

The power of Three

A prescribing method for complex cases from Botswana



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by Hilary Fairclough BA (Hons), RN, RSHom

This article describes the background and rationale for the use of the Triad Method, a homeopathic prescribing strategy Hilary developed when practising in Maun, Botswana at the height of the HIV and AIDS crisis. She shows how it is applicable for all clients presenting with different layers of ill health and suffering. Using case examples, she explains how the Triad Method can be applied to complex cases in your homeopathic practice, wherever you are working.

In 2000 I was working as a full-time homeopath in a busy private practice based in London. One day my partner, Philippa, who works in publishing, came home and told me she'd been asked to travel to Botswana to edit a book being written by three teenage children about their experiences of growing up in the Okavango Delta (published in 2002 as *The Lion Children*). I had never visited Africa and I was excited by the opportunity so I suggested I accompany her.

A month later we were on a flight to Maun, a small town on the edge of the Okavango Delta in northern Botswana. Flying over Botswana I saw an expanse of unpopulated wilderness, sandy terrain interspersed with trees and the occasional road. Coming from the UK it was hard to believe that there could be such a vast empty space in the world. As we approached Maun airport I noticed a spread of low-level housing – thatched huts known as 'rondavels'

and the more modern equivalents, breeze block huts with corrugated iron roofs. This was Maun, a small town in the middle of nowhere.

The plane landed and I was 'hit' by the heat; it was over 30 degrees. We were met by Kate, the teenagers' mother, who drove us in a beaten up Landrover to their home, a tented Lion Research Camp out in the bush close to the Okavango Delta. During the week, as Philippa worked with the children, I spent time with Kate: she told me about Botswana and I talked about homeopathy. I learnt that it was a peaceful, democratic country ravaged by AIDS. It was then the height of the HIV and AIDS epidemic in Botswana and Maun had one of the highest rates of HIV in the world, over 35% (unaids.org). People were dying in their thousands and there was much shame and stigma. Kate said: 'You need to start a homeopathy clinic here; people need help.' It was an idea, a seed which took root in my consciousness and slowly

grew into a plan over the next two years. I was excited by the plan's potential but could I do it? The challenge felt huge and I needed to find courage.

Setting up the project

Two years after our first visit, we did it. Philippa and I got on a plane back to Maun. This time I had a case of homeopathic remedies with me and the names of people and organisations who were working with people infected by HIV. One of the first people we met was Stella Sarwanyane who told us she was HIV+ and was running an HIV support group, the first in Maun. I told her about homeopathy and she immediately wanted me to start a clinic for her support group members. But first I had to talk to the elders, staff and clients to explain homeopathy and find out if they were interested in my setting up a homeopathic service for them.

So we called a meeting and attendees sat on benches outside the centre; I stood in the shade of a mopane tree and talked through an interpreter about homeopathy and what it might offer the community. I was nervous, as everyone involved in the centre had turned out to hear what I had to say – about 50 people – but I didn't talk for long because I noticed that no-one in the audience



seemed to be listening. Their gazes were directed elsewhere and many expressions seemed disinterested. So I stopped and instead asked for questions. I was amazed by the first question – someone stood up and asked: ‘So this homeopathy, is it an art or a science?’ This question went straight to the heart of the matter, and had been one of my own preoccupations in seven years of homeopathic practice. Standing under the mophane tree faced with a large group of people who had never heard of homeopathy, I tried to answer the question. I said that homeopathy was both, a science and an art. I realised then that I should never underestimate the members of an audience in Botswana or their potential interest, understanding and discernment.

It was the first of many subsequent talks that I and future volunteers gave to communities in Maun and the surrounding villages. The model of partnership and teamwork was established: local agencies would refer their clients and provide a space for us to practise and we would give homeopathic

treatment for free. This has formed the basis of the work of the Maun Homeopathy Project clinics lasting through to today. Over 40 volunteers have worked in these clinics in and around Maun treating over 3,000 people, mostly living with HIV and AIDS.

