



Kenya calling

Tricia Allen LCH MARH and Margaret Goodyear LCH MARH

Tricia Allen is a founding director of ARH and represents the Alliance on CORH council. She also lectures at a number of homeopathic colleges. She has just published her first book, *Your Healthy Child with Homeopathy*, which is reviewed on page 60.

Margaret Goodyear graduated from COH in 1991 and practises in Norwich and Sheringham. She has taught in London, and is tutor and supervisor/mentor for students in Norfolk. She is a co-founder of the Anglian Homeopathic Group, which runs CPD seminars in Norwich, and a trustee of The Support for Health in Africa Trust (SHEAF), *see below*.

Our story begins at the ARH conference in July 2003. Margaret's last-minute purchase of a raffle ticket was the first one to be called and she was surprised to find herself at the table spread with wonderful prizes. However, there was only one that really appealed: '10 Days in Kenya'. The raffle had been held to raise funds for Alison Pittendrigh's Frontline Homeopathy project in Mtwapa, near Mombasa in Kenya, and she had made this offer as a token of her appreciation.

Feeling rather dazed by the prospect of going to Africa, Margaret then realised the offer

was for two people and it wasn't long before her friend of many years, Tricia Allen, said that she would love to go as well. So now two homeopaths were off to see what it means to practise in Africa, as well as enjoy a holiday in a fascinating country.

The trip took on another aspect when Margaret contacted Steve Smith, a British homeopath whom she had supervised while he was training at COH. Steve now lives near Kibwezi, a town halfway between Nairobi and Mombasa. He immediately invited us to visit him for a few days on our way to stay with Alison in Mombasa.

.TH CENTRE

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We flew into Nairobi. Stuck in a traffic jam on the way to our hotel we were able to observe so many of the contrasts typical of Africa. High-rise buildings adjacent to slums and shanties, heat and dust rising out of the vibrant colours of the plants, and the welcoming and patient smiles of the Africans walking to work, not to mention the Maribu storks sitting in trees along the dual carriageway.

The next day Steve met up with us and we took a bus down the main Nairobi–Mombasa road to Kibwezi. A new road is under construction, but parts of the present one are full of potholes and can certainly turn any journey into a roller-coaster ride! Steve has a long connection with Kenya and in particular with a family living there. When he decided to train as a homeopath, his friends Ruth and Tom were keen for him to come back to Kenya and set up a clinic near their home. Sadly Tom died before the dream was realised. However, Steve has returned and, helped by Ruth and other members of the family, they have opened the Toru Health Centre, near Kibwezi.

When we arrived the Toru

Health Centre, clearly visible from the main highway, was in full swing. Silla and Dorcas, two Kenyan-trained homeopaths were working through a queue of people who were waiting patiently in the heat to be treated. Patients may be given an appointment for a particular day but no specific time is indicated – Africa time is very flexible and frequently people just turn up and wait. Kenyans are extremely patient and are always prepared to wait, unlike us busy Westerners. Steve and Ruth are planning to open a café next to the clinic to provide tea and fizzy drinks – which will be very welcome.

Anyone who travels from the UK to the developing world ends up taking much needed supplies and gifts. On this occasion the generosity of the Homeopathic Supply Company and homeopaths in East Anglia and south-east London meant that a remedy machine, bottles and books were able to find their way to the Toru clinic.

Steve, Ruth and her four children live about two miles from the clinic on a couple of acres of land, with other family members nearby. We soon realised what it

The health centre, near Kibwezi, was set up by British homeopath Steve Smith (centre) and his Kenyan friend Ruth

is like to live without running water and electricity. Food is cooked over the fire or charcoal and eaten there and then, so there is no planning ahead or keeping some for later. Water is brought on bicycles in plastic containers from some miles down the track and used sparingly.

It is hard work keeping the *shamba* (homestead) functioning. The animals need to be taken into the surrounding bush during the day and cannot be left to wander far because of predators. The cow must be milked morning and evening, and there is enough land to plant maize, beans and some vegetables that need to be tended.

The rains are unpredictable and the well water salty so Steve is planning to build tanks to collect rainwater from the roofs of both the house and the clinic at a cost of about £700 for each. We thought solar panels would be ideal, but apparently they are not affordable yet in Kenya. So paraffin lamps and torches have to suffice.

