it will be in the lower third. The bump itself will range from eye catching to just visible; however, whether blatant or subtle if the bump can be seen, it must be rated. A bump further down the nose, will give the nose an overall curved or 'hawkish' appearance.

NOSE

Nose bump — Yellow



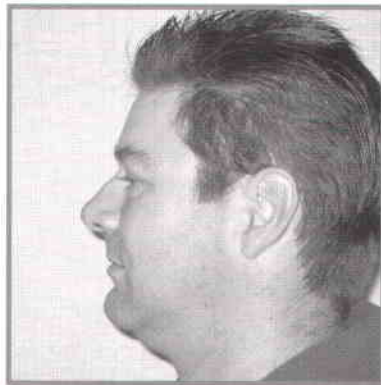
1. Bump on the nose - upper third (yellow).
2. Bump on the nose – lower third (yellow).
3. Bump on the nose and down-turned. This nose will get two points.
Bump (yellow) and down-turned (yellow).
4. Bump on the nose – broad (yellow).

NOSE

Nose long downward/curved — Yellow



Yellow – Down-turned

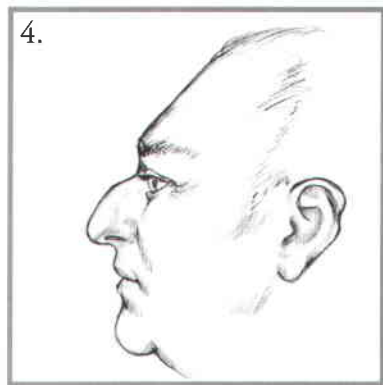
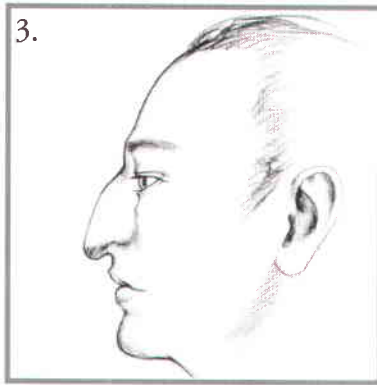
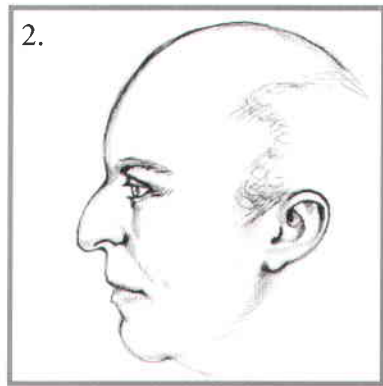


Control – Straight nose

There are two primary examples of the down-turned nose. The first is generally a longer nose that extends down towards the mouth rather than outwards from the face, the second has a definite downward curve that is colloquially termed a 'hooked' nose.

NOSE

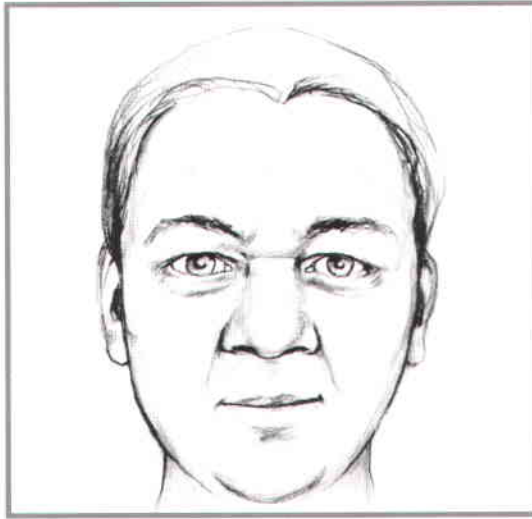
Nose long downward/curved — Yellow



1. Down-turned nose (yellow).
2. Curved nose (yellow).
3. Down-turned with a bump. This nose will get two points. Down-turned (yellow) and bump (yellow).
4. Curved with a bump. This nose will get two points. Curved (yellow) and bump (yellow).

NOSE

Nose wide — Red



Red – Wide nose

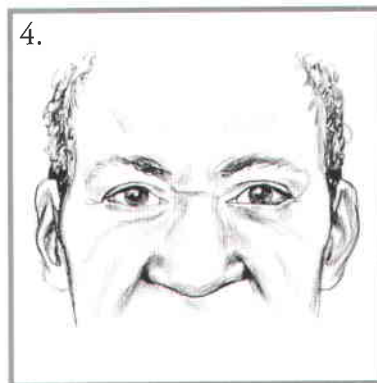
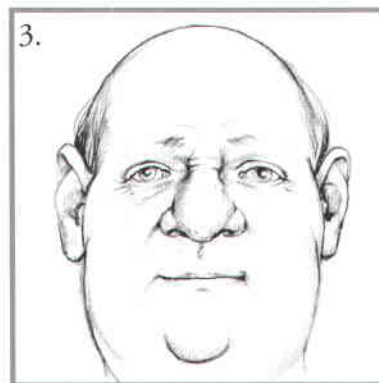
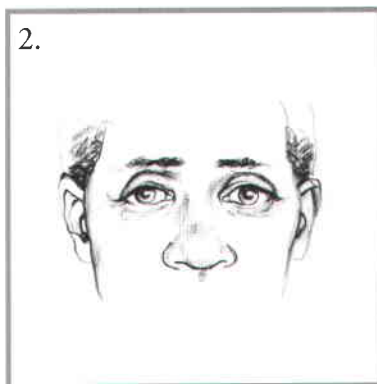
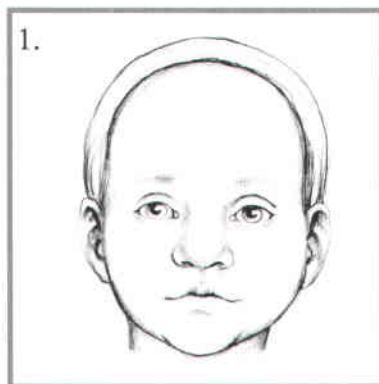


Control – Not wide

In a wide nose there are two types. The width of the nose has a broad surface area or the bone of the nose is average or thin while the end of the nose is wide.

NOSE

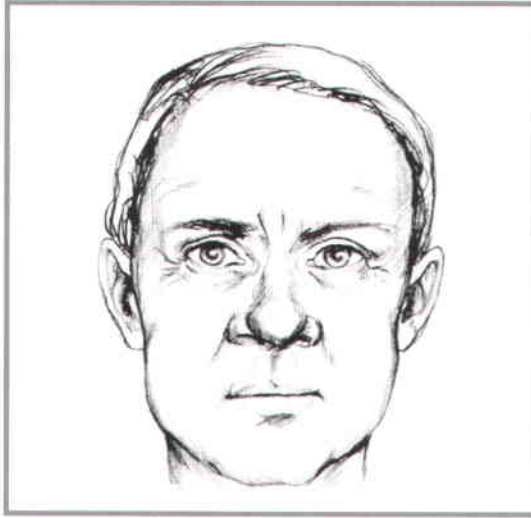
Nose wide — Red



1. Broad nose down the whole length (red).
2. Thin bone of the nose with a wide base (red).
3. Bulbous or 'whiskey' nose (red).
4. Wide square base of the nose (red).

NOSE

Nose ball-shaped — Red



Red – Nose ball



Control – Shape not rated

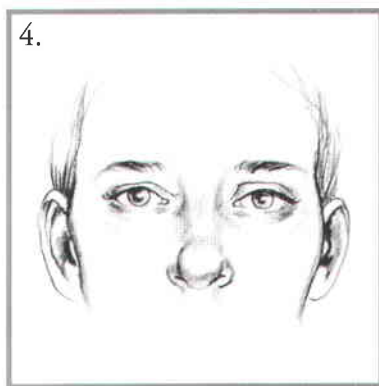
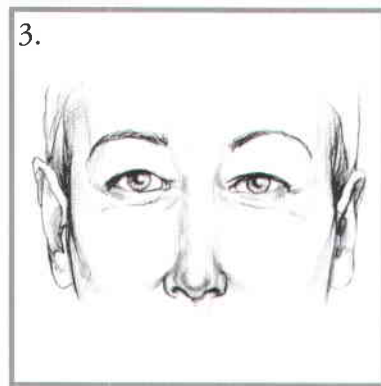
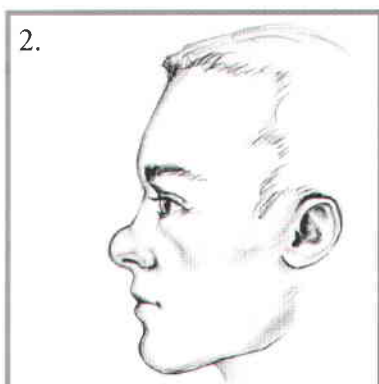
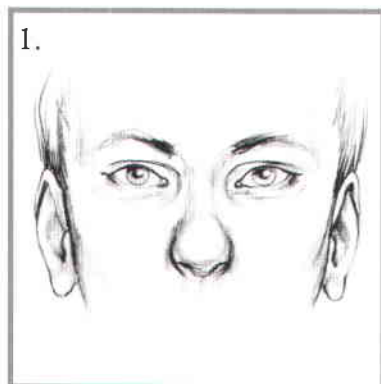
A ball shaped nose takes three main forms.

- The bone of the nose is straight while the end is rounded.
- The bridge is indented on profile with a round end.
- The nose has a standard shape with a round tip.

Sometimes the tip of the nose has an indentation or cleft, this is also red.

NOSE

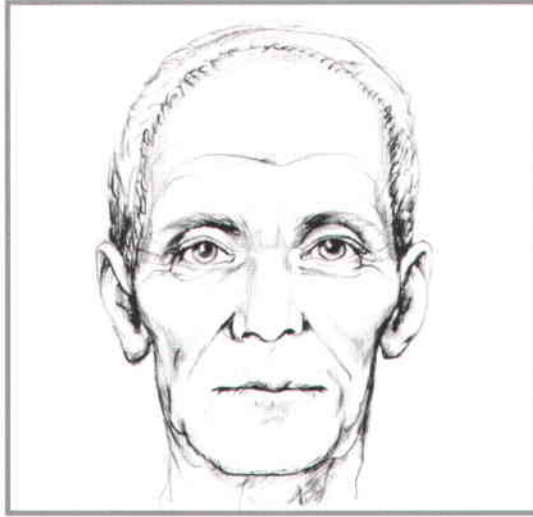
Nose ball-shaped — Red



1. Ball nose with rounded end (red).
2. Ball nose with an indented bridge on profile. This nose will get two points. Ball (red) and indented bridge (blue).
3. The rounded tip at the end of an otherwise normal nose (red).
4. Ball sits forward of the nostrils (red).

CHEEKS

Prominent cheekbones and sunken cheeks — Blue



Blue – Prominent cheekbones

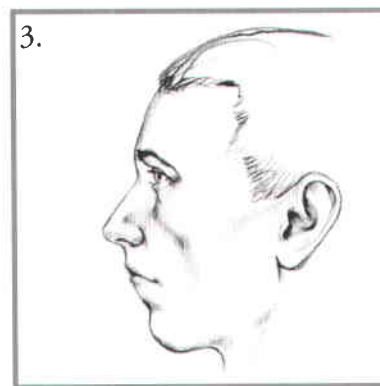
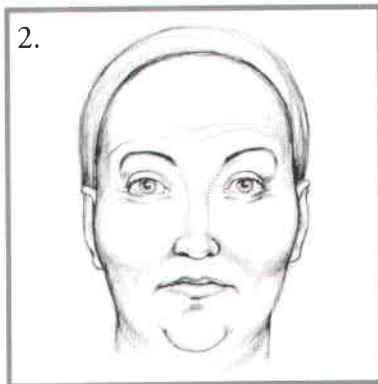
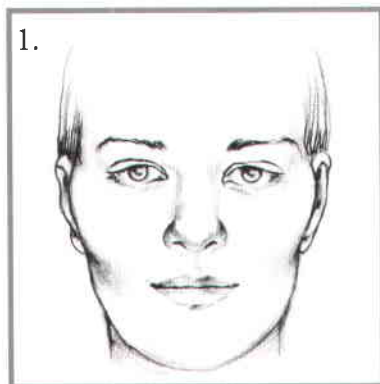


Control – No cheekbones visible

Cheekbones are high-lighted most while smiling; however, even when not smiling the cheekbones of some people can be quite defined. The cheekbones either create a 'U' shape in the face or protrude out from the face as round balls in the cheeks. The key is the word 'prominence' they must be distinctive.

