



Crossing continents

Cleve McIntosh gives a fascinating insight into his practice in rural South Africa

Work as a GP and a homeopath in a rural part of South Africa close to a village called Acornhoek, near the Kruger National Park. In South African public healthcare there is no formal integration of homeopathy and care is solely allopathic. As a clinic doctor within public healthcare I offer patients either donated homeopathic medication or allopathic medication provided by the clinic, or both, depending on their needs.

I visit different clinics each day, some more than 20 miles from the local hospital. The clinics are busy and the severe shortage of doctors in rural public healthcare means that only patients with complex problems that have not responded to allopathic treatment prescribed by nurses are referred to me.

Most patients are black, many speaking only the local languages Sesotho or Xitsonga. They live in former homelands that were created by the apartheid regime which ended more than ten years ago. South Africa is now a democratic country, yet the resultant social disruption and the poverty still impacts directly on the lives of many of my patients. Preventable conditions such as



Cleve McIntosh with a disabled patient and his mother

Photos: courtesy of Cleve McIntosh

malnutrition and diseases like HIV/AIDS are common. Many people have little education and are unemployed.

Six years ago, when I started working here, providing even basic healthcare was a challenge. There was an ongoing problem with the supply of allopathic medication and diagnostic tests, such as urine dipsticks or finger-prick glucose tests, were sometimes unavailable. Unfortunately, many of the patients cannot afford the transport to the local hospital even when they urgently need to go. Despite the frus-

trations, and possibly because of them, I began to realise that I could still help patients with homeopathy.

Khizose

Khizose, an 83-year-old woman, was one of the first patients I treated homeopathically. For the previous two years she had been walking around her house and shouting all night, keeping her whole family awake. She was convinced that there were people following her and that there were worms and mosquitoes on her body. She had no idea where she

was or who I was during the consultation. It was clear that she had senile dementia. Her daughter pleaded for something that would allow her family to sleep at night.

Three final-year medical students doing their rural public health rotation were sitting in on the consultation. I asked them what they would advise and they appropriately, according to conventional allopathic recommendations, suggested starting her on a low-dose antipsychotic to sedate her at night. On the rare occasion that we had antipsychotics available at the clinic, it was typically only the older generation antipsychotics such as haloperidol. We discussed the side-effects of these antipsychotics in the elderly and the increased likelihood of these side-effects because she would probably have needed life-long treatment. We all agreed that if there was an effective and safer option, we should use that first, only using a long-term antipsychotic as a last resort.

Khizose's behaviour was better when she had company and she had developed a marked craving for sugar since she had become ill. I gave her three powders of Phosphorus 30c to be taken over the next three days.

Her daughter returned the following week to say she couldn't believe the change in her mother. Khizose was now sleeping six hours each night, giving her family much needed rest. She was still confused, but very much more manage-

able and seemed to be having fewer and less disturbing auditory hallucinations. Her daughter asked if she could please have more homeopathic powders, so that she could continue giving them to her mother. I pointed out that despite taking only three powders, Khizose had slept each night for a whole week. I explained that homeopathic treatment did not always need to be taken long-term as it addressed the cause of the problem. I gave her five more powders of Phosphorus 30c to use only if Khizose deteriorated again, advising her to return if she needed more. Several years later, she has never come back and one of the clinic nurses who stays close to Khizose told me that both Khizose and her family are still sleeping well at night.

Clinic nurses

Most of the nursing staff at the clinics I visit had never heard of homeopathy. I thought they might be wary of medicines with which they weren't familiar, yet they responded very enthusiastically to my offer of homeopathic treatment when allopathic medicine had not solved problems or had unacceptable side-effects. The improvement they saw in themselves and in patients with chronic, refractory problems gave them confidence in homeopathic medicine and quite soon senior nursing managers from all over the area were coming for homeopathic treatment.

Asania, an effervescent nurse who

each morning preaches a sermon and gives a health talk to patients in the waiting-room, consulted me about urinary incontinence she'd been having since menopause. We discussed the option of hormonal therapies, as well as the associated risks. She decided to use homeopathic treatment first, and was delighted when her chronic urinary incontinence resolved completely on Lachesis, saying, "It was very embarrassing when my husband and I woke up and I had wet the bed. But now it's gone."

