



## **NEWSLETTER February 2009 by Harry van der Zee**

Since on 26 April 2007 the **Amma Resonance Healing Foundation** has been established many activities have been undertaken to promote the use of PC1 and research into its efficacy. AIDS remains the main focus of ARHF and on two sites research projects to proof the efficacy of PC1 for HIV/AIDS are about to start. The past year through lots of treated cases has also shown that other PC Resonances for developing countries are highly effective. The **Amma4Africa** Concept has been developed including a manual plus kit for treating 14 conditions in Africa, including of course AIDS, malaria and other epidemic diseases, but also collective trauma like genocide and rape, and endemic chronic diseases like diabetes. It has become a long newsletter this time, which is good news by itself, for, as you will see a lot of exciting news from different countries is presented in it. I welcome you to read it and look forward to your feedback.

### **PC1 for HIV/AIDS**

A clear instruction card on how to prepare and use PC1 has been prepared. The pharmacies delivering PC1 will automatically provide them. At [www.ARHF.nl](http://www.ARHF.nl) they can also be downloaded in English, French and Portuguese.

Positive reports regarding PC1 keep coming in, like the following from **Swaziland**: “Regarding the HIV patients without an exception within three days all got better ... I saw a case of a 3-year-old boy who had never been able to walk and started walking after a week; the limbs got stronger and he started eating properly ... I must thank you all for the beautiful work you have done in discovering this remedy. I have seen the remarkable recovery of 100s of people including babies and that does not have a price.” Judith, who wrote this, is now back to Swaziland where she intends to treat another 1.000 patients with PC1, and she also carries the Amma4Africa kit in case she may need it for other conditions.”

### **[www.aidshealing.org](http://www.aidshealing.org)**

This new website gives more detailed information on the AIDS epidemic in Africa, on PC1, on results and research, contains information on how to prescribe, prepare and use PC1, and on anti-retro-viral medication (ARVs) in relation to PC1. An order page makes it possible to order PC1AF for women, PC1AM for men, as also PC501h for treating the side-effects of HAART (ARVs) and PC435p for treating rape trauma, sadly enough a very regularly indicated remedy in Africa. Depending on their

situation patients and health care workers can order these PC Resonances either for free, for cost price, or for a donation price.

## **Amma4Africa Basic Kit plus Manual**

This kit containing 14 different PC Resonances has been produced by Helios for ARHF and can be ordered at [www.helios.co.uk](http://www.helios.co.uk) or by contacting [info@ARHF.nl](mailto:info@ARHF.nl). The kit includes a small manual with clear information on the philosophy and practice of the homeopathic treatment of epidemic diseases, trauma and endemic chronic diseases and how to deal with mixed cases, like TB and AIDS in the same patient. This manual can also be ordered in a larger format for teaching purposes at [www.homeolinks.nl](http://www.homeolinks.nl). Thanks to a donation the **manual** can be offered for only €3,99 and is mailed for free to wherever on this globe you may be. Anyone active in developing countries in need of manuals or kits but lacking the funds to buy them can apply to have them donated for free. Translations into French and Portuguese are being prepared and editions in local languages like Swahili will follow.

As you will read in the report on Burundi and Congo a three hours training has proven to be enough to instruct nurses on how to effectively treat the 14 conditions of the Amma4Africa Kit. An amazing result if one considers how long it takes to become a confident homeopathic prescriber in chronic diseases that require individualisation of the case. What we hope and expect is that the confidence gained by treating epidemics, trauma and endemic chronic diseases by using PC Resonances will raise interest in doctors and nurses to also learn how to apply classical homeopathy for all remaining conditions not sufficiently covered by a disease specific approach.

The Amma4Africa Kit is now being used in several African countries by homeopaths and other health professionals, like a team of Australians that went to **Kenya** to treat those traumatised by the riots one year ago by experiencing violence, torture or rape, or a team of health professionals in **Gambia** that was educated in using the kit. To get an impression of the results with the kit please read the report from **Congo** and **Burundi**. Other kits were mailed to **Tanzania** and **Rwanda**.