CHEEKS

Prominent cheekbones and sunken cheeks — Blue



1. Prominent cheekbones (blue)
2. Prominent cheekbones with a 'fleshy' look (blue)
3. Sunken cheeks with a gaunt appearance (blue)
4. Sunken cheeks with prominent cheekbones. This will get two points.
Prominent cheekbones (blue) and sunken cheeks (blue) – subtle example

MOUTH

Mouth small — Yellow



Yellow – Small mouth

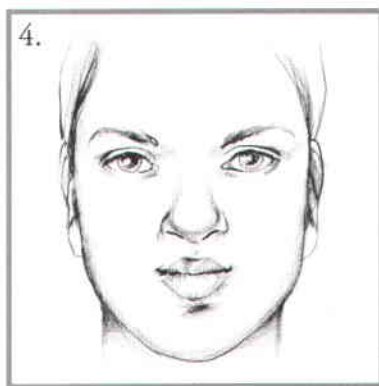
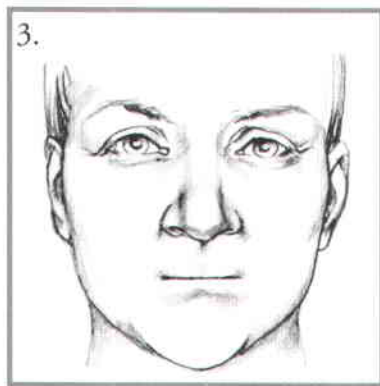
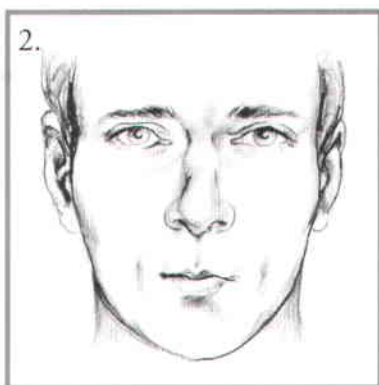
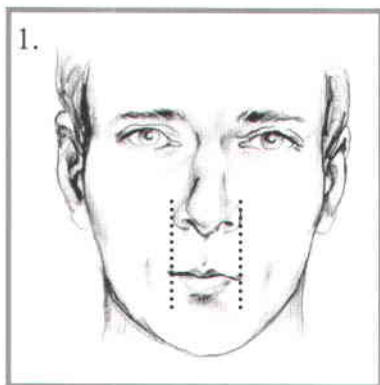


Control – Size not rated

If hypothetical lines are drawn downward in a straight line from the wings of the nose to the mouth, the 'average sized' mouth extends just beyond these lines. A small mouth lies inside these lines. The exception to this rule is when the base of the nose is wide in which case the mouth may be within normal limits but still fit into this criteria. However, by far the best indicator for a small mouth is when your eyes are drawn to it naturally.

MOUTH

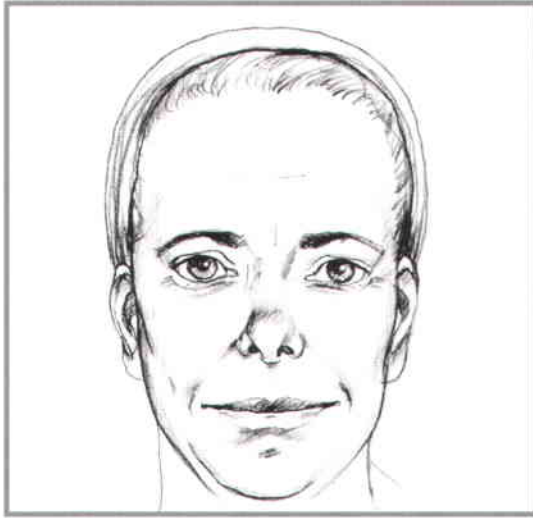
Mouth small — Yellow



1. Small mouth showing the hypothetical lines (yellow).
2. Small mouth with normal lips (yellow).
3. Small mouth with thin lips. This mouth will get two points. Small mouth (yellow) and thin lips (yellow).
4. Small mouth with full lips. This mouth will get two points. Small mouth (yellow) and full lips (red).

MOUTH

Mouth wide — Red



Red – Wide mouth

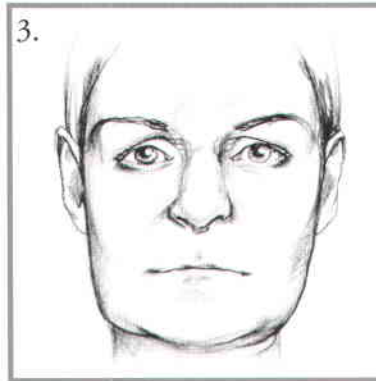
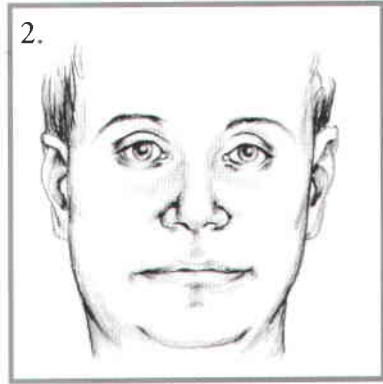
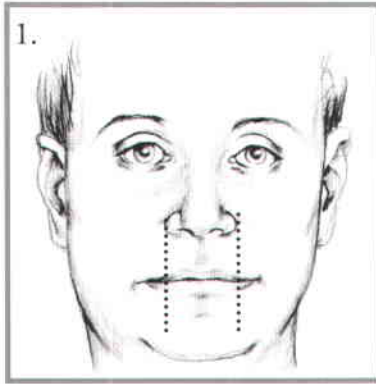


Control – Width of mouth not rated

If hypothetical lines are drawn downward in a straight line from the wings of the nose to the mouth, the 'average sized' mouth extends just beyond these lines. A small mouth lies inside these lines. The exception to this rule is when the base of the nose is wide in which case the mouth may be within normal limits but still fit into this criteria. However, by far the best indicator for a small mouth is when your eyes are drawn to it naturally.

MOUTH

Mouth wide — Red



1. Wide mouth showing the hypothetical lines (red).
2. Wide mouth with normal lips (red).
3. Wide mouth with thin lips. This mouth will get two points. Wide mouth (red) and thin lips (yellow).
4. Wide mouth with full lips. This mouth will get two points. Wide mouth (red) and full lips (red).

LIPS

Lips thin — Yellow



Yellow – Lips Thin

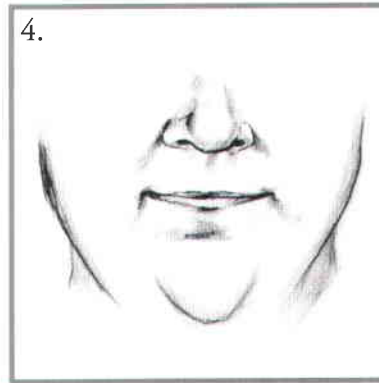
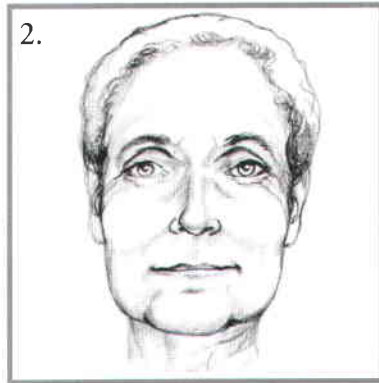
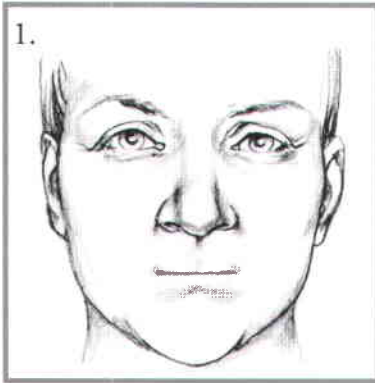


Control – Lips not rated

There are no limits or calculations to define thin lips. Thin lips, like many facial features are a visual impression. Lipstick can be a problem if it goes beyond the natural line of the lips so check the photo carefully. Assess the lips from a non- smiling photograph as smiling pulls the lips making them look thin.

LIPS

Lips thin — Yellow

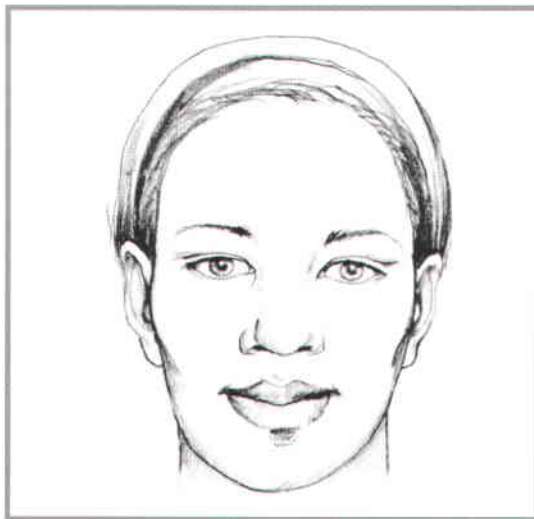


1. Thin lips with a small mouth. This mouth will get two points. Thin lips (yellow) and small mouth (yellow).
2. Thin lips with a wide mouth. This mouth will get two points. Thin lips (yellow) and wide mouth (red).
3. Thin lips with a down-turned mouth*. This mouth will get two points. Thin lips (yellow) and down-turned mouth (blue).
4. Thin lips (yellow).

*the down-turned mouth does not have a page allocated to it – it is a blue feature. Note this is the only example in the book

LIPS

Lips full — Red



Red – Lips Full

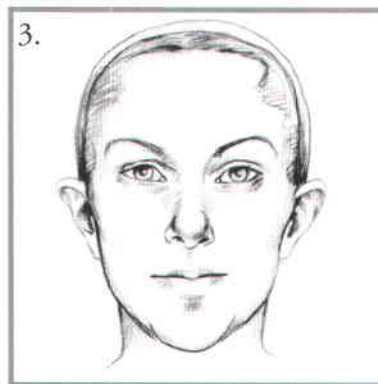
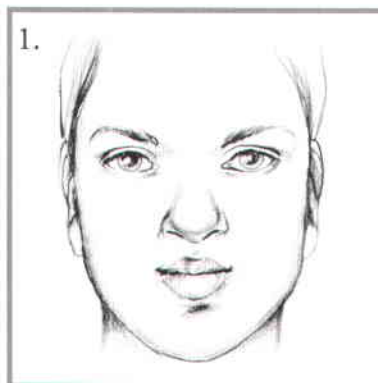


Control – Lips not rated

There are no limits or calculations to define full lips. Full lips, like many facial features are a visual impression. Assess the lips from a non-smiling photograph as smiling pulls the lips making them look thinner.

LIPS

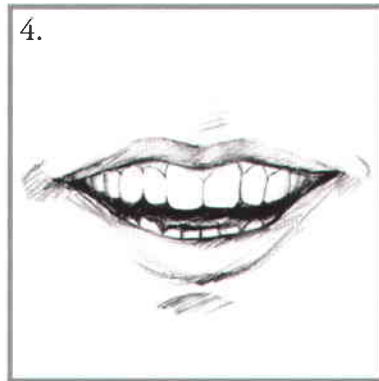
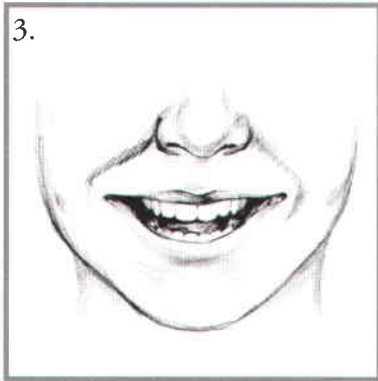
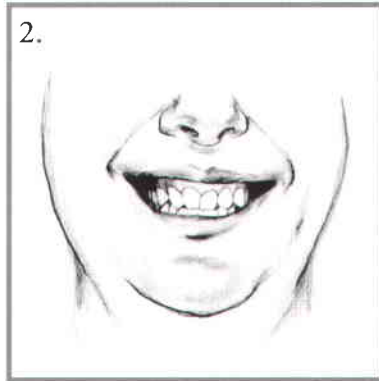
Lips full — Red



1. Lips full with a small mouth. This mouth will get two points. Full lips (red) and small mouth (yellow).
2. Lips full with a wide mouth. This mouth will get two points. Full lips (red) and wide mouth (red).
3. Top lip normal and bottom lip full giving overall impression of full lips (red).
4. Lips full with no other miasmatic rating to the mouth (red).

SMILE

Smile compact smile — Yellow

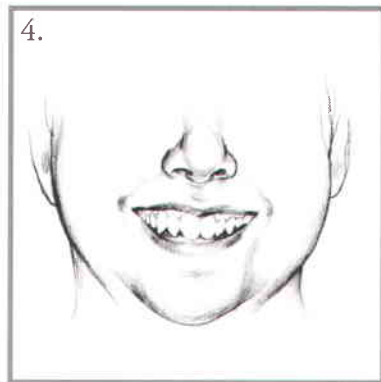
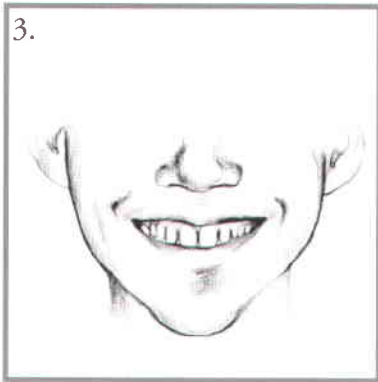


In a compact smile, the curve of the dental arch is narrow. When smiling, the lips and mouth stretch further than the teeth. Therefore, on smiling, the observer sees a space between the teeth and the inside of the mouth. This is because the dental arch is smaller and more 'compact'.

1. Compact smile with crossed over teeth. This smile will get two points
Compact smile (yellow) and crossed over teeth (blue).
2. Compact smile with gums showing. This smile will get two points.
Compact smile (yellow) and gums showing on smile (red).
3. Compact smile (yellow).
4. Smile not rated. The teeth in this example do not extend the full width of the mouth and there is not enough shadow to make them compact.

SMILE

Smile full — Red

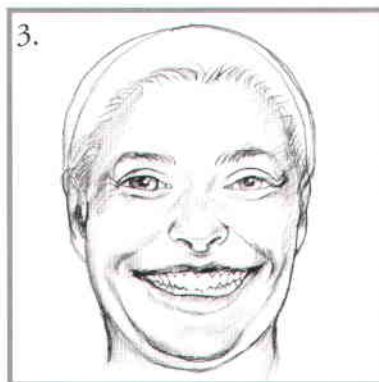


If the teeth fill the whole of the mouth while smiling it is termed a full smile. The mouth has no space that is not taken up by the teeth.