At another clinic, Tiva, the bright and friendly cleaning lady, had for several years suffered from painful arthritis in both hands. The pain and stiffness were sometimes so severe that she could not use her hands or work at all for several days. When she could use her hands, she would go to great efforts to heat water as she found it intolerable to handwash linen, clothes and crockery in cold water. After three doses of Phosphorus 30c and one of Tuberculinum bovinum 200c, she was completely pain-free. More than a year later she still shows her gratitude by cooking lunch for me each time I visit the clinic. She always prepares the local specialty she knows I love. Miroho, the indigenous wild spinach is boiled with locally grown peanuts, tomatoes and onions. It is eaten with the local staple, vuswa, which is finely ground corn cooked into a thick paste.

Naledi

Before I started using homeopathy, patients with arthritis would just be given long-term analgesics by the nursing staff. Those with particularly severe arthritis, who could afford to get to the local hospital, would often be referred on for specialist care at another hospital three hours drive away. However, due to logistical and financial barriers, very few were able to make use of this service. After seeing patients with rheumatoid arthritis respond very well to homeopathic treatment, I encouraged the clinic nurses to refer any patients they suspected may have arthritis. They were delighted to be able to do more than give analgesics for chronic cases. Impressed by the results, even doctors at the local hospital began referring patients with rheumatoid arthritis for homeopathic treatment.

Naledi, a 30-year old woman, was referred by a clinic nurse with a provisional diagnosis of rheumatoid arthritis (RA). Two months before, Naledi had



Tiva cooking vuswa for Cleve's favourite lunch



Villagers waiting to fill containers from a government water truck

suddenly developed pain, stiffness and swelling in her elbows, wrists, hands, fingers, knees, ankles, feet and toes. It had developed rapidly, becoming so severe that she could not continue working as a cook in a restaurant. She had returned home where her family could help her with domestic chores which she could no longer do for herself.

At an emotional level, Naledi preferred not to talk about her problems. She kept her feelings to herself and did not like to be consoled. She was the eldest child and had always felt responsible for her siblings after her parents died prematurely. There did not appear to be any clear precipitants or stressors that were linked to her joint pains. She seemed to have an unsentimental and coldly pragmatic approach to life, which was more apparent when she mentioned that she also wanted to be tested for HIV. It is very unusual for my patients to request an HIV test. Many refuse to have a test even when it is recommended, preferring to live in denial rather than

knowing that they have HIV because of the severe stigma and the poor prognosis without good nutrition or anti-retroviral therapy.

On physical examination, her joints were swollen and hot, and she also had swollen glands and was extremely thin. If she was HIV positive, it would mean that it was more likely that she had a condition known as HIV-arthropathy, which has very similar symptoms to RA, but is only seen in people with HIV.

I gave Naledi several doses of Natrum muriaticum and explained where she could have an HIV test.

When she returned three weeks later, the pain and stiffness in her elbows, wrists, hands, knees, feet and toes had disappeared completely. She only had slight pain in both ankles after prolonged exertion and some stiffness in her hands. She had tested positive for HIV, yet did not seem surprised or upset, or at least didn't show it. She complained of a poor appetite and felt that she was losing weight. Her weight was 44kg and she had

a very low Body Mass Index (BMI) of 16.6. I repeated her Natrum muriaticum and also gave her a multivitamin and a local botanical, *Sutherlandia frutescens*, which is effective in stimulating appetite and slowing the weight loss associated with both AIDS and cancer.

In the first three months of treatment she put on 12kg and at her most recent appointment, she weighed 65kg, having put on 21kg since starting treatment two years before. She returns whenever she runs out of *Sutherlandia*, multivitamins or Natrum muriaticum. As long as she takes a weekly dose of Natrum muriaticum her joints are completely pain free and she has returned to work as a cook and again supports her family.