## **India**

Together with a homeopathic clinic in Mumbai a protocol has been designed to treat and study PC1 for AIDS patients in the slums of Mumbai. The protocol (a major piece of work in its own right) is about to be accepted by the Indian Homeopathic Research Council. A donor has allocated funding for the study. A study done and published in India, which has an increasing number of HIV-positive inhabitants but also several hundreds of thousands of homeopaths, could have a huge impact on the use of PC Resonances for **AIDS** but also **Malaria**, which at present is still a much larger health problem. The results with PC Malaria in the Central African Public, where Dr Klaus Schustereder used it with hundreds of patients in the two-year period, as also Congo and Burundi (see below) are very promising and justify further use and study. A seminar on PC Resonances was given in Mumbai October 2008 and we have started to investigate the possibility to have PC Resonances for India produced in India itself so prices can be as low as possible. In the near future the intention is develop an **Amma4India Kit plus Manual**, so the population of India can also benefit from PC Resonances.

## First trip to Congo and Burundi

I first visited Burundi and Congo in November 2008 on invitation by Floribert Kazingufu. He is heading a religious organisation with 2000 members spread over 50 small churches in Burundi and Congo. Flory started his own congregation because he did not feel at home in other churches and because he has a mind of his own and strongly appreciates his freedom. He is a real community man, places his churches in poor neighbourhoods and lives amongst the people. He is a great organiser and depends on a large network of connections to achieve his goals. He has set up a foundation so he can also start clinics and schools. A first clinic started in Uvira, Congo, only two months ago. Three nurses work there on a 24/7 basis. He has also set up a school – primary and secondary - with 600 children of which 60% orphans. This project is called 'Land of Hope'. Another project starting in January involves former child soldiers for who he will provide a school where they can learn carpentry etc. PC Resonances for him were exactly what he needed, because now with only a little training they can treat many diseases effectively and with low costs.

We had agreed that I would only treat 4 indications – AIDS, malaria, war trauma and rape trauma. On their request diabetes and hypertension were added. In practice I saw a much wider variety of indications and besides remedies from the Amma4Africa Kit relied on a Helios 36 remedies kit. Sometimes I took the liberty to just mix two remedies. Like a child with gastroenteritis with vomiting and diarrhoea. After one dose of Nux/Ars the vomiting stopped, but the next day the diarrhoea still continued. Adding a granule of Chamomilla to the bottle also stopped the diarrhoea. Bad homeopathy – good effect.

We saw patients at three places – **Bujumbura** (Burundi), **Uvira** (Congo) and **Kiliba** (Congo). All together I must have treated over 300 patients. Flory was a quick learner and soon was able to detect some of the major PC Resonances as also homeopathic remedies like Ignatia and Silica. Two other pastors (who by the way call Flory Bishop) also helped and in Uvira and Kiliba, Angele, the head nurse assisted us. She would do a short intake and write down for me the main indications in French. At some point there were so many patients that we further streamlined the procedure. Angele did the first intake, clear cases of malaria (I must have seen 100 cases) I only saw like one minute, then Flory would give some explanation while I made notes and one of the pastors prepared the remedy, and the other pastor showed the patient how to take it – the 555 regime (bang 5 times, take 5 drops, keep in mouth for 5 seconds). Since we added Vodka for preservation the content would start to foam after banging it and they would point to that as if that contained the magic. Great bangers there I must say. They would bang with much force, and people outside must have wondered what the hell was going on inside this little clinic.

Rumours spread fast in Africa, so soon the director of a hospital visited Angele in the clinic to hear about this treatment. Patients had told him how wonderfully they responded. Word went that by just touching people I already healed them or that healing only took one day. Had I stayed longer rumours about walking on lake Tanganyika and about being born in a manger might soon have followed. The msungu has still a high status in Africa. Very different from the albinos that are even more white, but are regularly killed as misfortune is attributed to them, or because their

limbs are chopped off and sold to witch doctors that apparently never took the Hippocratic oath. Seeing a white person was very rare, especially in Congo, whereas blacks were walking the dirt roads like ants, carrying heavy loads or just a troubled past. Two times I saw an albino. One of them is called the king of albinos, as they have organised themselves to fight for their rights and lives. I like the romantic idea of natural healers that embody ancient wisdom and knowledge, but I'm afraid the majority would not pass any form of registration besides that of a tribunal. They thrive by exploiting fear and make loads of money. So the idea of lining up with them is something to carefully consider and a decision may differ per country. In Tanzania for instance they are all registered which may guarantee better quality.

Congo is really in a bad state, which is nicely expressed by the road entering the country, which is one of the worst I've ever seen.

