

# Africa Malaria Prevention Project

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## Abstract

Malaria is the disease that has the biggest impact on the health and well-being of the peoples living in sub-Saharan Africa. Not only does malaria cause a lot of suffering and many deaths, the malaria miasm is also strongly connected to the inability to thrive, the poverty cycle and the frustration caused by that. The Africa Malaria Prevention Project (AMPP) aims at preventing malaria and treating its chronic effects by using PC240m—a specific resonance designed to treat and prevent malaria.

The Learning Enhancement Africa Project (LEAP) is sound-based and includes resonances that cover malaria as also other infectious diseases, several forms of trauma and resonances that enhance learning skills. This article presents the first results with AMPP and LEAP and discusses a plan to roll out both projects out over all of sub-Saharan Africa.

**Keywords:** Malaria, China officinalis, PC240m, Prevention, Homeoprophylaxis, Source Resonances, Amma Resonance Healing Foundation (ARHF), Africa Malaria Prevention Project (AMPP), Learning Enhancement Africa Project (LEAP)

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## Introduction

Malaria is caused by *Plasmodium* parasites that are transmitted to people through the bites of infected female *Anopheles* mosquitoes (Fig. 1). Five species of *Plasmodium* can infect and be spread by humans. Most deaths are caused by *Plasmodium falciparum* (Fig. 2) because *Plasmodium vivax*, *Plasmodium ovale* and *Plasmodium malariae* generally cause a milder form of malaria. The species *Plasmodium knowlesi* rarely causes disease in humans.<sup>1</sup>



Fig. 1: *Anopheles*



Fig. 2: *Plasmodium falciparum*

Approximately 80% of all malaria cases and 86% of all malaria deaths occur in the African region. High-risk groups include children, pregnant women, people living with HIV/AIDS, as well as nonimmune migrants, mobile populations and travellers.

Symptoms of malaria include fever, headache and vomiting. They usually appear between 10 and 15 days after the mosquito bite. If left untreated, malaria can quickly become life threatening by disrupting the blood supply to vital organs such as the liver and kidneys.

Malaria can cause the accumulation of fluid in the lungs and can cause the spleen to rupture. Severe forms of malaria can also cause life-threatening low blood sugar. Cerebral malaria is a severe complication that causes swelling of the brain and can result in coma or death.

Pregnant women are at the highest risk of malaria complications. Malaria can cause spontaneous abortion, premature delivery, stillbirth and severe maternal anaemia. It is also responsible for about one-third of preventable low birthweight in newborns.

The primary interventions for malaria control in high-risk populations include the use of insecticide-treated nets (ITNs) and indoor residual sprays (IRSs)<sup>2</sup>

The vast majority of malaria deaths occur in children younger than 5 years. Today in Africa, despite all efforts by the World Health Organization (WHO), nongovernmental organisations (NGOs) and governments, every minute a child dies from malaria.

As people living with HIV/AIDS have a higher risk of recurrent malaria episodes and severe malaria, as also a higher incidence of tuberculosis (TB), we find the following combination in sub-Saharan Africa: poverty–malaria–HIV–TB. Add war, political instability, corruption, malnutrition and undereducation, and the problem seems unsolvable.

In 2010 Africa had 110 to 245 million clinical cases of malaria of which 596,000 ended fatally.<sup>3</sup>

Worldwide, in 2013, malaria led to 584,000 deaths of which 78% were children younger than 5 years. This translates into a daily toll of more than 1,200 children younger than 5—a total of more than 456,000 children a year. Most of these deaths occurred in sub-Saharan Africa.<sup>4</sup>

One out of six African children die of malaria and in schools situated in wet areas 10 to 30% of children can be absent from school every day due to malaria.

## **Homeopathy and Malaria**

Regarding malaria, homeopathy seemed to start on the right foot, as it was Hahnemann's observation on Cinchona bark that led him to the discovery of the rule of similars (1796). If we look, though, at what homeopathy has meant to the largest epidemic disease on the planet, the outcome is rather disappointing. There is sufficient evidence of homeopathy's effectiveness in treating malaria, but I'm not aware of any major attempt to significantly reduce the impact of malaria on humanity as a whole, not even in India, which has more homeopaths than all other countries together, and where malaria is endemic in large areas. It is even more remarkable as a historical review shows that homeopathy's greatest asset appears to be in the treatment of epidemic diseases. There are impressive examples of such broad applications of homeopathy in the 19th and 20th centuries.

In giving a historical overview of the use of homeopathy in epidemic diseases, Bedayn writes that the curative results of homeopathy '... were so positive during the epidemics in the ensuing decades that they not only cured the majority of those affected where nothing else had worked, but they also drew international acclaim towards homeopathy, the new, the rational, medicine. There is something intrinsically powerful about the success of homeopathy

in curing large populations that is undeniably attractive to anyone gifted with the power of observation, and it was through these early cures with epidemics that Hahnemann was able to quickly and widely spread the word: Homeopathy'.<sup>5</sup>

In 1994 in an interview Saine stated: 'Homeopathy had become very popular in North America during its early years due to its amazing successes obtained by the 'old guard' during the epidemics—epidemics of diphtheria, scarlet fever, cholera, malaria, yellow fever'.<sup>6</sup>

If we look at homeopathy today, the use of the homeopathic approach for epidemic diseases is marginal. In part, this is because epidemic diseases like those mentioned previously hardly play a role anymore in the West. Homeopaths who went to developing countries to help those for whom often no medical care is available at all were strongly confronted with epidemic diseases. They once again started to treat epidemic diseases and experienced how successful homeopathy still is for these conditions.

