

Experiences with an integrative approach to treating HIV/AIDS in East Africa

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Abstract HIV/AIDS is a multifaceted condition affecting the whole person and family, which requires an individualized and holistic approach, as defined by Person Centered Health Care. In East Africa, Homoeopathy for Health in Africa offers patients an integrative, holistic method to supplement standard medical treatment and mitigate the side effects of anti-retroviral (ARV) drugs that often interfere with patient adherence to treatment and lead to drug resistance. Patients who have homoeopathy treatment as a supplement to ARVs report amelioration of side effect symptoms, increased energy and enhanced well-being, allowing them to work and care for their families. Results of an audit give demographic information. AIDS medical practitioners support homoeopathy, an approved form of medicine in Tanzania. Cases are presented that demonstrate the challenges and successes of treating HIV/AIDS patients in East Africa.

Keywords HIV/AIDS · ARV · Homoeopathy · Integrative medicine · Holistic · Anti-retroviral drugs · Drug side effects · Patient adherence · Person Centered Health Care · Nano-dilutions

HIV/AIDS in Tanzania

With approximately 25 million people in sub-Saharan Africa living with HIV/AIDS (PLWHA), the pandemic is having a devastating impact on the social and economic fabric of African countries, such as Tanzania, East Africa [1]. An estimated 3 % of the adult population in Tanzania, or 1.6 million, are PLWHAs [2]. 80 % of the adult cases of HIV/AIDS occur in the 20–44 year age group. In 2011, women were 40 % more likely to be infected than men, especially those in the 15–24 year age group [3]. 300,000 Tanzanian children have HIV/AIDS and 1.3 million have lost parents to AIDS mortality [2, 4].

Afflicting the population in their most industrious years, HIV/AIDS seriously reduces the skilled workforce and puts such vital projects as sanitation, health care and clean water access at risk. Since Tanzania has a largely agrarian population (52 %), the impact on farming because of chronically sick owners and farm workers who cannot be productive is severe [5]. Other vital sectors are threatened, such as the education system, where increasingly more teachers are dying [6]. The government medical system, understaffed especially in rural areas, has felt a great strain with HIV/AIDS patients filling 50 % of hospital beds, overwhelming outpatient clinics and diverting money from other urgent public health issues, such as tuberculosis [4].

The Tanzanian government has established comprehensive guidelines for treatment and has provided anti-retroviral (ARV) treatment in medical center clinics for patients who have a CD4 count below 350 mm³ or meet the World Health Organization (WHO) criteria for AIDS [7]. The 2013 WHO guidelines suggest ARV treatment begins earlier at a CD4 count below 500 mm³ with priority for 350 mm³ [8]. ARV drugs must be taken for life, so their provision engenders great challenges in Africa around the

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issues of affordability and availability. With the new WHO guidelines creating more patients eligible for treatment, there is pressure to scale up services and funding.

In 2010, a major cut in funding from PEPFAR, the United States' international HIV/AIDS initiative, forced Tanzania to reduce its purchase of ARV drugs, which threatens treatment programs [9]. Other funding deficits will appear as ongoing long-term programs come to completion. Of the estimated 580,000 adults in Tanzania who are eligible for ARVs, only about two-thirds are receiving it [2]. Furthermore, only 65 % of the HIV positive adults and children in Tanzania are known to have continued ARV drugs a year after beginning therapy [4].

With a required adherence rate of >95 %, compliance to treatment is the biggest challenge in successful ARV therapy [7]. Treatment regimens are frequently interrupted by debilitating drug side effects that cause nausea and poor appetite, medical center clinics requiring long distance travel from rural farms and villages, and the inability of workers to absent themselves from work and daily pay. Discontinuous medication dosing can contribute to viral mutation, drug resistance and treatment failure [7].

Homoeopathy for Health in Africa

It is within this milieu that Homoeopathy for Health in Africa (HHA), a volunteer organization and registered Tanzanian non-profit, established village and rural clinics in Africa to offer HIV/AIDS patients homoeopathy treatment supplementary to standard medical therapy. Homoeopathy is a holistic, individualized treatment that uses nano-dilutions of a natural substance to stimulate the individual's healing response. It is non-toxic, has minimal side effects, is easy to administer and is complementary to conventional medicines. Because it is thought to stimulate the immune system rather than affecting the infecting virus directly, it is not known to contribute to viral mutation. Homoeopathy has a 200-year-old history of treating acute and chronic disease and world-wide epidemics. It is the second most commonly used alternative medicine around the world [10]. There is a growing body of research, both basic and clinical, that supports the effectiveness of homoeopathic treatment in a variety of conditions [11]. Recent studies into the emerging field of nanotechnology are providing promising information about the possible method of action [12].