In addition to organising the *shamba* Ruth translates for Steve at the clinic and hopes one day to be able to train and offer counselling for those with

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HIV/Aids and other health problems. Volunteers come from time to time to help at the clinic (usually through the Abha Light Foundation in Nairobi), and there is a guest room at the *shamba*. There is also a laboratory technician who can test for candida, typhoid, malaria and other parasitic diseases. It is definitely useful to know what needs treating. Most prescribing is on a therapeutic level, with mental and emotional symptoms not always being given the priority that we are used to in the UK.

There are two Kenyan homeopaths working at the Toru Health Centre at present, as well as Steve, Silla and Dorcas. Silla is Ruth's brother-in-law and had six brothers and seven sisters. But his older brother, Tom, died of cerebral malaria a few years ago; his younger sister died as a child of yellow fever; and another brother died of measles after the measles vaccination. Silla decided to train as a homeopath after Steve visited the *shamba* before qualifying, with a view to helping prevent people in Kenya from dying of these diseases. Both he and Dorcas trained in Nairobi with Didi Ruchira from Abha Light.

To contrast with the more basic lifestyle at the *shamba*, Steve arranged for us to have two days at a local safari camp at Umani Springs. This is in the Kibwezi Forest and is a wonderful place for birds and butterflies. The noise once the sun goes down is amazing; the smallest animals, the bush babies being among the noisiest! Bush walks are a delight with the camp manager Richard, a former poacher! He knows every bird by sight and call. On one walk Richard walked straight into a wasp's nest and was stung badly on his rather bald head. He said he was fine but had a bad headache that he expected would last for a few hours. Luckily we had some *Arnica* with us. Five minutes after the first dose, the headache had disappeared! It was interesting to note how matter of fact he was about the *Arnica* working so effectively. Back home, his British counterpart would have been either totally amazed at how well homeopathy had worked and telling everyone,



or busy thinking their recovery must have been a coincidence and the headache not so bad in the first place. We found this everywhere we went. The Kenyans were so open to homeopathy, with little of the scepticism that we encounter here on a daily basis.

On returning to the *shamba* we found that Steve had to return at once to England as his father had died. Ruth invited us to stay on for another day, so that we were able to see some patients at the clinic. Ruth acted as translator and we grappled with the lack of mental and emotional symptoms and focused on the generals and particulars. Unfortunately we have yet to find out if our

Students studying with Alison Pittendrigh, (front), who were treated to a day's teaching on *Medorrhinum* from Margaret and Tricia

with Alison in Mtwapa, north of Mombasa. Alison lives right on the coast and the view from her veranda is of palm trees and colourful, flowering shrubs, all flowing down to a white, sandy beach with the Indian Ocean coming in over a coral reef. In effect it is a tropical paradise that has in the past been a mecca for tourists from this country, but after the terrorist bombing further up the coast it is attracting far fewer visitors from UK and particularly America. It was beautifully peaceful and we enjoyed a few days of complete relaxation in Alison's garden and walking on the beach with her dogs, before becoming involved in teaching and clinics.

The clinic operates out of the Harvest of Hope Community Centre which also runs a mixed secondary school. A classroom is made available for the teaching sessions. Home visits take up one morning a week and clinic another, with one afternoon for teaching. Alison is running all this herself as well as her private practice, but she has realised that the clinic needs to be run by Kenyans for Kenyans. She intends to put more time into teaching her students and supporting them into practice, and then gradually opening more clinic days when the students are ready to take

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prescriptions were of benefit.

We are very grateful to Ruth and Steve for the invitation to stay in the *shamba* as their guests, and the unique opportunity to experience life in a typical Kenyan village.

The next stage of our trip was

over. She can then take on the role of supervisor and mentor.

Alison offers three courses in first aid and acute prescribing each year and from these she has hand-picked six students to study on a 'professional' course. (At present there are six students; some have been studying with Alison longer than others.)

Elizabeth is a teacher at the local school. Shani has her own business in Malindi about 70 miles up the coast and has to travel long distances; she seems particularly committed, travelling such a long way, and very keen. She asked whether there would be any chance of her coming to UK to do further training. Amina is unemployed at the moment and therefore able to sit in on the clinic sessions.

