

## About the Author

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# Introduction

This book is about a journey of discovery from grassroots to clinic, which has concerned the development of the Triad Method, a homeopathic prescribing strategy for people living with complex disease. Initially the Triad Method developed as an approach for treating people with HIV and AIDS in Maun, a small town in northern Botswana. Later in the journey its use expanded outwards as it became clear that the Triad Method could be used when treating anyone with a complex disease living anywhere in the world. Through reading this book I hope you find the Triad Method has relevance for you in your homeopathic practice too, wherever you are based.

The Triad Method offers a way to prescribe for complex cases. All of us who are in homeopathic practice or studying homeopathy can be faced with cases which are so multi-faceted that it can be difficult to know how to proceed. These complex cases may have deep pathology complicated by the use of conventional medication, multiple stresses and maintaining causes of ill health. If you find the Triad Method resonates with you, it may prove to be a useful option when analysing such a case and deciding on a treatment strategy. The Triad Method is an approach to prescribing rooted in my experiences and those of other Maun Homeopathy Project volunteers. Together we have treated over three thousand people living with HIV and AIDS in and around Maun, since 2002.

The Maun Homeopathy Project (a UK registered charity) has been the umbrella organisation for the clinics in Botswana. Through UK based fundraising it has provided free homeopathic treatment for people living with HIV and AIDS and/or traumatised by rape in Maun and the surrounding areas over the last ten years. As joint founder and Director of the Maun Homeopathy Project, it has been my privilege to be involved in all aspects of the charity from day to day management and regular practising in Maun, to the recruitment of international volunteer homeopaths and the training of local people to be homeopaths. It has been a richly rewarding experience for me on many levels, perhaps the most important of which has been the team aspect of the work based on the heart-centred qualities of partnership and trust. I have drawn directly on the texture of my experience in Botswana and the trust placed in me as a stranger to provide a homeopathic service in a place which stimulates and challenges all the senses. This has helped me to write this book and share some of the many lessons learned and insights gained.

Moving from the grassroots to the clinic has been part of the journey. In Botswana we started at the grassroots level, often taking cases in remote villages, sitting under the shade of a Mophane tree. As we became more established we opened our own clinic in Maun and now our graduates are starting up their own private practices alongside the free clinics still funded by the Maun Homeopathy Project. The volunteers and I have also moved from the grassroots in Botswana to clinics in our own countries, applying the experience gained of daily treating people with HIV and AIDS in Maun to enhance our own homeopathic practices at home. The use of the Triad Method as an approach when treating people with organic and complex diseases has been

central to this, and it is this experience that I hope this book conveys.

When thinking about what needed to go into the book, I realised it was important to start with the story of the setting up of the Maun Homeopathy Project and its clinics: how it all began. This was because these clinics have formed the rich soil in which the Triad Method took root. In coming to understand the context and manifestations of our clients' suffering in Maun, I found a way to respond homeopathically to help them in their healing. The story of the Maun Homeopathy Project clinics, the roots of the Triad Method, makes up Part 1 of the book. Part 2 explains what the Triad Method actually involves – its theoretical underpinnings, development, structure, flexibility and applications. Part 3 summarises an independent evaluation of the Maun Homeopathy Project clinics carried out by Lancaster University in 2013. Selected aspects of the full evaluation give a voice to the people in Maun and express their views of the homeopathy they have received.

It is perhaps not accidental that the book has ended up being composed of three parts. Like the structure of the Triad Method itself, the book has three separate yet linked sections, each with a different focus. My intention in writing the book is that everyone interested in the Triad Method and the experience of the Maun Homeopathy clinics may glean something rich from it.

The Triad Method grew from my experience in Maun but also from my experience of treating people homeopathically over the last twenty years in Botswana and in the UK. In both countries I have become especially interested in the context of healing when treating clients. The Triad Method is a layers approach devised to enhance a client's healing on different levels, especially if she or he has a complex

organic disease. But it is my belief that for healing to occur, any therapeutic method is best applied in the context of certain key case-taking components. For example, the practitioner needs to have a healing intention and be able to listen, keep confidentiality and perceive a central disturbance or disturbances in the client's mental, emotional and/or physical health. Healing can occur alongside other interventions too. As in Botswana, the Triad Method can be a complementary approach.