In 1996, van Erp and Brands published a pilot study performed in Ghana, Africa. In a randomised double-blind trial with limited numbers of patients, homeopathic treatment was compared with treatment by chloroquine. The group using homeopathic medicines experienced an 83.3% improvement, whereas the group using chloroquine users experienced a 72% improvement within the same time period.<sup>7</sup>

## A Genus Epidemicus Remedy for Malaria

My personal experience with malaria started in 2004 when I visited Malawi. I was there together with Corrie Hiwat to do a retrospective epidemiologic study of Peter Chappell's treatment of AIDS with PC1—a remedy based on the genus epidemicus (totality of symptoms) of HIV/AIDS. The results with PC1 were very convincing then and still are. I've been to Africa many times now and have treated AIDS in some 10 countries, and can remember only one case that didn't seem to respond. As Peter found a new way of making a genus epidemicus remedy,<sup>a</sup> he soon made more for other diseases, such as malaria.<sup>8,9</sup>

Although at that time our focus was not on malaria, we made some interesting observations already, which have been confirmed by more extensive experience later:

1. **Treatment prevents:** Patients who have chronic or regular malaria have no more attacks when they are treated with PC240m for malaria during an acute episode.
2. **Treatment of underlying causes prevents:** HIV-positive patients who had malaria regularly stopped having malaria once they were treated with PC1 for HIV/AIDS. I've also observed several cases in which there is a relationship between malaria and gonorrhoea. In areas where malaria is endemic, the immune system of healthy people is often strong enough to prevent them from getting malaria. Gonorrhoea, and probably also the treatment/suppression of it with antibiotics, apparently weakens the immune system, and several cases have been observed where people reported that they never had malaria until they got infected with gonorrhoea. If these patients are seen in between malaria attacks, treating them for gonorrhoea or the history of it with PC180g (genus epidemicus remedy for gonorrhoea) alone is often enough to prevent further malaria attacks. I've seen similar results in patients with chronic hepatitis—treating the hepatitis alone is often enough to stop malaria. In principle, any (chronic) infection or severe form of trauma undermines immunity and makes a person more vulnerable

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<sup>a</sup> "PC Remedies are made without the use of any substance but imprinted into water directly by contacting what Peter calls Source. After establishing the genus epidemicus of a disease, a request is made to Source to prepare a simillimum for that disease totality. Stock bottles of these PC Remedies are with several pharmacies. See the book '*Homeopathy for Diseases*' and [www.vitalremedies.com](http://www.vitalremedies.com) for more details."

to malaria. In practice, this means that malaria can also be prevented if an underlying condition that undermines immunity is treated.

Treating causes and miasms (predispositions or susceptibilities) has become more and more our focus in dealing with diseases in Africa, and my estimate is that approximately 80% of the conditions people suffer from in Africa can be treated by identifying and treating the cause(s). This means that individualising a case is not needed in most cases, or is limited to establishing the diagnosis of the current condition and identifying possible causes. It would be great if the workforce and skills were available in Africa to individualise each and every case, but even then, starting with remedies that address the underlying cause(s) is best practice as also more efficient.

### **Why Homeopathy for Malaria Treatment and Prevention?**

Therapy resistance is an increasing problem, making conventional medicine inactive and alternative approaches dearly needed. For the major epidemics in Africa—malaria, TB and HIV—this is a serious problem. The reality is that in the short-term antibiotics and antiretrovirals (ARVs) save lives, but that in the long term they may induce more dangerous strains of the infective agent and patients may become therapy resistant. Dual infections, as with HIV and TB, only increase this problem. WHO is aware of this problem and was, early this century, on the brink of publishing a positive recommendation about the use of homeopathy for epidemic diseases, but counter forces assembled and the report was never published.

Homeopathy for malaria has the following general advantages:

- No side effects.
- Safe for pregnant women, babies and elderly people.
- Inexpensive.
- Production, storage and distribution are simple.
- No therapy resistance—no suppression, so no creation of more dangerous strains.
- The genus epidemicus principle (prescribing for the disease by taking symptoms of many cases together—as if one person) applies.
- Only a short training course is required for a medically trained person to be taught how to treat and prevent malaria with homeopathy.

### **Why PC Remedies?**

My choice for PC remedies in discussing treatment and prevention of malaria is based on many years of experience in Africa (since 2004). Of course, epidemic diseases can be treated and prevented with remedies from the conventional homeopathic *Materia Medica* and, most, if not all, of what I'm sharing with you in this article could also be accomplished using substance-based remedies by a properly educated, skilled and experienced homeopath. Even then, having PC240m in a kit is recommended. For instance, a homeopath active in Africa who had good results with homeopathy for acute and chronic malaria, gave PC240m to those cases that did not respond to the remedies she had selected. They all (20+ cases) responded to PC240m. This suggests a very high efficacy rate, which is also my experience.

PC240m for malaria has the following particular advantages on top of the general advantages summed up previously:

- One remedy for one disease instead of several remedies.
- No safety issues like with nosode (remedy prepared from the parasite).
- Highly effective.
- Same remedy for treatment, chronic effects and prevention.
- Low skill: treatment and prevention can be taught to any person in 1 hour.

It is important to realise that it is not a matter of principle that a genus epidemicus should consist of several remedies from which a skilled person needs to choose. It is a purely practical matter in that usually it is difficult to find one single remedy that covers the disease totality as expressed in many patients. And therefore, a group of remedies is selected that together covers the genus epidemicus. By receiving PC240m for malaria directly from source (see *Homeopathy for Diseases* by Chappell and van der Zee on how PC Resonances are made), case-taking, treatment and prevention become very straightforward, easy and also more effective.

Another reason why I feel that PC Resonances should be seriously considered is their very origin. We use the term *source* as other names would create all sorts of discussions in a world divided along religious lines. As humans, our ability to truly perceive the genus epidemicus of malaria, including its role and purpose in the evolution of mankind, is limited. To significantly reduce malaria or even remove malaria from the face of the earth, its deeper meaning needs to be addressed, as without that we would only be suppressing the disease. In my understanding and to my experience, the source of PC Resonances has included the role and purpose of malaria in PC240m, and that is why it is so extremely reliable in treatment and prevention.

### **Should PC Resonances be considered Homeopathy?**

I get that question at times and the answer depends on what is being understood under the term *homeopathy*. From a spiritual point of view, the answer is very simple. The basic principle of homeopathy is the Law of Similars. To cure, homeopaths use a simillimum—a remedy made from a substance that in its crude form creates symptoms similar to those present in a patient. How that simillimum is made is a technical matter and not a matter of principle. If we define homeopathy as the application of the Law of Similars, PC Resonances are simply a new advance within homeopathy.