1. Full smile with even teeth. This mouth will get two points. Full smile (red) and even teeth (red).
2. Full smile with even teeth. This mouth will get two points. Full smile (red) and even teeth (red).
3. Full smile with gaps between the teeth. This mouth will get two points. Full smile (red) and gapped teeth (red).
4. Full smile with crooked teeth. This mouth will get two points. Full smile (red) and crooked teeth (blue).

SMILE

Smile large — Red

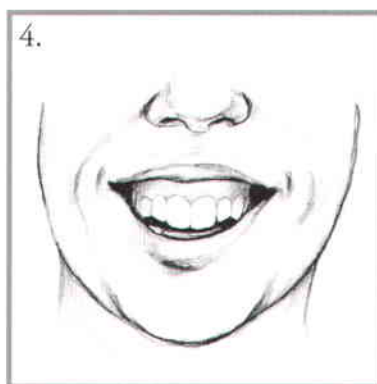
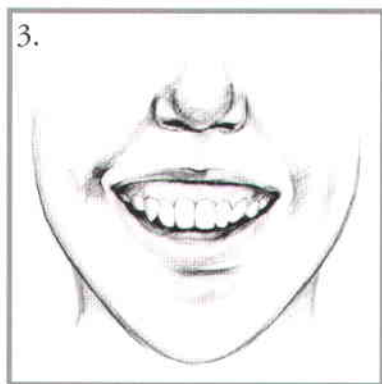


A smile that is eye catching and large when compared to other facial features is red. When the lips are closed, a person's mouth may be of average size yet when they smile it dominates the face.

1. Large smile (red).
2. Smile not rated.
3. Large smile (red). This smile extends almost the full width of the face.
4. Large smile (red). This smile is large compared to other facial features.

SMILE

Smile gums — Red

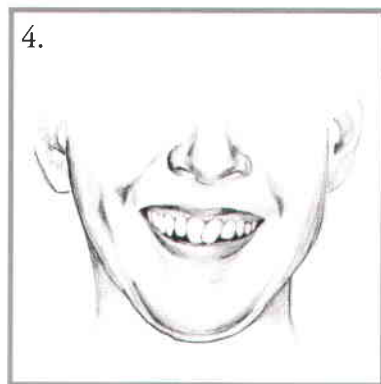
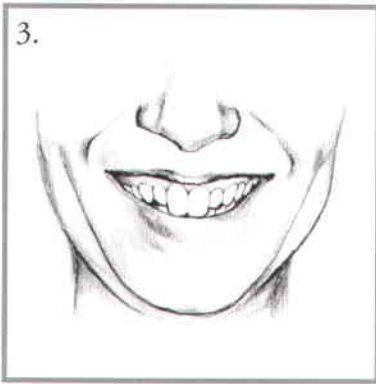


When a person smiles and the gums are obvious and prominent, one red point is given for that feature. Visible gums on smiling has nothing to do with the shape of the teeth.

1. Gums show on smiling (red).
2. Gums not rated.
3. Gums show on smiling with a full smile. This smile will get two points. Gums show on smiling (red) full smile (red).
4. Gums show on smiling with a compact smile. This smile will get two points. Gums show on smiling (red) compact smile (yellow).

TEETH

Teeth two front prominent — Yellow

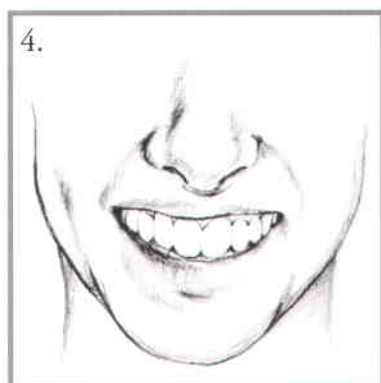
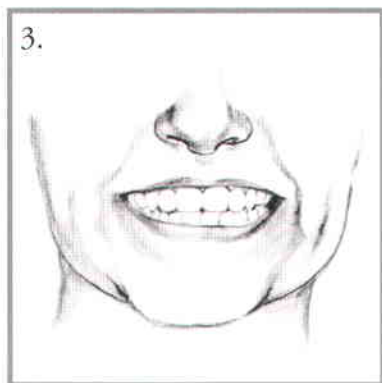


When the two front teeth look more prominent, large or forward than the teeth beside them (top row) they are yellow. This can give a 'rabbit' or 'bucky' appearance.

1. The two front teeth are considerably longer than the other teeth (yellow).
2. The two front teeth stand out from the other teeth although not considerably longer (yellow).
3. Prominent front teeth longer (yellow).
4. Prominent front teeth larger with 'crossed-over' front teeth. These teeth will get two points. Prominent front teeth (yellow) and crossed over front teeth (blue).

TEETH

Teeth even — Red



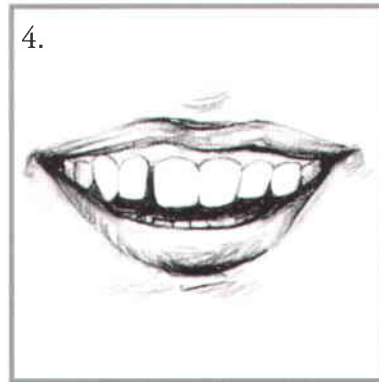
Firstly, check whether the patient has had dental braces and if so for what reason. Rate the teeth as they were BEFORE the dental work. Use old photos or the patient's memory. When analysing facial features we are analysing the physiological impact of the miasm they have inherited.

The typical even and often square teeth of red are what could be described as herbivorous teeth. They are large and even and sometimes spaced. They are designed for vegetable food unlike sharper teeth needed for meat.

1. Teeth even and full smile. These teeth will get two points. Teeth even (red) and full smile (red)
2. Teeth even and full smile. These teeth will get two points. Teeth even (red) and full smile (red)
3. Teeth even and square with a full smile. This smile will get two points. Teeth even (red) and full smile (red)
4. Teeth even but not square with a full smile. This smile will get two points. Teeth even (red) and full smile (red)

TEETH

Teeth gaps — Red

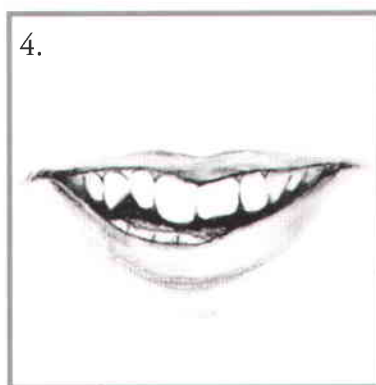
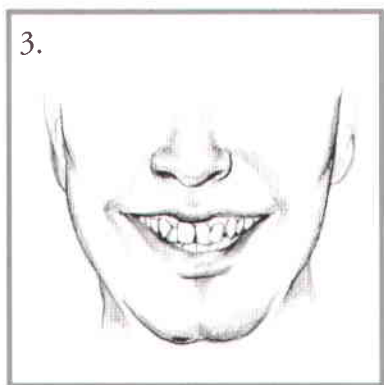


A single gap must be between the two front teeth in the top row. A single gap between any other teeth is not rated. Multiple gaps between the teeth are also given one red point.

1. Gap between the two front teeth (red)
2. Gaps between all teeth (red)
3. Gap between the two front teeth, even teeth and full smile. These teeth will get three points. Teeth gapped (red), teeth even (red) and smile full (red)
4. Single gap beside the front two teeth (not rated). This image is not rated for the smile or the shape or presentation of the teeth

TEETH

Teeth crooked — Blue

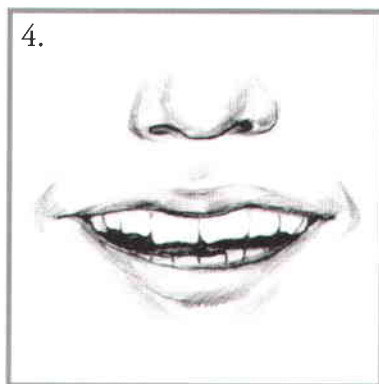
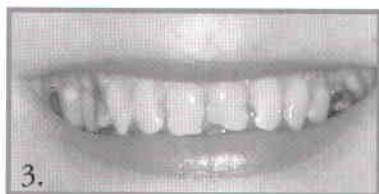


Crooked can mean uneven or it can mean asymmetrical. If crooked, the teeth are not equal in size nor do they sit in a straight line. If asymmetrical, the teeth are not the same shape. Both examples get one blue point.

1. Teeth that are different in size (blue).
2. Teeth that are crooked (blue).
3. Teeth that are crooked in both size, shape and direction (one blue point).
4. Teeth that are uneven and crooked (one blue point).

TEETH

Teeth sharp pointed — Blue

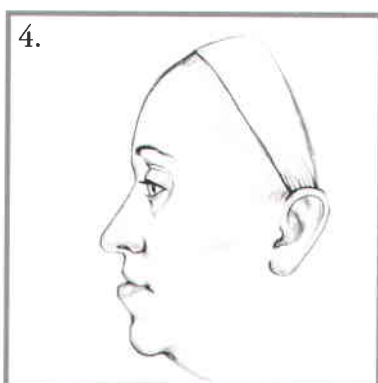
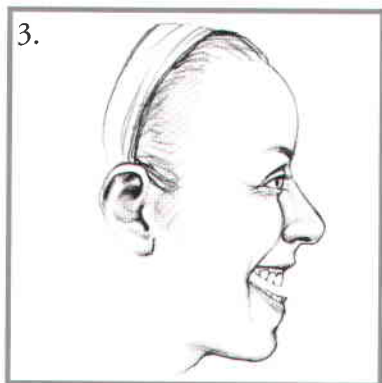
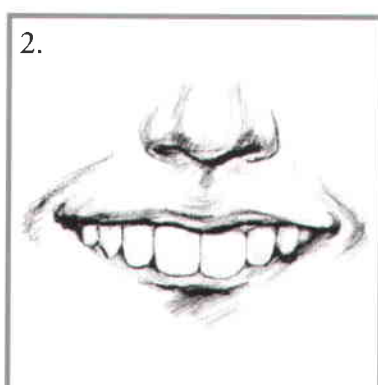
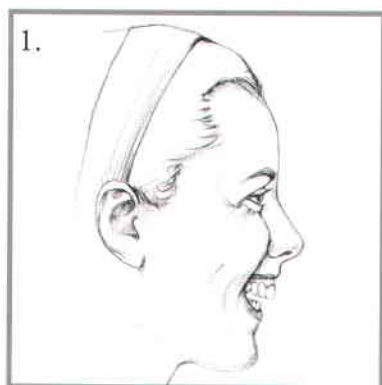


With sharp teeth, the teeth come to a point at their end rather than a normal flat edge. One sharp tooth in a mouthful of even teeth is not distinguishing enough to rate a blue point. At least both eyeteeth must be sharp to rate. Cupped teeth are rare but also get one blue point. In this feature, the edge of the teeth have a semi circular inward arc rather than a straight edge.

1. Sharp eyeteeth with a full smile. These teeth will get two points. Sharp eyeteeth (blue) and full smile (red)
2. Sharp eyeteeth with gums on smiling. These teeth will get two points. Sharp eyeteeth (blue) and gums showing on smile (red)
3. Sharp, crooked teeth (one blue point)
4. Cupped teeth (blue)

TEETH

Teeth overbite — Blue

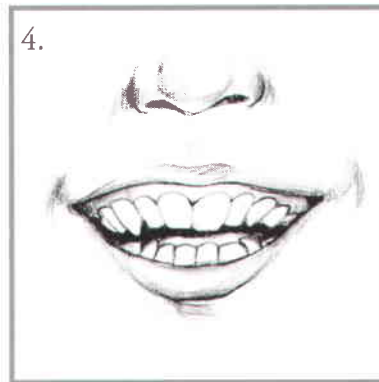
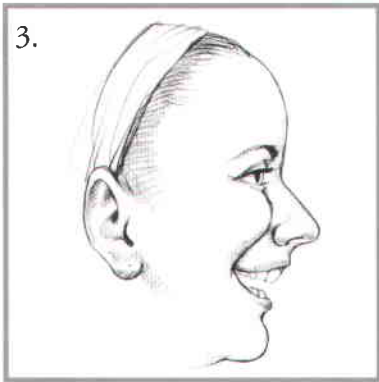
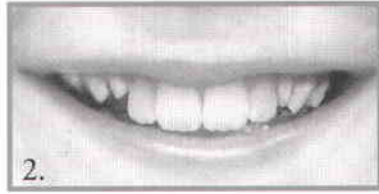
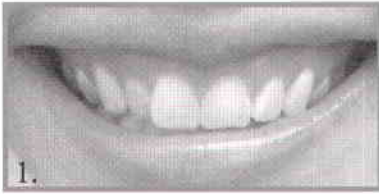


In an overbite, the top teeth extend beyond the lower teeth and create a space. Normally the top teeth fit tightly over the lower teeth, but an overbite extends beyond this to the point where the tip of the little finger can fit in the gap. In an under-bite the bottom teeth extend over the top teeth when the mouth is closed. An under-lip is also a blue feature although it occurs independently of the teeth. In an under-lip the bottom lip extends further out than the top lip where both should be even.

1. Overbite on profile (blue).
2. Overbite seen front on (blue).
3. Under-bite on profile (blue).
4. Under-lip on profile (blue).

TEETH

Teeth inward — Blue

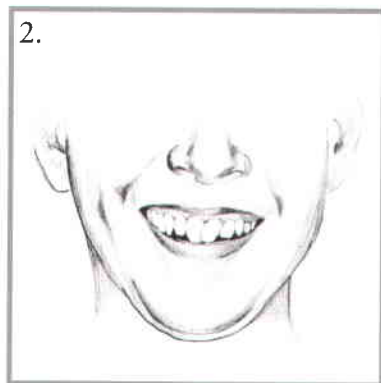
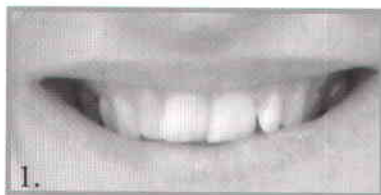


Teeth that angle into the mouth are inward teeth. Generally the front teeth are straight while the side teeth are inward, but sometimes all the teeth can be inward including the front although this is rare.