Homoeopathy and Person Centered Health Care

Homoeopathy contains four essential principles: individualization, totality of symptoms, similarity and minimum

dose. In homoeopathy treatment, each person receives an individualized prescription derived from the patient's narrative of symptoms that represent the totality of the patient's experience—physical, mental, emotional and spiritual areas. This holistic diagnosis is used to select a homoeopathic medicine that best matches the person's symptoms. Homoeopathic medicines are administered in nano-dilutions, using the technique of serial dilutions alternating with succussions (vigorous shaking).

In key ways, homoeopathy shares a similar ideology with Person Centered Health Care (PCHC). Ekman describes PCHC as "...the antithesis of reductionism..." focusing "...on the patient's needs, preferences and values..." [13]. Rather than a breakdown in body mechanics, homoeopathy views illness as the disruption of a sophisticated and integrated body-mind system that results in unique responses in the person. PCHC proposes that a patient presents as "a person in the form of an illness narrative". Similarly, homoeopathic methodology assembles the subjective and objective pieces of the patient's story into a holistic symptom complex, ensuring that the patient "should not be reduced to their disease alone" [13]. Homoeopathy relies upon and encourages feedback from the patient to further individualize ongoing treatment, agreeing with the PCHC view that the patient should not be the "the passive target of a medical intervention" but instead is an active part of his or her care and the decision-making process [13].

HHA project



The Kilimanjaro region, where Homoeopathy for Health in Africa is headquartered, has approximately 70,000 HIV patients, an HIV prevalence of 5.4 % [14]. Some areas, especially in the market town whose bars and hotels support a thriving sex worker industry, have a higher prevalence of 19 % [15]. Throughout the Kilimanjaro region are red dirt roads, sugarcane fields, banana tree plantations and rural villages with thatched-roofed huts. Several spots in the region provide access to

Mt. Kilimanjaro with both tourist lodges and tiny villages hiding on the jungle-covered lower slopes. HHA has established 15 clinics in the district, ranging from front yards of tin-roofed homes, town community centers and an orphanage to a distant rural Maasai compound that requires an overnight stay by the practitioners. Because of the stigma, HHA clinics are not labeled as HIV/AIDS clinics, but are known as general health clinics. HHA practitioners also treat patients at two regional hospital-based HIV/AIDS clinics. The principal homoeopaths have lived in the Kilimanjaro region for the past 5 years, seeing patients regularly and coordinating the project. They have been joined by numerous volunteer homoeopaths, who have stayed from 1 to 6 months. After an orientation period, the volunteers work independently in the HHA clinics. Homoeopath medicines are donated by homoeopathic pharmacies in the UK, US, Italy and Israel.

Patients learn about the HHA clinic from HIV/AIDS support groups, the hospital AIDS clinic staff, or from friends and family in the villages. They make appointments through the HHA organizer in their village for the monthly clinic. Almost all of the patients seen at the HHA clinics are being treated concurrently with ARV medications at the region's medical center HIV/AIDS clinics. Those not on ARVs are either newly diagnosed or have had their medications stopped by their doctor. Homoeopathic treatment is explained as supplemental to ARVs and not a replacement. It can be taken concurrently with ARVs and other medications. Homoeopathic practitioners in the village clinics encourage patients to attend their monthly medical center appointments for follow-up care and refills of their medications.

Lack of coordination with the medical center clinics, insubstantial funding, rural location of the clinics and the general irregularity of life in Africa have precluded doing outcomes research. However, some basic demographic data have been gathered. A total of 5,000 patients have been seen by HHA in the 5 years it has operated. The majority of the patients are women and children, with about 25 % men. Most patients are from the indigenous Chagga tribe, but other local tribes are also represented.