If substance is used to make a remedy, a process of potentisation is required to free the healing energy from the mineral, plant or animal source. And next a proving is needed to get an image of the healing potential of the remedy. The source of PC Resonances lies beyond the material realm and can provide the healing essence for an epidemic disease directly by imprinting it into water. Therefore, the process of potentisation is not needed, and as the resonances is made based on the genus epidemicus of the disease also, a proving is not needed. Shukla did a few provings in the past to see whether the remedy pictures of PC Resonances would indeed fit the targeted diagnoses, and her conclusion was they do.<sup>10</sup> To answer the question in a different way: If it looks like a duck, swims like a duck and quacks

like a duck, then it probably is a duck. From my experience in treating and preventing epidemic diseases, I think it's even the best duck around.

On a very practical level, we should realise that if we want to prevent malaria in Africa's 200 million children and treat it in the complete population, an approach requiring high homeopathic skills is impossible. It would take generations until there could be sufficiently trained homeopaths to do the job. For prevention and treatment, PC Malaria is a most reliable and most effective option.

## Role and Purpose of Malaria

From research we know that malaria accompanies humanity from as far as we can look back. It is estimated that in the total history of humankind, 50% of all humans that ever lived died from malaria. At present 50% of the world population lives in areas where malaria is endemic.

Considering the magnitude of the impact of malaria, it is not only interesting that Hahnemann started the homeopathic adventure with *China officinalis* (source of quinine), but possibly also very meaningful. From the previous figures, we may conclude that the malaria miasm is probably (one of) the most basic miasm(s) guiding the development of humankind.

The core remedy belonging to the malaria miasm is *China officinalis*. Typical for the remedy is a combination of a mind full of plans and ideas contrasted by feeling unfortunate and frustrated:

- Abundant ideas at night
- Reflects upon execution of many plans
- Delusion he/she is hindered at work
- Delusion he/she is unfortunate

The fact that the ideas enter the mind at night while during the day he/she feels hindered at work means that the manifestation of plans does not occur. They remain ideas in the dark that do not see their realisation in daylight.

Because we are dealing with a serious epidemic disease that is killing millions of people, we decided to further try to understand *the intelligence of malaria*. We found a way to do this by using shamanic journeys conducted by Eileen Nauman, a skilled shaman homeopath. From her journeys to malaria and other infectious diseases and through our own analysis, we've come to understand them better. Epidemic diseases offer us instruction and education. They are trying to inform and wake up the human race and to make it more conscious, to make us aware that we are consciousness itself. Therefore, the diseases are working on evolving our awareness.<sup>8</sup>

In treating or preventing malaria, which most people in Africa tend to get at least once or twice a year, the homeopathic approach must generate the intelligent shifts in human consciousness that malaria has to bring in a permanent way, so that there is no further need to have the disease. Then its purpose has been fully accomplished and cure is to remain.

Malaria induces a sort of helplessness—a way of thinking that whatever you do you cannot succeed. That undermining aspect is the homeopathically understood psychology of malaria.

A part of the teaching of malaria is that success is possible. And if the homeopathic approach to malaria is to work profoundly and properly and to replace the disease, it has then to bring out in the people the feeling that they can succeed. This is why malaria is so critical to Africa.

Its role and purpose is to awaken individual abilities. African tribal culture can frustrate individual initiative. Malaria, seen as an intelligent evolutionary force, has already taken thousands of years to bring about this change, involving a lot of suffering. Any truly effective treatment and prevention has to bring out the success that is inherent in every African. If malaria were effectively treated and prevented across Africa, and this is technically incredibly easy to do with PC240m, Africa would more than happily look after itself and become a thriving part of the world community.

Including the conscious intelligence of a specific epidemic disease in the appropriate PC Resonance is luckily not dependent on our limited understanding of it, but it is provided by the same intelligent source that at our request creates the resonance.

## Therapy Resistance

Therapy resistance for malaria is huge, and if indeed epidemic diseases carry messages for the human race we can see why the parasite is so persistent in bringing its message home. Until recently only one drug was still free from therapy resistance, artemisinin (*qinghaosu*), but also this safe haven is becoming less reliable: ‘... the spread of a resistant parasite ... will have devastating consequences for malaria control ...’.<sup>11</sup> We can only hope and pray that WHO will seriously consider and test alternative approaches. Homeopathy seems to be the most promising.

## Malaria and Trauma

Trauma lowers immunity so it is obvious that a traumatised person is more likely to attract malaria. Personally I have observed several times that a person went down with malaria shortly after a frustrating experience. A typical example is the westerner who gets frustrated by all the different hindrances encountered in trying to achieve a project. Several books have recently been published that describe the failure of half a century of human aid. All clearly in line with the picture of *China officinalis* and what we have learned about malaria.

Malaria is also a major cause of trauma. Every minute of every day there are parents losing a child.

Also, for many Africans a day unable to work means a day of no food for the family. Malaria maintains poverty, which is a form of trauma by itself. Besides birth trauma, cerebral malaria is the main cause of epilepsy in Africa, and you find several children with epilepsy in every school. Medication for epilepsy is often not available, too expensive or badly monitored. As a result, these children injure themselves regularly, and serious burns caused by falling in the fire during a seizure is not uncommon. Through repeated seizures, they also slowly lose their mental capacities and the opportunity to be a well-functioning member of their community.

Because of the impact of trauma, we have included the PC Resonance for the trauma of war and genocide in the malaria prevention protocols used in war-torn areas, like Kivu in DR Congo. First, we treat for posttraumatic stress disorder and then we start malaria prevention (see Appendix 1).

## Malaria Prevention: First Indications of Effectiveness

The first time I tested malaria prevention with PC240m out was in **DR Congo (2009)**. At the Land of Hope School in Kiliba (South Kivu), 600 children, of whom the majority had lost their parents due to the war or AIDS, were first treated for current conditions: mainly war trauma, orphan trauma, chronic malaria and HIV/AIDS. Following that, all children were

given regular doses of PC Malaria. Within a few months the school reported that there were no cases of malaria any more at the school. In Uvira, just south of Kiliba, PC Malaria was dispensed in the community by a church dispensary. A few months later the local Red Cross hospital complained that they were seeing 95% less malaria cases and had difficulty paying their nurses, as malaria was their main source of income.