But in 2002 it was just me and a case of remedies. People were desperate and dying in high numbers,

Wasanapi Kapii
(locally trained
homeopath) with
two children at the
outreach clinic

often shunned by the community and with little medical or nursing care. I was often shocked and moved by the cases I took. People were brought to the clinic lying down in the back of trucks, too ill to stand or walk. I witnessed many cases of deep physical pathology and profound emotional suffering. There was life threatening diarrhoea and vomiting, severe weight loss and high fevers with possible meningitis, debilitating chest infections, fear, despair and grief from multiple bereavements. I needed to draw on my experience and find a style of homeopathic prescribing that met the demands of the situation. I was trained in classical homeopathy with a focus on the single remedy tradition but I felt I needed a method flexible enough to meet the needs of the multi-layered and deep pathology of the HIV and AIDS cases I encountered there.

It was for this purpose that I researched and developed a Triad Method of prescribing. By drawing on the work of Eizayaga (1991) and Stallick (2006) in particular, I started to prescribe three remedies >

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at a time to address the different layers of each case, namely the acute / lesional layer, the fundamental layer and the miasmatic layer. The initial results were so positive, it gave me confidence that I was on the right track in my chosen approach.

Since then the Triad Method has been used by all the homeopaths who have practised in the Maun Homeopathy Project clinics since the project became fully established eight years ago. Through our clinical experience in Maun, observations of the cases taken and feedback from clients, the Triad Method has been shown to be an effective healing strategy which addresses the different aspects of each complex case in a way that is clear and structured but at the same time flexible enough for each individual case. Lesley Murphy, one of the regular volunteers, describes it like this:

When I first started using the Triad Method in Botswana I felt it broadening my mind and freeing me up as a practitioner. The structure of the method encourages the homeopath

to think on three levels while with the patient, which helps to sharpen your focus on what is the matter. I found my case-taking becoming more efficient and I was able to think more quickly, which is important in a busy clinic where you haven't got the option of studying a case and sending remedies in the post. Liberated from the necessity of finding the one right remedy, I was able to prescribe in a way that stimulated the patient's vital force widely and coherently. The Triad

In our new clinic in the centre of Maun
From left to right:
Lesley Murphy (volunteer), Wasanapi Kapii (homeopath), Lebo Sarwanyane (homeopath), Hilary, Olorato Gopolang (receptionist) and Irene Mohiemang (homeopath)

Method makes the practitioner look closely at remedy relationships, in order to find a healing combination for each patient. I've continued to use this method when back in England. It's still a classical approach, but more suited to the modern patient.

Like Lesley, since using the Triad Method extensively in Maun, I have adapted it for use in my own UK practice and have found that it can be applied to any case of organic disease, deep disturbance in the emotional sphere and / or drugging. This is why I was inspired to write the book: *The Triad Method: treating complex cases from grassroots to clinic*. The intention of the book was to tell the story of the Maun Homeopathy clinics and how that experience formed the roots of the Triad Method. Through describing the Method and using cases to illustrate, my hope is that it will be useful for the contemporary prescriber facing the day-to-day challenge of treating clients with entrenched chronic conditions and / or complex health circumstances such as medical suppression and ongoing

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trauma or stress. The Triad Method is a tried and tested approach, rooted in a Botswanan experience and branching out in its universal applicability.

Prescribing three remedies at a time is not unique in homeopathy: I have met many homeopaths in my work with the Maun Homeopathy Project and when teaching who have tended to prescribe in this way whether or not they are following a particular method. Using a triad of remedies in prescribing had resonances for me as a homeopath. I saw strength in the structure provided by the number three. For example, homeopathic prescriptions are based on a minimum of three symptoms known as the 'three-legged stool', and there is a healing triad present in the consultation itself, composed of the patient, the homeopath and the remedy or remedies prescribed. The number three has many universal resonances too. For example, it is set in our genetic code: DNA has a triple helix structure and many

cultures and religions consider the number three to be holy or divine. The triad has permeated the structure of the Maun Homeopathy Project. Further down the line in the work of the project we took on three local trainees who are now qualified and forming the basis for the future of homeopathy in Botswana.