1. The front two teeth are straight but the remainder are angled inwards (blue)
2. The front four teeth are straight but the remainder are angled inwards (blue)
3. Inward teeth on profile (blue)
4. Inward teeth front on (blue)

TEETH

Teeth crossed — Blue



At the point of writing Appearance and Circumstance, the crossed over front teeth had only been seen in green patients. Therefore, it had to be either a blue or a yellow feature. Because of its affinity for the two front teeth, yellow seemed the most likely influence however, over time, this has proved not to be the case and crossed front teeth indicates blue. Crossed over teeth usually occurs with the two front teeth but can occur with other teeth too.

1. Crossed front teeth with a yellow compact smile. This mouth will get two points. Crossed front teeth (blue) and compact smile (yellow).
2. Crossed front teeth with a full smile. These teeth will get two points. Crossed front teeth (blue) and full smile (red).

CHIN

Chin sloping — Yellow



Yellow – Sloping chin

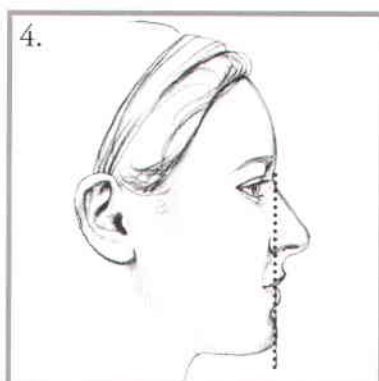
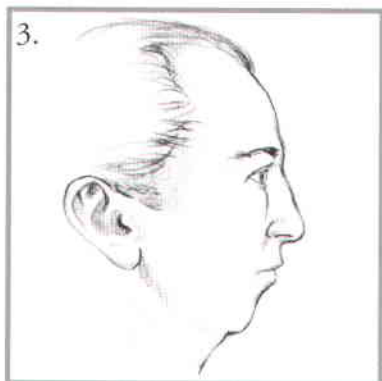
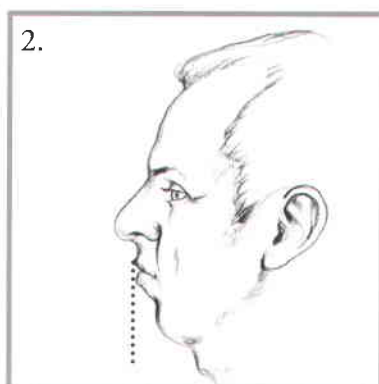
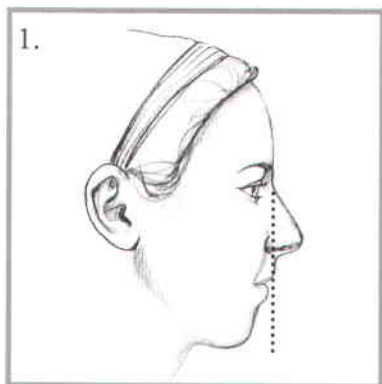


Control – Chin not rated

A sloping chin is seen on profile. The chin lies back from the mouth and often back from the bridge of the nose. From between the eyes, draw a hypothetical line vertically down the profile. This line highlights that the chin slopes back. A second point of reference to measure a sloping chin is a hypothetical line from the upper lip. The lower lip and chin should all lie roughly level to this vertical line. The sloping chin sits back from this point. However, for the vast majority of people, between the eyes is the best reference point to start with.

CHIN

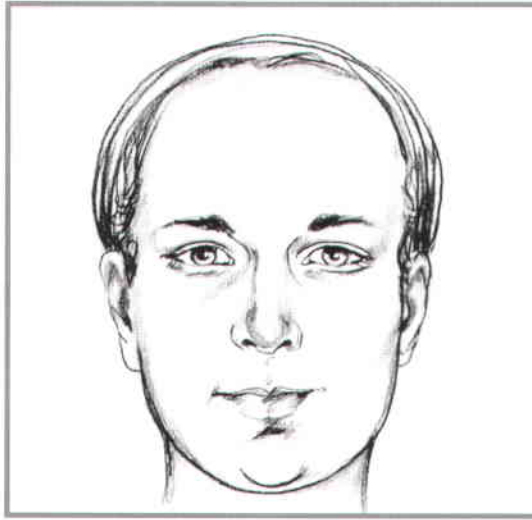
Chin sloping — Yellow



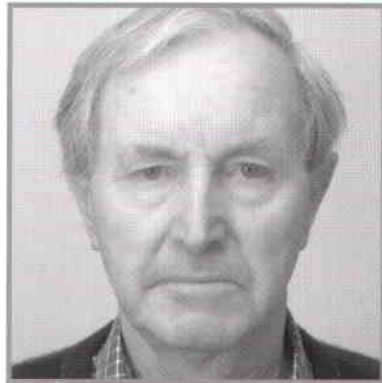
1. Line from between the eyes highlighting the sloping chin (yellow).
2. Line from upper lip highlighting the sloping chin (yellow).
3. Sloping chin without any defined bone structure. This is colloquially called 'chinless' (yellow).
4. Control with line from between the eyes – chin not rated.

CHIN

Chin ball — Red



Red – Ball chin protruding

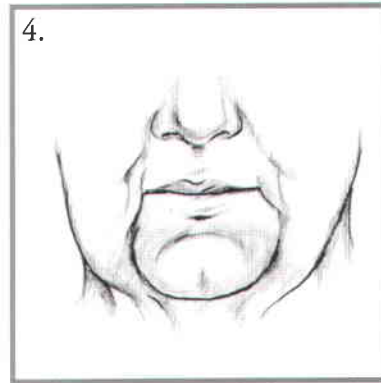
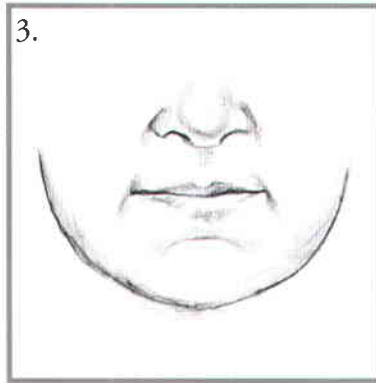
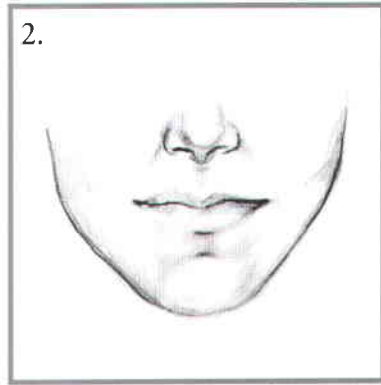
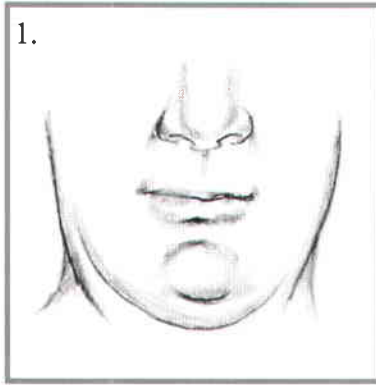


Red – Ball chin not protruding

The ball chin can take a number of forms. Most commonly, it is a circular protrusion from the chin but it may also be a circular shape or pattern without any protrusion. The circular shape lies flat against the surface of the skin, it is not raised and yet clearly visible.

CHIN

Chin ball — Red



1. Ball chin protruding – with a raised surface area (red.)
2. Ball chin not protruding – without a raised surface area (red).
3. Ball chin defined by a single arched line below the mouth (red).
4. Ball chin with a cleft and defined. This chin will get three points. Ball (red) cleft (red) and defined (blue)

CHIN

Chin cleft — Red



Red – Cleft in chin

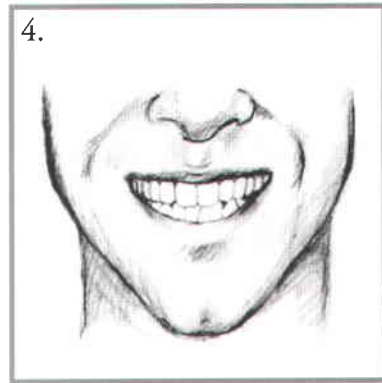
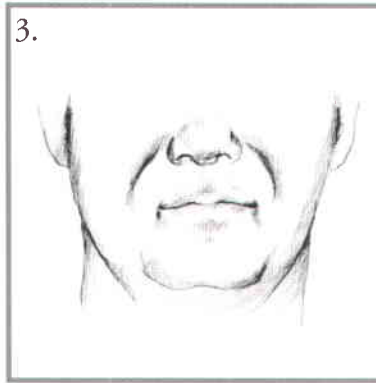
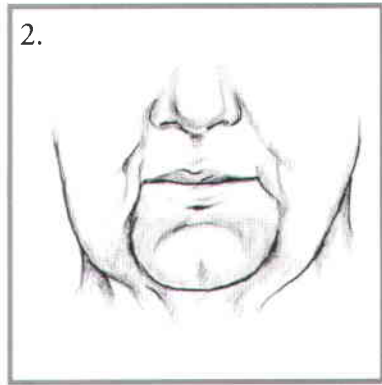
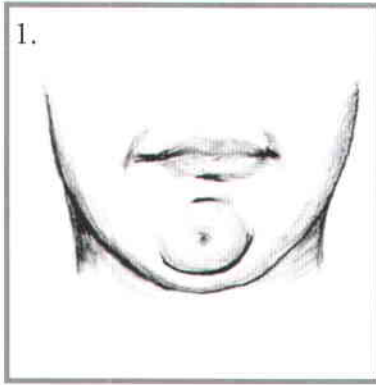


Control – Chin not rated

A cleft is a line or a dimple, located in the middle of the chin. Cleft has been used to avoid any confusion with blue dimples. Similar to lines, a cleft needs to be strong enough to be easily observable. Usually a cleft is seen in the middle fleshy part of the chin but sometimes will show in the boney edge of the chin.

CHIN

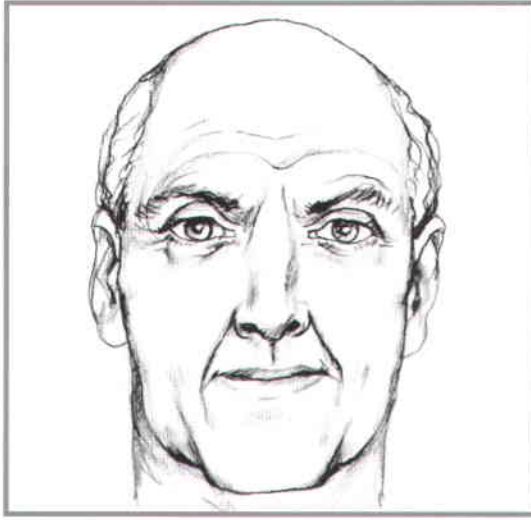
Chin cleft — Red



1. A cleft and a ball chin. This chin will get two points. Cleft (red) and ball chin (red).
2. A cleft, ball and a defined chin. This chin will get three points. Cleft (red) ball chin (red) and defined chin (blue).
3. A cleft in the bony edge of the chin (red).
4. A cleft and a pointed chin. This chin will get two points. Cleft (red) and pointed chin (blue).

CHIN

Chin defined/pointed — Blue



Blue – Chin defined



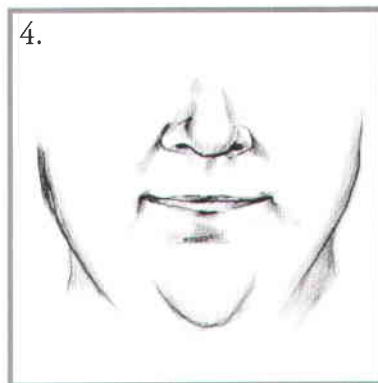
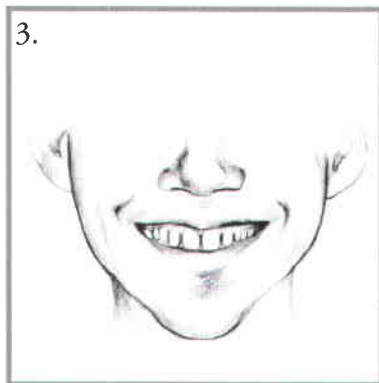
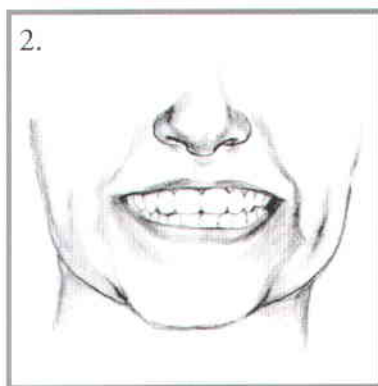
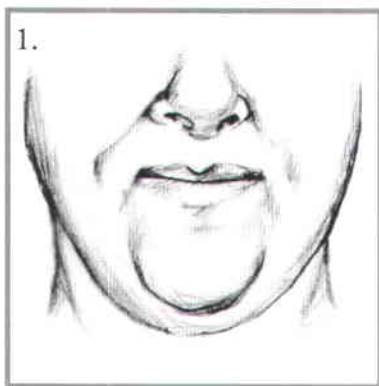
Blue – Chin pointed

A defined chin is where the bone structure of the chin looks separate from the jaw line creating a wide 'U' shape under the mouth. This shape can also be squared.

When the shape of the jaw forms a sharp tip at the chin, it is termed a pointed chin. Both a defined chin and a pointed chin are blue.