In **Mzuzu (Malawi 2012)** a nursery that took care of 300 children lost 5 children each year because of malaria. The year that they started giving PC Malaria to all children they did not lose a single child. Based on the reported results, one of our volunteers, Ruthe Schoder-Ehri (nurse and homeopath from the United States) started the Africa Malaria Prevention Project (AMPP) in Malawi in 2013. In the malaria season of 2013–2014 the AMPP team of Malawian volunteers reached more than 6,000 children and adults, and in the season of 2014–2015, when Kathleen Taylor from Canada assisted the team, more than 27,000. Schools report reduced absenteeism while the director of the local hospital in Chintechche reported reduced hospitalisation and reduced deaths from malaria.

**In 2014, 5,000 Kenyan school children** received PC Malaria as prevention. The results are beyond anything we dreamed to be possible. In all participating schools absenteeism went down dramatically, of even by 80% or more. Where normally four or five children would be absent in each class because of illness, this was reduced to none or one. One school decided to check whether the small number that still was reported sick had malaria. What they found out was that these children had typhoid or another sickness, but not malaria. We know that treating malaria with PC240m is effective in 90 to 100% of the cases. To establish that prevention with PC240m is similarly effective is very good news. It indicates that AMPP can also significantly reduce the death rate due to malaria and improve the quality of life of all Africans and help Africa prosper.

A **Kenyan Community Health Worker** formed a team of volunteers and made PC240m available to all 20,000 people living in and around Chemelil. Chemelil used to have about three to four funerals per week because of malaria or AIDS. After PC1 for HIV/AIDS was introduced, death rates already dropped. Once PC Malaria was made available to the whole population, there were just no more malaria-related deaths. A local clinic confirmed that for more than 6 months, nobody died from malaria in Chemelil. The carpenter that used to make three to four coffins a week shared the same information. He changed his profession and became a priest.

To create the kind of impact necessary to bring about real and lasting change, many more people will need to receive treatment and prevention for malaria. How can we achieve that?

## **Creating Collective Coherence**

To free Africa from its malaria shackles, it may not be needed to give PC Malaria as prophylaxis to each and every individual. As malaria is mainly a disease of the collective, it could be enough to reach a certain percentage of that collective that signifies a tipping point or critical mass.

There is a growing body of evidence that individual human consciousness is connected to collective human consciousness and that the two do not only influence each other but affect life on this planet in many other ways.

Many diseases and conditions may be expressed in an individual but are actually manifestations of a collective derangement of the state of health.

In homeopathy we are used to treating with an individualised approach, one person at a time. With epidemics and collective trauma, my experience is that a collective approach, with one

genus epidemicus remedy for all suffering from the same condition, is effective. Ideally everyone suffering from the condition would receive that treatment. Although at an individual level that may be desirable or even needed, the question is whether for the fulfilment of the role and purpose of the collective condition treating all parts that make up the sum is required, or whether the interconnectedness of human consciousness would cause the collective derangement to change much earlier.

My hypothesis is that when we cure and prevent (and not suppress or contain) a disease such as malaria, the purpose of the disease, which is to wake the human race up to some aspect of its own consciousness, is fulfilled. I postulate that to do this only a relatively low percentage of the population is required. Once limited numbers of people have experienced the conscious shift that results from curing or preventing malaria, it is available to the whole of humanity, because consciousness is universal and available instantly to everybody. The numbers required for this collective shift to occur may be lower than one would expect. This may prove to be similar to what is known as the ‘hundredth monkey effect’.<sup>b</sup> Disease is chaos and health is harmony. In many fields of science it has been shown that a chaotic system can be brought to harmony as soon as only a small part of it becomes coherent. Once that critical mass has been reached, the whole system transforms rapidly.

In studies about the effect of group meditation on society, we find possible support for this hypothesis and possible indicators as to the numbers needed to reach a tipping point.

By tapping into pure consciousness—the Unified Field in the language of modern physics—it has been demonstrated that meditation of a group of people can reduce societal stress and tensions, causing associated reductions in crime and social violence, and an upsurge of peace and positivity throughout the population.<sup>12</sup> ‘This phenomenon of increased coherence and peace throughout society was first reported in research published in 1976, which found that when 1% of a community practiced the Transcendental Meditation programme, the crime rate dropped by an average of 16%. This phenomenon was named the “Maharishi Effect” in honour of Maharishi, who first predicted it in 1960’.<sup>13</sup>

This phenomenon has been repeatedly proven in several studies. It is fascinating and opens huge possibilities, also for homeopathy.

In homeopathic provings (tests to establish the symptom picture of a substance) it has regularly been reported that people not participating in the proving nevertheless showed proving symptoms. This suggests that the effect of a homeopathic substance taken by a group has effects beyond the members of the group. There is no research that shows how far those effects reach. Does it involve just a few others and is it almost to be neglected, or would it come near the effects of meditation? Would this explain the synchronicities observed in the world during several provings? If the effect would come anywhere near the percentages that came up in the TM-studies, the implications for the treatment and prevention of malaria would be enormous.

For instance, Malawi has a population of approximately 17,500,000 (2015). To reach 1% of the population of Malawi with AMPP, we would need to reach 175,000 people. For 2019, the Malawian AMPP team is aiming at 50,000. This means that in Nkhata Bay district they would reach about 30% of the population.

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<sup>b</sup> “The story of the hundredth monkey effect was published in the foreword to Lawrence Blair's *Rhythms of Vision* in 1975. The claim spread with the appearance of *Lifetide*, a 1979 book by Lyall Watson. Rupert Sheldrake has cited that a phenomenon like the hundredth monkey effect would be an evidence of Morphic fields bringing about non-local effects in consciousness and learning.”

Kenya has a population of 47,000,000 people (2015), so according to the 1% rule, 470,000 people would have to participate in AMPP. Our main activities are in Nyanza province with an estimated population of 6,000,000. By including 50,000 people in Nyanza in AMPP, our Amma4Africa team there would reach 1% of the population of Nyanza. In 2018 that number has already been reached.

It is likely that there will be a tipping point for malaria prevention that, once reached, makes it available to all of sub-Saharan Africa, but it is not very likely that the 1% rule will apply. These rules are based on creating coherence through a group of people that meditate at the same time, and often even at the same place. This kind of circumstance is not created with AMPP. Making AMPP available at schools at the beginning of the day creates a similar situation though.

