

Amma Resonance Healing Foundation

– Peter Chappell’s legacy for Africa

by Harry van der Zee, MD



Netherlands-born Harry van der Zee has been a homeopathic doctor since 1987. He served as editor-in-chief of *Homœopathic Links* (1996–2018) and has lectured globally on homeopathy. His work emphasises the birth experience’s role in understanding miasms, explored in his books *Miasms in Labour* (2000) and *Homeopathy for Birth Trauma* (2007).

Since 2004, he has focused on healthcare in Africa and derangements of the vital force within the collective. Co-founding ARHF in 2007, he trained health workers to treat and prevent epidemics, trauma and chronic diseases with PC Resonances. With Peter Chappell he co-authored *Homeopathy for Diseases* (2012) and produced documentaries on conditions like AIDS and malaria. Harry has published research on HIV/AIDS and malaria prevention and is currently conducting studies on sickle cell disease treatment. His efforts, including organising the 2009 *Homeopathy for Developing Countries* conference, aim to integrate homeopathy and its principles into global healthcare solutions.

This article is in honour of the late Peter Chappell (1941-2023) and gives testimony to the huge impact his creative and unconventional mind had and will continue to have on the lives of literally millions of people. While this impact may become worldwide, the focus in this article is especially on the projects in Africa.

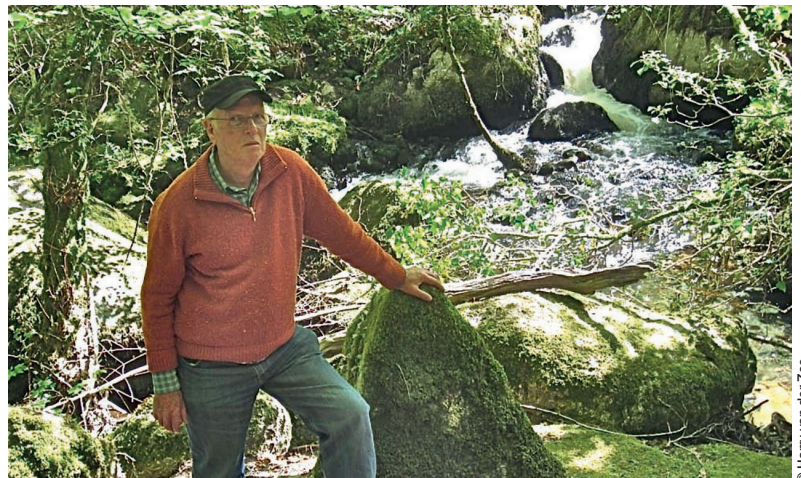
The medical establishment and media have a strong bias against homeopathy and its terminology. This fact is a serious hindrance in making the amazing technology and method that Peter developed available to as many people as possible. In order to cross that bridge of scepticism and disbelief we have therefore started to use more widely accepted scientific language to explain the work we do. Besides that we focus on data collection and clinical studies whenever there is an opportunity for it. In this article both aspects will be covered.

Peter Chappell in Devon in 2014, where he lived for the last decade of his life

How it started

Around the turn of the century, Africa faced a devastating AIDS epidemic. Entire villages were wiped out, with young adults being particularly affected, resulting in millions of AIDS orphans.

While AIDS drugs were widely available in the West, Africans were deprived of any treatment, leading to thousands of deaths. In 2001, UK homeopath Peter Chappell travelled to Ethiopia to explore whether homeopathy could offer a solution for the estimated 25 million Africans suffering from HIV / AIDS. Due to the scarcity of homeopaths in Africa, there was a need for a remedy that any doctor or



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nurse could prescribe with consistent results.

Using the homeopathic principle of resonance, Peter discovered a new method to create a remedy based on the genus epidemicus of an epidemic disease. This method became known as *PC technology*, an advancement in homeopathy or, to avoid that biased term, Information Medicine. The first remedy, *PCI*, was used in thousands of cases with very positive results, confirmed by research.

ARHF

The foundation of ARHF stems from the remarkable success of resonance-based remedies (*PC remedies*) in treating AIDS, malaria, and other epidemic diseases in Africa. With a primary focus on combating epidemics – especially in sub-Saharan Africa, where millions are affected and medical aid is often scarce – ARHF offers a vital alternative. Pharmaceutical drugs, when available, frequently cause side effects or lose effectiveness due to resistance.

After witnessing and publishing the impressive results of *PCI* in Malawi, Dutch homeopaths Corrie Hiwat and Harry van der Zee partnered with Peter Chappell to establish ARHF and advance his groundbreaking work.

Based in the Netherlands, ARHF is a non-profit organisation committed to making a difference. Services are provided free of charge or, when possible, at cost price or below. All board members and contributors, located across the globe, work in an honorary capacity to further the organisation's mission.

Recognised by the Dutch Tax Administration as a 'Public Benefit Organisation' (ANBI status), ARHF is dedicated to improving health outcomes in some of the world's most underserved regions.

Mission

ARHF is dedicated to fostering health, wellbeing, and the alleviation of suffering on both individual and collective levels. Embodying the universal values of compassion, care, and generosity, the term 'Amma' symbolises these principles,

resonating across diverse cultures worldwide. ARHF's primary focus lies within the African continent. ARHF promotes the development of healing through resonance to boost the immune system by inducing a self-healing response in individuals. This approach is aimed at the treatment and prevention of disease.

Vision

In homeopathy, human beings are perceived as holistic entities where physical, emotional, mental, and spiritual facets intricately intertwine to form an indivisible whole.

Symptoms and ailments are manifestations of an organism's innate drive towards wholeness and growth. Central to this understanding is the acknowledgment of the body's inherent self-healing capabilities, wherein symptoms serve as meaningful indicators of imbalance.

Healthcare interventions should bolster individuals' inherent capacity for self-resolution and preserve their holistic integrity. By addressing collective health challenges such as epidemics, trauma, and lifestyle diseases, ARHF endeavours to optimise both individual and societal wellbeing.