The men are Japhet, a medical doctor, who has a small clinic in Mtwapa; Munga, who is Alison's assistant at the clinic, and Gideon, the deputy head of the local school. Japhet's medical training and the reality of his patients' problems led him to ask several times what remedy he should give for a particular condition, even though he had been attending the class for several weeks!

We were glad to have the opportunity to take part in teaching three sessions for the students. Margaret taught *Medorrhinum* and the sycotic miasm, and we discussed some typical cases, again with emphasis on the generals and physicals. For the second session Tricia was asked to introduce the repertory as we had taken out with us two copies of the *Phoenix Repertory*. Apart from a glance at Alison's *Murphy Repertory* this was the first opportunity the students had had to get to grips with rubrics and repertory work. Tricia explained it as clearly and simply as possible and we pored over the different parts using the symptom picture of *Medorrhinum* to bring it to life.

In our final session we decided to role-play case taking and then ask the students to find the most important symptoms as rubrics and discover the remedy. Tricia played the homeopath taking Margaret's case as a typical *Calcareo carbonica* patient. Several of the students of course spotted the remedy before they had worked

through the repertory. Nothing changes – the intuitive prescription with justification from the materia medica is alive and well in Africa!

Alison felt that once all the students had access to a repertory and materia medica they would be able to make an important shift in their training, and since we've come home we have been able to send some out to Kenya so that there are enough for each student.

There is the possibility of a more 'official' college coming into being in the future that would address nutrition and traditional

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medicine as well. At present these students do not contribute towards books and training – it is all funded through contributions to Frontline, Kenya. If, however, the Kenyan government became involved in supporting training, and there is an indication of interest in this possibility, then homeopathy and possibly other therapies in Kenya would take on a much bigger focus. Talks are in progress.

The clinic is held in a very small room, really only just big enough for Alison and Munga, her young translator, the patient and the very necessary electric fan. We all squeezed in and felt rather close to everyone but no one seemed to mind. Waiting patients were outside in the shade.

Alison's wonderful articles in *HIP* had told us about the large numbers of patients she was seeing and some of the appalling

Alison with one of her students, Amina (front), and a patient



cases she had to deal with. We found that she has had to scale down the numbers she sees to avoid burnout, but that there are still many shocks. She emailed us recently about two young girls who had been gang-raped.

Her home visits still include 'Mary', who has HIV/Aids, whose case she described in graphic detail in July last year. Mary is still alive and living in her sister's house in a degree of comfort and safety, but Alison despairs of stabilising her declining health and feels that Mary's own will to live is still at the bottom of the problem.

We realised that to Africans recovery from major illness is not the norm. Both Steve and Alison have observed that once a person is very ill, the family gives up on them, often redistributing their possessions and waiting for them to die. Funerals are more celebrated than recovery and indeed there will be a large gathering of family and friends at each funeral. It was interesting to observe that the coffin maker sets up business just outside the hospital in many places. Attitudes to life and death are certainly different from those in the Western world, where we so often keep people alive at any cost.

Bush visits were fascinating as we saw patients in their own homes and could observe some of the limitations. Alison had been treating a young girl who had fallen in the cooking fire and been badly burnt. She had been responding really well to *Causticum* and *Cantharis* and had been completely free of pain. However, this time her skin looked worse than ever as her mother had put on a horrible paste made of ground-up snails and honey. We continued with the same remedies, adding *Calendula* 30c three times daily.

Her mother was never there when Alison visited so there was no way to speak to her directly about the danger of infecting the wound. Alison begged her older sister to talk to her mother and we just hoped that she would be able to convince her to leave it alone. It must have been very difficult for the woman not to want to try to help her child, having no idea what these little

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white pills might do. We marvelled at someone with such an appalling burn coping with the pain without being in hospital, and having a strong enough constitution to prevent the whole thing being infected in the conditions she was living in. We have since heard from Alison that the burn has completely healed.

Alison is also called out frequently to treat patients as a last resort. We saw a man whose foot and lower leg had become gangrenous. He had been diagnosed with TB! Of course he should have been hospitalised but many people just cannot afford the charges. We gave him *Secale*. He had a hospital appointment the following week so Alison dropped by to ask the family how he was getting on – apparently the ‘sore leg’ was healing quite well. Sadly, the day after his hospital visit he died.