CHIN

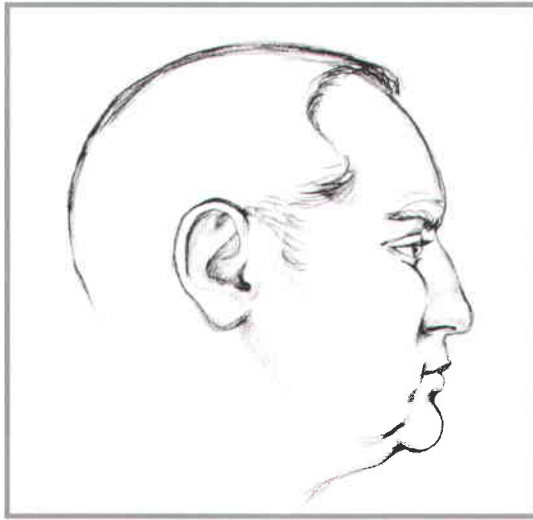
Chin defined/pointed — Blue



1. Defined chin creating a 'U' shape under the mouth (blue).
2. Defined chin creating a squared shape (blue).
3. Pointed chin (blue).
4. Pointed chin (blue).

EARS

Ears high — Yellow



Yellow – Ears high

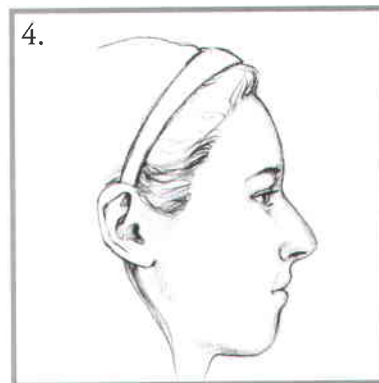
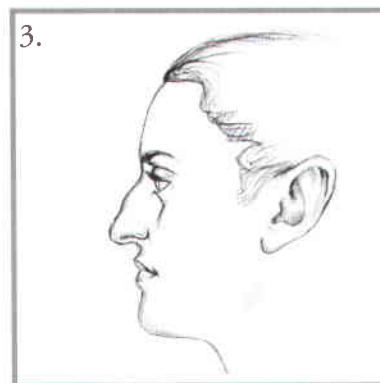
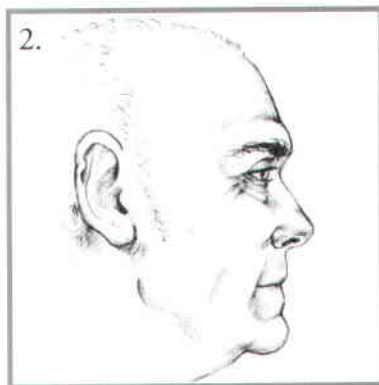
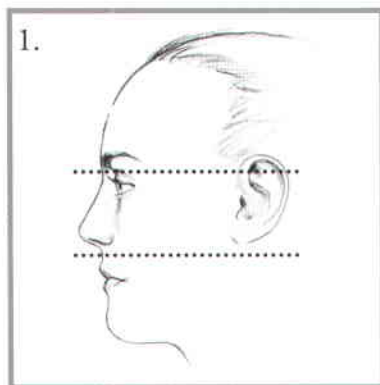


Control – Height not rated

Draw a hypothetical line on profile, from the bridge of the nose horizontally towards the back of the head. This line should be equal with the upper eyelids as well as the top of the ear. When the top of the ear is visibly higher than this mark, it rates one yellow point. Remember, that both ears need to be higher than this point otherwise, they are asymmetrical and not yellow. It is very important that the patient is holding their head straight or the ear position can look different to what it really is. Ears can look high or low from a front on position but must only be measured on profile.

EARS

Ears high — Yellow



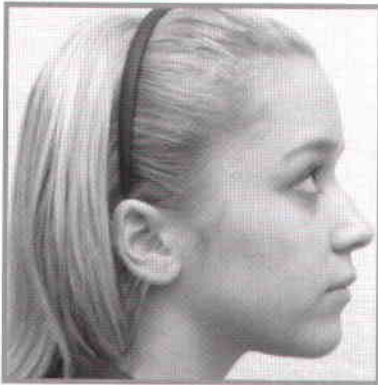
1. High ears showing reference point (yellow)
2. High ears that are also large. These ears will get two points. High ears (yellow) and large ears (blue)
3. High ears sloping back. These ears will get two points. High (yellow) and sloped back (yellow)
4. Ears on the borderline of average height (not rated)

EARS

Ears low — Yellow



Draw a hypothetical line on profile, from the bridge of the nose horizontally towards the back of the head. The upper eyelids as well as the top of the ear should be equal to this line. When the top of the ear is visibly lower than this line, it rates one yellow point.



Yellow – Ears low

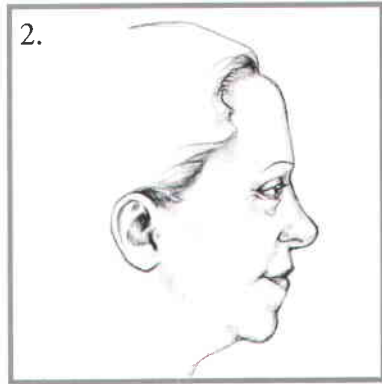
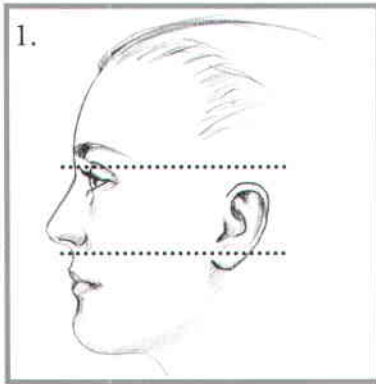


Control – Height not rated

Sometimes ears can look low or high from a front on position but ears can only be measured properly on profile only. Remember, that both ears need to be lower than this point otherwise, they are asymmetrical and not yellow. It is very important that the patient is holding their head straight or the ear position can look different to what it really is. Ears can look high or low from a front on position but must only be measured on profile.

EARS

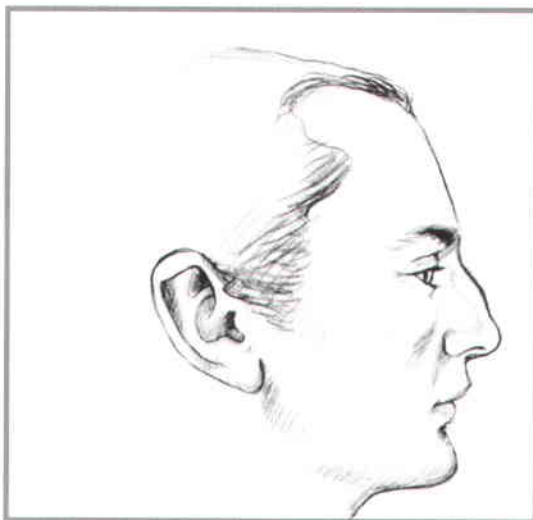
Ears low — Yellow



1. Low ears showing reference point (yellow)
2. Low ears that are also small. These ears will rate two points. Low ears (yellow) and small ears (blue)
3. Low ears sloping back. These ears will get two points. Low (yellow) and sloped back (yellow)
4. Low ears seen front on (yellow)

EARS

Ears sloped — Yellow



Yellow – Ears sloped

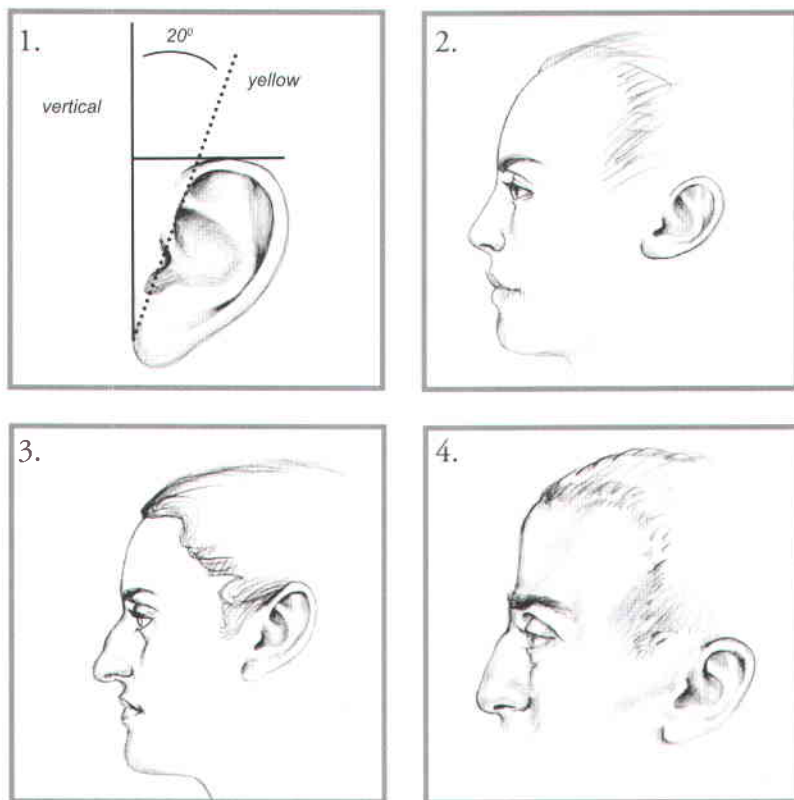


Control – Slope not rated

Drawing a line from the inner edge of the lower lobe of the ear upward, the edge of the upper part of the ear should rest just behind this line. When it is twenty degrees or more behind this line, the ears are sloped.

EARS

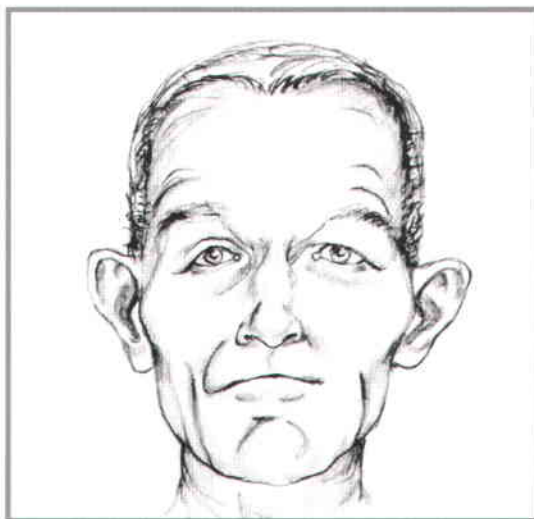
Ears sloped — Yellow



1. Sloping ears (yellow) – showing reference point.
2. Sloping ear (yellow).
3. Sloping ears that are also high. These ears will get two points. Sloped (yellow) and high (yellow).
4. Sloping ears that are also low. These ears will get two points. Sloped (yellow) and low (yellow).

EARS

Ears turned out/turned in — Red



Red – Ears turned out



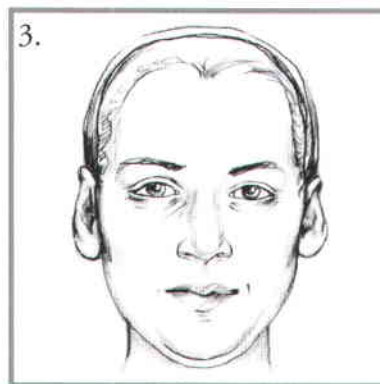
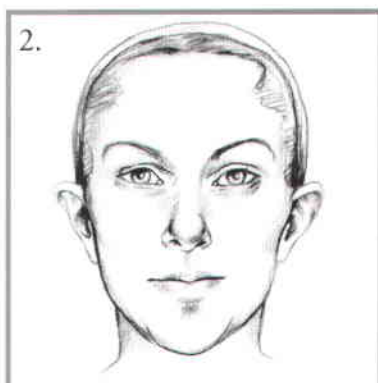
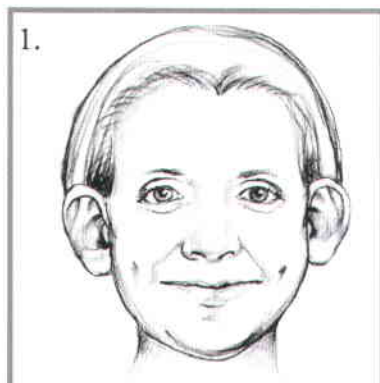
Control – Ears not rated

Turned out ears are those that extend outward from the head. Rather than flat to the side of the head, the ears project outward and face toward the front.

Ears turned in describes ears that are outward (when observed front on) for half of their length then curve in towards the head.

EARS

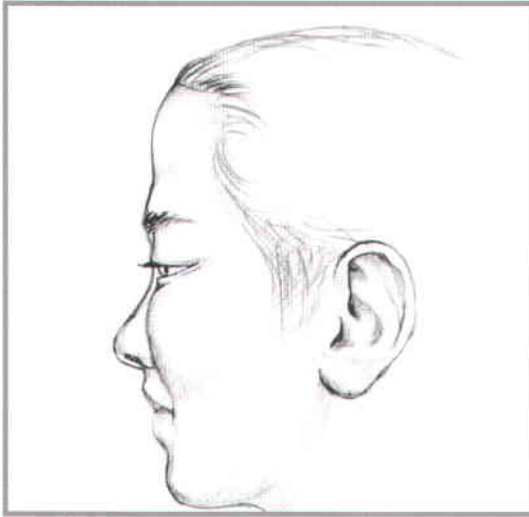
Ears turned out/turned in — Red



1. Ears turned out along the whole ear (red).
2. Ears turned out at the top (red).
3. Ears turned in (red).
4. Ears turned out both top and bottom (red).