Goal

ARHF's overarching goal is to democratise access to its interventions, ensuring that those most in need can benefit from improved health outcomes. By prioritising conditions and regions where interventions yield the greatest impact, ARHF seeks to foster positive transformation on both individual and community levels, with a current focus on Africa.

Around the turn of the century, Africa faced a devastating AIDS epidemic

Embodying the principle of self-reliance, ARHF operates through networks of volunteers, particularly in rural areas, to effectively address health challenges. Local teams, under the umbrella of *Amma4Africa*, autonomously manage projects, supported by ARHF through training and resources. These decentralised efforts are coordinated through the Africa Heart Team, serving as a pivotal link between the ARHF Heart Team and Board and grassroots initiatives.

ARHF's initiatives are further bolstered by partnerships with licensed European pharmacies (Helios Pharmacy – UK, Hahnemann Apotheek – Netherlands and Apotheke z. heiligen Florian – Austria) for the production of Source Remedies (*PC remedies*) and by a Source Work Team that provides Source Audios. [*PC remedies* can only be ordered by a code number, as indications are not allowed on a label; Helios uses SR, the other pharmacies *PC*; e.g. *PC158n/SR158n* for diabetes type 2.]

Method

Leveraging the concept of vital energy and the principles of coherence, ARHF endeavours to restore balance and vitality by delivering targeted 'coherence-inducing information'. This innovative approach, encompassing water-based and sound-based interventions, harnesses the inherent healing potential within individuals.

Making sense of Information Medicine

Introduction

Think about how people used aspirin for centuries without really knowing how it worked in the body. Similarly, we've lived on Earth, dealing with gravity's pull, without fully understanding it. The same holds true for the origin of life, as chemistry can't explain the creation of the complex molecules needed for living organisms to emerge. But now, a new field called *Information Medicine* is challenging old ideas and bringing together modern science with ancient healing traditions. Let's break it down. ▶

▷ **Understanding Information Medicine**

Information Medicine is all about finding connections between traditional healing practices and modern science. At its core is the idea of a Life Force or Vital Energy that flows through all living things, influencing our health. To explain this scientifically, we look at concepts from thermodynamics (the study of heat and energy), quantum physics, water memory, and how information is stored and transmitted.

Thermodynamics and quantum biology

In the world of life and energy, thermodynamics and quantum biology intersect in fascinating ways. Thermodynamics helps us understand how life strives for maintaining harmony in living organisms that are continuously undergoing change. Any serious disruption (increased entropy – state of disorder – in terms of thermodynamics) causes disharmony and can lead to illness. Quantum biology reveals that coherence is a key quantum phenomenon supporting life dynamics. To restore balance and to create coherence, the body needs to receive what we can call coherence inducing information. Organisms are dissipative systems and the export of entropy is a key element in keeping the system functional.

Water memory and information retention

Coherent domains are groups of water molecules that act together in a quantum-coherent state, essentially behaving as a single entity rather than as individual molecules. These coherent domains play a critical role in biological processes, particularly in the formation and functioning of proteins and DNA. Therefore, water isn't just a simple liquid. 99% of all molecules in the human body are water molecules. Studies suggest that water can remember information and convey it to a living being, challenging our traditional views of memory storage. Water's structure can also be influenced by electromagnetic fields, sound and light.

Putting it all together

When we combine ideas from thermodynamics, quantum biology, and water memory, we get a clearer picture of how Information Medicine can be used to promote health and wellbeing. From the tiniest quantum levels to our overall health, these disciplines show us the intricate balance between order and disorder, health, and disease.

Using sound for healing

Sound therapy, based on resonance and frequency, has a long history of promoting relaxation and wellbeing. Encoding information in sound is a new development in Information Medicine. Just like water imprinted with information, encoded sound can improve harmony through export of entropy (a degree of disorder/chaos) and optimise health.

Putting theory into practice

The current materialistic paradigm to understand the phenomena of life is widely insufficient. We do not understand life in its details. In using Information Medicine, clinical observation has the potential to conceptualise life in a more coherent manner despite many open questions. Remedies tailored to specific conditions aim to restore balance and kickstart the body's own healing mechanisms. Clinical observation shows the full expression of the syndromes treated and the organism's potential for healing, as also the effectiveness and safety of Information Medicine.

Conclusion

Information Medicine blends ancient wisdom with modern science, offering a new way to understand and promote health and explore human potential. By combining principles from various fields, a framework can be provided for better understanding of living systems and its properties as well as improving our wellbeing. As research in this area continues, Information Medicine holds the promise of transforming healthcare with personalised, non-invasive interventions.

How PC technology works

'The future of medicine will be the medicine of frequencies'

Albert Einstein

'If there is magic on this planet, it is contained in water'

Loren Eiseley

The clinical results of using *PC technology* for various conditions are objectively observable and highly convincing. For patients, this effectiveness is crucial, but the inquisitive mind seeks to understand how healing can occur without using any chemical substances.

Modern research into water provides a basis for understanding the mechanisms behind *PC remedies*. Water is essential for all living beings. About two-thirds of the human body is water, but if we look at the molecular level, 99% of all molecules in our bodies are water molecules. These water molecules are not just passive carriers; they actively participate in life's processes.

Water is a fascinating substance with an important recently discovered characteristic: it can store and memorise information. Besides the known three phases of water – gas, liquid, and solid – researchers have found evidence for a fourth phase at interfaces, called exclusion-zone (EZ) water. Much of the water in cells is near hydrophilic (literally 'water loving') surfaces and thus ordered in a structured lattice, similar to a liquid crystal. This ordered state allows water to store information because modifications in the positions of oxygen and hydrogen atoms within this lattice constitute data. The potential for high-density information storage in water is extraordinary, given the various oxidation states of oxygen atoms. Information can be transmitted to the body via imprinted water or

A new field called *Information Medicine* is challenging old ideas

frequencies – electromagnetic waves of sound or light.

Information Medicine and *PC technology* leverage water's ability to receive and store information to regulate cell behaviour. *PC remedies* are created by embedding water or sound with information related to specific conditions or diseases, based on all known signs and symptoms of that condition. Resonance occurs when the frequency of an external source matches the frequency of a system, leading to an amplification of energy. Small amounts of energy or information can have large effects on the body by resonating with the natural frequencies of the coherent domains in water.

