

Homeopathy for The Gambia

The Bush Homeopaths in action

by Catja Marion Thum BSc (Hons) Hom LCHE MARH



Growing up in Germany I was surrounded by homeopathy all my life. My career path took me into the financial world first. I then made my passion for health, homeopathy and nutrition into my profession when my children were born. I now work as a holistic coach and homeopath in a practice in London's Knightsbridge where we integrate homeopathy with osteopathy, reflexology and nutritional coaching.

I joined The Bush Homeopaths in 2011, travelling to The Gambia twice a year to support the rural communities with homeopathy.

My first trip to The Gambia, the smallest country in Africa, changed my life. For me and for the core team of Bush Homeopaths, as well as for a lot of our volunteers, this is our remedy – it is grounding, it is breathtaking, it is a big change from everything you experience in your day-to-day life and, even though our working days are long, it is fun. It is a unique experience and every single trip is different, entails new adventures, memories, laughter and sometimes tears.

We rely entirely on donations and were awarded charity status in 2012. All our trips are self-funded and all donations are used for remedies, transport, translators and what we need in order to treat as many people as possible while we are on location. We are always looking for volunteers to join us on these trips. Qualified homeopaths are most welcome as are volunteers of any kind in order to support us throughout the day. As you will be able to see for yourself, we are currently building a clinic so that we can be more on site, stay longer and train locals in basic homeopathy.

For donations please visit www.thebushhomeopaths.org and follow the donations link or go directly to <http://uk.virginmoneygiving.com>; then search for The Bush Homeopaths. We are still looking for volunteers for May 2014.

We truly appreciate any contribution to our cause. To read more in-depth travel stories, please refer to the blogs on our website. Do feel free to contact us should you have any questions.

Who are The Bush Homeopaths?

The Bush Homeopaths are celebrating their fourth year of bringing homeopathic medicine to The Gambia. Sameena Azam and her colleague Danielle Abramov started the bi-annual trips to sub-Saharan Africa in 2010. Kim Purdy joined shortly thereafter, followed by myself. We are all passionate homeopaths, wanting to help the poorest people in the most remote areas of this small country. Due to the rainy season – 'Nawat' (mid-June to mid-October) – we have only been able to travel twice yearly, as the roads are impassable during the heavy downpours. We travel in a small bus to reach out to the villagers who have no medical help.

The Gambia

The Gambia is the 'Smiling coast of West Africa' and has 1.6 million inhabitants and only about 80 doctors who are mainly located in the capital Banjul. The country of Senegal encapsulates it. To reach the northern shore the Gambia River can only be crossed by ferry, as it divides the whole country and opens out into the Atlantic. The crossing is a gruesome experience as the ferries are old, always overloaded and the scramble to get on board is very time-consuming. The northern site in particular has no medical support; this is why we try to go as many times as transportation constraints allow us to.

The roads in Gambia are – apart from the capital – sandy roads,



Our mobile mango clinic

often not even compacted properly to drive on. Therefore the speed in which we can get from place to place is very limited and we have to use a driver to navigate around pot-holes, donkey carts, goats, cows and monkeys as well as children playing on the roads. Being close to the equator, the temperature is mostly around 30 degrees, very humid in the summer and dryer during the winter months. The Gambia is a Muslim country, but secular in government.

The HIV rate is very low compared to other African countries. Schooling is neither compulsory nor free, so illiteracy is high. Many families cannot afford the fees or prefer their children to help on the fields. Indeed, it may be impossible to reach school because of the distance. Hygiene is a huge factor as the lack of it leads to many illnesses in The Gambia; it is part of the school curriculum but it appears that it is not part and parcel of the day-to-day education at home.

Modus operandi

We usually take a number of volunteers with us, so that we can work in several teams when we set up our little clinic under the main mango

Washing
bottlesUlcerated foot
before treatment

tree of the village. For the time being we travel in one bus but, for our trips in 2014, we are planning to take a larger team of volunteers to cover more of the much poorer and 'forgotten' north bank. Currently we manage to treat 1500 people during our week's stay, hoping to increase this number as we get more established.