I started out as a classically trained homeopath and the Triad Method has a classical approach as one of its core components. The beauty of classical homeopathy is that it aims to reach the deepest level of disturbance, and my intention is that this focus is preserved in the Triad Method. However, the Triad Method acknowledges that there can be other levels of disturbance, especially in cases of complex disease, which may need to be addressed simultaneously to enhance the deepest healing. So the Triad Method advocates the use of three remedies to address three different layers rather than just one for each prescription. I mention this now because I hope that the book will be of interest to homeopaths from different traditions. In a similar way to how I have recruited volunteer homeopaths from across the range of prescribing styles and philosophies, I hope the book will appeal to many members of our diverse homeopathic community.

I have included UK case examples as well as ones from our clinics in Maun throughout the book to illustrate the Triad Method's applicability and versatility. The case examples are mostly 'snap shots' to demonstrate various aspects of the Triad Method. However, for those of you who would like to see how the Triad Method can be used in one case over several consultations, there are also four cases at the

end of the book. All cases have either received permission for inclusion from the client or details have been changed to protect confidentiality. For ease of reading I have chosen to use common names for remedies rather than their abbreviations or full Latin names.

The overall intention of the book is for it to be useful for the contemporary prescriber facing the day to day challenge of treating clients with entrenched chronic conditions and/or complex health circumstances such as medical suppression and ongoing trauma or stress. The Triad Method is a tried and tested approach, rooted in a Botswanan experience and branching out in its universal applicability. If it appeals to you and proves useful in your practice, I will feel the book has achieved what I hoped for it.

Hilary Fairclough  
Brighton 2015

## **Part 1**

# **The Maun Experience: Origins of the Triad Method**

### The elephant visits: how it began

My first visit to Botswana was in 2000. My partner, Philippa, and I stayed on a lion research camp, a temporary collection of tents pitched in the bush on the edge of the Moremi Game Reserve about 50 miles outside a town called Maun. During our first night we were woken by a noise just outside the tent; we looked out and an elephant was standing there looking at us. I was terrified: the elephant was huge and the tent small and fragile. Will she walk over us? Will we be trampled to death? But I was also filled with wonder: the elephant was there and we were here and we were looking at each other. The next night the elephant came to our tent again and the night after that. We told our hosts, Peter and Kate, but they didn't know why the elephant was coming, it's unusual behaviour. They put us in a different tent, the elephant came to that one too. I was getting to love our early morning encounters and the fear had gone. We learnt that wild animals see tents as solid objects, so they won't walk into or over them. I eventually trusted that I was safe. After we left for home in the UK we found out that the elephant had stopped coming. I took the elephant coming as a sign that a connection had been made with Botswana, the spirit of the country.

In 2000 I'd been working as a full-time homeopath for 5 years in a busy private practice based in London. In August that year Philippa, who works in publishing, came home and told me she'd been asked to go and edit a book in the Okavango Delta. My first response was to ask: "Where's that?" My second response on checking the atlas was to say "If you're going there, I'm coming too." A month later we were on a flight to Botswana via South Africa.

Flying to Maun from Johannesburg, I looked out of the airplane window to see miles and miles of bush, the huge

expanse of unpopulated wilderness that is Botswana. Coming from the UK it was hard to believe that there could be such a vast empty space in the world, even harder to imagine what Maun would be like, a small town in the middle of nowhere. Suddenly we were descending and I saw a spread of low level housing – thatched huts known as 'rondavels' and the more modern equivalents, breeze block huts with corrugated iron roofs. The terrain was sandy with many trees intersected by a long tarmac road. I found out later that this road had, in 2000, been in existence for only 5 years. Previously there had been a 500km rough gravel track connecting Maun to the nearest town, Francistown, and Gaborone the capital another 500km away. Until its very recent history Maun was an isolated settlement, cut off not only from the wider world but also from the rest of Botswana.

We were met at Maun Airport and driven into the bush to the lion research camp run by Pieter Kat and Kate Nicholls. Kate's teenage children were writing a book about their experiences of growing up in the bush,<sup>1</sup> and Philippa was their editor. Each day, as Philippa and the children worked, I accompanied Peter as he drove around the bush to track the lions being studied and observe them from the safety of the vehicle. To me every African wild animal imaginable was there – not only lions but also elephants, zebras, giraffes, impala, buffalo, red lechwe, hippopotamus, crocodile, kudu, and a multitude of noisy and brilliantly coloured birds.