Coherence, a key quantum phenomenon, supports life dynamics. Disease and disharmony result from increased entropy (chaos). To restore balance and create coherence in a diseased organism, the body needs coherence-inducing information. *PC remedies* provide this information as they are imprinted with the necessary data for the body to overcome or prevent disease.

For explaining how the body stores and utilises this information for healing, the fourth phase of water is a promising candidate.

Some of the main aims of ARHF

AIDS in Africa

In the 1980s, the first AIDS patients were diagnosed. Soon it was discovered that the Acquired Immune Deficiency Syndrome (AIDS) was caused by a virus called HIV. With the immune system destroyed by the HIV infection, patients lost their ability to fight other infectious diseases and ultimately died. Since the beginning of the HIV / AIDS epidemic approximately 42.3 million people have died from HIV-related causes globally (WHO 2024), of which about 25 million have been in sub-Saharan Africa.

In Africa, HIV / AIDS spreads among men and women alike, whereas in many other parts of the world, infections occurred predominantly in homosexuals and drug addicts. Certain aspects of African sexual practices



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significantly facilitate the spread of HIV / AIDS in the heterosexual population: gender roles, unsafe sex practices, poverty driven prostitution and rape. Unawareness of the disease and taboo also play an important role, especially in the early years.

The high mortality rate in sub-Saharan Africa is also due to limited access to healthcare, late diagnosis, and insufficient availability of anti-retroviral therapy (ART). Despite the increasing use of anti-retroviral drugs (ARVs) in recent years, many more AIDS deaths are predicted in sub-Saharan Africa in the coming years. Therapy resistance is a growing problem, and many children born with HIV no longer respond to ARVs, facing an early death.

In 2001, when Peter Chappell went to Ethiopia, there was essentially no treatment available for HIV / AIDS in Africa. After documenting around 70 cases of AIDS patients in Ethiopia, he compiled all their AIDS-related symptoms and sought a homeopathic remedy that would match the disease. To his disappointment, no such remedy was known. Having an inquisitive mind and a background of years of being a research and development engineer, Peter then explored the possibility of creating an HIV / AIDS specific remedy himself.

In 2002, he succeeded and created a remedy he later named *PCI*. Using *PC technology* he imprinted the symptom totality of AIDS in Africa directly in water. As the remedy contains no potentially harmful substances, *PCI* can be safely prescribed to all infected and in all phases of the disease, without any side effects. To Peter's great joy, he found that all patients who had

A happy face in Burundi after treatment in 2013

the remedy responded well to it. Their energy levels and appetites quickly returned to normal, and their pains and lung problems subsided. They soon resumed normal, active lives.

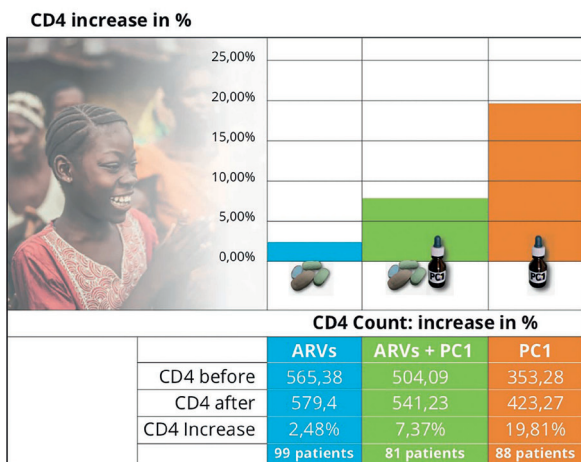
Since 2002, *PCI* has been used in many African countries by doctors, nurses, and community health workers trained by ARHF. Their reported results were similar to those initially observed by Peter Chappell. In several studies, clinical observations confirmed that AIDS patients taking *PCI* recover from their AIDS-related symptoms rapidly. The significant decrease in opportunistic infections indicated a restoration of their immune system, confirmed by rising CD4 counts and reduced viral loads.

Aids research

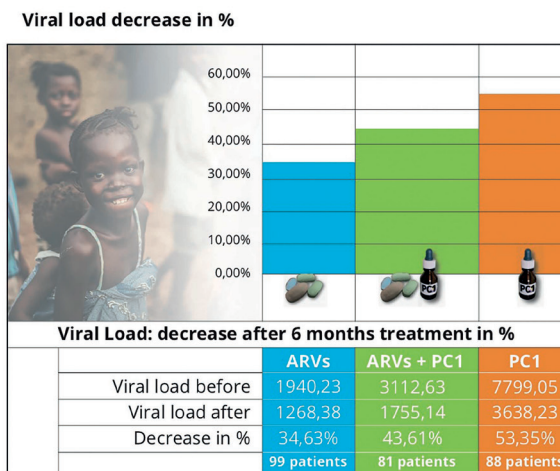
For doctors and nurses active in the field, directly experiencing clinical feedback from observing their patients is sufficient for using *PC remedies* with confidence. Meanwhile, to promote the treatment and prevention programmes and make them available to increasing numbers of people, gathering data and conducting research is a priority for ARHF. Often, however, the facilities for research in the field are lacking, making it challenging to conduct studies in the mostly rural settings where Amma4Africa teams are active.

Below is a summary of some of the data gathered and research conducted.

Ever since *PCI* for HIV / AIDS was first used in Africa in 2002, consistent positive clinical results, emphasised by raised CD4 counts in laboratory tests, have been reported from Ethiopia (2002), Honduras (2003), India (2003), South Africa (2003),



Graph 1: Percentage of increase of CD4 count after six months treatment in cells/m3



Graph 2: Percentage of decrease of viral load after six months treatment in viral units per ml blood

▷ Malawi (2004), Nigeria (2005), Rwanda (2005), Central African Republic (2006), Cambodia (2007), Ghana (2007), Kenya (2007), Lesotho (2008), DR Congo (2009), Tanzania (2011), Uganda (2013).