EARS

Ears large — Blue



Draw a hypothetical line on profile, from the bridge of the nose horizontally towards the back of the head. The upper eyelids as well as the top of the ear should be equal to this line. The top of the ear is approximately level with this line while the bottom of the ear lobe is level between the base of the nose



Blue – Ears large



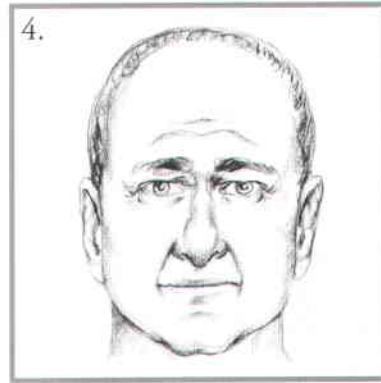
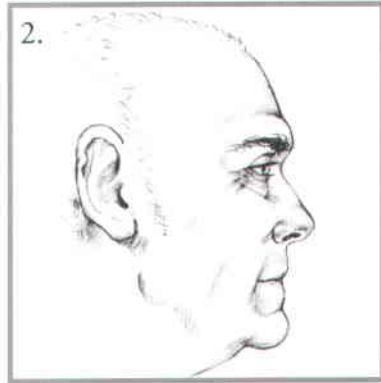
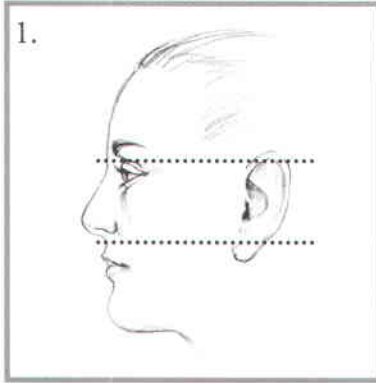
Control – Ears not rated for size

and the upper lip. When the earlobe extends below this point it is large. Ears can look large or small from a front on position but must only be measured on profile.

Make sure to note if the ear is high or low if measuring against these reference points. Ears may also appear large regardless of measurements – visual interpretation is valid.

EARS

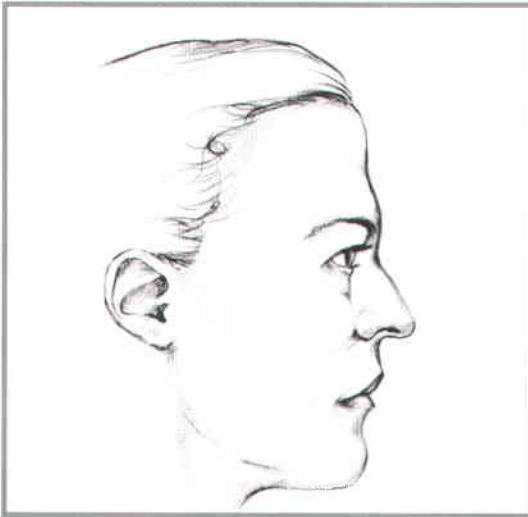
Ears large — Blue



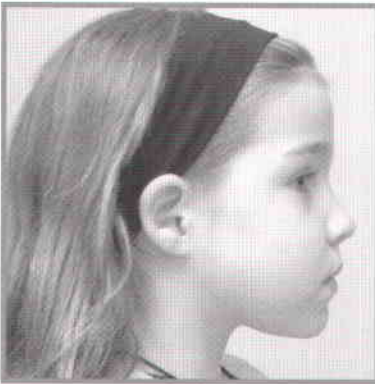
1. Lines showing reference point for large ears (blue)
2. Large ears that are high. These ears will get two points. Large (blue) and high (yellow)
3. Large ears that are low. These ears will get two points. Large (blue) and high (yellow)
4. Large ears front on (blue)

EARS

Ears small — Blue



Draw a hypothetical line on profile, from the bridge of the nose horizontally towards the back of the head. The upper eyelids as well as the top of the ear should be equal to this line. The top of the ear is approximately level with this line while the bottom of the ear lobe is level with the base of the nose or just below.



Blue – Ears Small



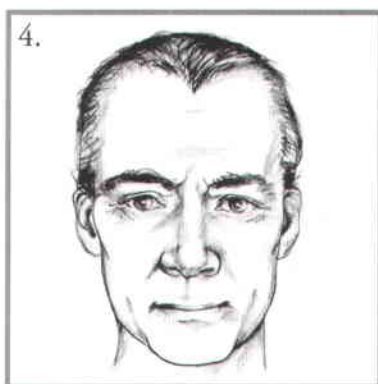
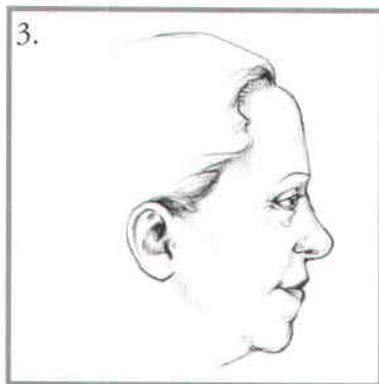
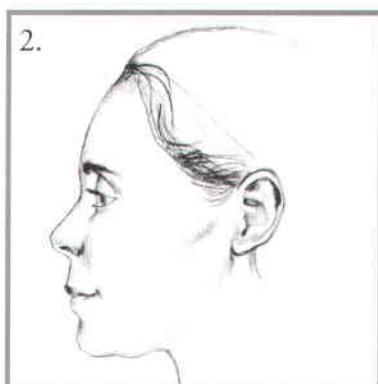
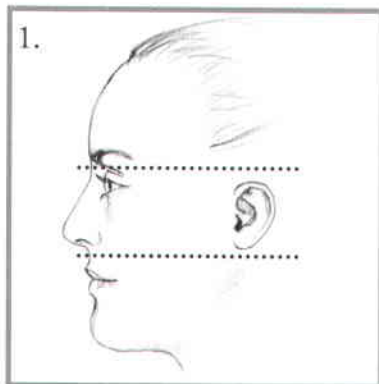
Control – Ears not rated for size

When the ear does not reach this halfway point between the upper lip and the base of the nose it is small. Ears can look large or small from a front on position but must only be measured on profile.

Make sure to note if the ear is high or low if measuring against these reference points. Ears may also appear small regardless of measurements - visual interpretation is valid.

EARS

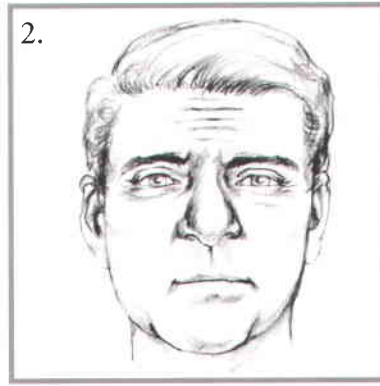
Ears small — Blue



1. Lines showing reference point for small ears (blue).
2. Small ears that are high. These ears will get two points. Small (blue) and high (yellow).
3. Small ears that are low. These ears will get two points. Small (blue) and low (yellow).
4. Small ears shown front on (blue) .

LINES

Lines forehead — Yellow

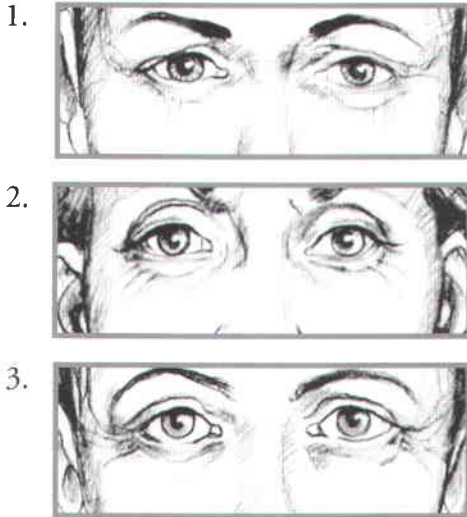


These are lines commonly termed worry lines. They are positioned either across the forehead or in the middle just above the eyes. Most people when they frown or look surprised have lines in their forehead, so the determining factor is how deeply etched they are. If they are faint they are not worthy of consideration and should be left out. However, if they are strong and eye catching, they should be included as one yellow point. Commonly these lines take the shape of a wave rather than straight but either count as one yellow point.

1. Multiple lines across forehead in a wave shape (yellow)
2. Multiple lines in the middle of the forehead (yellow)

LINES

Lines below the eyes — Yellow



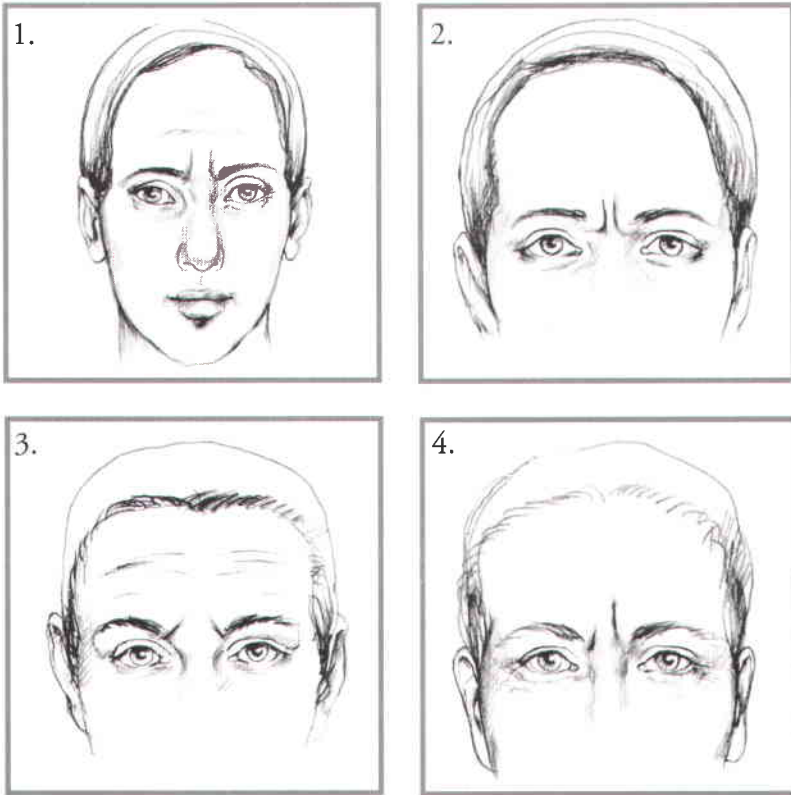
Most adults will have lines at the corner of their eyes especially when they smile, these are colloquially referred to as 'crows feet'. Separate to these are the lines that lie under the eyes. These lines extend downwards from the lower lid of the eye, from the outer canthus inward to approximately one third of the width of the eye. These lines extend directly downward or slant slightly at an angle away from the eye. If very deep, these lines may extend to the cheeks, this generally occurs only when smiling.



1. Lines extending directly downward from the eyes (yellow).
2. Lines below eyes (yellow).
3. Normal crows feet (not rated).
4. Lines extending to cheeks (yellow).

LINES

Lines between eyes two — Yellow

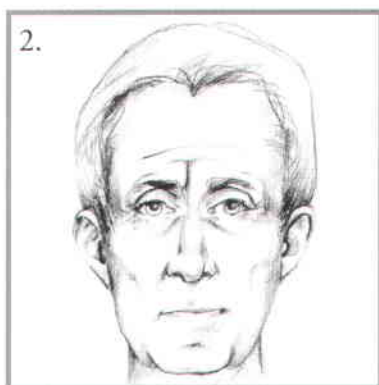
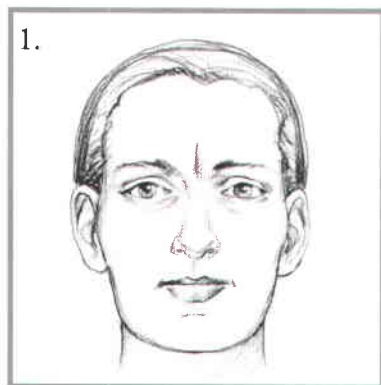


Two lines between the eyes indicate yellow. Like all lines, they are judged by their depth and are often seen during the consultation when the patient is animated rather than by photo.

1. Two lines extending from the eyebrows (yellow).
2. Two lines from between the eyebrows (yellow).
3. Two lines diagonally inward (yellow).
4. Two lines unequal length but both prominent (yellow).

LINES

Lines between eyes one — Red

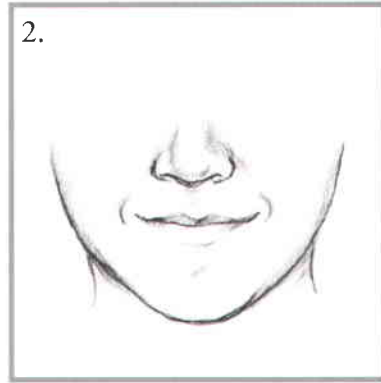


The single line is one etched line that commences between the eyebrows. Generally this single line is straight and centred but can also be seen slightly left or right of centre. Like all lines, they are judged by their depth and are often seen during the consultation when the patient is animated rather than by photo.

1. Single line centred (red)
2. Single line off centre (red)

LINES

Lines around mouth — Red

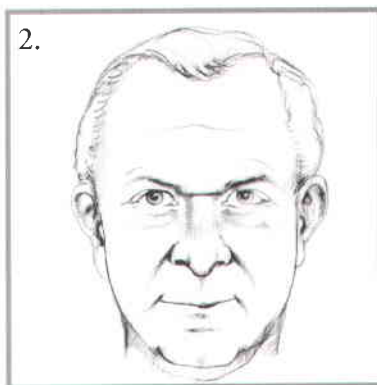
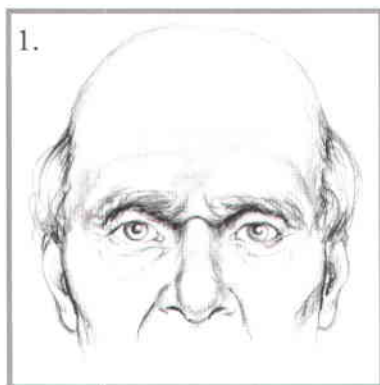


These lines are usually about one centimetre long and have a crescent moon shape. They sit just outside the corners of the mouth. On smiling they will be deeper but their size and shape remain the same.