In the first 2 years, out of 900 patients who were treated, 350 (about 40 %) returned for one to four follow-up visits. Dropout rates are a common occurrence for clinics in resource-challenged countries where life is unpredictable. Spontaneous family or work obligations, sickness, funerals, travel to find work in far-away places, inability to take time from work due to loss of pay and a prevailing non-western view of time can be factors in clinic dropout rates. If patients are feeling well, they often do not return to the clinic until they need help again.

Symptoms of HHA patients

According to HHA records, patients present to the homoeopathy clinics with symptoms of weakness, weight loss, itching and burning skin eruptions, leg and foot ulcers, Kaposi's sarcoma, peripheral neuropathy—numbness and tingling of extremities, headaches, nausea and digestive complaints, cough, chest pain and anxiety. For many patients, sleep is continually disturbed by bad dreams, a well-known side effect of an ARV drug. Co-infection with malaria and tuberculosis is common. While patients receive medications from the medical doctors for these endemic conditions, homoeopathic treatment is used as a supplement for both acute episodes and recuperation.

Many of the symptoms originate from the side effects of ARV medications and can seriously impair the patients' ability to work or conduct their activities of daily living [16]. The more severe symptoms cause patients to interrupt ARV treatment, and the interruption may reduce its effectiveness. "Adherence to ART is an essential component of treatment success. Adherence rates of >95 % are needed to maximize the benefits of ART" [7]. "Loss of viral suppression may begin as early as 48 h after a lapse in adherence, and a 15-day interruption confers a 50 % chance of virologic failure with some treatment regimens" [17]. Patient non-adherence is a common cause of viral mutation and drug resistance requiring a second-line drug choice.

There are multiple lines of ARVs available in Western countries for drug-resistant patients, but in Tanzania because of high costs and limited distribution networks, second-line ARV medications are severely limited. Even if the medications can be accessed, patients on second-line therapy are more vulnerable to treatment failure and have increased mortality. "Failure rates on second-line therapy are estimated to be ~15 %" [18]. Médecins Sans Frontières reports, "Preventing adherence-related treatment failure is especially important in resource-limited settings wherein second-line therapy is up to 17 times more expensive than first-line therapy and often unavailable" [19].

HHA clinic procedures

Patients at the homoeopathic clinic are interviewed through a Swahili-speaking interpreter. In addition to presenting symptoms, they are asked about their energy level, their sleep and dreams and all other physical or mental/emotional symptoms. Weight is recorded. Due to the rural setting of most of the clinics, no laboratory testing is done, but patients are asked to show their medical center treatment cards that contain their most recent CD4 counts and ARV medications. Because of the high cost of equipment and staff, viral load testing is not available at the medical clinics.

The homoeopath uses all these sources to determine the best choice of a homoeopathic medicine. The medicine is prepared in a liquid solution to be taken daily for a month. Patients are instructed to return to the clinic for a monthly follow-up visit or more often if their condition requires closer monitoring. Patients who are in a serious state are assisted in a hospital clinic, although this has rarely been needed. The patient is informed that the homoeopathic medicine can be taken along with their ARV medications and they are encouraged to continue any medications they have received from the HIV/AIDS clinic doctors. The homoeopathic medication is simple to take, which increases patient's acceptance and adherence to dosing. As a natural medicine, homoeopathy is viewed positively by patients who already have a familiarity and respect for herbal and traditional medicine. Patients also understand the holistic approach, which is closer to their traditional medical roots.

Basic needs

As one of the poorest countries in Africa, Tanzania has a high incidence of malnutrition, which is amplified in the HIV/AIDS population. Many of the patients eat only one meal a day or go hungry for days. The main food are bananas and ugali, a staple starch of maize and water, which are filling but not nutritious. Malnutrition slows healing, increases susceptibility to diseases and is life-threatening to patients taking ARVs who must eat frequent meals. Medical care must be part of a multi-focused response, including nutrition and food initiatives, kitchen gardens, work training, micro-loans, orphan support, wellness programs, women's empowerment, AIDS stigma-reduction and HIV/AIDS prevention.