Acute / lesional layer

The acute or lesional layer of disease is often the presenting symptom and it may be due to disease, trauma and / or stress. It is chosen as the most intense aspect of the case, the most distressing to the client and / or life-threatening set of symptoms. It may be a 'true acute', for example, an episode of malaria, or an acute exacerbation of a chronic condition such as diarrhoea and vomiting, or an acute manifestation of symptoms caused by the HIV condition. It may also be a set of emotional symptoms from shock or trauma, for example an acute suicidal or

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homicidal state. As in Eizayaga's view, the acute / lesional layer can include iatrogenic disease and the side effects of drugs. The acute / lesional prescription should only address the disease manifestation itself. The mental and emotional symptoms present are only used to individualise the acute prescription if they appeared or were exacerbated right from the beginning of the disease. We often use the

Lebo with client at Sehitwa outreach clinic



➤ Bönninghausen CLAMS schema to select the correct remedy for this layer. This schema categorises the symptom totality according to the concomitants, location, aetiology, modalities and sensations, and these are used to guide the selection of the remedy for this layer.

Mercy at the Maun clinic

Here is the first part of a case, split into three parts, to illustrate the three layers of the Triad Method:

Acute layer

Mercy came to see us at the Maun central clinic in 2010. She is HIV+ but she has not been prescribed ARVs, as her CD4 count has been consistently over 200 (see also box on page opposite). However, she doesn't feel well. She says: 'I have flu.' She describes feeling hot and sweaty, especially at night. Her sleep is disturbed by a dry cough which wakes her. She also has a burning and throbbing headache in her occiput, which is better for drinking warm water. Since having flu, her lower abdomen has felt cold and her eyes have been red and itchy in the mornings.

This set of symptoms is an expression of the acute layer. CLAMS was used as a guide to identifying this acute totality, with the evident concomitants, location, modalities and sensations. In this case, aetiology was not a significant factor. The repertorisation highlighted *Sulphur* as the indicated remedy for this layer, which was prescribed alongside the other remedies of the Triad which addressed the fundamental and miasmatic layers (see below).

Fundamental layer

The fundamental layer in the Triad Method is very similar to Eizayaga's fundamental layer, and can also be seen to be similar to Kent's constitutional approach. The fundamental layer includes functional symptoms on the mental and emotional level such as anxieties and fears, and those on the general level such as sleep, energy, appetite and body temperature. This layer often includes an emotional aetiology and remedies prescribed are mainly the polychrests. What we have discovered in Maun is that this layer may include, although it doesn't have to, symptoms and / or affinities of the acute / lesional presenting complaint which confirms the prescription. Our experience in

Maun has been that our clients who present with multiple health problems seem to benefit from the layered approach of three remedies given alternating and sequentially, and healing ensues without proving symptoms, antidoting or confusion in the case. I believe each layer shows its own characteristic symptoms and its own distinct totality. In the Triad Method there's no such thing as a routine prescription; the remedy is always individualised according to the most characteristic symptoms and the three totalities are prescribed for.

During her first consultation, Mercy also told us that she works in a safari camp as a maid. She has

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recurring sore throats with hoarseness and a sharp pain < swallowing. She described a sensation as if her throat was squeezed and she has a constant urge to swallow. About her life she says: 'I don't feel good. I think about my disabled daughter all the time and want to be with her.' All of her four children are in Maun while she works long stretches in a safari camp in the Okavango Delta. She worries about her children when she is away from them. She fears that her sister isn't looking after them properly and that something will happen to them. She also worries a lot about her partner, especially at night. He frequently drinks alcohol and gets drunk. She feels he doesn't care about her or the children, and she says he doesn't give

her any money. She talks to him about it but it doesn't make any difference. She doesn't get angry. She feels OK about her job, but she'd rather be working in Maun so she could be with her children, but there are no jobs there. She has anxious dreams about her life, especially about her children.

The remedy chosen to match this fundamental totality was *Causticum*, which covered her grief, cares, fears and worries. It also covered her anxious dreams and recurring sore throat symptoms, which were not part of the selected acute layer.

Miasmatic layer

From a classical homeopathy perspective a nosode is given in the following circumstances: as the indicated remedy, when the well-indicated remedy fails or does not hold, when the patient relapses, when acute disease fails to resolve, or when a miasm obscures the symptom picture. The Triad Method does not necessarily follow these guidelines but instead uses what I believe is a more active approach to the miasmatic content, nature and presence of the presenting pathological disease.