1. Lines around the mouth, a common example (red).
2. Lines around the mouth on smiling (red).

LINES

Line across bridge — Blue

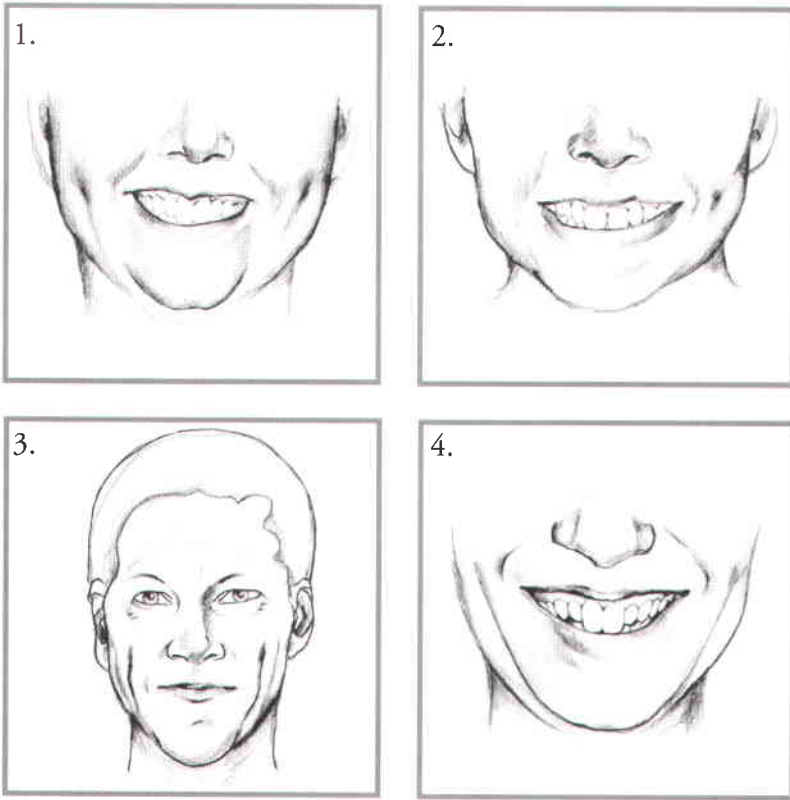


This line is either straight and horizontal or a semi-circular curve that stretches from one side of the bridge of the nose to the other. This line is often associated with an indented bridge.

1. Horizontal line that is curved (blue).
2. Horizontal line that is straight (blue).

LINES

Lines/dimples in cheeks — Blue



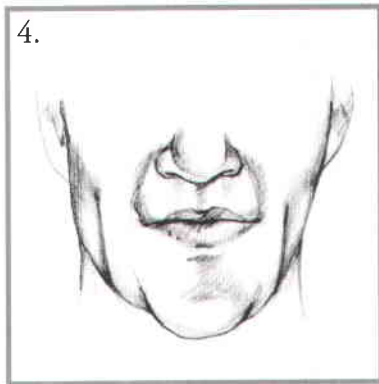
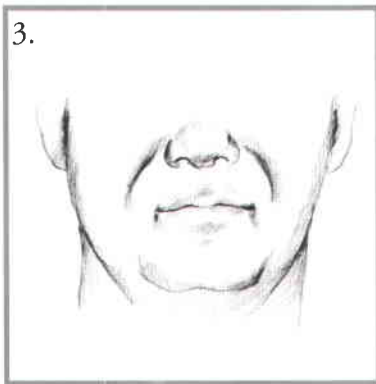
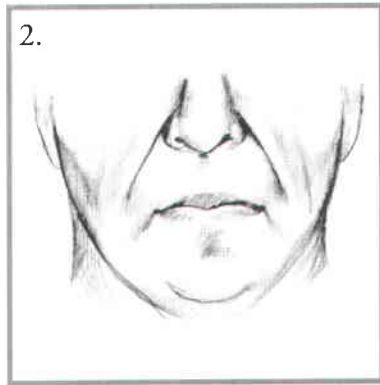
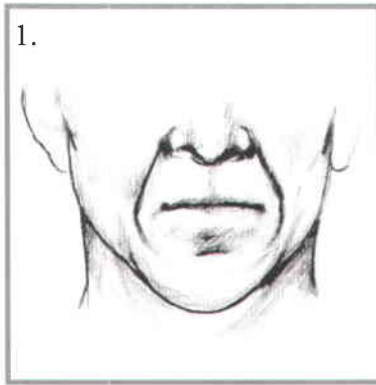
Dimples are usually only seen when a person smiles, however sometimes they can be so deep that their outline is seen when not smiling. Whether one or two dimples both are rated as one blue point.

Separate to dimples are strong long lines in the cheeks. If a person is overweight, be careful not to take the line of the jaw as a line in their cheeks. The extra fat of the double chin will create this illusion.

1. Dimples seen on smiling (blue)
2. Single dimple (blue)
3. Lines in the cheeks (blue)
4. Dimples merging into a line (one blue point)

LINES

Lines down from nose — Blue

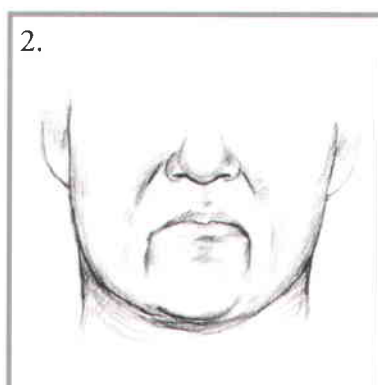
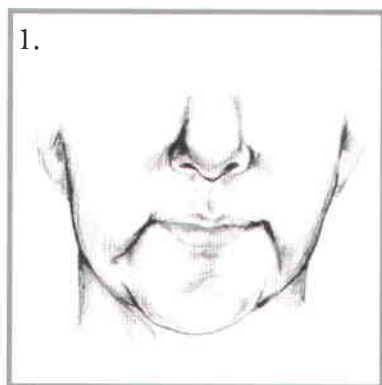


Beginning from the corners of the nose these lines extend downward to just outside the corners of the mouth or slightly below. These lines may be straight but most commonly are curved. Occasionally these lines do not extend to the corners of the mouth but finish at the upper lip.

1. Lines extending from the corners of the nose to below the corners of the mouth (blue)
2. Lines straight from corners of nose (blue)
3. Lines curved downward but not reaching the mouth (blue)
4. Lines curved downward from beside the nose reaching the mouth (blue)

LINES

Line down from the mouth — Blue

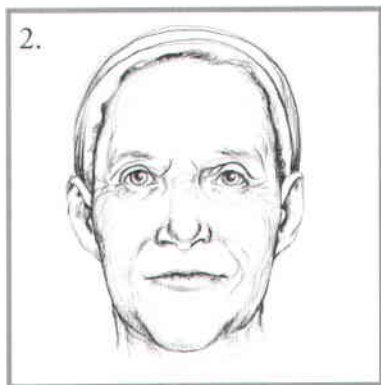
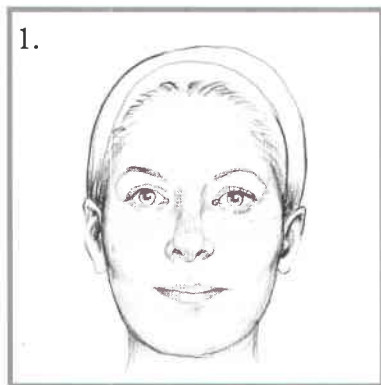


These lines begin at the corners of the mouth and extend downward at a slight angle toward the jaw.

1. Lines down from the mouth slightly angled (blue).
2. Lines straight down from the mouth (blue).

SKIN

Skin freckles/lines — Yellow



Freckles are a yellow skin feature however; the freckles must be numerous and cover most of the surface area of the face. One or a few freckles including a sprinkling of freckles across the nose is not enough to register, they must cover the whole face and be easily noticeable.

Multiple fine lines in the skin, either all over the face or in the cheeks are yellow.

1. An example of freckles (yellow)
2. An example of multiple fine lines in the face especially the cheeks (yellow)

ASYMMETRY

Asymmetry — Blue



Asymmetry is when one facial feature has a different shape, size or position than its counterpart. An eye that is higher, a nose that bends, or a smile that pulls to one side.

Asymmetry can be subtle but it is important that it is not too subtle. If asymmetry has to be searched for, it is not strong enough to register.



Blue – Asymmetry one point



Blue – Asymmetry two points

Asymmetry is rated according to its frequency. Asymmetry exists in every person's face, so one asymmetrical feature is not strong enough to rate.

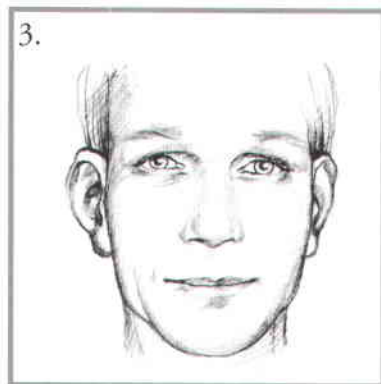
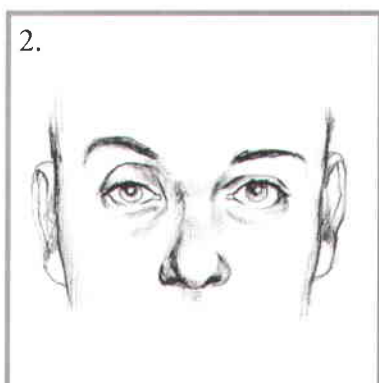
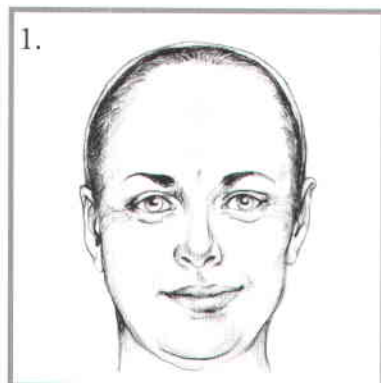
Two or three asymmetrical features rate one blue point, while four or more asymmetrical features rates two blue points.

Photo 1 — Asymmetry in ears and height of eyes — one blue point.

Photo 2 — Asymmetry in height of eyes, curve of nose, mouth pulled to her right and chin pulled to her left – two blue points.

ASYMMETRY

Asymmetry — Blue

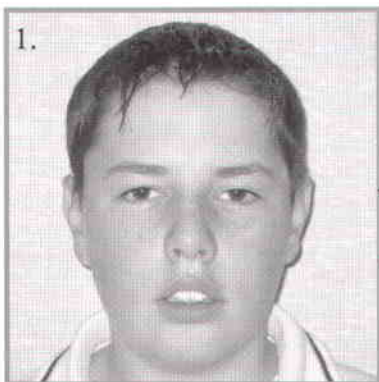


All sides are from the perspective of the patient.

1. Asymmetry – left eye higher, left ear higher, mouth slightly pulled to left = 1 point (blue).
2. Asymmetry – eyes (blue)*.
3. Asymmetry – ears (blue)*.
4. Asymmetry – the eyes are a different size, the nose is curved, the mouth is pulled to the right and the chin pulls to the right = 2 points (blue).

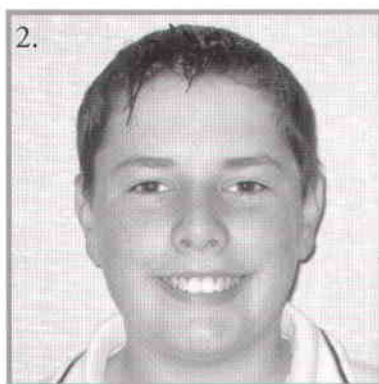
*this example highlights the type of asymmetry to look for.