Kate, like Pieter, is a scientist, and she also used homeopathy for the children. I talked about homeopathy and she talked about Botswana. I learnt that it was a peaceful, democratic country ravaged by AIDS. People were dying in their thousands, there was shame and stigma and I was

told that people were being left to die alone in tents around the edge of the local town, Maun. Kate said: “You need to start a homeopathy clinic here; people need help.” It was an idea, a seed which took root in my consciousness and slowly grew into a plan over the next two years. I thought it was an idea with exciting potential (who wouldn’t?) but could I do it? The challenge felt huge like the elephant and I felt small and fragile like I was still in the tent. I needed to find courage.

### Under the shade of a Mophane tree: introducing homeopathy

Two years after our first visit, we did it. Philippa and I got on a plane back to Maun. This time I had a case of homeopathic remedies with me and the names of people and organisations in Maun who were working with people infected by HIV. Kate met us and introduced us to them.

One of the first people we met was Stella who was HIV+, very thin and seemingly fragile but, as I found out, not only did she have a huge heart but she was determined and resilient. She was running the first HIV Support Group in Maun at a community organisation called the Maun Counselling Centre. I told her about homeopathy and she immediately wanted me to start a clinic for her Support Group members. She said: “People are sick, they need help.” But first I had to talk to the elders, staff and clients. So a meeting was called and attendees sat on benches outside the Centre and I stood in the shade of a Mophane tree and talked through an interpreter<sup>2</sup> about homeopathy and what it might offer the community. I was nervous as everyone involved in the Centre had turned out to hear what I had to say – about 50 people – but I didn’t talk for long because I noticed that no-one in the audience seemed to be listening. Their gazes were directed elsewhere and many expressions seemed

disinterested. So I stopped and instead asked for questions. I was amazed by the first question – someone stood up and asked: “So, this homeopathy. Is it an art or a science?”

This question went straight to the heart of the matter, and had been one of my own preoccupations in seven years of homeopathic practice. Standing under the Mophane tree faced with a large group of people who had never heard of homeopathy, I tried to answer the question. I said that homeopathy was both, a science and an art. I realised then that I should never underestimate the members of an audience in Botswana or their potential interest, understanding and discernment. I have experienced this over and over again, that just because someone doesn’t seem to be listening or interested, it doesn’t mean that they are not taking it all in, thinking about it and forming astute questions to ask. What could be more astute than to ask whether homeopathy is an art or a science?

That day I was to be surprised again by people’s quick grasp of the issues in offering a homeopathy service. The next question asked was: “Are you being sponsored by a pharmaceutical company?” I learnt then that in Botswana issues are seen clearly, that the heart of the matter is addressed, that a lot of what is unnecessary falls away. As with the elephant, I had made a connection with people, as they had with me, and I knew I could work there.

### Visiting Lesego: partnership and trust

In 2002 we were introduced to another local organisation in Maun, Women Against Rape (WAR), which campaigns against sexual violence and supports (through counselling services and legal advice) girls, boys, women and men who have been sexually assaulted. One day I was asked by WAR to visit Lesego at her home as she needed our help: she was

HIV+ and unable to walk. It was a blisteringly hot day when Mpho, a WAR counsellor, drove me to Lesego's compound to treat her at her home. In Botswana a compound is made up of a collection of huts inhabited by different members of an extended family. Lesego's compound consisted of a couple of rondavels and a breeze block hut. There was no electricity or running water. We found Lesego propped up against the wall of her hut sitting on a blanket. Her home situation was so poor that there was only a couple of broken chairs for us to sit on. The consultation was challenging for me on many levels – I couldn't help but be affected by the heat, but also by Lesego and her family's poverty and the desperation of the situation. But with the support of Mpho as interpreter and colleague, I was able to sit, observe, ask questions and listen.

Lesego's main problem was severe pain in her legs. Through Mpho's interpreting I found out that she could only walk very short distances. She had swelling and numbness of her legs too; frequent diarrhoea for the last year; painful sores in her mouth; and she was weak and thin.<sup>3</sup> She sat completely downcast during the consultation. She didn't smile or look at me and seemed disinterested in answering my questions. In fact she showed no emotion at all. After the consultation Mpho gave me some background information. Previously Lesego had been living with her husband but he'd verbally abused her and brought other girlfriends home, then he'd beaten her up and thrown her out. Since then she had been staying with her mother and feeling depressed. I prescribed remedies and arranged to make a follow-up visit in a month's time. But I didn't have to wait that long. Ten days later, I was doing a clinic at the WAR office when she walked in wearing high heeled shoes! She appeared completely different: she was smiling and

open, and the changes in her were such that Mpho didn't at first recognize her. Lesego said she was feeling much stronger, the diarrhoea had stopped and she no longer had any pains, numbness or swelling in her legs. She was getting on with her life.