When I first went to Maun, I started the practice of giving a nosode for all HIV cases at each consultation. I chose the nosode which matched the uppermost miasm in every prescription because I saw strong miasmatic expressions in each case, whether on the symptom or systematic level. This meant that a nosode could appear in the repertorisation of the acute / lesional or fundamental layer (indicating an active miasm), or it could be seen in the themes of the case resulting from systemic body processes. These included copious discharges, genito-urinary affinity and / or emotional excess in the sycotic miasm; destructive ulceration and / or suicidal despair in the syphilitic miasm; the itch, underfunction and anxiety in the psoric miasm; medical and / or emotional suppression and overburdened with responsibilities in the cancer miasm; and a possible history of TB, persistent coughs or allergies, restlessness and / or dissatisfaction in the tubercular miasm (all indicating exposed miasms).

Further when I started practising in Maun, I was faced with the



terrible impact of HIV as a life-threatening condition for individual clients and I wanted to do everything I could to support the client's vital force in dealing with the disease. I reasoned that instead of waiting to give the indicated nosode in the strictly classical manner, i.e. if indicated remedy/ies failed to act, I could prescribe it *alongside* the indicated remedy/ies to support their action and to prevent relapse; in essence as regular intercurrent remedies. As clients came back for treatment I saw evidence of the treated miasmatic layer resolving and the next one emerging into prominence. In this way I could see that each miasm could be addressed to help the healing of the client, who would be prescribed most of the nosodes in the course of her or his treatment. The approach seemed to work, so we have continued to use it. I see similar emerging of sequential miasmatic manifestations when I use the Triad Method in my UK practice (see Mary's full case at the end of this article).

Using my intuitive side it 'felt right' that clients with HIV and

AIDS needed regular nosodes. Perhaps the fact that the nosodes derive from unhealthy diseased materials gives them a particular role in situations where individuals are facing treacherous health conditions, as suggested by van der Zee (2000). So in the Triad Method, as with Eizayaga's Layers Method, the miasmatic prescription is always a nosode.

During her first consultation, Mercy also told us that she had been prescribed Depo-Provera injections for birth control following the birth of her youngest daughter two years ago. Being the sole breadwinner, she has a strong sense of responsibility for her family and is uncomplaining about her partner who neglects her. She doesn't get angry, rather she worries and feels grief. Further, we know from our experience of treating safari camp staff that the work in the camps most often involves the suppression of feelings – the management encourages a happy demeanour for the benefit of the guests.

To address these miasmatic themes of the cancer miasm,

Wasanapi, Lebo and Irene (our three locally trained homeopaths) in our new Mowana clinic in the centre of Maun

including the medical suppression, *Carcinosin* was prescribed for the miasmatic layer.

The Triad prescription

The Triad prescription for each client can be reached according to a repertorisation of one or two

CD4 count

CD4 cells or T-cells are a type of white blood cells that play a major role in protecting the body from infection. A CD4 count is a lab test that measures the number of CD4 cells in a blood sample. The higher the CD4 count, the better the body is able to fight HIV and other infections. The CD4 count of a healthy adult / adolescent ranges from 500 cells / mm³ to 1,200 cells / mm³. A CD4 count of fewer than 200 cells / mm³ is one of the qualifications for a diagnosis of stage 3 infection (AIDS). Once a person is infected with HIV, the virus begins to attack and destroy the CD4 cells of the person's immune system. HIV uses the machinery of the CD4 cells to multiply (make copies of itself) and spread throughout the body. This process is called the HIV life cycle. (www.aids.gov)



layers, knowledge of materia medica and miasms, and using the usual indications for potency selection. The potencies generally used in Maun and in my own practice are 30c, 200c, 1M and 10M. Low potency organ support remedies can also be used either alongside the Triad prescription or as the acute / lesional prescription. Each remedy for each layer is given once a week for four weeks as single alternating and repeated doses. The Triad Method is practical and the prescription straightforward for clients to take and understand. Clients take away three prescriptions with their name, the name and potency of the remedy and the day of the week for it to be taken written clearly on each remedy bag. This method means that the client is getting a remedy about every two days and, in my experience, for clients with deep pathology, this frequency of stimulus effectively supports the vital force to restore health.