Comparative outcome study in rural AIDS clinics in Kenya (2017-2018)

Introduction

This research aimed at demonstrating that the immune system of HIV-positive patients can be enhanced using *PCI*.

Method

This was a non-randomised study with three comparisons: group 1 using only anti-retroviral drugs (ARVs) (n=99), group 2 using ARVs+*PCI* (n=81), and group 3 using only *PCI* (n=88). Patients were followed up for six months. Dependent blood sample-based variables were CD4 count and viral load. Dependent clinical variables were: appetite, weight gain / loss, fatigue and weakness.

Results

A robust analysis was done on all variables, computing the differences between the baseline and the data from the last follow-up. A non-parametric statistical analysis showed that changes in all the variables are highly significant. The *PCI*-only group always had the best outcomes, the *PCI*+ARVs group second best, and ARVs-only group was always worst performing of the three groups (see Graphs 1 and 2).

Summary

Evidence was found that *PCI* effectively restores health in HIV-positive patients in Africa within a few months and prevents patients from relapsing with continuing treatment. It shows that the immune system can be restored and enhanced by using *PCI*. It also suggests that *PCI* reduces the viral load. This first epidemiological comparative study shows that *PCI* is a feasible treatment that can either be given alone or combined with ARV therapy in African HIV / AIDS patients and might thus be an inexpensive and safe therapy. Further work with longer periods of follow-up and randomised comparisons is needed to clarify the robustness of this finding.

Malaria

Malaria is the main epidemic disease that causes death, disease and under-performance in Africa. While a milder form of malaria impaired the wellbeing of Europeans for centuries and could be eliminated, still, the much more severe tropical form poses the greatest threat to the health and wellbeing of people living in sub-Saharan Africa. In addition to causing immense suffering and numerous deaths, malaria hinders Africa's progress and its potential to build a better future for its children. Utilising resonance to prevent malaria and treat its chronic effects is a primary objective of ARHF.

Malaria predominantly affects children, as adults who have survived the disease in childhood generally develop sufficient immunological resistance.

Despite the availability of regular medication and preventive measures, malaria remains a leading cause of death among African children. It is both a child killer and a disabler, severely affecting the health and development of young populations. Though data on malaria prevalence in Africa vary and are often based on estimates, they consistently reveal the vast impact this epidemic has on life in sub-Saharan Africa:

- 100-450 million clinical cases of malaria each year (WHO)
- Approximately 400,000-600,000 fatal cases of malaria each year (WHO)
- Every minute an African child dies of malaria
- 1 out of 6 African children does not grow older than 5
- In addition to malnutrition, malaria is a major cause of the fact that half of all African children are anaemic
- Every school day up to 10-30% of children can be absent due to malaria
- The cost of malaria to the economy in Africa is estimated at \$12 billion annually.

For a long time medicine has been searching for an effective and sustainable way to treat and even prevent malaria, as this would greatly improve the quality of life in Africa. That way is available.

PC Malaria

The *PC resonance* for malaria, called *PC240m* and produced by three European homeopathic pharmacies, has been used in Africa in thousands of cases ever since Peter Chappell first prepared it

in 2002. This remedy has proved to be effective in treating acute malaria and chronic malaria as well as the long-term effects of malaria, for example, epilepsy or chronic headache occurring after having survived cerebral malaria.

What are the advantages of *PC Malaria*?

- Very effective even in patients who do not respond to regular drugs
- No side effects
- Safe for infants, pregnant women and the elderly
- Low cost
- Production, distribution and storage are easy
- No therapy resistance
- With only a short training, every health professional can effectively prescribe it.

And there is still another huge advantage: A resonance that heals a contagious disease may also help to build up resistance to that disease. This means that *PC240m* can also be used to prevent malaria.

Africa Malaria Prevention Project

The ground-breaking observation, that treating malaria with *PC240m* also prevents the disease, led to the

Africa Malaria Prevention Project (AMPP), which provides essential malaria prevention services to hundreds of thousands of children and adults through the available infrastructure of schools, churches, clinics, and village outreach programmes.

Since its inception in Malawi in 2013, AMPP has demonstrated clear effectiveness. Significant reductions in school absenteeism, hospitalisations, and malaria-related deaths have been observed across various sub-Saharan countries.

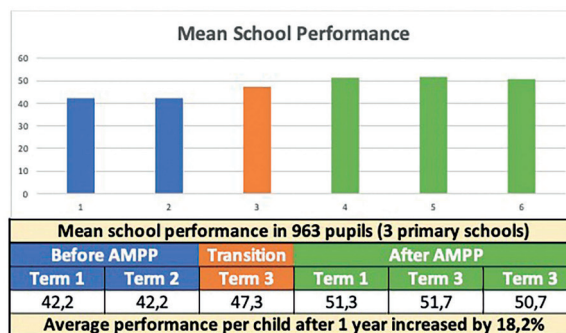
Malaria research

Data collected from multiple schools highlights the impact of AMPP. Comparisons of absenteeism rates and school exam results before and after the implementation of AMPP show a dramatic decrease in absenteeism and, with the disabling condition almost absent, a significant improvement in academic performance (see Graph 3 for an example from a school in Kenya in 2014-2015).

In Malawi in 2004 it was observed that the *PC remedy* for treating malaria (*PC240m*) appeared to have an effect beyond curing acute malaria.

Following treatment patients stayed free from frequent attacks for a period of six months or longer. This observation opened the possibility for testing whether *PC240m* could be used for preventing malaria.