Later when in Uvira someone was pumping air in the tires of our car, I left the car to take some pictures. A pastor that would be recording some follow-ups also left the car and started filming. Within no time he was arrested and the camera confiscated. A crowd gathered and people thought we were filming for rebels. Fear for war and rebels is just below or even on the surface in everybody, so I understood the response. Flory was not there for he was making photocopies in the hospital. I concluded my contribution would be to just sit in the car, be in stillness and trust it would solve itself. Soon the head of security of the region entered the stage. A harsh looking man that concluded this was a great opportunity to bloat his ego and fill his pocket. When Flory came he took control of the situation. He took all persons of authority with him in the pub and they sat down to talk. A small amount changed pockets after the information that could endanger the state of Congo was removed from the camera's memory. Also the head of the army came. He is member and even pastor of Flory's church and someone had called him to come and help, which actually was no longer necessary. Later this major, with a face innocent like a baby, but the experience of several wars, took part in the seminar I gave in Uvira.

At **Land of Hope** – a project sponsored by Dutch people - we had to work even more effectively. Teachers had made lists of students. All those suffering from malaria were lined up and after banging the bottle one of the pastors gave each five drops in the mouth, while the rest of the line would count to five, so the child would know when to swallow. We must have treated dozens like that. The teachers were given bottles to repeat the dose every day for two weeks. Some child soldiers we talked to as a group. Some other cases, like rape, diabetes etc I saw individually. Flory translated about all consultations and learned a lot from doing that.

### **First feedback**

It was a great learning experience to treat so many cases, even though the sun on the zinc roof, the small room, mosquitoes entering at sunset, several skipped lunches, and people crowding the small building made it hard at times to keep my calm. Also interesting to notice the kind of feelings that come up when there is so much pressure and so little time. Feelings I have seen so often in allopathic colleagues and have been judgemental about. I could notice the inclination to make jokes over patients, that at times I was hardly looking at them because I was busy writing or preparing bottles, or that if they did not come up with a clear indication irritation would come up. It didn't come to the surface really but watching these human reactions inside of me made me

so aware of how this attitude in many hospitals says less about the individuals and more about their circumstances.

Now the indications and remedies as such.

I mostly treated malaria and PC malaria is almost a sure hit. Malaria is often diagnosed together with typhoid, but PC malaria alone helped almost all cases. If a case did not respond I was just amazed, that's how confident I got in its effect. One case did not respond to a daily dose, took then the remedy every hour, and was fine the next day. So I had missed the acuteness of her state and instead had treated her as a chronic case.

A very interesting observation was that there were a few cases where people hardly ever had malaria. After getting gonorrhoea – which is as endemic as malaria – one or two months later malaria kicked in and kept coming back regularly. So these cases were (also) treated with PC gonorrhoea.

PC gonorrhoea was prescribed to lots of cases of infertility, chronic infections of the lower urinary tract and/or vagina, womb and ovaries.

A fascinating case concerned a woman that was going to be operated in two weeks. For three months already she was suffering from intense pains in the womb and an echo she had with her showed cysts in the womb. On inquiring it appeared that two months before all this started she had an infection, which I assumed, was gonorrhoea. After the first dose she discharged great lumps of blood that looked like meat. The next day the pains were practically gone and she went back to work. Four days later she was beaming and cancelled the operation.

Also several cases of TB were treated. One woman was coughing up blood already for a long time. A few hours after the first dose she coughed more than ever and a great amount of blood came out. After that the coughing and the pain subsided, the bleeding, night sweating etc all stopped.

Some 20 cases of AIDS were treated. Several were still free from symptoms or were so since ARVs. One lady had been using ARVs for years but they no longer worked for her. So she was losing weight and had all the typical symptoms. I saw her back only two days later and she was completely fine, and will now coordinate activities in Bujumbura for PC1 as she knows many AIDS patients.

Hypertension was something mentioned by many. What it boiled down to actually was Post Traumatic Stress Syndrome with palpitations, fear etc. Often from the war, and in many cases PC war trauma seems to work well. Also often from the hardship of life, disappointments, grief etc. I prescribed Ignatia a lot with good results and as long as further homeopathic training is not a fact I would like the nurses to try PC grief in the future to see whether that will be as effective. Life in the region is not easy for many people, and it is actually amazing how many nevertheless cope.