We set out early in the morning. Once the roads turn into barely passable sand, and children are greeting us on the street, we know we have arrived at our destination. We start setting up. We sit on tree

trunks, camping chairs, whatever we can get. We use our knees, tables, boards and materia medica to place our notebooks for case-taking. Villagers are already crowding around us, asking for medicine. Some villages have a first-come first-served order; sometimes it is the most forceful and loudest who get the first treatment. Remedies, medicating potencies, spray bottles, phials, repertory and materia medica are taken out and volunteers from the village are needed to translate their issues into English. Although English is the official

language, most people do not speak enough of it to explain their condition and use their main language Mandinka or one of the other ten tribal languages. We try to treat the most needy first: children and nursing mothers as well as the elderly. Elderly means anything beyond 50 as their life expectancy rarely goes beyond 55 and most people are not aware of their age.

Some villagers are so grateful for our support that we receive lunch or dinner, which mainly consists of a large bowl of rice with a spicy sauce on top and sometimes fish or a bit of chicken. Everybody eats with his or her hands out of the same bowl; you may get a spoon if you are lucky. Sometimes we receive donations specifically of rice. During our travels we have come across quite a few 'darras' – orphanages – that have almost nothing. The children sleep on broken, wooden pallets outside with no shelter from the rain, heat or cold and the only food they receive is rice, if anything. A donation of £500 for rice was given for a darra with 60 children. It will last only about two months to feed their hungry mouths.

We tend to revisit the same villages but also take new villages onto our itinerary if we can manage to get around. Once we have visited a village, we ask them to keep neat records of the effects of the medication. We tend to prescribe for a whole month, giving out 30 pills to be taken one a day in water. Severe cases receive prescriptions for more than a month. We buy empty plastic bottles at the market, wash and rinse them with fresh water and vinegar to have them refilled with fresh water for plussing the remedies. We try to make sure that the

Mobile homeopathy
for the smiling
coast of West
Africa

➤ water we fill in the bottles is fresh and clean. As the number of bottles determines the number of patients we can see, as soon as it becomes obvious that we are starting to run out of bottles, dirty new bottles start appearing from nowhere. People are desperate. We once had someone handing us a seemingly clean bottle with fresh water; however, we could see flukes swimming in it with our bare eyes.

We take the case, prescribe and on the spot we prepare the remedies that are dispensed in the usual small plastic bags. The person responsible for that village receives all the small plastic bags with the remedies, labelled with patients' names. They then distribute one pill a day to everyone who comes to collect it with their fresh water bottle. Some people have never owned a bottle, let alone know how to drink out of it. As long as the villagers keep good records, so that we can see how the prescriptions helped their people, we will visit them again. Some of their handwritten notes are tidier than an Excel spreadsheet. Our team then collates the notes electronically in order to follow up on cases. We can then analyse remedy reaction and have anecdotal evidence of the difference we have made in those people's lives.

Our remedies are pre-prepared in the UK; they are medicated with the combination of twelve tissue salts (*Bioplasma*) as well as *China* 30c. Our latest collated research about all the symptoms people report, ailments, generals and physicals seem to sum up the underlying remedy: *China*.

China officinalis and The Gambia

Most of the symptoms are related or linked to malaria – the *China* remedy picture:

- **Failure to thrive** – in babies and children, emaciation
- **Tympanic abdomen** – most likely due to liver and spleen being swollen
- **Abdominal colic** – mainly with hunger
- **Parasitic infections, worms**
- **Strangulated hernia** (non-malarial symptom but predominant occurrence).

Indications to identify symptoms of a strangulated hernia:

1. **Indigestion** – people with large hiatal hernias may experience symptoms that are similar to indigestion.

Some people have never owned a bottle, let alone know how to drink out of it



Happiness

When the hernia becomes strangulated, the protruding part of the stomach becomes twisted and blood supply to that area of the body is cut off. The sufferer may burp more than normal and have heartburn after eating.