The first time that this simultaneous prevention was done in a large group was in the aforementioned group of 600 children in DR Congo in 2009. The prophylaxis was intended for the children only and a collective effect was at the time not something I considered. However, when I heard that the number of cases of malaria dropped dramatically in the whole region, I started to consider the possibility that treating 600 children simultaneously during a year could change the incidence of malaria in a much larger population.

In Malawi and Kenya the use of PC Malaria increased significantly since 2012. WHO World Malaria statistics show that the number of malaria-attributed deaths in all of Africa increased in 2013 in comparison to 2012 by 12%. In the same period in Kenya, the number of malaria-attributed deaths dropped by 54% and in Malawi by 32%. Neighbouring countries such as Mozambique (+4%) and Tanzania (+9%) were more in line with the general trend.

If using PC Resonances would address the epidemic at a deeper collective level, it may then be expected that all other activities undertaken to control malaria (mosquito nets, spraying, etcetera) would suddenly become a lot more effective too. In individual cases homeopaths have observed that suppression of a disease can be very effective provided its real cause has been taken care of, and I see no reasons why that wouldn't apply to a collective disease. Suppression then can be a quick way of getting a result that would come naturally anyway.

Clearly, what I'm suggesting here is still highly speculative. None of it can be taken as a fact and I'm totally happy to be called a *dreamer*.

You may say I'm a dreamer. But I'm not the only one. I hope some day you'll join us. And the world will live as one.—John Lennon

Impossible? 'Impossible' is a word that has been used a lot in the history of humankind, and as history shows, the impossible has often turned into its opposite—possible, reality.

If you have built castles in the air, your work need not be lost; that is where they should be. Now put the foundations under them.—Henry David Thoreau

We are building and offering that foundation with AMPP. If only those we give it to are helped, that is already a wonderful achievement as it saves hundreds of lives and creates a better future for thousands. If we reach more through resonance with the collective, this would be a support by nature that would increase our joy and be something to be very grateful for.

Ruthe Schoder-Ehri spent 5 months in rural lakeside Malawi when she initiated AMPP. During her stay she expressed a vision, which she allowed me to share with you (Fig. 3). She saw malaria lifting from Lake Malawi, a deep clear 570 km long body of water bordering Malawi on the east side.



*Fig 3: Malaria lifting off Lake Malawi*

### **Recent Results with AMPP**

Schools are an excellent place for us to implement AMPP but also an excellent place to evaluate the effectiveness. In every classroom absenteeism records are kept and besides that every class makes end term tests. Clearly, if AMPP is effective, we should see absenteeism rates dropping significantly. As children will miss out on classes less and have less anaemia, we may also expect an increase in the mean school performance.

In Kenya several schools started AMPP in 2014 and the number was further expanded in 2015 to some 80 schools. In 2015 and 2016 the first results were collected. Schools were asked to provide absenteeism records of three terms (a full year) before AMPP and of three terms after AMPP was implemented.

By the end of 2016 complete data were gathered from 16 schools. On average absenteeism dropped by 38% (measured over a full-year pre-AMPP compared with a full-year AMPP).

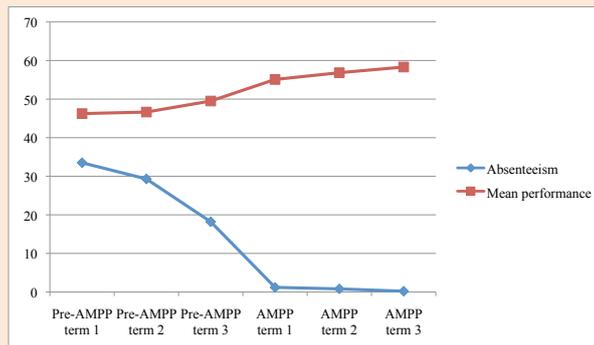
In the example in Fig. 4, the drop of absenteeism is so dramatic that we doubted the results, until we saw the same pattern in other schools we received data from and after we got similar feedback from Malawi.

Absenteeism in %:	Pre AMPP		Transition Term 3	AMPP participation		
	Term 1	Term 2		Term 1	Term 2	Term 3
% Absenteism	33,5	29,3	18,2	1,2	0,8	0,2
# of kids at school	274	274	274	294	294	294

Mean performance	Pre AMPP		Transition Term 3	AMPP participation		
	Term 1	Term 2		Term 1	Term 2	Term 3
Mean score classes %	46	47	50	55	57	58
# of classes	8	8	8	8	8	8

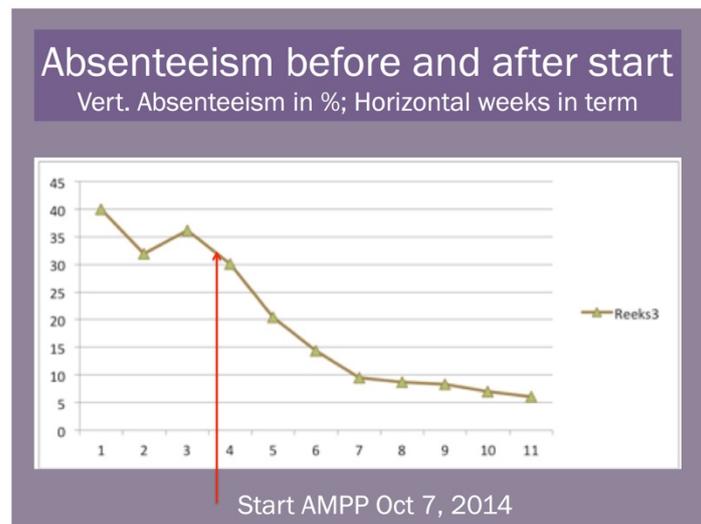
**Table: Absenteism and Mean performance before, during and after the start of malaria prevention (AMPP)**  
 Red = before AMPP; Bleu = AMPP started in 4<sup>th</sup> week of term 3; Green = Full participation AMPP



**Graph: Absenteism (bleu line) and Mean performance (red line) before, during and after the start of AMPP**  
 Absenteism down from 33,5% in first term to 0,2% in last term; Mean school performance up by 26,10% after 1 year AMPP

*Fig. 4: Absenteism and mean school performance before and after AMPP in Miwani primary*

As AMPP was introduced halfway the third term, you already see a significant drop in the average absenteeism records of that term. We studied it more closely and could see the decreasing trend starting just 1 week after AMPP was introduced. Within 3 weeks the absenteeism rate drops from more than 30% to less than 10%. In the subsequent terms absenteeism drops even further to around 1% (Fig. 5).