I treated at least 12 cases of diabetes. At least 12, because at some point I stopped filling in two forms, one for the clinic and one for myself. Those that I could see back responded well, and from the pastors I heard that they received a lot of positive feedback from diabetes patients. Often people are officially on medication, but depending on the money available they only sometimes take some tablets or inject insulin. So to have a very cheap remedy available now is wonderful for them. One lady having a blood sugar of 19 was drinking 5 litres of water every evening, was sweating profusely and all the teeth in her mouth were loose. After the remedy the sweating and the thirst totally disappeared and the blood sugar went down to 16 in a couple of days. Of her and many more patients I hope to receive more information as to how they do on the long run.

Several cases of hepatitis were treated responding amazingly quickly, regarding the fact they often were having the disease for many years already.  
I'll work out several of these cases for the intended book on PC.

## **Follow-up Burundi / Congo January 2009**

The visit to Burundi and Congo was a follow-up of the visit of November 2008. The main purpose was to supervise the nurses that have been using the Amma4Africa Kit. Overall their experience is very positive and this made clear that indeed with just a few hours training medically qualified people easily implement the manual and successfully prescribe PC resonances. The nurses confirmed the good results with HIV/AIDS and malaria witnessed in other African countries and feel very confident in prescribing the PCs for them. 80% of these cases do very well. If the remedies for these indications do not seem to work they look for obstacles to cure and usually find them in terms of wrong diagnosis, patients not taking the remedy properly or as with malaria that if abdominal symptoms remain while all other symptoms go away this indicates a next remedy, most likely PC typhoid, as many patients suffer from malaria and typhoid simultaneously.

*Case example: seven-year-old Daniela is HIV-positive as are her parents. Since 2006 she has symptoms. She uses bactrim. Her appetite is bad (3), she has an eruption in the mouth, and lacks the energy to play with other children.*

*I saw her again two months later. The eruption in the mouth is gone. She is eating normally now, has gained two kilos and plays with other children. She used to be sick all the time, her mother says, but now she is well. Also her sleep has improved.*

*Case example: Juma is a six-year-old boy. He is an AIDS-orphan and was tested HIV-positive himself in May 2008 and was immediately put on ARVs. His most recent CD4 count in September was 110 units. His weight is 21 kilos. He suffers from skin eruptions that get infected, and has many times malaria or angina.*

*Follow-up after 4 weeks: weighing 22 kilos now. The angina, bronchitis and fever are gone and he has no more malaria.*

*FU after seven weeks: his CD4 has gone up to 175 units and his Karnofsky score has gone up from 40 to 90.*

*FU one week later: all the previous symptoms of weakness, lack of appetite, general pains, headache etc have now all disappeared. He is a normal child now.*

*Case example: Nadine is 14 years old and small for her age. Due to splenomegalia her abdomen is enormously enlarged and painful. Her spleen must be weighing several kilos. She has malaria very often. As splenomegalia and malaria can be related she is treated with PC malaria.*

*Follow-up after two months: No more malaria. Her abdomen no longer hurts and is a little bit less swollen indicating that the spleen is becoming smaller in size. Although she has no more malaria the swelling of the spleen indicates she continues taking PC malaria.*

In November we lined up dozens of children with chronic or regular malaria at Land of Hope, a school of 600 children of which 400 orphans. The teachers reported now that these children were all doing well, whereas children that were not treated were still having malaria regularly. We agreed on a program to treat all 600 children. During two weeks the teachers will give PC malaria daily, a month later to be followed by again one week of daily treatment. After that the plan is to repeat the

remedy only once a month. This regime may need to be adjusted depending on the experiences.

Those children that were treated at the same school for war trauma or adoption trauma also responded well. According to the teachers they are much more attentive in class and have better concentration. The children themselves reported having much less thoughts about the past and about missing their parents. Some adoption trauma cases relapsed shortly after stopping the remedy. These cases have been changed to PC grief, as adoption and losing parents is not the same and may not be the exact situation in many of them.

The nurses are very positive about PC diabetes. 90% of these cases show remarkable improvement and I have been able to follow-up several of them. Blood sugar levels return to normal in a matter of weeks and diabetes related symptoms improve rapidly. Although the nurses did not recommend this some patients even stopped their regular medication, including a patient that was injecting insulin, without any of them relapsing. Instead their sugar levels remained normal and their symptoms did not return. Remarkable results as in my 20 years of experience with diabetes this was not one of the easy indications to treat with homeopathy.

