Last year, Alison Pittendrigh returned to Kenya after a nine-year absence. In her first letter from there, published in our January issue, she wrote of her plans to set up a clinic near Mombasa and to start a teaching programme. Now her clinic and classes are up and running …

Mtropa, Kenya
January 2003

So very much has happened since I last wrote, it is difficult to know where to start! Perhaps at the beginning.

Our homeopathy clinic opened on 29 October last year, at the Harvest of Hope Community Centre. I have two rooms, one at the front of the building leading directly into another room behind it, where I see patients. I thought the front room would make a good waiting room, but realised very quickly that as the day’s temperature climbed to 98°F, it was far from comfortable for patients to wait outside, in the fresh air and with some shade from the trees. I quickly invested in rough benches and two tables to work on 29 October last year, at the director of the community centre, and I know he is, no question of them to return the next day. I get another quizzical questioning look: ‘What has that got to do with anything?’ Most of them think I am asking because I am frightened, and they reassure me that this is the pattern for the first four weeks.

I open the clinic three days a week, and every day there were similar numbers. There was, and is, no question of turning a patient away and asking them to return the next day. I thought of trying an appointment system, but that was just met with a quizzical look: ‘Isn’t this mutiga (white person) mad?’ Very few of my patients have a watch, and time is perceived in a completely different way here. What would take a day, an hour to achieve in England takes at least a week here! The people here are blessed with an exceptional patience, and will calmly sit for hours and hours, as long as it takes. So, the only answer was to drop the time zones myself, and work with the situation. Recently the numbers have been more manageable – about 18 a day, which I find hard work but possible.

It has been a fascinating journey. I have seen some terrible things that have tested my sensitivity to the core. Initially the faces of very ill dying children left me awake at night, the shocking sight and smell of skin conditions, the painful paralyses of patients’ limbs … I have had patients with everything you have ever heard of and more. I felt totally inadequate and aware of how much learning I continually need to do. I have often thought how very fortunate it is that I trained at the Practical College where we were given so much guidance on observing the physical and general symptoms and being able to work entirely within that framework if appropriate and necessary. I have had to accept that information that one takes for granted in the UK, from which one can take a ‘case history’, is simply not forthcoming here. A history of past illnesses produces a ‘mote’ response – even in patients over 50. Very few patients know how old they are, or how old their children are. I get some information if I ask if they have ever been to the UK, which will often be a yes, but then there’s the same problem: they can’t remember why or when, or what the doctor said. The most common diagnosis from a visit to the doctor is that they ‘don’t have enough blood’, which I have yet to understand. If pushed, occasionally a patient will agree that they may have had malaria once at some time, but they have no idea why. There are possibly two reasons for this: one is that you live in the ‘now’ here – which would explain the patience to wait as well, the other reason could be the huge fear of being diagnosed HIV positive, or of its even being suggested. In the area I am working in, it is estimated that up to 7 out of 10 people may be HIV positive. I do not enquire at this level. It would make no difference to the remedy choice anyway. I am given this information off the record by friends and family if the patient is accompanied to the clinic. ‘Return of old symptoms’ has to be dropped!

It is also quite interesting where you can go with establishing useful ‘mind’ symptoms. My patients find it very amusing when I ask if they have a temper. I get another quizzical questioning look: ‘What has that got to do with anything?’ Most of them think I am asking because I am frightened, and they reassure me that this is the same problem: they can’t get enough blood, they can’t tolerate it, and I ask their carers if they can say how much money they make. Another interesting challenge: try teaching acute Belladonna, Lachesis,Apis etc., where there is no change in the skin colour!

So, it has been a great journey. This is a wonderful country. It now has a new government, and the happiness on the streets is palpable. I have come to understand and respect the local people so much more. Many of my patients return to the clinic just to thank me for helping them. This is not just very thoughtful, it is vital to the audit that I have to compile. We are constantly searching for funding. We need some chairs for the clinic – £5 would buy a sturdy wooden one carved by the local carpenters out of sustainable wood. I know if I had a MacRepertory it would ease the situation at the clinic, and a remedy machine would be lovely … if there is anyway you can support the programme, I would be enorm-ously grateful. Please see the address below for further information.

Stay safe. Totonomo (we shall meet again!) from Mtropa, Kenya.

Alison Pittendrigh

If you would like to support Alison’s Frontline Homeopathy project, she would welcome materia medica, repertories, a remedy machine, a MacRepertory, and/or money (cheques payable to Frontline Homeopathy – Kenya). Please send them to: Frontline Homeopathy 3 Hanging Lees Close Rochdale OL16 3SG

Standing order forms with gift aid certificates are available, from: Brooks@hanginglees.freeserve.co.uk

And you can find out more from the Frontline Homeopathy website: www.frontlinehomeopathy.org

em Alison Pittendrigh on assemel@africaonline.co.ke

Please note that the phone lines where Alison lives are stolen roughly once a month, and take about a week to ten days to be replaced, so be patient for a reply!

Letter from Ken

by Alison Pittendrigh

There was, and is, no question of turning a patient away and asking them to return the next day on the opening day offering to help, and he has been vital in the success of the clinic. This is the ‘homeland’ of the Gitama people, and many of them do not speak Swahili (the language I use in consultaions) very well. It’s a multi-tribal area now, and this had been very helpful in managing the extraordinary numbers of people attending the clinic, and in translat-