To sum up, in the Triad Method three layers are addressed at the same time, so that three remedies are prescribed for the three individual, albeit overlapping, totalities

seen. It is usual to start with the remedy that appears uppermost, usually the acute / lesional layer which is the problem that first needs to be addressed. This method means that our clients get the benefit of all three remedies within a week and my observation is that the pace of healing is faster using this method, as there is no need to watch and wait. My experience of repeating each dose is that the patient may get the main action of

Client with her child at home visit after treatment

the remedy from the first, second, or third dose; that is, it varies from case to case. Even when repeating after that, our clients don't report proving symptoms. Similarly, if there is an aggravation after the first, second, or third dose, our clinical experience in Maun suggests that the client does not aggravate on further doses. After finishing the course of remedies the client waits a week and then comes back for a follow-up consultation.

What follows is a case using the Triad Method in my UK practice.

Mary, aged 55

First consultation

Mary first came for a consultation in 2011. She walked into the consulting room with obvious difficulty, using a walking stick. Her presenting complaint was severe pain from osteoarthritis which had developed gradually over the previous five years. She described the pain as aching in all her main joints and particularly bad in her knees, ankles and feet. The anti-inflammatory painkillers she was taking weren't making much

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difference. She told me that the pain is better during damp weather and when she lies down at night, but then she gets restless legs which prevent her from getting to sleep. She also experiences weakness in her legs. She enjoys knitting but recently she has started to get cramps and numbness in her fingers.

I achieved a lot in my career and had been promoted to management level in the technology company I was working for. Then I had to give it all up. Now I try to get involved with the community as much as possible. It's important to help others even if I struggle to do so, but I still often get depressed.

with their carers. Both parents have severe osteoarthritis too. There is also a history of cancer in her family.

Analysis

This is a case of organic disease, in particular the advanced nature of her osteoarthritis, which is causing



She said:

I can't go on with the pain any longer, it's destroying my life. I've had a traumatic five years due to the death of one of my sons in a car accident, and a couple of close friends died too. I became depressed and was prescribed antidepressants. Everything seemed black and I couldn't see the point of living. I left my job at the same time because I felt I couldn't do it well enough due to the pain in my joints. It affected my energy levels and concentration. This depressed me as I love working with people.

Other health issues include an under-active thyroid for which she's taking Thyroxine, and high blood pressure for which she is also on medication. She sometimes gets palpitations and a feeling of heaviness in the chest area. Her appetite is good but she has a strong aversion to meat. She craves oranges and spicy foods. She is married and has elderly parents who need her support. Even though she herself is in constant pain, she visits them several times a week to sort out any problems that crop up

Maun, Botswana,
from above

constant pain, distress and suffering. I chose the Triad Method to cover the three separate layers in the case and to give as much healing support as possible alongside the conventional medicine she is taking.

Prescription

Acute / lesional layer: *Zincum metallicum* 30c, 1 tablet weekly for 4 weeks (Mondays).

Using the CLAMS schema, *Zinc* is indicated in ailments from grief (aetiology); aching pains (sensation) in her joints < knees, ankles >

➤ and feet (location); restlessness of the legs at night and cramps and numbness in the fingers (concomitants); and weakness of the legs. There are no strong modalities. *Rhus toxicodendron* is also indicated and is perhaps the more obvious choice of remedy. However, I chose *Zinc* because of its appearance in the repertorisation, the strong restlessness of the legs, and because it felt right intuitively.

Fundamental layer: *Aurum* 1M, 1 tablet weekly for 4 weeks (Wednesdays).

Aurum is indicated in grief and black depression with despair; the strong sense of responsibility for others; ambition and the importance of work; the hypertension, palpitations and oppressive sensation in her chest; and the affinity with the joints.

Miasmatic layer: *Medorrhinum* 200c, 1 tablet weekly for 4 weeks (Fridays). The syctic miasm is

uppermost due to the rheumatic affinity with the Strange, Rare or Peculiar symptom that her joint pains are better in damp weather, and her craving for oranges, both keynote of *Medorrhinum*.

First follow-up two months later Mary walked into the consulting room without her stick, sat down and said:

I feel very different. I felt some nausea at first and since then I've had loose stools, especially first thing in the morning, but the pain in my joints has got better. The cramps in my fingers have gone and generally I have more ease of movement. I'm also a lot brighter in myself and have more energy. A few weeks ago I got a bad cold and now I can't get rid of the cough, but it's not bothering me too much. My legs are still restless in the evenings and at night, but not as bad and I'm sleeping better. I'm coping better with my parents, but they're very demanding of my time and I can get low when I think about them.