The first time this was observed was in DR Congo in 2009. At a school in South Kivu, 600 children were given regular doses of *PC Malaria*. Within a few months, the school reported that no more cases of malaria had been observed. In a small Congolese town, *PC Malaria* was dispensed in the community by a church dispensary. Soon after, the local Red Cross hospital was seeing 95% fewer malaria cases,



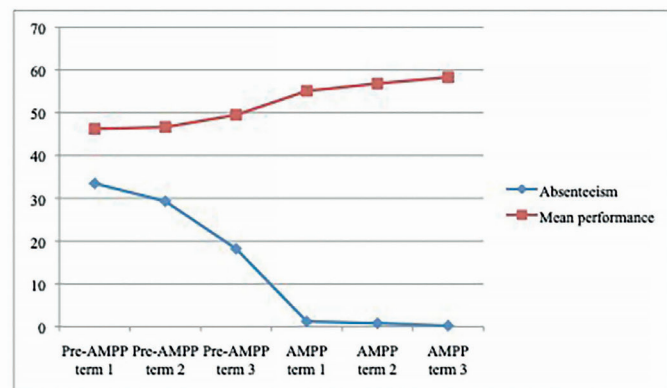
Graph 4: Mean school performance in 963 pupils (three primary schools)

Graph 3: Absenteeism and Mean performance at a school in Kenya

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

Table: Absenteeism and Mean performance before, during and after the start of malaria prevention (AMPP) Red = before AMPP; Blue = AMPP started in 4th week of term 3; Green = Full participation AMPP



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

which even caused a new, unexpected problem: due to a lack of patients and thus income, they now had difficulty paying their nurses.

In Malawi in 2012, a nursery that took care of 300 children lost five children each year because of malaria. The year they started giving *PC240m* to all children, they did not lose a single child.

Based on these results, the Africa Malaria Prevention Project (AMPP) was initiated, first in Malawi in 2013. After offering AMPP to 27,000 people, schools reported reduced absenteeism while the local hospital observed reduced hospitalisation and deaths from malaria.

In Kenya in 2014, 5,000 school children received *PC Malaria* as prevention. In all participating schools absenteeism went down dramatically – by 80% or more. As increased school attendance might help to increase learning performance, the results of the state school exams were gathered from the year before and after AMPP (see Graph 4).

▷ A Community Health Worker, in Kenya in 2014, formed a team of volunteers and made *PC240m* available to all 20,000 people living in and around her community, which used to have three to four funerals per week because of malaria or AIDS. Once *PC Malaria* was made available to the whole population, the local clinic confirmed that for more than six months nobody died from malaria. Here again the shift in health had an unexpected impact: The carpenter who had previously made three to four coffins a week shared the same information, changed his profession and became a priest.

Epidemiological outcomes study in Bukavu, DR Congo (2018-2023)

Data from a six-year study conducted in Bukavu, DR Congo, demonstrates the impact of AMPP on malaria incidence and mortality. The part of

the city where AMPP was available experienced significantly fewer malaria-related hospitalisations and deaths.

In 2023, AMPP was administered to 73,757 people, resulting in 4,162 fewer malaria cases than expected and 136 fewer malaria-related deaths, including 98 children under the age of five (a decrease of 80%).

An article on this study will be published in 2025. Here is a summary:

Introduction

This research aimed at demonstrating that the immune system of African people can be enhanced to prevent malaria by using *PC240m*. The Kadutu Commune where the study was performed consists of 13 health areas. To HA 1-5 *PC240m* was made available; HA6-10 served as cross over; in HA 11-13 *PC240m* was not made available.

Method

This was a non-randomised outcome study with health areas where AMPP was not made available for comparison. It was a naturalistic field study with the primary aim of serving people. Data from the year 2018, in which AMPP had not been started in any health zone, was used as a baseline.

Results

Malaria-related hospitalisation (see Graph 5):

- HA (Health Area) 1-5; population in 2019 resp. 2023, 180.464 resp. 208.453 (AMPP from 2019-2023): In 2022 resp. 2023 malaria cases had decreased by 36% resp. 30% compared to 2018. [In 2022 35% of the population in these HAs received AMPP, in 2023 19%; a reduced percentage as in 2023 the focus was on the new HAs.]
- HA 6-10; population in 2019 resp.

INTEGRATED HEALTHCARE
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Bringing together professional associations and stakeholders within complementary, traditional and natural healthcare

95.4% of complementary therapists strive to make their business environmentally friendly

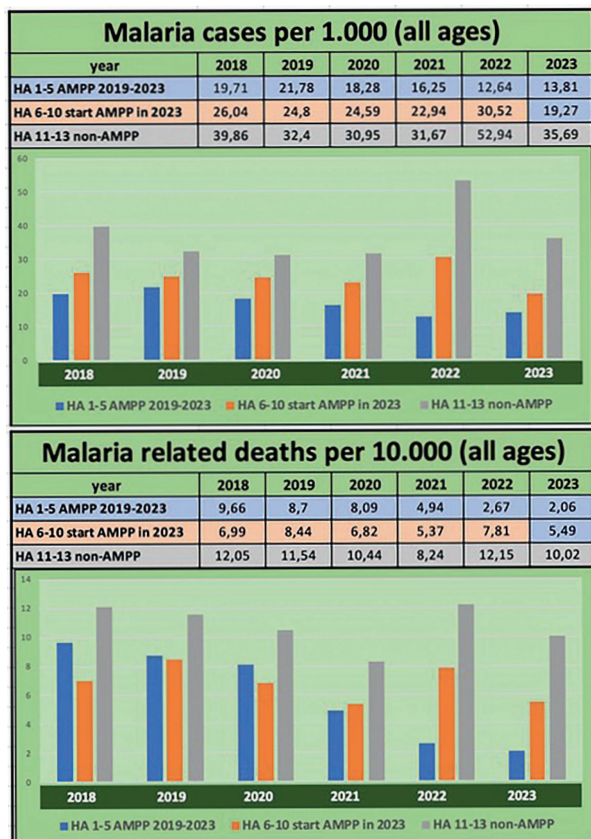
Take action on STRESS
Recognise your triggers
Understand your symptoms
Take action

5TH ANNIVERSARY 2020-2025
working together, uniting the field

HOW DO YOU SUSTAIN YOUR HEALTH?
Share your daily tips
Help others improve their health and wellbeing
Support sustainable healthcare

85% of complementary therapists use no plastic products in their practice

LEADING on key issues ○ SUPPORTING therapists ○ HELPING patients ○ IMPROVING healthcare



Graph 5: Malaria-related cases and deaths in 13 health areas in Bukavu (DRC) 2018-2023



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2023, 145.700 resp. 162.190 (non-AMPP from 2019-2022; AMPP in 2023): In 2022 malaria cases had increased by 17% compared to 2018. After introducing AMPP in 2023, malaria cases had decreased by 37% compared to 2022. [in 2023 21% of the population in these HAs received AMPP]

- HA 11-13; population in 2019 resp. 2023, 55.459 resp. 61.864 (non-AMPP from 2019-2023). Compared to 2018 malaria cases had increased by 33% in 2022 and decreased by 10% in 2023.