*Fig. 5: Absenteism in weeks before and after start of AMPP (arrow = start)*

For the mean school performance it is easy to get reliable data, as the ministry of education provides them. It is no surprise that the pupils at this school did very well also with the mean school performance. Within 1 year an increase of 26% was observed.

Huge improvements in absenteeism and school performance are especially seen in schools situated in wet areas, like close to rice fields.

After 1 year of AMPP in such a school, it is usual to find that a child now attends 97-99% of classes instead of 70%. As a result, it shows an increase in performance of 26%. It will take 8 years of observation to know what the effect is for a completely primary school period. Healthy children who perform better at school hold a great promise for a country's future. The malaria miasm could be lifted from Africa's shoulders in just one generation and open up a bright future for the continent. It starts with daring to dream the unthinkable. Testing it out in practice is step 2. Sharing the results and rolling out a plan for all of Africa is step 3.

## Implications of AMPP

From the above we can already distil possible long-term effects of AMPP in Africa. Let's look at an example to show some more light on how AMPP really changes the lives of many. In October 2018 we visited another school in Kenya that had started AMPP 18 months ago.

Also at this school absenteeism has gone down dramatically. On average every day some 30% of the children would miss classes because of malaria, while every day of those present the school had to send 6-10 children to hospital for treatment. Now, malaria no longer causes children to be absent and only very rarely a child gets malaria while at school. The teachers immediately treat the child with PC Malaria, let it lie in the shadow of a tree for an hour, after which it returns to the classroom. At some point the director of the nearest hospital inquired why he no longer receives sick children from the school.

School results have gone up dramatically. Where in previous years the parents have even chased teachers away, because they were not satisfied with the results, now they are very happy. Where before hardly any child would be admitted to secondary school because the scores of the state exam were too low, now all children reach the minimum score. For the first time children from this school have now been admitted even to very prestigious secondary schools, based on excellent results.

The impact of AMPP on the children and their parents of just this one school speak volumes:

- 6-10 children used to be sent to the hospital for malaria treatment. This completely stopped. This means on a yearly basis 1,200-2,000 referrals less. Sending a child to a hospital means hiring a motorbike which costs about €1,-. This means that the parents now collectively save €1,200-2,000 per year. The amount will be much higher even, as before AMPP children would also fall ill in weekends and during holidays. Add to that the costs of treatment and hospitalisation and we can conclude that all parents together save thousands of euros per year, money they can now use for other means, like school fees and books.
- Children on average now attend up to 99% of classes instead of 70%. Consequently, their school results increase significantly. Because of that they are admitted to secondary school and therefore have the opportunity for further education and to develop their full potential and fulfil their dreams. As parents have been rid of the high costs of malaria treatment for their children, it will be financially easier for them to allow their children to continue with their education instead of keeping them home to work in the fields.

If we take into consideration that making AMPP available to a school costs 20-30 euros per year, we can easily conclude that with a very small investment the future of many children and the living conditions of their parents can be significantly improved.

AMPP not only has the potential to change the future of Africa, it already does so for thousands of children and adults!

### **Learning Enhancement Africa Project (LEAP)**

In 2014 Peter Chappell introduced a sound based program in Kenya called LEAP. The LEAP program uses sound (MP3 files) instead of the dropper bottles used for AMPP and its three steps cover a wider range of conditions.

- LEAP 1 is to treat and prevent malaria as also other infectious diseases prevalent in African children
- LEAP 2 is to treat trauma and to balance the survival instincts
- LEAP 3 is to enhance learning abilities

From several schools where this was introduced we already have full data from before and after LEAP. After analysis of the data the results were as we hoped:

- 1 – reduction of infectious diseases
- 2 – lowered stress levels
- 3 – improved learning abilities

### **Recent results with LEAP**

At 16 LEAP schools full data were gathered (Fig. 6). In these schools absenteeism has decreased with an impressive 65%. Children with behavioural problems have improved and those too shy to answer a question now even ask questions. Whether caused by birth trauma or cerebral malaria, children with epilepsy have significantly less attacks. As to learning abilities, in the history of the school in the “LEAP Kenya 2015 evaluation” video (<http://www.arhf.nl/en/testimonials/ - malaria6>) no child ever had a score of 300 (out of 500) or higher at the tests at the end of the term. With LEAP the mean performance had gone up in every class, and in each class there were now 3-5 children with a score between 300 and 350. What is very touching is that all heads of LEAP schools we interviewed spontaneously reported that the relationship between children and teachers had improved a lot, with as a result that the cane has become a relic of the past. Just beautiful!

One of the first schools adopting LEAP is Marega Primary School. Fig. 7 shows the impact of LEAP on absenteeism and school performance at this school. After a full year of using LEAP absenteeism had reduced from an average of 11,8% in the year before LEAP started to 0.2% during the year LEAP was used in all classes. By the end of the year mean school performance measured through state examinations had increased by 26%. After 4 years of using LEAP, Marega Primary moved up from a poorly performing school to become second best in all of Kenya!

These data show that LEAP is literally helping children to have a healthy and bright future. LEAP can easily be rolled out all over Africa. All that is needed for a school is a simple MP3 player (found all over Africa for around \$25) and three USB-sticks, one for each step. See appendix 2 for the simple Leap protocol. This comes down to a one-time investment of about \$40 per school.