While some attempts have been made to meet these needs, providing these supports in an adequate or continuous way is beyond the capability and resources of HHA. At the monthly village clinics, HHA gives a chapatti snack to patients and a vitamin, when available, to the children. While good nutrition is known to improve health, however, because the food and supplements that HHA offers are minimal and sporadic, they are not enough to affect the health of the patients. When patients are seen at the hospital-based clinics, no food or supplements are provided. In both the audit and the sample cases cited below, except for the child, the patients were seen at the hospital clinic.

Results

Clinicians report that in follow-up interviews patients describe improvements in nausea, vomiting and headaches, lessening of peripheral neuropathy, healing of ulcers,

elimination of skin symptoms and ending of nightmares. Opportunistic infections, such as Kaposi's sarcoma and fungus infections have reduced or disappeared. Patients regain their appetite, put on weight and report increased energy. Formerly incapacitated patients are able to collect firewood, carry water jugs, work in the fields, climb the mountain, earn money and feed and care for their children. With symptoms and side effects of ARV therapy no longer interfering with their medication regimen, patients are able to continue on ARVs for longer periods without needing to change ARV lines.

Relationship between HHA and Tanzanian local doctors and nurses

Homoeopathy is a recognized form of medicine in Tanzania since the Alternative and Traditional Medicine Act of 2002 designated homoeopathy as a legal medicine. Faced with understaffed, underfunded clinics, limited supplies of medications and hundreds of seriously ill and dying patients, doctors are ready to collaborate with complementary treatment options that improve patient health and do no harm. Knowing the usual pace and course of HIV/AIDS patient responses, they recognize the accelerated healing that occurs with homoeopathy treatment. In one hospital after observing the improvements of their patients, the medical and nursing staff requested HHA to present introductory courses in homoeopathy. Two courses have been taught by Swahili-speaking homoeopaths and more are planned. HHA has also taught introductory homoeopathy classes in Uganda, Malawi, Kenya and Swaziland, and sponsored the education of two local health workers at a full-time homoeopathy nursing college in Kenya.

Costs

The experience of HHA is that providing homoeopathic treatment in resource-challenged settings can be sustainable and cost-effective. Most of the homoeopathic medications are donations from international homoeopathic pharmacies, although they are low cost to purchase. Because of the legal standing of homoeopathy in Tanzania, there is no restriction on homoeopathic medicines by the Ministry of Health. However, there are no known local manufacturers, so medicines must be imported. Medicine doses are diluted in water and supplied to the patients in small bottles, which must be purchased by HHA along with bottled water.

The majority of HHA expenses are related to transportation to the rural villages and the hospitals. Gasoline is expensive and cars subjected to unpaved and rutted roads wear out quickly. The clinic administrator and village organizers are paid and their expenses of travel and cell phone calls are reimbursed by HHA. Laptop computers are

used to record patient data and visits, so apart from a printer, paper and ink, office supply costs are minimal. Living expenses are borne individually by the volunteers, although low-cost housing is available to volunteer homeopaths and food is reasonably priced.

Audit of hospital-based clinic

Two HHA clinics are located in the HIV/AIDS clinic of regional hospitals, which allows for an integrative approach to patient care. Patients come to the hospital clinic for refills of their ARV medications, and monitoring of CD4 counts and medical progress. At the time of their appointments, the doctor or nurse inform the patients of the option to consult a homeopath and use homeopathy as a complement to their usual medical treatment. Homeopathic medicines are given in monthly quantities and patients return to the homeopathy clinic on the same schedule as their medical appointment. Homeopathic practitioners and clinic doctors and nurses have the opportunity to discuss the progress of patients. Specific referrals are made by the doctors for patients who are having troublesome side effects or are not progressing with ARV treatment. The homeopathic practitioner is also requested to give homeopathic treatment to selected patients who are hospitalized in serious condition, often with extremely low CD4 counts.

From October 2013 to April 2014, data was collected for an audit of 165 patients seen at one hospital-based homeopathy clinic to identify the demographics and most frequently reported symptoms. 31.8 % of the patients were male and 68.2 % female, while the mean age was almost equal, 41 years in males and 43 years in females. Ages ranged from 4 years to 79 years; 8 were below age 12 years. Of the 165 patients, 133 were HIV/AIDS patients; the remaining 32 patients had conditions such as hypertension, back pain, asthma, diabetes and stomach ulcers.