YELLOW

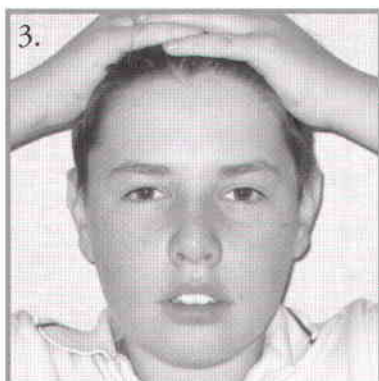


— Eyes down-turned

— Freckles (not visible on photo)



— Smile full



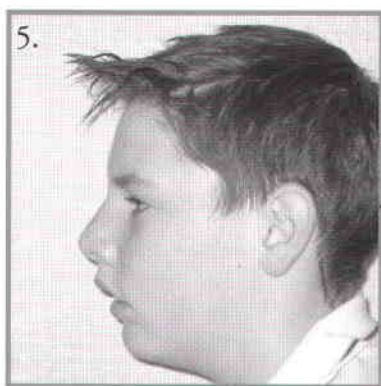
— Hairline high

— Front teeth prominent

YELLOW



Bridge full



Forehead sloped

Ears high

Chin sloped

YELLOW	RED	BLUE
Eyes down-turned Freckles Front teeth prominent Forehead sloped Ears high Chin sloped	Smile full Bridge full	Hairline high
Total 6	2	1

ORANGE



Lids full
Eyes downturned

Mouth wide



Teeth even
Smile full



Hairline straight

Lips full

ORANGE



Ears low
Ears small



Forehead sloped
Nose bump

YELLOW	RED	BLUE
Forehead sloped Lids full Eyes downturned Ears low Nose bump	Hairline straight Mouth wide Smile full Teeth even Lips full	Ears small
Total 5	5	1

RED



Hairline widows peak

Nose ball

Lips full



Hairline crowded



Teeth even

Smile full

RED



Bridge full



Forehead straight (vertical)

YELLOW	RED	BLUE
Hairline widows peak	Hairline crowded Forehead straight (vertical) Bridge full Nose ball Lips full Teeth even Smile full	
Total 1	7	

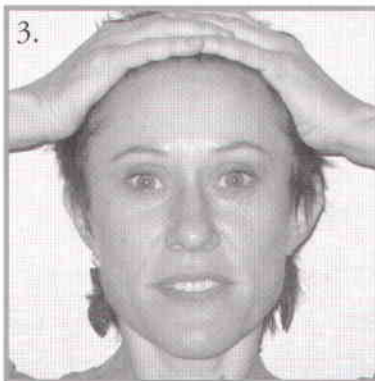
PURPLE



- Eyes upturned
- Asymmetry (one point)
 - eye
 - nose
 - chin



- Dimples in cheeks
- Gums on smiling
- Teeth even
- Smile large



- Hairline high
- Hairline straight
- Chin defined

PURPLE

PURPLE



Bridge full
Eyes exophthalmic



Forehead curved

YELLOW	RED	BLUE
	Hairline straight Bridge full Eyes exophthalmic Gums on smiling Teeth even Smile large	Hairline high Forehead curved Eyes upturned Asymmetry (eye, nose, chin) Dimples in cheeks Chin defined
<u>Total</u> 0	6	6

BLUE



— Freckles (not visible on photo)

— Chin pointed



— Front teeth prominent

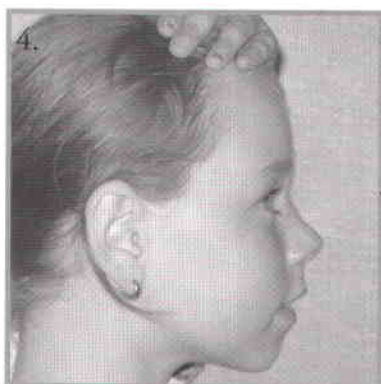


— Hairline high

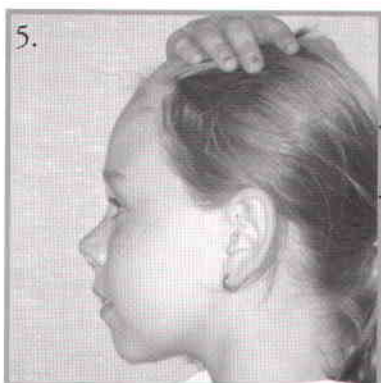
— Asymmetry (one point)

- eye
- ear
- hairline

BLUE



Ears large

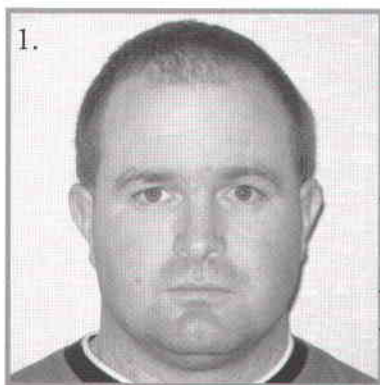


Forehead curved

Bridge indented

YELLOW	RED	BLUE
Freckles Front teeth prominent		Hairline high Forehead curved Bridge indented Asymmetry (eye, ear, hairline) Chin pointed Ears large
Total 2	0	6

GREEN

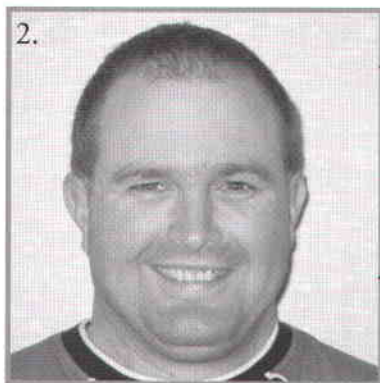


Hairline – M

Lids recessed

Lips thin

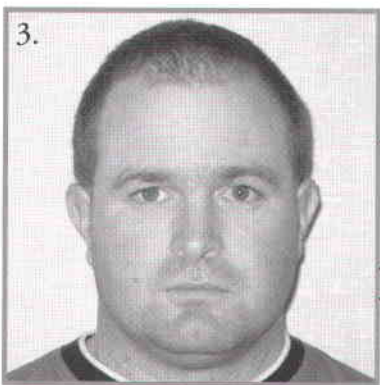
Mouth small



Hairline high

Ears turned out (top)

Teeth crooked



Asymmetry (eye, ear, nose)

Chin cleft

Chin ball

GREEN



Chin sloped



Forehead sloped

Bridge indented

YELLOW	RED	BLUE
Hairline – M Forehead sloped Mouth small Lips thin Chin sloped	Chin cleft Chin ball Ears turned out (top)	Hairline high Lids recessed Asymmetry (eye, ear, nose) Teeth crooked Bridge indented
<u>Total</u> 5	3	5

BROWN



Two lines between eyes

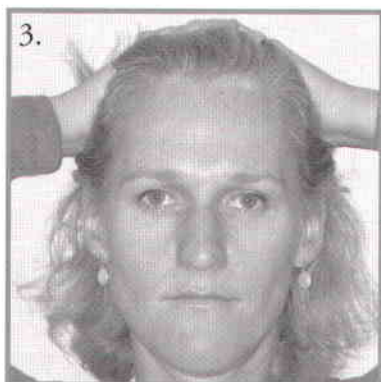
Freckles

Lips thin



Gums on smiling

Teeth inward

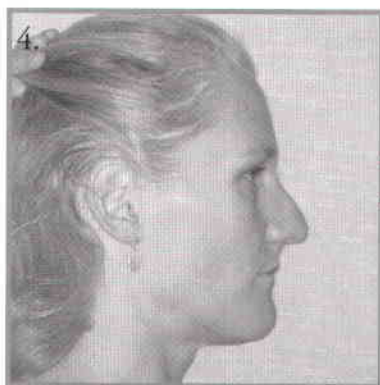


Hairline straight

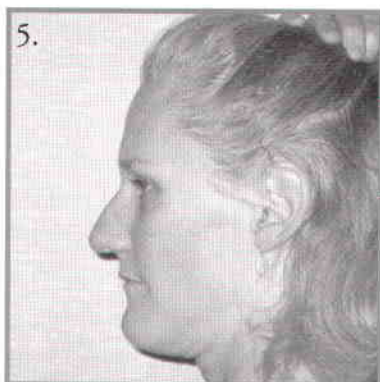
Hairline high

Nose wide

BROWN



Bridge full
Ears small



Forehead indented

Nose curved

YELLOW	RED	BLUE
Two lines between eyes Nose curved Freckles Lips thin	Hairline straight Bridge full Nose wide Gums on smiling	Hairline high Forehead indented Teeth inward Ears small
<u>Total</u> 4	4	4

CHART OF FEATURES

TYPE	YELLOW	RED	BLUE
Hairline	Widows peak M shape	Straight Low Crowded	High/Balding
Forehead	Sloped (straight 12° or greater)	Straight (vertical to 11°) Brow strong	Curved Indented
Bridge		Full/Straight	Indented
Eyes	Down turned Close-set Small Full lids	Large Exophthalmic	Upturned Wide-set Deep-set Recessed lids
Nose	Long downward Curved Bump	Wide Ball Cleft+	
Cheeks			Bones strong Sunken under
Mouth	Small	Wide	Down-turned
Lips	Thin	Full	Under-lip (profile)
Smile	Compact	Full Large Gums show	
Teeth	Front two prominent	Even Gaps (between front teeth or multiple)	Crooked Crossed over front two* Sharp/pointed Cupped Overbite Under bite Inward
Chin	Sloped back	Ball Cleft	Defined Pointed
Ears	High Low Sloped	Turned out Turned in	Large Small
Lines	Forehead Eyes – below Eyes – two between Cheeks – multiple fine	Eyes – one between Mouth – around	Bridge – horizontal Cheeks – dimples/lines Nose – down from Mouth – down from
Asymmetry			Two places on face = 1 point
Skin	Freckles		

+ No example in book

* Classified incorrectly as yellow in *Appearance and Circumstance* – since confirmed as blue

FEATURES UPDATE 2006

When *Appearance and Circumstance* was published in 2003 we categorized 80 features. In this book we focus on slightly less features – for those who make a close comparison of the differences, the following are our findings. In some cases we have changed the terminology, in others we have dropped the feature due to its rarity or lack of definition.

CHANGE OF MIASM

Teeth – front two crossed over	This was our only mistake. Now classified as blue and not yellow.
--------------------------------	---

NEW NAMES

Feature	Current Status
Hair – crowded in or squeezed at temples	Now known as crowded hairline – where the hair crowds in at the side of the hairline near the temples – not literally squeezed in temples. Often seen with a low hairline although not always.

FEATURES NO LONGER USED

Feature	Current Status
Eyes – focus off centre	Difficult to define so we have dropped this feature.
Eyes – round	Difficult to define so we have dropped this feature.
Eyes – almond	Difficult to define so we have dropped this feature.
Nose – ski-jump	Difficult to define so we have dropped this feature.
Nose – snubbed	Rarely seen we have dropped this feature.

Continued on page 160

FEATURES UPDATE 2006

FEATURES NO LONGER USED *continued*

Nose – saddle	Difficult to define so we have dropped this feature. It was originally intended as an indented shape in the bone structure – rarely seen and often misunderstood as a skin pattern. We have dropped this feature.
Teeth – square	Almost always seen in conjunction with even teeth so one red feature is given for even. The square shape has been dropped to avoid doubling up.
Face – flat	Too difficult to define so we have dropped this feature – it is easier to analyse each part separately.
Jaw – square	Too difficult to define so we have dropped this feature.
Skin – dry	Dryness is a sensation rather than a look – if the skin is yellow it will be seen in the lines. Persons of all miasms can have dry skin.
Skin – flushed	The colour of the skin varies due to racial background and state of health. We have dropped this feature.
Skin – excessive hair growth	Too difficult to determine due to cosmetic practices. This feature can also be related to the state of health. We have dropped this feature.
Skin – moles	Use this as confirmatory feature only (red) but not as part of the analysis.
Eyebrows	Too difficult to define so we have dropped this feature.
White of sclera	Too difficult to define so we have dropped this feature.

INDEX

- A**
 Appearance and Circumstance 4
 Asymmetry 142–143
- B**
 Bridge of nose – full 58–59
 Bridge of nose – indented 60–61
- C**
 Cameras 28
 Case taking 16
 Categorising features 12
 Chart of features 158
 Charting features 20–27
 Cheek – bones strong/sunken under 90–91
 Children 38–39
 Chin – ball 114–115
 Chin – cleft 116–117
 Chin – defined/pointed 118–119
 Chin – sloped back 112–113
 Colour example – blue 152–153
 Colour example – brown 156–157
 Colour example – green 154–155
 Colour example – orange 146–147
 Colour example – purple 150–151
 Colour example – red 148–149
 Colour example – yellow 144–145
 Contact us 162
 Cosmetic surgery 32
- E**
 Ears – high 120–121
 Ears – large 128–129
 Ears – low 122–123
 Ears – outward/inward 126–127
 Ears – sloped 124–125
 Ears – small 130–131
 Eyes – close-set 64–65
 Eyes – deep-set 80–81
 Eyes – down-turned 62–63
 Eyes – exophthalmic 72–73
 Eyes – full lids 68–69
 Eyes – large 70–71
 Eyes – recessed lids 78–79
 Eyes – small 66–67
 Eyes – upturned 74–75
 Eyes – wide-set 76–77
- F**
 Face – how to read 10
 Features update 2006 159
 Forehead – brow 56–57
 Forehead – curved 52–53
 Forehead – indented 54–55
 Forehead – sloped 48–49
 Forehead – straight (vertical) 50–51
- H**
 Hairline – high 46–47
 Hairline – low/crowded 44–45
 Hairline – widows peak 40–41
 Hairline – straight 42–43
- L**
 Lines – bridge – across 137
 Lines – cheeks – dimples 138
 Lines – eyes – below 133
 Lines – eyes – one between 135
 Lines – eyes – two between 134
 Lines – face – multiple 141
 Lines – forehead 132
 Lines – mouth – around 136
 Lines – mouth – down from 140
 Lines – nose – down from 139
 Lips – full 98–99
 Lips – thin 96–97
 Lips – underlip 111

M		S	
Mouth – downturned	97	Skin – freckles	141
Mouth – small	92–93	Smile – compact	100
Mouth – wide	94–95	Smile – full	101
		Smile – gums show	103
Nose – ball	88–89	Smile – large	102
Nose – bump	82–83		
Nose – curved	84	T	
Nose – long/downward	84–85	Teeth – crooked	107
Nose – wide	86–87	Teeth – crossed over	111
		Teeth – cupped	108
P		Teeth – even	105
Photos – examples	33–37	Teeth – front two prominent	104
Photos – how to take	28–32	Teeth – gaps	106
		Teeth – inward	110
R		Teeth – overbite/underbite	109
Remedies	4	Teeth – sharp/pointed	108
Repertorising	17	Themes	15
Results	18		
Rubrics	13	U	
		Underlip	111

CONTACT US

We are happy to be contacted with your queries and help with analysing features as long as you don't swamp us with photos. Always make sure that there are five photos and they are taken correctly.

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We will be updating the remedy list and adding any tips or new findings. There are some cases as examples of how facial analysis helps to choose remedies and more will be added as time permits

ORDERING *APPEARANCE AND CIRCUMSTANCE*

Details are available on the website. You can order a copy directly from us or ask at your homœopathic bookstore.

YOUR CASES

We want to share this method with homœopaths all over the world. Please send your cases (check the website for the format – no pictures required) and we will add them to the site.

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