2. **Severe chest pain** – one of the symptoms separating a regular hiatal hernia from a strangulated hernia is the severity of chest pains a person experiences. Some people who have larger hiatal hernias may feel some mild discomfort in their chests. Very serious chest pain can be a sign that a hernia is strangulated.

3. **Signs of anaemia** – in rare cases, a strangulated hiatal hernia can bleed; blood may be found in stool and will cause anaemia.

Additional symptoms compared to other remedies:

- Fear of dogs and animals at night (compare: *Stramonium*)
- Worse increase of moon ('going crazy during moon'; compare: *Luna*)
- Headaches: bursting, congestive, from top of the skull and throbbing pain (compare: *Belladonna*)
- Skin, dermatitis, very dry, ulcerated, psoriasis (compare: *Mercury*)
- Diarrhoea and dysentery (compare: *Arsenicum*)
- Impotence ('cannot get married every night anymore' – patients' wording), increased sexual desire

(compare: *Phosphorus*)

- Vertigo, falls backwards, worse lying, after loss of vital fluids (compare: *Phosphorus*)
- Tongue, yellow coated and cracked (compare: *Chelidonium*)
- Fever, haemorrhage, gastro-enteric symptoms (compare: *Ipecac*)
- Yellow sclera, scalding lachrymation, eyes sensitive to bright light (compare: *Phosphorus* and *Chelidonium*)
- Spasmodic cough from irritation in larynx (possibly from dust and particularly in the cold season; compare: *Pulsatilla*)
- Pneumonia, asthma (compare: *Phosphorus*)
- Liver symptoms (compare: *Chelidonium*, *Lycopodium*)
- Quick satiety – weight after eating small quantities (compare: *Lycopodium*)
- Bedwetting of weakly children (compare: *Equisetum*)
- Pressure in bladder: frequent and ineffectual urination (compare: *Apis*)
 - Seen in children and elderly, worse night (compare: *Sabal serrulata*)
- Complete loss of appetite and cachexia – direct relation to malaria (compare: *Arsenicum*)
- Bitter taste of water and food (compare: *Bryonia*)
- General body pain: pains in limbs and joints (compare: *Rhus Tox* and *Ruta*)
- Tooth decay, looseness of teeth, pain (with various modalities), 'black coating of teeth covered with dark sordes*' and 'painful numbness and pulsating pain' (compare: *Mercury*)
- Pain inter-scapular spine (compare: *Sepia*)
 - Intolerable pain lumbar region
 - Lumbago worse motion (compare: *Bryonia*)
 - Sharp pain spine and shoulders
 - Pain in chest between scapulae.

*Sordes: A dark brown or blackish crust-like deposit on the lips, teeth, and gums of a person with dehydration resulting from a chronic debilitating disease (from: *Dorland's Medical Dictionary for Health Consumers* 2007).

Hahnemann described *China* thus: Behold how difficult it is for him to breathe, see his hard and distended abdomen, the swelling of the

hypochondria; see how his stomach is oppressed and pained by everything he eats, how his appetite is diminished, how his taste is altered; how loose his bowels are, and how unnatural and contrary to what they should be; how his sleep is restless, unrefreshing and full of dreams.

Modalities accompanying people's complaints

- Better from hard pressure
- Better bending down / over
- Worse after eating
- Worse at night
- Worse loss of vital fluids.

(Information on *China Officinalis* by Natasa Peric, volunteer January 2013.)

Encounters and ailments

We see a vast amount of skin ailments as well as general body pain from the hard work on the fields, and various accidents that have not been treated correctly.

As previously said, we encounter a lot of malaria, the main underlying cause of a lot of conditions that become chronic. Gambians are scared of the big 'M', known locally as 'the fevers' as it can be lethal when the immune system is low. People are not protected as there are no mosquito nets, let alone money for sprays or vaccinations. The same applies to parasites: treatment is hardly available and for most people unaffordable; hence the widespread infestation. Poly-parasitic infections are predominant in children and we are planning a research study on de-worming with homeopathy in the near future. Once our clinic is up and running, we intend to run a double-blind random controlled trial over a six-month period amongst children in a chosen village. We have collected data about the various worm infections that we can use as a starting point.