Malaria-related deaths (see Graph 5):

- HA 1-5 (AMPP from 2019-2023): In 2022 resp. 2023 malaria-related deaths had decreased by 72% resp. 79% compared to 2018.
- HA 6-10 (non-AMPP from 2019-2022; AMPP in 2023): In 2022 malaria-related deaths had increased by 12% compared to 2018. After introducing AMPP in 2023, malaria-related deaths had decreased by 30% compared to 2022.
- HA 11-13 (non-AMPP from 2019-2023). In 2022 resp. 2023 malaria-related deaths had decreased by 0% resp. 17% compared to 2018.

Summary

The data strongly suggests that PC240m can increase immunity against malaria and reduce malaria-

related hospitalisations and deaths. In 2022, with 35% of the population in HAs 1-5 included in AMPP, a 36% reduction of malaria cases was seen, and 72% of malaria-related deaths. Further studies are recommended to observe the outcome when the full population of a certain area receive PC240m.

The impact of the Africa Malaria Prevention Project

The following summarises it most potently:

- It costs less than 10 cents per year to protect a child against malaria! The Amma4Africa teams aim to reach 5-15% more people with AMPP each year. In 2024, they have already reached over one million children and adults, primarily in remote regions with little access to health care, but this is still only a fraction of the population in sub-Saharan Africa.

While the primary aim of ARHF is to alleviate suffering, it is also crucial to consider the socio-economic implications, as healthcare costs significantly affect the economy in Africa. The study conducted in Bukavu demonstrates that, for every dollar spent on AMPP, the Social Return on Investment (SROI) in terms of the costs of health care can reach as high as \$40.

A child in the Malaria Prevention Project, Malawi, in 2011

See also the documentary ‘A story of Hope & Love’ (arhf.nl).

Trauma relief

In recent years, war and natural disasters have brought home to us the lasting impact of psychological trauma on everyone’s wellbeing. Although Africa is often under-reported in the media in this regard, trauma has a significant impact on the health of African people.

From 2005 Peter developed PC resonances for specific types of trauma, including those resulting from: war, genocide, rape, and natural catastrophes. Fast experience in using them has shown that the *genus epidemicus* approach can also be reliably used for collective trauma. PC Trauma resonances have been successfully utilised in thousands of cases, including in refugee camps and regions affected by natural disasters such as tsunamis and earthquakes.

ARHF has developed an effective protocol for rapidly reaching as many people as possible following a traumatic event that involves thousands of people.

Aid workers, counsellors and therapists interested in using PC Trauma resonances for treating individual or collective forms of trauma can contact ARHF to receive the free ‘ARHF Volunteers Manual – Basic Guide to Treating Infectious Diseases, Trauma & Chronic Diseases.’

At www.ARHF.nl an article written in 2018 on *Treating Trauma in Refugees* by Gunhild Quante can be downloaded.

See also the following videos: <https://arhf.nl/en/videos>

- *Rape Trauma* – on the trauma of rape by rebels and soldiers in DR Congo
- *Rebels that got back to their senses* – on rebels that decide to stop fighting after being treated for the trauma they themselves experienced
- *Nyarugusu Trauma Relief* – on trauma relief inside a Tanzanian refugee camp
- *Haiti Trauma Relief 2010* – on trauma relief after the devastating 2010 earthquake in Haiti.

▷ **LEAP – Learning Enhancement Africa Programme**

‘Education is the most powerful weapon which you can use to change the world.’

– Nelson Mandela

LEAP is, in my opinion, the most revolutionary, ground-breaking and transformative development that Peter gifted to Africa.

To fully enjoy the benefits of education a child needs to be healthy, free from stress, and possess good learning skills. LEAP is designed to support a child on all these levels. Beyond intellectual learning, LEAP is therefore also about the body-mind learning how to deal with infectious agents and how to process trauma.

Besides water, sound can also be imprinted with coherence-inducing information to enhance health and wellbeing. Sound is an ideal medium for schools, where large numbers of children are gathered. Using audio has many practical advantages:

- Instead of giving each child an oral dose of a remedy, all can listen to the same sound.
- Ideally one only imprints water with information related to one condition, as otherwise all the data gets mixed up. However, as a sound file has a duration in time, a lot of information can be embedded in sequential order.

Contents of LEAP

The actual contents of LEAP are imprinted in a piece of music but are themselves not audible. They concern:



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- Prevention and treatment of all relevant infectious diseases in Africa and their short- and long-term consequences: HIV, parasitic worms, malaria, typhoid, tuberculosis, ring-worm, scabies, diarrhoea, syphilis, gonorrhoea and lower respiratory tract infections (RTIs)
- Releasing and evolving through all the effects of past traumas: injury, bereavement, war and genocide, shock, orphan trauma, rape trauma and inappropriate triggers to freeze, flight and fight survival instincts
- Enhancing and resolving all impediments to learning skills: awareness, intelligence, creativity, grounding, centring and stillness, numeracy and literacy ability, concentration and focus.

LEAP-Protocol for schools

It is recommended to play LEAP at the start of each school day. Depending on how loud is possible, it can be played to each class separately or to all children gathered together.

Marega Primary School, a LEAP school, in 2017

It is recommended that children relax and keep quiet during listening. It may be helpful to keep the eyes closed.

Teachers should observe:

- Better attendance due to better health
- Better attention and openness in class, higher marks
- Signs of all-round improvement in learning.