Sipho

If I were asked to name one of the conditions for which homeopathy works particularly well, I would avoid mentioning any particular diagnosis. However, I would say any diagnosis where the start of the illness can be linked by



Young patients at the window of the paediatric ward of a local hospital

the patient or the practitioner to some kind of loss, does particularly well with homeopathy. In my experience, irrespective of the diagnosis, where there is a chronological association between the start of the problem and a grief, there is often a dramatic response to homeopathic treatment. South Africa has the highest number of HIV/AIDS patients in the world, around six million people are infected with HIV. Almost every South African has lost a family member or someone they know well to AIDS. There is a lot of grief around – thank goodness I have homeopathy to treat those who desperately need it.

Sipho is a severely learning-disabled 19 year-old man. As a child he had been developing normally until the age of five, when he started having frequent and severe epileptic fits. After seeing numerous specialists, having lots of tests and being put on the best allopathic treatment available, he had so many severe fits that he became learning-disabled. He usually enjoys playing with three year-olds and recognises familiar people and can greet and use simple sentences. He is helpful and obedient, fetching things his mother asks him to. However, he needs supervision for activities of daily living, such as dressing himself or washing. Over the years he has been on a wide variety of allopathic anticonvulsants in varying doses but was finally controlled on the maximum dose of carbamazepine. His mother was happy with his control, explaining that he usually only had between one and two seizures a month, which she said were “short and very mild”.

Then, all of sudden, three weeks before coming to see me, there was a dramatic deterioration in his condition. He started having three long and severe fits each night. He was so exhausted by the frequent seizures that he started drooling, slept all day and stopped speaking. He would just stare at his food, too tired to even feed himself. During the consultation he drooled profusely, could not sit up straight and kept falling asleep in his chair.

There was nothing to explain the sudden deterioration in his condition, until I asked about Sipho’s family. Sipho’s mother mentioned that three weeks before his uncle had been buried. The uncle had worked as a migrant labourer in Johannesburg, but had returned home several months before, when he became ill, most likely with AIDS. Sipho had become very close to his uncle and the day after the funeral, he started fitting three times each night. I gave him a daily dose of Ignatia for three days.

When he returned four weeks later, he looked entirely different. He sat up straight, made eye contact, smiled brightly and did not drool. His mother said it was the “greatest improvement I have ever seen”. From the moment he

got the first dose of Ignatia, he didn’t have another epileptic fit. He was eating well again, following instructions and playing with other children. With English not being her first language, his mother struggled to find the words to explain just how much better he was, and said, “He was like an animal before, now he’s a human being. He really listens to you now.” She was so inspired by the improvement in her son, even above his usual baseline, that she wanted to start teaching him to do more things for himself, something she had never considered doing before.

I did not repeat Ignatia, but arranged to see him again six weeks later. During that time, he had only had one mild seizure, and his mother did not see the need for further homeopathic treatment.

Using homeopathy in another culture is exciting and stimulating. Each day I meet patients with little formal schooling or contact with western allopathic doctors. They have an intuitive approach to life and volunteer unusual symptoms that most of us would ignore or explain away, for example: “When it’s full moon my son has more frequent seizures”, or “There’s a snake inside my abdomen, and it’s moving around my body”. They seem to listen to their bodies and don’t interpret, censor or analyse before describing their symptoms.

Personally, I have experienced homeopathy to be a system of medicine which truly transcends culture. It is the medicine of all human beings who have suffered, who have known the joy of falling in love and felt the pain of having lost someone dear. Homeopathy does not rely on expensive and inaccessible tests, it is affordable and often does not need to be taken long-term. It is effective in rural and urban settings, amongst rich and poor, and in all cultures. I am overwhelmed with a sense of the immense global importance of this elegant system of medicine.

This article is based on a chapter in Homeopathic Practice edited by Steven Kayne and to be published by The Pharmaceutical Press later this year.

Cleve McIntosh MBChB (UCT) DMH (SA) MCFP (SA) MFHom is a family physician working at isolated clinics in rural South Africa where he integrates homeopathy and allopathic medicine. Since obtaining his MFHom, Cleve has enjoyed spending more time improving his Xitsonga, the language spoken by most of his patients, and hopes to take a detailed homeopathic history soon without an interpreter.