Of the 133 patients who had HIV/AIDS, all but one were taking ARVs, 65 % for 5 years or less, 23 % for over 5 years and 11 % for an unknown length of time. CD4 counts were available for 121 patients at the first homeopathic clinic visit. Twenty-eight percent of patients had CD4 counts below 200 mm³, with 4 % below 50 mm³; 38 % between 200 and 399 mm³; 25 % above 400 mm³; 9 % unknown (Fig. 1).

The most common presenting symptoms (48 %) reported by the patients were: skin rash, eruptions and itching; lack of appetite and weight loss; weakness and fatigue; coughing and chest pain or tightness; low or decreasing CD4 count. Other frequently reported symptoms were leg, back and body pains; numbness and tingling of the extremities; stomach and abdominal pain; sleeplessness and bad dreams; headache and dizziness. Two patients had Kaposi's sarcoma (Fig. 2). These findings were similar to a

Range of CD4 counts before initial homeopathic interview

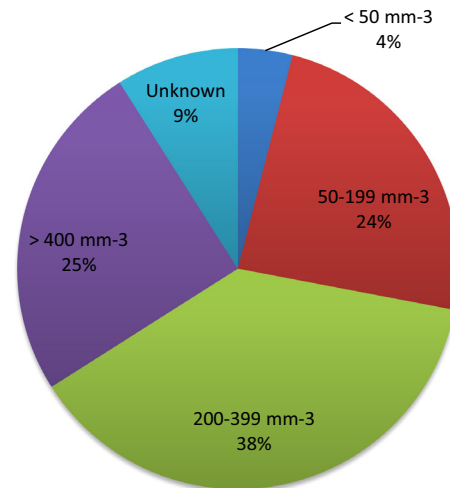


Fig. 1 Range of CD4 counts of 133 HIV/AIDS patients at initial homeopathic interview

symptom frequency study conducted in South Africa, although the South African patients reported more fever, nausea and fear and worry [20]. The study also compared symptoms present in those taking and not taking ARVs. Numbness and tingling of hands and fingers and weight gain in the stomach area, known side effects of specific ARV medications, were more present in patients taking ARVs, which is similar to HHA observations.

Fifty-seven (42 %) of the HIV/AIDS patients returned for a follow-up visit within 2 months (74 % were women). At this visit, the homeopathic practitioner recorded his evaluation of the presenting symptoms based on the report of the patient. Seventy percent (40) reported one or more of their presenting symptoms were gone, while 14 % (8) reported improvement of one or more of their symptoms. Three patients (5 %) had no improvement in any symptoms and one patient had one symptom that worsened.

At a second follow-up, occurring 2 months later, out of 21 patients, 95 % (20) reported complete resolution of one or more symptoms, while one patient reported improvement in one or more symptoms. Only one patient had worsening in one of his symptoms, with simultaneous improvement in his other two symptoms.

For these 57 patients CD4 counts, recorded just prior to the initial homeopathy visit and prescription, and after the first follow-up visit, were noted and compared. The CD4 average values (\pm standard deviation) prior to the initial homeopathy visit were 290.2 mm³ (\pm 175.6). After the first follow-up visit, during which time the patient had taken homeopathic treatment, the average CD4 values were increased to 466.2 mm³ (\pm 234.1), showing a statistical difference ($p = 0.009$). After the second follow-up

Fig. 2 Presenting symptoms of 133 HIV/AIDS patients at initial homoeopathic interview