First feedback

LEAP was first tested out in several schools in Kenya. Data regarding absenteeism and learning performance were gathered from before and after LEAP. The results were very encouraging. Heads of schools reported:

- Significantly improved absenteeism (up to 80% less)
- Reduced hospital reference for children falling sick during classes
- Children with epilepsy, caused by birth trauma or cerebral malaria, had significantly fewer attacks
- Reduced stress levels and fewer behavioural problems
- Improved school performance in end-of-term tests.

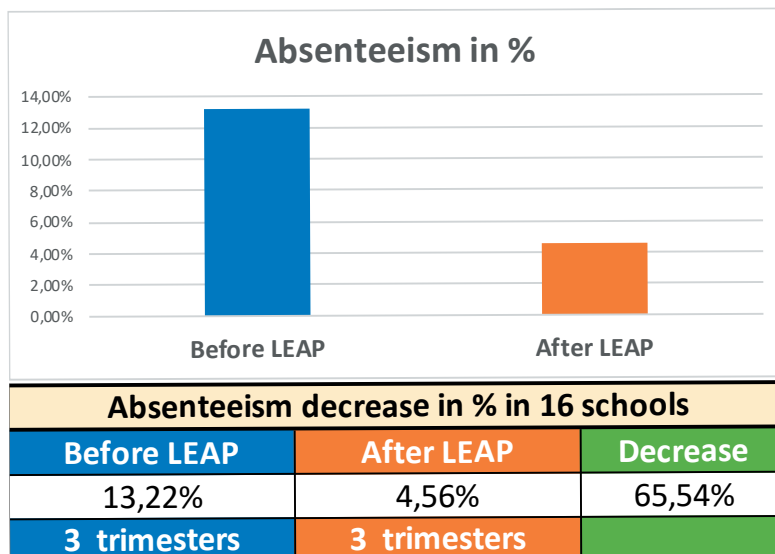
See the videos ‘LEAP Kenya 2015 evaluation’ and ‘Africa Malaria Prevention and Learning Enhancement Project’ for an impression of the impact headmasters reported.

What was very touching is that all headteachers of LEAP-schools that were interviewed spontaneously reported that the relationship between children and teachers had improved a lot, so much so that the cane had now become a relic of the past. Just beautiful!

LEAP data collection

The impact of LEAP on absenteeism and school performance is remarkable. After using LEAP for one year in 16

Graph 6: Decrease of absenteeism as a result of LEAP



schools, average absenteeism decreased by 65% compared to the previous year (see Graph 6).

One of the first schools adopting LEAP was Marega Primary School. After a full year of using LEAP the mean school performance measured through state examinations had increased by 26%. After four years of using LEAP the school scored second best of all primary schools in Kenya – an extraordinary result for a school with minimal means, situated in a poor rural area that is regularly hit by excess rains and floods.

The data shows that LEAP is literally helping children to have a healthy and bright future. LEAP can easily be rolled out all over Africa. All a school needs is a simple MP3 player or speaker (found all over Africa for \$15-25) and a USB-stick. See below for the simple LEAP-protocol.

The advantages for children and their parents are:

- Better health and less sickness
- Reduced healthcare expenses as hospitalisations reduce
- Improved results at primary school allowing children to move on to secondary school, with better chances for pursuing their dreams and using their talents.

Further development of LEAP

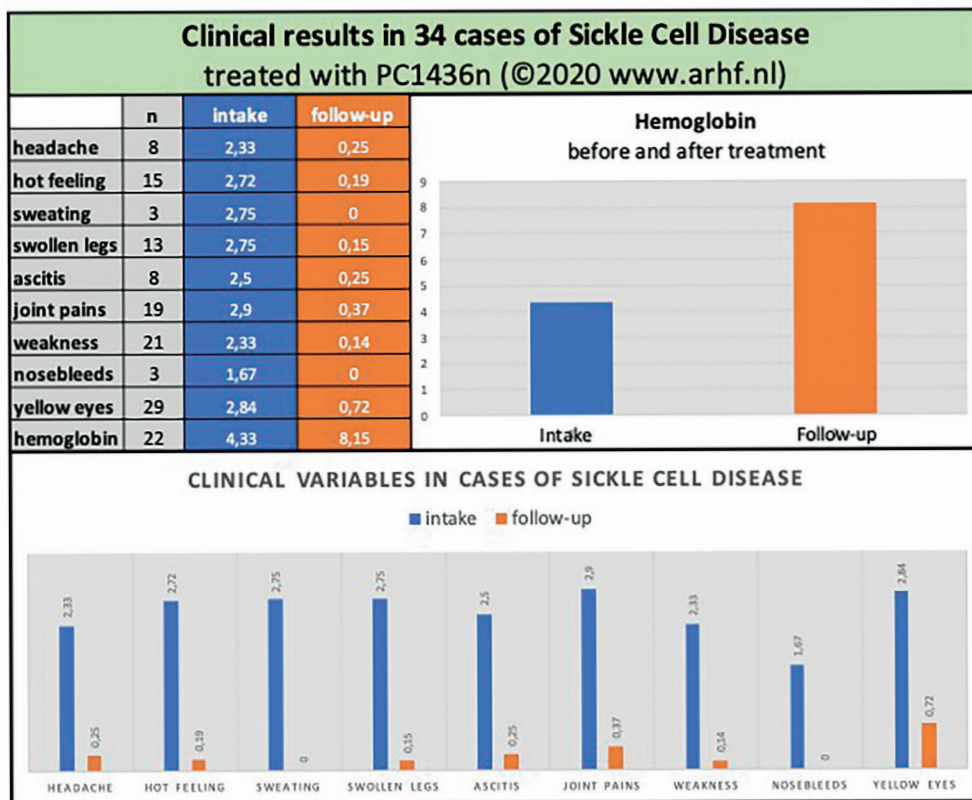
A LEAP-app will be created, making it possible for users to play LEAP from a smartphone. This also means that schools that cannot be reached by our extensive network of volunteers can obtain and use LEAP.