*Case example: 55-year-old Pili has diabetes and is weighing 80 kilos. Glycaemia 289 mg/dl (N 55-115) or 16,53 Mmol/l*

*Follow-up after two months: "I used to be dozing all the time but no more. I have lost weight because I'm much more active. Before I felt hungry all the time but now it's finished. I can walk now without getting tired." The last blood sugar level measured on December 12 was 4,8 Mmol/l.*

The cases of gonorrhoea and hepatitis I saw for follow-up were all doing well. The gonorrhoea cases typically symptom free, the hepatitis cases much improved.

*Case example: Christelle is 35-years-old. She has malaria 10 times in a year and besides that suffers from vaginitis with itching and discharge since 5 years. She received PC Malaria and PC gonorrhoea (one in the morning, the other in the evening, to see whether dealing with two diseases simultaneously would work).*

*FU after 5 days: In response to the medication she felt a pain in her right shoulder extending to the head which then went away. The pain she had in the lower abdomen doubled for a short time and then went away together with the discharge. The itching is a lot better since the discharge has stopped.*

*The headaches and vertigo have improved as also cramps she used to have all over her body. The pain in her joints is completely gone. Her head is still sensitive to the sun.*

*FU after 4 weeks: all symptoms are gone.*

*FU after two month: is completely fine, also no more malaria.*

*Conclusion: using PC resonances it is possible to successfully treat two conditions simultaneously. Despite that the normal advice is to start with the one that causes most suffering and to start the second remedy as soon as the first condition has been cured.*

*Case example: Faustin is 33-years-old and has hepatitis since 2004. He has fever often, can't stand for long from pain in the liver and also has malaria regularly. His sclerae are very yellow.*

*Follow-up after 8 days: what we notice is that his eyes are less yellow. The pain in the liver has gone down from a 5 to a 3-4. He can stand longer and his energy has improved. He continues taking PC hepatitis.*

*Follow-up after two weeks: feels very well. He can work normally again and was able to watch a full soccer game while standing.*

*After two months: "The remedy has helped me a lot. As long as I do not overdo it I can walk without a problem and the liver does not become painful. I can stand now for a long time. I feel this is really a good medicine for me."*

The results with tuberculosis show a mixed picture. Some cases, like the 70-year-old lady that was symptom free after four days of treatment (see previous report) do very well (she is reported to be still doing fine). Some cases give improvement but slow. As the nurses do not have the means to test for TB themselves a wrong diagnosis may be part of the reasons of the mixed results. Just like people call any fever or headache malaria, any cough is called TB. Those cases where the patient was tested in the hospital as positive for TB they clearly improved, so I have no indication that the remedy as such would not be effective in all cases. But my impression is that TB takes longer to fully be cured and we decided to experiment with 2-3 doses per day instead of once daily.

During my previous visit I treated several cases of war trauma and reported good response. I then also saw a few cases of rape trauma. This time we decided to also visit Bukavu, as there were no recent reports on rebels in that area. The city is flooded with refugees, amongst them many raped women. The typical story is: she has been raped by rebels from Rwanda, often in front of her children, tortured first if she resisted, and was afterwards chased away from the village by her husband and his family. Often symptoms of STD afterwards, I suspect mainly gonorrhoea. In the city she does the lowest of work, carrying heavy loads for money just enough to feed herself and her children and not enough to pay their school fee. The children are expelled from school and have in her view no future. A very painful situation, and it seems like the rape alone is as such not what makes them suffer most, but more so the social consequences of it.

Based on the results with earlier seen cases, like the beautiful response in the one below, I expect PC rape will do a lot for these women.