Naturally before going out to Kenya we did not have any vaccinations or take anti-malarial drugs. Alison has a lot of visitors, many of whom are children who are friends of her son. After one such visit, when she had spent a number of nights in hospital with a child who had developed severe gastroenteritis after receiving several vaccinations, she decided that in future she would only allow children to visit if they were unvaccinated and had not taken anti-malarials as these had such a detrimental effect on the immune system!

She discusses this with the parents and they accept her decision. Alison is also conducting a small trial using *Malaria nosode* 30c weekly with approximately 40 Kenyans, black and white, many of whom have a history of malaria. The group has been taking the remedy for several months and to date no one has contracted malaria. There is a similar trial taking place in another part of Kenya using *Malaria officinalis* 30c with similar results.

After the clinics it was always such a contrast to go back to the peace and tranquillity of Alison's house and garden. We needed that and could understand that Alison needs it too. We had a wonderful time and would like to thank her for giving us the opportunity to experience the loveliness

We marvelled at someone with such a bad burn coping without being in hospital

of her home and the chance to teach her students.

On our final day we visited Didi Ruchira, director of the Abha Light Foundation in Kenya, in Nairobi. She is an ardent campaigner for homeopathy and natural health in Kenya and has been interviewed on television and written a number of books on natural medicine in the treatment of HIV. She is Secretary of the Kenyan Institute of Alternative Medicine (KIAM), whose constitution is recognised by the Kenyan government, and is working hard to get homeopathy recognised too. She is looking at the work of CORH as a model for registering both homeopaths and herbalists.

Didi has been running an informal homeopathic college in Nairobi training Kenyans for a number of years, and now many qualified homeopaths have set up clinics in various parts of Kenya. When training, students are expected to attend sessions every weekend for nine hours for three years. In addition they undertake a vast amount of clinical experience, both in the clinic that Didi has founded in one of the large Nairobi slums – a little haven when you go in off the street – and also by acting as translators on mobile clinics in rural areas of Kenya with volunteers who come from all over the world. Once qualified, they can return to the villages where they have already been working and establish their practice. Didi is always looking for volunteers to run mobile clinics and teach at the college. (see *box, right*)

Once more we would like to thank Steve, Alison and above all the ARH for enabling us to experience such a wonderful and enlightening visit.

Postscript from Alison

It was such a pleasure having Margaret and Tricia here. I had never met them before and was a little nervous but within a few

minutes of finding them, in the sweltering chaos of the bus station in Mombasa, I knew they would be the perfect guests! They brought some much needed books – donated *Phatak* and *Boger Materia Medica*s and two *Phoenix Repertories*. Thank you so much to everyone who has supported the project with books.

It was a relief to have other homeopaths to accompany me on the bush visits. It is quite a tough call sometimes, seeing difficult and fairly unpleasant cases, and it was a real break for me to share the responsibility. It was also great for my students to meet some other homeopaths, and I don't think any of them will ever forget *Medorrhinum*! Margaret and Tricia's teaching was fantastic and introducing the repertories has made such a difference. It was sad when the day came for them to leave and I would like to thank them both for their continued support for the project.

Since her return Tricia has organised for some *Murphy's Repertories* and some extra *Phatak Materia Medica*s to be sent out and I would like to thank Stuart from Minerva Books for his kindness in offering these at a good price. Margaret was so at ease here that she has offered to come and look after the clinic and the students and my mad crab-eating dogs if I need a break. I may just take her up on that!
Alison Pittendrigh

Support health in Africa

As a result of my experiences with Steve and Alison I have become involved in setting up a new charity designed to support homeopaths and other health professionals living and working in Africa. It will be called The Supporting HEalth in AFrica Trust (The SHEAF Trust). If anyone would like to know more about its aims, or if you are interested in helping or contributing, please contact Margaret Goodyear on 01603 662380 or margaretgoodyear@ntlworld.com. Margaret Goodyear LCH MARH.

Frontline Homeopathy website:
www.frontlinehomeopathy.org
Email Alison Pittendrigh on:
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If you are interested in doing voluntary work for the Abha Light Foundation, running mobile clinics and teaching at the college, contact Didi Ruchira on abhalight@eudora.mail.com.