LEAP for all ages

LEAP was originally designed for school children, but to be free from infectious diseases, stress and trauma, and to have good functioning mental faculties is important at all ages. LEAP can therefore be used by and for anyone. The availability of LEAP in the form of an app, which is to be developed soon, will make it possible for anyone with a smartphone to download it for free.

Sickle cell anaemia

Sickle cell disease (SCD) is a genetic lifespan-reducing and disabling condition common in Africa and challenging to treat. As there is no



cure, conventional treatments have focused on managing symptoms and preventing complications, but even these options are often unavailable or insufficient in African settings.

In 2013, *PC1436n* for treating SCD was introduced and suggested for treatment in several sub-Saharan countries. An article published in 2018 concludes that *PC1436n* offers a cost-effective and accessible alternative that has shown significant improvements in the lives of SCD patients across various age groups, and calls for further research, training, and dissemination of this treatment approach to reach more individuals affected by SCD (see Graph 7).

ARHF is planning an observational, prospective cohort study, to be conducted across multiple African healthcare centres over a period of 24 months. Patients with SCD who are prescribed *PC1436n* as part of routine clinical care will be enrolled in the study, which is expected to start in 2025. The study has the following objectives:

- To assess the real-world effectiveness of *PC1436n* in reducing the frequency and severity of vaso-occlusive crises in patients with SCD
- To evaluate the impact of *PC1436n*

Graph 7: Clinical results in 34 cases of sickle cell anaemia

on healthcare resource utilisation, including hospitalisations and emergency department visits

- To evaluate the impact of *PC1436n* on complete blood count and haemoglobin levels
- To explore patient-reported outcomes such as pain intensity, quality of life, and overall treatment satisfaction.

Social return on investment (SROI)

To put a price tag on human lives feels unnatural but nevertheless, for many stakeholders, and especially larger donors and authorities, knowing the monetary effectiveness of an investment in health programmes weighs strongly in their decision-making. Therefore an SROI-analysis was made for the Malaria Prevention study performed in Bukavu.

Social return on investment analysis for 2023 malaria prevention in Bukavu (DRC) – SROI analysis for a population of 370,634 in Kadutu health zones 1-10

The investment for making *PC240m* for malaria prevention available to 73,757 in 10 health zones in Kadutu district was \$4,300.

▷ The data of 2023 was compared with 2018 figures when *PC240m* was not used in Bukavu. The population of health zones 11-13, where *PC240m* was not used, served as the control group. Data was adjusted for population changes in each area.

Outcomes

- For children aged 0-5:
 - 273 fewer treated as outpatients for malaria
 - 950 fewer hospitalised for malaria.
- For individuals aged 6 and older:
 - 105 more treated as outpatients for malaria
 - 3,044 fewer hospitalised for malaria.
- Malaria-related deaths reduced:
 - 98 fewer deaths among children aged 0-5
 - 38 fewer deaths among individuals aged 6 and older.

Impact

- 1 Improved overall health of the population
- 2 Reduced malaria-related treatments and deaths
- 3 Decreased absenteeism from school or work
- 4 Reduced socio-economic losses.

Monetary valuation

- Outpatient treatment costs for children aged 0-5: \$10 each
 - Savings: 273 x \$10 = \$2,730.
- Hospitalisation costs for children aged 0-5: \$35 each
 - Savings: 950 x \$35 = \$33,250.
- Treatment costs for individuals aged 6 and older: \$14 on average
 - Additional cost: 105 x \$14 = \$1,470.
- Hospitalisation costs for individuals aged 6 and older: \$45 on average
 - Savings: 3,044 x \$45 = \$136,980.
- Economic loss (lost future earnings + parental work loss) for children

- aged 1-5: \$23,000 each
 - Savings: 98 x \$23,000 = \$2,254,000.
- Economic loss for individuals aged 6 and older: \$19,600 each
 - Savings: 38 x \$19,600 = \$744,800.

Social return on investment (SROI)

- Healthcare savings:
 - Outpatient treatment savings for children aged 0-5: \$2,730
 - Hospitalisation savings for children aged 0-5: \$33,250
 - Additional outpatient treatment costs for individuals aged 6 and older: \$1,470
 - Hospitalisation savings for individuals aged 6 and older: \$136,980
 - Total health care savings: \$171,490.
- Economic Loss savings:
 - Savings from reduced deaths among children aged 1-5: \$2,254,000
 - Savings from reduced deaths among individuals aged 6 and older: \$744,800

Learning Opportunity

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Progressive education for farmers and other professionals is via our member-based Learning Centre. learning.wholehealthag.org

– Total economic loss savings:
\$2,998,800.

- Total social value created:
 - Healthcare savings: \$171,490
 - Economic loss savings: \$2,998,800
 - Total: \$3,170,290.

SROI calculations

- Healthcare savings only:
 - \$171,490 / \$4,300 = 39.88
- Healthcare savings + economic loss:
 - \$3,170,290 / \$4,300 = 737.27.

Summary

The SROI analysis for the malaria prevention programme in Bukavu shows a significant return on investment, especially when considering broader socio-economic impacts. The high SROI suggests that expanding the programme to more health zones or regions with high malaria prevalence is highly recommended.

Conclusion

The Amma Resonance Healing Foundation (ARHF) and its initiatives exemplify a commitment to alleviating suffering and fostering health through innovative methods founded on the principles of homeopathy. Based on the amazing legacy of Peter Chappell, the ARHF has made remarkable strides in addressing critical health challenges such as HIV / AIDS, malaria, and trauma across sub-Saharan Africa. Its evidence-based, scalable approaches demonstrate the transformative potential of *PC technology* and LEAP programmes in improving health outcomes, empowering communities, and enhancing education.

These achievements are only possible through collective effort. We invite you to join this transformative journey. Support ARHF by contributing financially to sustain and expand these impactful projects or by actively volunteering to further its mission. Together, we can help ARHF reach even more underserved communities, ensuring health, dignity, and opportunity for all. Visit ARHF's website <https://arhf.nl/en/home> – to learn how you can make a difference today. Please contact us for any questions or suggestions you may have.

Based on the amazing legacy of Peter Chappell, the ARHF has made remarkable strides in addressing critical health challenges

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