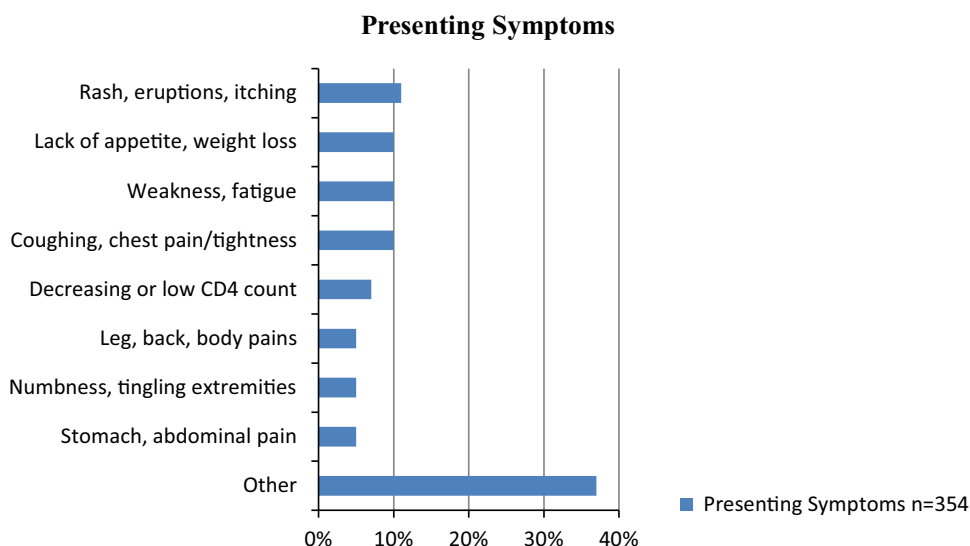
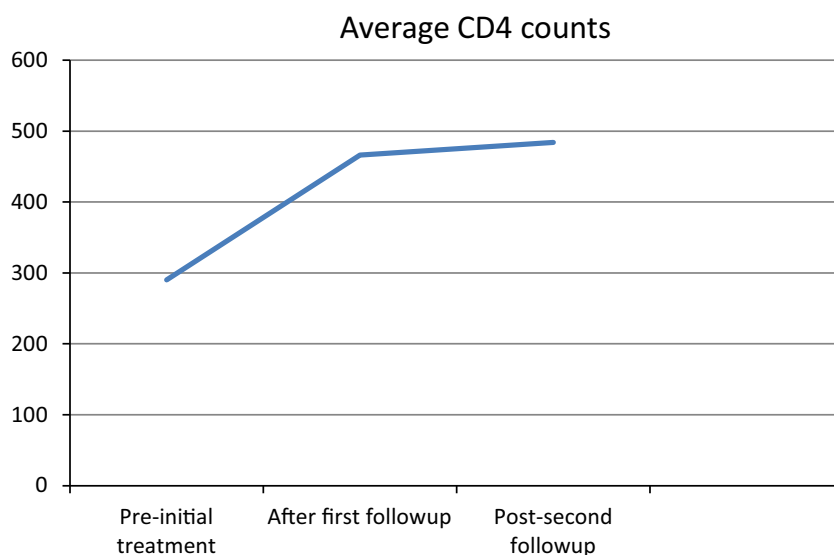


Fig. 3 Average CD4 counts of 57 HIV/AIDS patients before and after homoeopathic treatment



visit, the average CD4 counts were 484.1 mm³ (± 129.3), which was not statistically significant. Because CD4 values were not normally distributed, the Wilcoxon Rank test was used (Fig. 3).

Cases

Case 1

Many patients experience debilitating side effects of ARV medications that prevent them from continuing medications. Homoeopathy may ameliorate symptoms so patients will not have to interrupt ARV treatment.

This is a young woman of unknown age with WHO Stage 4 AIDS and active tuberculosis. She thinks she was infected with HIV 4 years ago. She has been taking tuberculosis medications and ARVs for a few months and

is bedbound because of weakness. Her CD4 count is 3 (this is not an error—many of the Tanzanian AIDS patients present with exceptionally low CD4 counts.)

Since beginning ARVs, she has had severe nausea and vomiting, from eating, drinking water or taking medications. It is very difficult for her to take the medications. Before the ARVs her appetite was good, but now it is gone. Along with the nausea she has vertigo and extreme weakness and needs support to walk.

Two months ago when she was first sick from the ARV medications, she was admitted to the hospital because she was confused, lost her memory and became unconscious for 5 days. Her symptoms are now so debilitating that the doctors may have to stop the ARVs.

Other side effects of ARVs that she has are peeling of skin and severe skin eruptions on her hands, face and back that are very itchy, especially at night.

Other symptoms: fungus in throat; coughing with expectoration; eyes itching even when sleeping, better from applying cold water; hearing diminished in right ear, as if blocked.

Her mother recently died, leaving the patient disturbed and shocked.

The patient was given a daily dose of homeopathic medication.

Follow-up, 10 days later:

“I can eat much better. I have no nausea and can now take the ARV medication with no problem. My appetite is much better.

The itching of my skin and eyes is gone; the skin rash is much better.