It had started: I was doing home visits for very sick clients and running small clinics at partner agencies such as Women Against Rape and the Maun Counselling Centre. Trust was growing: I was working closely with Batswana<sup>4</sup> like Stella and Mpho, and they and their colleagues witnessed the homeopathic approach, the results of treatment and they liked what they saw. I gave talks and started to treat staff so that they could experience the homeopathy directly themselves and choose whether to recommend it to their clients. I reasoned that this was also a way to support the staff themselves who were often HIV+ and the only breadwinner in large extended families with few other wage earning adults. Deaths through AIDS had hit the working age group the hardest and so for many people there was a living reality of multiple bereavements, orphaned children and unsupported older people. The fabric of society in Botswana was being torn apart by the devastation of AIDS, and in 2002 Maun had one of the highest rates of HIV in the world, over 35%.<sup>5</sup> People's suffering was overwhelming, everyone was affected, and I was feeling small with my case of remedies. I was back in the tent and there was the elephant looking at me. Could I meet the challenge?

I went back to basics and did what all homeopaths do: I sat and listened, and provided a non-judgemental consultation space for the people who queued for treatment or who, like Lesego, I visited at home. The approach seemed to work, the remedies seemed to work, in fact I couldn't believe the ease of homeopathy here and the startling

results. I was often shocked by how ill people were when they consulted me. For people living with HIV and AIDS, vomiting and diarrhoea, racking coughs, terrible headaches and fevers, emaciation and weakness were then common. I had to learn fast and as I did so, I started to gain confidence.

I wasn't alone: Stella, Mpho and I were building strong working relationships that would last, and principles of partnership, respect and trust were becoming embedded in my approach as they would in the Maun Homeopathy Project itself. I was also developing links with the ex-patriot community in Maun. In particular I started to build a close working relationship with Allison Brown, a pioneering independent nurse who advised on medical emergencies and, like Stella and Mpho, immediately saw the value of homeopathy for everyone in the community. The foundations of the Maun Homeopathy Project were being laid, although I had no idea then that it might grow and develop in the way that it has.

Over the next two years I went backwards and forwards between Botswana and the UK. I didn't know how to fund my work in Maun and I worried about giving homeopathic treatment to people and then leaving them with gaps when there was no homeopathy, about raising expectations then dashing them. I was aware that there had been a pattern of Westerners going to Africa or other developing continents, having a 'big idea' then not following through, leaving disappointment and neglect in their wake. I didn't want to repeat this pattern, so when I said to people in Maun "I'm leaving but I'm coming back," I made sure I did come back like the elephant that visited our tent, went away but returned every morning. It felt essential to build trust in

this way, to establish a strong relationship between me and our partners in Maun.

In this I was mindful of the history of colonial relations between the UK and Botswana. The country had been scarred by a repressive British administration: in 1885 Botswana became a British Protectorate in return for protection from invasion by the Boers in South Africa, and did not gain independence until 1966. If the integrity of the Project could be held with mindfulness of the larger context, it could perhaps grow with a consciously healing presence on many levels. Like the minimum dose, the project was tiny in the scheme of things, but the ripples of healing started to resonate outwards in the same way.

### The river arrives: the pilot project is funded

In 2004 we managed to secure some funding from a branch of the Bill and Melinda Gates Fund in Botswana aimed at facilitating the setting up of community projects to support people living with HIV and AIDS. This small grant enabled us to conduct a three month Pilot Project of the homeopathy clinics in Maun. To do this I was staying in a cottage on the bank of the Thamalakane River bed. I'd become used to the river's absence – where previously a wide river had flowed past the cottage and through Maun, there was now a stretch of sandy land overgrown with Stramonium<sup>6</sup> plants, scrub and trees. It was explained to me that there had been a fourteen year drought, and everyone had been waiting for rain, suffering from the heat and lack of water. Now, this year, the rains in Angola had been good, feeding the Okavango Delta and so the river had once again started to flow towards Maun.