One of the main complaints in elderly people is cataract. Sun, dust and lack of good nutrition lead inevitably to this condition in most people over the age of 50. Teeth decay and stomach problems tend to be chronic and are also due to a very limited diet and mostly lack of hygiene, as there is no running water in most villages. The women walk a long way to collect water from the closest wells, but there is no running tap for hand washing during the day and toilets are a hole in the ground, fenced off by either



Girl after taking *Pulsatilla* for fear of white women

bricks or corrugated iron. Villages do not have electricity and storms in the rainy season may wash the houses away.

Some cases – acute and chronic

We are always taken aback by how detailed the comments are that we are given as feedback upon our return. So many people seem to find relief from their long-standing conditions. Cases that we have successfully treated range from chronic perspiration, pain, and unhealed skin pathology to even depression and epilepsy. Sometimes we see how well homeopathy works in acute conditions.

Accidental poisoning

We once arrived at a village where a child had accidentally swallowed some bleach or other similar detergent. We immediately prescribed *Sulphur* 30c for the child to take frequently. On our next visit, the parents came to see us to specifically thank us for saving their child's life.

Burns

On another visit, we arrived at a very remote orphanage where

Child with burns after falling into hot porridge



Psoriasis

In the same orphanage, Suarekunda, we saw a boy with extreme psoriasis. We prescribed *Natrum muriaticum* 30c and left enough supply for three months. On our follow-up visit, his arms were more than 50% better and the boy seemed much happier in himself as he volunteered to speak to us and show us his arms.

Snakebite

We also come across quite a few snakebites that do not heal. One boy was bitten on his face during sleep. His eyes were bloodshot, the whole face scarred and he was unhappy because he couldn't go to school. We prescribed *Lachesis* 30c, then hardly recognised him on our next visit. His face was still scarred, but his eyes much better and he was playing with the other children. As we left, he came over and asked if we could give him a bicycle, as now he could go to school, but it was too far to walk. Even though this is not our core competence, we did sponsor £20 for his bike. On our



So many people seem to find relief from their long-standing conditions

1 course 3 study options



Attendance

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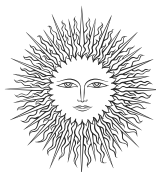
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It is fascinating how, through a simple gesture, you can differentiate between remedies

next visit, he was really happy; he did not want any medicine from us but came to thank us for changing his life.

Rape and stroke

Another day we were presented with a 16-year old pregnant girl who had just had a stroke and became mute. Upon taking the case we learnt that she was pregnant due to a rape and, when she saw her attacker again, she suffered a stroke. She was very distant and not looking at us. We prescribed *Narayani Shock Mix 26* and *Staphysagria 200c* as we could hardly get any details of her story – hoping that the pregnancy would go fine. The next time we saw her, she was smiling happily while breastfeeding her newborn. She even managed to answer our questions with single words, slightly stuttering. Sadly, her circumstances had deteriorated as she had given birth to a ‘bastard’ and was therefore ousted by her family and had to live on the streets begging for food. But she seemed happy and her health was improving. The attacker has been found and will be prosecuted. His name will be on the birth certificate so that the child has an official father and the girl can return to her family.

Chronic dysentery

We met the Chief of Police during one of our ferry crossings on ‘National Cleaning Day’. We needed permission to drive as all cars are banned on the roads that particular day. He had had chronic dysentery for three years which made him extremely miserable. We prescribed *Phosphorus 30c*, on top of our pre-medicated packs which include *China 30c*, daily. When we met him again on our return visit, he said that he was fully cured after only a month of treatment.

Belching, eructation

A young girl who acted as a

translator for us was belching every ten seconds; it was difficult to concentrate – not only for her but also for us. We gave her the *Narayani Sufi Mix 29* on the spot and, by the end of our three-hour session, we only heard the now very familiar noise less than every five minutes.