*Cases example: Four years ago 38-years-old Marcelline was raped by two soldiers and became pregnant. Since it was an extra-uterine pregnancy she decided to abort it. Now during intercourse she has a lot of pain, 'as if they are trying to put a tree inside'. She has vaginal infection regularly. Every time she has pain she thinks about the rape, and ever since the rape she is fearful on seeing a man. The joy of sex is gone, and instead she is afraid of it because of the pain. During intercourse anger comes out.*

*At a FU after two months we meet a radiant woman: "the thoughts about rape have disappeared. I have no longer an aversion to sex but desire it very much now. No more fear; I enjoy it now. When I see men I'm no longer afraid. No more anger."*

*Nevertheless there are still the physical problems of pain with intercourse and vaginal discharge. The pain though doesn't raise anger anymore and doesn't prevent her from enjoying intercourse. Most likely the remaining symptoms are caused by gonorrhoea due to the rape. She continues treatment with PC gonorrhoea.*



### **Plans for the future**

The plan of Floribert and his people is to use the present Amma4Africa Clinic in Uvira as a base from which mobile clinics will visit villages. Also the intention is to start new clinics in Bukavu and Bujumbura. For €2000 a clinic can be equipped and the first months of rent and salaries paid, after which the clinic could be self supporting and the ARHF would only supply remedies. A donor has in the mean time provided the funds for the Bukavu clinic and as I write this they are deciding on the location and hiring nurses.

In the recent past Floribert has organised a seminar on natural birth for a group of women, so instead of sitting with labour pains at the backseat of a bicycle for sometimes 50 kilometres before a clinic can be reached these women can have their babies in their village with the help of a trained midwife. For these women he and I hope to be able to organise a seminar in homeopathic assistance before, during and after labour. Further contacts have been made in Kigali (Rwanda) and Tanzania to also start Amma4Africa Clinics there and manuals, remedies and kits have already been ordered.

With a total budget of €10.000 this already successful development can grow into a wonderful facility for many people in an area where medical help is scarce. My personal advice is to give this development high priority. Lots of cases have been filmed now to prepare a documentary. Anyone reading this and willing to sponsor this very direct and effective program please contact me at [info@ARHF.nl](mailto:info@ARHF.nl)

© Amma Resonance Healing Foundation – [www.ARHF.nl](http://www.ARHF.nl) - [info@ARHF.nl](mailto:info@ARHF.nl)

### **Homeopathy in Developing Countries**

The ARHF is one of the organisations that will give a presentation at a conference on homeopathy in developing countries, Amersfoort (Netherlands) June 6-7 2009.

*June 6 – Lectures on homeopathy in developing countries – open program*

An international group of speakers will present their experiences with homeopathy in developing countries. The emphasis in these presentations will be on teaching and applying homeopathy for different conditions, case-taking, treatment strategies, useful remedies and results. In a following brochure a more detailed program will be announced.

*June 7 – Workshops on homeopathy in developing countries – closed program*

The second day consists of workshop sessions on several subjects concerning the setting up and running of homeopathic clinics and schools in developing countries.

The focus on this interactive day will be on deepening our understanding of motivation, meaning and purpose for working in developing countries and how to translate this into practical manifestation. On this day especially homeopaths, donors

and others already active or planning to become active in developing countries are invited to participate.

For more information please contact the Conference Office: Daphne Groenendaal, [info@schoolvoorhomeopathie.nl](mailto:info@schoolvoorhomeopathie.nl)

## **Donations**

Donations to the ARHF are most welcome and will be used solely to promote projects as no one at ARHF receives a salary or compensation for time invested. To be able to appropriately deal with an expanding number of projects and contacts though a secretary is dearly needed and will need to receive an income unless a volunteer comes forward! We welcome your donations to make that possible. It will enable us to use our time for those projects that demand most attention, including research.

Donations can be made **online** by using PayPal or transferred to the following bank account:

Amma Resonance Healing Foundation  
ABN-AMRO Bank Haren  
Rijkstraatweg 184  
9752 BP Haren, Netherlands  
Account number: 422065234  
BIC: ABNANL2A  
IBAN: NL42ABNA0422065234

## **Volunteers**

If you want to set up a project in a developing country or are already involved in one and are interested in using PC Resonances we would be happy to support you with Kits, Manuals and Instruction Cards. Please write to [info@ARHF.nl](mailto:info@ARHF.nl) or leave a message at [www.ARHF.nl](http://www.ARHF.nl)

## **Conclusion**

This was a long story, but one full of hope for health and prosperity for the millions now suffering from epidemic diseases, trauma and chronic diseases. Thank you for your attention and help.

Harry van der Zee

Amma Resonance Healing Foundation  
P.O. Box 68  
9750 AB Haren  
Netherlands  
E-mail: [info@ARHF.org](mailto:info@ARHF.org)  
[www.ARHF.nl](http://www.ARHF.nl)