In the Triad Method three layers are addressed at the same time

Julia Wilson (volunteer homeopath) with Wasanapi Kapii (locally trained homeopath)

What's their future going to be like? Will they continue to have enough support to be able to stay living in their own home? I feel responsible for them and worry we won't be able to support them financially to do this.

Prescription
Acute / lesional layer: *Zinc* 30c, 1 tablet weekly for 4 weeks.



This is a repeat of the first prescription because the uppermost acute / lesional layer is still her joints. Despite the improvement I considered that this is the aspect of her health that still needs most support. The early morning diarrhoea and cough are not distressing enough to warrant a change of focus in prescribing for this layer.

Fundamental layer: *Aurum* 1M, 1 tablet weekly for 4 weeks. This is also repeated as she has had a good response and there is no change in the symptoms of this layer. She is much brighter in herself but can still feel low, especially about her parents, and her strong sense of responsibility persists.

Miasmatic layer: *Tuberculinum* 200c, 1 tablet weekly for 4 weeks. The tubercular miasm is now uppermost. This is indicated by the bothersome cough and the early morning diarrhoea.

Follow-up two months later
Mary told me:

I've been fine but a couple of weeks ago I fell downstairs and injured my back. I fell because I slipped on the carpet; it was stupid of me. My joint pains have gradually got worse since the fall and I'm now very achy again, especially when I start to walk. However, I'm still not as bad as when I first saw you. Since the fall I have back pain which is really bad when I stand up from sitting, and the cramps in my hands have got worse since the fall too. I put up with the pain. I've been on holiday and there were a lot of steps but I didn't complain or say anything to my husband. I coped, although it was painful to get up and down the steps. The doctor started me on some new painkillers; they're helping a bit but they give me stomach ache. The restless legs are a lot better and I'm still feeling bright in myself. My thinking and concentration are so much better that I've started a course in counselling skills. I want to achieve something again and be able to help others. At the end of the consultation Mary confided that she feels guilty about her parents despite everything she does for them. She never feels that it is enough and she tends to brood on what she feels she hasn't done for them. Otherwise Mary's health is good – the cough and diarrhoea have both cleared

up, her sleep is restful and her energy is still good.

Prescription

Acute / lesional layer: *Silica* 200c, 1 tablet weekly for 4 weeks. I changed the prescription to *Silica* because it covers the uppermost acute picture of injuries to soft parts; back pain < rising from sitting; cramps in the hands and joint pain < beginning of movement.

Fundamental layer: *Aurum* 10M, 1 tablet weekly for 4 weeks. I prescribed *Aurum* again but increased the potency. The *Aurum* totality still persists covering the newly expressed feelings of guilt, self-reproach and the tendency to brood.

The Triad Method provides a sound structure when prescribing for cases with deep pathology, strong emotional symptoms, medical suppression and miasmatic manifestations

Miasmatic layer: *Carcinosin* 30c, 1 tablet weekly for 4 weeks. The cancer miasm is now uppermost as indicated by the side effects of the newly prescribed analgesia and the emotional suppression: she didn't express her needs to her husband about the holiday. Instead she quietly accepted the difficulties and got on with it.

Organ support: *Apis* + *Benzoic acid* + *Ledum* 12x, 1 tablet twice daily for 1-2 months. I decided to add this joint support remedy to her triad prescription

as an extra drainage support for her joints.

Mary has continued to see me for homeopathy and is still doing well. She now needs less regular homeopathy as her pain has reduced to a level that she is able to enjoy her life, be active in the community and care for others in the way she wants to. She feels better able to cope with the responsibility for her parents, a maintaining cause of her ill health. She still takes conventional medicine alongside the homeopathy including painkillers, but the complementary approach suits her and she feels confident in managing her health in this way.

I hope this case shows how the Triad Method can usefully be applied to complex cases we often encounter in the UK. Using the approach of treating three layers of disturbance the client's vital force is supported back to a much better level of health alongside taking conventional medicine. The Triad Method provides a sound structure when prescribing for cases such as Mary's with deep pathology, strong emotional symptoms, medical suppression and miasmatic manifestations. My hope is that this method might resonate with you when prescribing for similar cases. For more information see my recently published book *The Triad Method: treating complex cases from grassroots to clinic*.

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