## LEAP Schools Kenya – data compiled 2018

<i>School #</i>	<b>Pre-LEAP # of terms</b>	<b>Pre-LEAP absenteeism</b>	<b>Post-LEAP # terms</b>	<b>Post-LEAP absenteeism</b>	<b>Absenteeism change</b>
1	3	9,77	5	6,9	- 29,37%
2	3	3,97	6	1,83	-53,9%
3	2	10,75	4	4,63	-56,98
3	4	4,52	4	1,9	-57,96%
4	3	6,37	5	4,86	- 23,7%
5	3	12	2	0,25	- 97,92%
6	5	1,96	1	0,7	-64,28%
7	5	28,88	4	4,72	-83,64%
8	3	30,46	6	2,26	-92,58%
9	2	4,4	4	6,17	+40,22%
10	2	5,05	3	1,87	-62,97%
11	3	7,3	6	6,46	-11,51%
12	2	8,85	6	2,07	-76,65
13	2	40,4	4	4,88	-87,92%
14	2	26,4	4	9,53	-63,92
15	1	4,6	2	4,6	0%
16	2	5,8	4	9,25	+59,48
Average	2,94	13,22%	4,38	4,56%	-65,54%

*Fig. 6: data compilation of 16 schools that use LEAP*

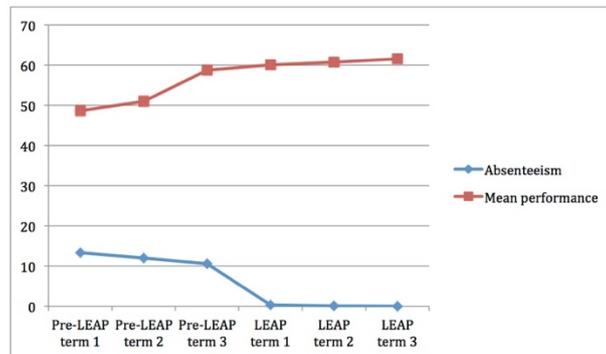
*General remarks:*

- *A school year consists of 3 terms. On average data were gathered for 3 terms (a full year) before the program was implemented at a school and for more than 4 terms after AMPP and/or LEAP started*
- *Absenteeism data have been collected from the absenteeism records each school is keeping track of on a daily basis*
- *Schools have been enrolled into the program at different times of the year and in different years*

Absenteeism in %:		Pre LEAP		LEAP			
		Term 1 pre	Term 2 pre	Term 3 pre	Term 1	Term 2	Term 3
% Absenteeism		13,4	12,0	10,6	0,4	0,1	0,0
# of kids at school		206	206	206	213	213	213

Mean performance		Pre LEAP		LEAP			
		Term 1 pre	Term 2 pre	Term 3 pre	Term 1	Term 2	Term 3
Mean score classes %		49	51	59	60	61	62
# of classes		8	8	8	8	8	8



Mean school performance 26,49 % >

Fig. 7: Absenteeism and mean school performance at Marega Primary School, covering one year before LEAP and one year after LEAP was implemented in October 2014.

## Rolling out AMPP and LEAP all over Africa

There are a few strategies that we all use to effectively reach as large as possible part of a population.

- A very effective one is through schools as discussed previously.
- A second one is through church communities. In Africa practically everyone goes to church, including the 0- to 5-year-olds who need protection most, so one dose per week at church could reach everyone.
- Provide training and supplies to doctors and nurses who work in clinics.
- Provide training and supplies to Community Health Workers who together visit each and every household.
- Provide training and supplies to other organisations active in Africa.
- Include simple instruments for data collection in each training.

ARHF is working hard at expanding AMPP and LEAP, and is gathering all data on aforementioned projects from schools and hospitals. In the meantime we have informed all reliable partner organisations in Africa about AMPP and LEAP and have invited them to write proposals on how to implement these programs in their region.

In 2015 we received 40 proposals for AMPP and many of these partners have started to implement the AMPP protocol. Once we conclude that a proposal is sound, has realistic goals and accountability is secured, we will support it as much as we can.

To be able to use the momentum and properly support all projects in a sustainable way, our budget needs to increase year by year. AMPP and LEAP fully depend on volunteers and donations. Volunteers donate their time and make it possible to protect children and adults against malaria for only 10 cents per person per year. As our volunteers reach increasing amounts of people, we hope the donations we receive will keep up with the expansion of AMPP and LEAP.

Clearly also a budget for training, supervision and data collection is needed. We train and supply all partners and collect and analyse all data we ask them to provide. We visit the projects before they start to make sure everything is in place, and also after one or two years for evaluation. The data we collect are crucial, as they are needed to inform Ministries of Health, Ministries of Education, local authorities and other aid organisations. With convincing data, we hope they will adopt AMPP so we can continue to fund the already running projects and further expand and ultimately reach the whole population in a district, province and country.

In cooperation with local partners we have started AMPP now in DR Congo, Kenya, Malawi, Ghana, Nigeria, Mali, Uganda, Mozambique and Tanzania. In 2015 we reached 100,000 children and adults with AMPP. In 2018 the total number was raised to 230,000, while besides that some 50,000 people were treated for other conditions like AIDS, war trauma etc. In 2018 preparations have been made based on which we hope to provide malaria prevention to 300,000 people in 2019. If you allow me one more dream. If—God willing—we could every year double the amount of children reached with AMPP, it would take 10 years to reach all children in sub-Saharan Africa.

## Conclusion

Thinking about what to write in conclusion of this article, a phrase comes to mind that Ruthe expressed by the end of her 5 months stay in Malawi. Despite having worked extremely hard under difficult circumstances, she said: ‘This is the most rewarding thing I have done in my whole career of being a nurse and homeopath. I am so grateful for ARHF and Amma4Africa. AMPP is my path of service’.

More information, newsletters and videos are available at [www.arhf.nl](http://www.arhf.nl) where you can also subscribe to the newsletter. The book *Homeopathy for Diseases—Vital Remedies for Epidemics, Trauma and Chronic Diseases* by Peter Chappell and myself can be ordered at [www.homeolinks.nl](http://www.homeolinks.nl) or [amazon.com](http://amazon.com).

Anyone wishing to make malaria prevention available is free to use the attached protocol or ask for one adjusted to the area where you wish to use it. Contact ARHF at [info@arhf.nl](mailto:info@arhf.nl). For a list of available PC remedies and pharmacies providing them, see [www.sourcemedicine.zone](http://www.sourcemedicine.zone).