The excitement in town was palpable; informal weekend parties had sprung up to celebrate the river's progress at the

point where the water had reached. Everyone was talking about it. I was following the advance of the river myself and one morning I got up, went out to check, and yes, it had arrived. It had flowed quietly past the cottage during the night and now I could see the water's edge seeping forward further down the river bed. As the river filled and widened, lilies and reeds started to grow, birds swooped to fish, and cows and goats drank thirstily. The Thamalakane River was back and it was beautiful. I took heart from its arrival. I saw it as a possible turning point for Maun and the well-being of the community there. Water is crucial for life, and Botswana often lacks it. Its rarity and value is clear by the name given to the currency in Botswana – 'Pula' which means rain. I couldn't help but feel that establishing the homeopathy clinics at that time boded well. We were synchronised with nature – the river had come and our clinics were starting to take root.

One of the clinics we set up as part of the Pilot Project was in partnership with an organisation called the Coping Centre for People Living with AIDS (COCEPWA). The centre was brick built with murals on the outside walls including a huge red ribbon, the universal symbol of HIV and AIDS awareness. Inside, the rooms were half finished and the electricity supply sporadic, but the atmosphere was lively and positive. Many people living with HIV and AIDS came for support and there was often singing, lively discussions, sewing and cooking. We had given a presentation about homeopathy to the staff and centre users, and the weekly clinic was attracting a lot of clients. One day a young man, Pabalelo, ran into the consulting room. He shook my hand, said "Dumela Mma"<sup>7</sup> and asked: "There are no injections here are there? I'm frightened of them." He was clearly agitated, had sweaty hands and a stammer. He said: "I have

big dreams, but oh my heart... I have stress when I think about the project I'm setting up, it's a youth counselling centre. It's my idea, I think about it but I'm worried. I'd like to be a father but I'm worried about that too because I'm HIV+. My girlfriend tells me she's pregnant but I don't trust her." Pabalelo tells me about his physical symptoms: he has swollen and painful glands in his neck, severe headaches in his temples, and his legs are painful too. He has difficulty sleeping as he's thinking so much about his future. He is a pastor, his faith is very important to him, but he says: "God can't see me or help me. I get worried and I pray. I'm quiet, I keep things inside, worries. I get sad from my stress and I cry. My heart beats very fast when I worry."

Pabalelo was open about his anxieties and emotional turmoil, and maybe this is why I remember him so clearly. I prescribed<sup>8</sup> and Pabalelo came to see us for two more follow-up consultations after which his swollen glands and pains resolved, and in himself he was a lot calmer. He said "I'm feeling good in myself and I have no problems now. I'm not sad any more, or worried about having a baby. I just want to establish my project."

One night soon after this, Ben Gadd and I were sitting on the cottage verandah in Maun, having supper and talking about our day. Ben was one of the first Maun Homeopathy Project volunteers to travel to Maun to work with me in the clinics. Over the previous weeks he'd been watching me prescribe for clients living with HIV and AIDS. Suddenly, this particular evening, he said, "I think you have a prescribing method." I was taken aback by this observation and protested that I was just doing what I usually do, but he insisted. We argued a bit and in the end he suggested he interview me to record my thoughts about how I was

prescribing for people living with HIV and AIDS. So the next day we sat down and Ben asked me questions. I was surprised to find that I did seem to have a method of prescribing in Maun, or at least an approach, and I could articulate its structure and rationale. Over the previous two years of practising I had been prescribing for people living with HIV and AIDS, a life-threatening illness. In this I was trying to match the art with the science. I had caught up quickly with the science as best as I could by reading such writers as Jonathan Stallick and Francisco Eizayaga. I had gone back to Hahnemann and rediscovered James Compton Burnett. I had read the philosophy, experimented in my prescribing, followed my intuition and done my best. I was seeing different totalities which seemed to be expressing different layers, and to address these I was prescribing three remedies at a time. The Triad Method was emerging as a useful approach in treating people living with the ruinous physical, emotional and spiritual effects of HIV and AIDS.

Using a triad of remedies in prescribing had resonances for me as a homeopath. I saw strength in the structure provided by the number three. For example, homeopathic prescriptions are based on a minimum of three symptoms known as the 'three-legged stool', and there is a healing triad present in the consultation itself, composed of the patient, the homeopath and the remedy or remedies prescribed. The number three has many universal resonances too. For example, it is set in our genetic code: DNA has a triple helix structure and many cultures and religions consider the number three to be holy or divine. The triad has permeated the structure of the Maun Homeopathy Project. Further down the line in the work of the Project we took on three local trainees who are now forming the basis for the future of homeopathy in Botswana. But at this point in

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