I have no dizziness and I feel much better. I am much stronger and can now walk alone without help. I have more energy. I am sleeping better. I feel super.”

The patient was instructed to continue the daily homeopathic medication.

Second follow-up, 1 month later:

She is continuing ARV treatment with no side effects—no nausea, vomiting, vertigo, itching or skin eruptions. Her appetite is good and she has gained weight. Her hearing has improved and the fungus in her throat has reduced. She has finished taking TB medications and has no cough. She feels strong and is working.

The patient was instructed to continue the daily homeopathic medication.

Case 2

For those who are no longer responding to ARVs and are in clinical and immunological treatment failure, homeopathy therapy is promising.

This is a woman who was diagnosed with AIDS 4 years ago when she had a stillbirth in her 8 month of pregnancy. She has a low CD4 count, 136, despite ARVs and Septrin, and is losing weight.

Her appetite is low and she has stomach pains. She has severe chest pain and coughing, and is weak and tired.

She has pain in her back and waist before her menses, which are irregular. Since the baby was delivered, she has had abdominal pain.

When she climbs the mountain, she feels strong heart palpitations.

She is angry and irritable, talks quickly, often wandering off the point.

She wakes from bad dreams, especially of people dying or of giving birth to a dead child.

The patient was given a homeopathic medicine to be taken daily.

Follow-up, 1 month later:

The patient reports that her appetite is much improved and she has gained 2 kg. She feels much stronger. She feels no more anger inside. The stomach, chest and back pains are improving. Her menses are now regular and without pain. “I have no bad dreams now, only good dreams. I dream of God.”

Patient was instructed to continue with daily doses of homeopathic medicine.

Follow-up, 2 months later:

“The homeopathy medicine helped a lot!” The patient feels much stronger, with better energy, and she has returned to work, which she could not do before.

Her appetite is much better, she is continuing to gain weight and stomach pain is gone. The pain in her chest is much less; she feels it only with exertion. She has some slight lower back pain. She does not have bad dreams.

Her CD4 count is 512.

Follow-up, 18 months later:

She has not been seen by a homeopath since her previous appointment 18 months ago. During that time, her CD4 count rose to 996 and remained at that level for a year.

Now it has decreased to 223.

While on homeopathy I felt very well. I had no heart palpitations, no back pain. Now for 6 months the pains are back. I was very energetic and worked long hours, but now I am weak and can only work 2 h. I get dizzy and tired, and my vision is dim. My appetite is down now and I have headaches. I felt much better when I used homeopathy.

Patient was given a homeopathic medicine to take daily, which she continued to refill monthly.

Follow-up, 10 months later:

The patient’s CD4 count is very high, 1,645.

She recently gave birth to a healthy baby named Queeny.

She has no palpitations, headache, dizziness or back pains. Her weight and appetite are good. Her legs no longer feel weak. Her vision has improved.

Patient was instructed to continue a daily dose of the homeopathic medicine.

Case 3

Kaposi’s sarcoma (KS) is an opportunistic condition seen in HIV/AIDS patients in Africa. After treatment with homeopathy, this patient had reduced KS lesions and improved symptoms and energy.

This is a young man, age 22, diagnosed with AIDS and taking ARVs for 3 years. At the time he began ARVs, his CD4 count was 47 but it is now 1,087.

‘My CD4 is better since taking the ARVs but I still have symptoms.’ He has KS on his left leg, which is painful, swollen and itchy. The lesions are thick, crusty, white cancerous growths.

Other symptoms: chest pain and difficult respiration; occasional palpitations. Eye pain with lachrymation. Head pain on the left side, which extends to face, eyes and nose. Frequent nausea with loss of appetite and heartburn. Numbness in the fingers, worse when touching cold water. Dreams of dead people. Overall weakness and easily fatigued.

The patient was given a homoeopathic medicine to be taken daily.

Follow-up, 1 month later:

“I feel much better. The chest pain and breathing are much better, just about gone.” No palpitations. KS is more dry, less itchy and less swollen but still some pain. Head pain is gone. Eye pain is improving, no more lachrymation. Numb fingers are better.

His sleep is good and no bad dreams of dead people. His overall energy is good.

The patient was instructed to continue the daily doses of homoeopathic medicine.