## Acknowledgements

When in this article I use the term ‘we’, ‘us’ or ‘our’, I am referring to all the wonderful people that make ‘our’ work in Africa possible. These include (1) Peter Chappell, who prepared PC Malaria in 2002, (2) Ruthe Schoder-Ehri, who started the Africa Malaria Prevention Project (AMPP) in Malawi, (3) the Amma4Africa teams in Malawi, Kenya, DR Congo, Uganda and Nigeria (4) Nico Beentjes who gathered relevant data in Kenya and (5) all volunteers of ARHF and the many partners, colleagues and friends in Africa that joined us in our goal to treat and prevent disease and relieve trauma in Africa. Without them and

without our sponsors, this work could not be done and this article could not have been written.  
THANK YOU!

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## Appendix 1

### Africa Malaria Prevention Project (AMPP) Protocol for DR Congo.

PC240m is an immune booster that increases the body's immunity against malaria and has proven to be very effective in treatment and prevention of malaria. The importance of malaria prevention is evident: every 30 seconds, a child dies of malaria, while 10 to 30% of children are absent at school. AMPP makes it possible for local African organisations to stop malaria, save many lives and significantly reduce absenteeism from schools.

#### How Can You Do This?

- Inform school directors, teachers and community leaders about AMPP.
- Make malaria prevention available to schools, nurseries, orphanages and communities.
- Select and train community health workers and volunteers to reach the entire community.
- The protocol for malaria prevention you find below.
- Collect data to measure the impact of your project: absenteeism rates in schools, changes in school performance, number of children hospitalised for or dying from malaria etc.

#### War Trauma

In DR Congo many people have been traumatised by the war. Because trauma also reduces immunity against diseases, the AMPP Protocol starts with a remedy to reduce war trauma.

#### Schedule

The schedule follows the trimesters of schools. Also, adults can and should follow the same protocol. It is therefore recommended starting the protocol at the beginning of a trimester. AMPP involves a cycle of 12 weeks that should be repeated three times per year.

- **Week 1:** once daily one dose of PC304x for war trauma—five doses on Monday to Friday
- **Week 2:** once daily one dose of PC240m for malaria—five doses on Monday to Friday
- **Week 3:** once daily one dose of PC240m for malaria—five doses on Monday to Friday
- **Week 4–12:** once weekly one dose of PC240m for malaria—one dose on Monday

With each trimester, start the same cycle.

#### Preparing for AMPP

If you include all schools, nurseries and orphanages and mobilise volunteers and community health workers, you can reach the entire population in your region. Those that will dispense the remedy to children and households will need to be trained so they know exactly how to prepare a dispenser bottle and how to give a dose to a person. They also need to know how often the remedy should be repeated. You can dramatically reduce the incidence and impact of malaria if you follow this protocol and repeat it every year.

#### Data Collection

Ask all participating schools to provide data on absenteeism and mean school performance of the last trimester before AMPP was introduced, and after that from each trimester they use AMPP. Two special forms are attached (also available in excel—contact [info@arhf.nl](mailto:info@arhf.nl)).

## Project Leader

You need a project leader who stays in touch with all facilitators, answers their questions, stocks them with new master bottles, keeps track of their activities and collects data.

## How to Prevent Malaria in Groups of Children (and Adults) Using PC240m

Every school, orphanage, nursery or community health worker needs to be given a PC Malaria Master Bottle, while every class, group, community or household needs PC Malaria Dispenser Bottles so each person can receive a dose according to the schedule above. This needs proper planning by the project leader and all facilitators and volunteers. The better the schedule is followed that ensures that each individual gets a regular dose, the better the results will be.

### Preparation of a PC Malaria Master Bottle

- Fill a dropper bottle with clean mineral water and at least 20% ethanol (use a local strong liquor [40%], either pure or mixed with 50% still mineral water [mix then has 20% ethanol]).
- Add 1 granule of PC240m.
- Close the bottle and let it stand for 15 minutes.
- Put a label with PC240m written on it on the bottle.
- Bang the bottle five times on a wooden surface and it is ready to be used.

### Preparation of a PC Malaria Dispenser Bottle for a Group

- Take a 500-mL plastic bottle of still mineral water (or fill a clean bottle with clean water that has been boiled and then cooled down).
- Bang the PC Malaria Master Bottle five times on a wooden surface and put five drops into the Dispenser Bottle for the group.
- Put a label with PC240m written on it on the Dispenser Bottle.
- Then bang the bottle five times and that's then prepared for use.

### How to Give a Dose of PC Malaria to the Group

- **515:** bang the group bottle **5** times on wooden surface, fill **1** teaspoon, pour in the mouth of the child and tell it to count to **5** and then swallow. Either have a clean spoon for every child or make sure the spoon does not touch the mouth.
- **555:** By puncturing the lid with a hot needle, the bottle can be used as dropper bottle. Bang the bottle **5** times and then give each person **5** drops.

### Important

- Prepare a fresh PC Malaria Dispenser Bottle if the water is no longer clear.
- If a master bottle is empty only prepare the same remedy in it as above.
- Keep all bottles in a cool place out of extreme heat and direct sunlight.
- If a person has acute malaria, prepare a bottle for that person and let it take a teaspoon every 30 minutes until well. Before each dose bang the bottle five times.

### Contact

If you have any questions, you can contact the ARHF office at any time: e-mail: [info@arhf.nl](mailto:info@arhf.nl).

## Appendix 2

### Learning Enhancement Africa Program (LEAP)

#### LEAP PROTOCOL

August 2015 by Peter Chappell

- LEAP 1 memory stick is for prevention and treatment of infectious diseases (malaria etc)
- LEAP 2 memory stick is for releasing past traumas (orphans, violence etc)
- LEAP 3 memory stick is for boosting a wide range of intelligences, creativity, numeracy, IQ etc.

Each term we recommend the following sequence:

#### **First two weeks of each term:**

- Once a day, at the start of the school day, play LEAP 1, then LEAP 2, then LEAP 3, one after the other to each class in the school.

#### **Rest of term:**

- Play LEAP 1, 2 and 3 on Monday and continue with LEAP 3 for the rest of the week.

You should see better attendance due to better health, better attention and openness in class, higher marks and signs of all-round improvement in learning.