Infertility

A woman, married for five years, suffered from infertility. A combination of *Sepia 30c* and *Agnus Castus 3x* daily for one month was administered. We met her again on our last visit and she was holding a baby boy. The boy had been born with a cleft lip and we helped her organise transport to the hospital where the surgery is performed free of charge in The Gambia.

Fear of white 'witch doctors'

Some children are afraid of us when they see us for the first time, as they have never seen a white person. One girl was so distraught by our presence that she couldn't stop screaming and clinging to her mother. We gave her *Pulsatilla 200c* on the spot and within minutes she stopped crying, and even smiled into my camera.

Our limits

We also see cases where we are at our limit. A three-year-old girl suffering from severe hydrocephalus did not seem to show any improvement at our second visit to her house. She needed urgent surgery which cannot be done in The Gambia. A lot of people show us doctor's certificates, stating that they or their child cannot be helped there but need transferral to another country with more skilled doctors to perform the adequate surgery.

Also, due to the language constraints, it is sometimes difficult to get precise symptoms, a timeline or even a description of what is going on, let alone a clear aetiology. For us it is often a trade-off of trying to get to the simillimum and to keep asking more and more questions whilst not getting very detailed answers, or to shorten the case-taking and use poly-pharmacy prescriptions and *Narayani* remedies. We have seen *Narayani* remedies doing a wonderful job in numerous conditions and, if we cannot get to the bottom of the case – especially since we rarely identify a precise aetiology – we are grateful for this set of over 400 remedies. Also, we have learned – due to the lack of

shared language – to observe very closely and to provoke actions and reactions in order to determine remedies.

During case-taking and the little time we can spend with each person, it is fascinating how, through a simple gesture, you can differentiate between remedies. People are less 'polluted', less influenced by environmental stress and busy lifestyles. As they cannot access medication easily, they appear to be less drugged and remedy pictures become much clearer in their features and habits. Additionally, we see themes in villages; miasmatic tendencies, in particular, are very pronounced – and striking for us to witness.



Kim, Sameena, Danielle and Catja with the builders of the clinic

The clinic project – a permanent base

One of the villages we visited on our very first trip is called Manduarr, and it has become our first point of contact when we come back to The Gambia. The people's gratefulness for our support has resulted in a donation of a patch of land by the elders of the village. So this land now belongs to us and we have started cultivating it. The heavy rains mean that the bush had grown more than eight feet high and we needed to clear the land before we could build our clinic. First we built a brick wall to claim possession of the land. Next we needed to tap into their bore hole to get running water so that we can operate our clinic with clean water and washing facilities.

We raised the money for these vital steps through some fundraising activities and other donations. We are very happy that a female team has managed to get these steps done. We are now getting quotes for the construction of the actual clinic building, which needs to be on solid ground with solid brickwork to avoid erosion during the torrential rains. We plan to have three treatment rooms, large storage for books, remedies, chairs and

training material as well as a basic shower and toilets so that volunteers can stay on site longer. This will enable us to hold training courses and ensure continuous treatment and more acute support for the local community.

Manduarr itself has no electricity, so we have to cater for this with solar power. The community encompasses more than 6000 people in the larger containment of the compound. Our first clinic will be the blueprint for further clinics that we intend to build, primarily on the north bank.

We have already started basic training in various villages, leaving remedy stock behind to treat various acute conditions like fever, accidents, skin eruptions, worms, snakebites and burns.

Our next trip (at the time of writing) is in May 2013. We are planning more fundraising events but are grateful for donations for our clinic building.

Our vision

We envision a future in which homeopathy is recognised as an integral part of the Gambian health-care system. The Bush Homeopaths' foremost objective is the relief and prevention of disease whilst working in co-operation with local communities. Our vision encompasses making homeopathy available to all communities as an affordable and valid form of health treatment. We aim to offer homeopathic training to the Gambians with help and support from the Centre of Homeopathic Education, the UK's largest homeopathic college. Our mission is to build and furnish a clinic where we can not only treat more people but also train local Gambians to become qualified homeopaths and eventually run their own clinics. We envision a Gambia with a number of clinics on both shores, supporting the local communities in their quest for health, hygiene, clean water and sustainable living circumstances.

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