Follow-up, 3 months later:

The patient is doing very well. KS is reduced in area and the swelling is down with very little pain. No other symptoms are bothering him.

The patient was instructed to continue the daily doses of homoeopathic medicine.

Follow-up, 2 months later:

He is doing well. There is no itching of the leg, no pain. Before the homoeopathic treatment, the KS was growing all the time, now it is down to less than half the area, more flat and less raised, no lumps, and very little itching. His vision has improved. All symptoms are gone.

“I feel strong and healthy, able to work much more.”

The patient was instructed to continue the daily doses of homoeopathic medicine.

Follow-up, 2 months later:

KS continues to improve. CD4 is 1,903.

The patient was instructed to continue the daily doses of homoeopathic medicine.

Case 4

Homoeopathy for Health in Africa treats children, most of whom have been HIV+ since birth. These children appear half their age, as their growth is slowed. They often have severe developmental delays, recurring colds, ear infections and diarrhoea.

This is a 3-year-old boy who has been HIV+ from birth and is on ARVs. There are no reliable CD4 counts. He lives with his father as the mother left when the boy was 4 months old.

He is not able to walk, cannot even stand up. Ankles are floppy, weak and turn in. There is no tonus. His legs are very weak. Doctors are not sure if he will ever walk.



He has a very good appetite and eats well. He likes to play. He gets frequent fevers and occasionally diarrhoea. He bed wets and is very restless when sleeping.

He is fearful of new faces, new people and crawling insects. He sucks his fingers.

He has a history of treatment for tuberculosis, which is resolved.

The patient was given a homoeopathic medicine to be taken daily.

Follow-up, 1 month later:

The patient's father was instructed to continue to give the daily doses of homoeopathic medicine. The patient is standing up now, almost walking but his legs are shaking and his balance is not good. The diarrhoea is gone. The fevers are less frequent, with only a slight rise in temperature. Bedwetting is less.

Follow-up, 5 months later:



The patient's father was instructed to continue to give the daily doses of homoeopathic medicine. The boy is

walking. He has put on weight and grown taller. No other symptoms remain. He is much less fearful and does not shy away from strangers.

Follow-up, 6 months later:

The community worker reports that he is doing increasingly well. He is thriving physically and his mental development has improved. He has had no fevers, no diarrhoea and no more bedwetting.

Case 5

In the hospital, HHA has been treating surgical patients at the invitation of the medical doctors and nurses. They report faster recovery and earlier discharge from hospital for those patients who have been treated pre- and post-operatively with homoeopathy.

In this unusual case, surgery was avoided as the source of infection was removed by homoeopathy.

A young woman with painful menses and heavy vaginal bleeding had gone to a local traditional healer who advised her to insert a ‘medicinal piece of wood’ into her vagina to stop the bleeding. She then developed a uterine infection for which she received continuous antibiotics for a year.

An ultrasound showed that part of the stick had become embedded in the wall of the uterus and was the source of the infection.

Although surgery was indicated, the doctor was reluctant to operate because the patient was young and childless. Alternatively, the patient was given a homoeopathic medicine that is known for expelling foreign matter from tissues. After a few days of profuse purulent discharge, the patient was symptom free. An ultrasound confirmed the wood had been expelled and nothing was present in the uterine wall.

(Cases can be viewed at www.homeopathyforhealthinAfrica.org)

Conclusion

Homoeopathy for Health in Africa has used homoeopathy therapy as a complement to conventional ARV treatment for HIV/AIDS patients in rural Tanzania. Homoeopathy is well accepted by patients who report amelioration of symptoms, including ARV side effects, and increase in energy and general well-being. These improvements allow patients to return to work, and feed and care for their families. Simple preparation and easy administration make homoeopathy a low-cost addition to the conventional treatment repertoire.

The World Health Organization’s journal, *World Health Forum*, stated “Homoeopathy seems well suited for use in rural areas where the infrastructure, equipment and drugs

needed for conventional medicine cannot be provided” [21]. The experience of HHA in Tanzania confirms that homoeopathy is well suited as a complementary treatment to ARVs for HIV/AIDS patients. By ameliorating the debilitating side effects of ARVs that can interrupt conventional treatment and risk treatment failure, homoeopathy holds the potential for improving patients’ well-being and prolonging life.

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