

DEMOGRAPHIC DATA, CLINICAL CONDITIONS, TREATMENT AND  
CLINICAL METHODS EMPLOYED BY HOMOEOPATHIC PRIVATE  
PRACTITIONERS AS COMPARED TO HOMOEOPATHY STUDENTS AT  
TECHNIKON NATAL - THEIR SIGNIFICANCE IN THE QUALITY OF  
TREATMENT RECEIVED

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## ABSTRACT

The purpose of this investigation was to evaluate and compare demographic data of patients, clinical conditions, treatment and clinical methods employed by private practitioners and students at the Homoeopathic Day Clinic (Technikon Natal ) in terms of patient perception, in order to highlight any differences between these groups and any areas of possible improvement which could lead to increased efficiency and patient satisfaction at the Homoeopathic Day Clinic.

It was hypothesized that patients of a variety of ages and with a variety of conditions will present themselves at homoeopathic private practices and that the patient evaluation of treatment methods will show a variety of modalities being employed. It was further hypothesized that patients attending the Homoeopathic Day Clinic will be younger than in the private practitioner sample as well as containing a higher proportion of students, and that patient evaluation of treatment methods will show a limited number of modalities being employed at this clinic.

This study was carried out using the survey method and the measuring tool was a questionnaire. The questionnaire used, featured a composite of questions drawn up by the researcher as well as a selection of questions formulated by Steenkamp (1984), Harrison *et al.* (1989) and Smith (1989).

The sample obtained from private practitioners was obtained through convenience sampling and that drawn from the Homoeopathic Day Clinic was obtained by selecting all fourth and fifth year homoeopathic students to participate in this study.

A covering letter, a practitioner informed consent document, ten patient informed consent forms, an instruction sheet to the receptionist, as well as a sample questionnaire and ten questionnaires to be filled in by patients was posted to each selected homoeopathic practitioner (only practitioners who practice for at least three full days a week were selected) together with a self-addressed, stamped envelope in which the questionnaires and the patient and practitioner consent forms were returned.

At the same time, a covering letter, a practitioner informed consent document, ten patient consent forms as well as a sample questionnaire and ten questionnaires to be filled in by patients, were given to those students selected for the study together with a self-addressed stamped envelope in which the questionnaires and the patient and practitioner consent forms were returned.

After the above mentioned documentation was received from both private practitioners as well as fourth and fifth year homoeopathic students, the data were analyzed by means

of descriptive statistics using frequency tables and bar charts. A non-parametric test (Mann-Whitney U test) was used on selected data.

On analyzing the results, it was found that the average age of patients attending the Homoeopathic Day Clinic, is less than that of patients consulting private practitioners and that many more females than males consulted homoeopaths in both samples. Patients consulting homoeopaths in general, seem to suffer more from chronic complaints and the variety of presenting conditions in both samples was diverse. Both samples showed a high incidence of vague or psychological complaints by respondents. The clinical methods employed at the Day Clinic seem to be more thorough than those of a private practitioner. Respondents from both samples were satisfied that they received sufficient and clear instructions on how to take the medicine in both the private and clinic samples. The majority of patients in both samples were referred to the practitioner by a friend, however, a larger percentage of the private practitioner sample were referred by a family member whereas a large percentage of the clinic sample responded to an advertisement in a newspaper. Greater use of various treatment modalities is made by private homoeopathic practitioners than by students at the Day Clinic. Fifty nine percent of respondents in the private practitioners sample indicated that they were consulting the homoeopath because they were unhappy with the previous treatment they had received for the condition. Most respondents in both samples indicated that the decision to consult a homoeopath was their own, although 48% of respondents in the private sample indicated that they had decided for themselves that their previous practitioner could no longer help them as opposed to 38% of respondents in the clinic sample.

The data shows that patients in the private sample are significantly more satisfied with the treatment program and that respondents in this sample believe that the treatment program resulted in an improvement in their symptoms.

It was concluded that although various treatment modalities are available to the students practicing at the Day Clinic, insufficient use is being made of these modalities since the data shows that they are more readily used in private practice and that respondents consulting private practitioners are significantly more satisfied with the treatment they receive than the respondents in the clinic sample. It is necessary for the students at the Day Clinic to see how they can improve the quality of the treatment which they are giving to the patient in order to make the treatment program more holistic. It may also be necessary to review the medicine being used at the Day Clinic since it is an important variable in the success of any treatment program. More lecturer involvement in clinical consultations at the Clinic could also contribute to greater patient satisfaction.

## UITTREKSEL

Die doel van hierdie ondersoek was om demografiese data van pasiënte, siektetoestande, behandeling en kliniese metodes tussen pasiënte van privaat praktisyns en studente by die Homeopatiese Dagkliniek (Technikon Natal) te evalueer en te vergelyk, in terme van die persepsie van die pasiënte; om enige verskille tussen die twee groepe uit te lig, asook enige moontlike areas wat verbeter kan word en wat kan lei tot verbeterde bekwaamheid van studente en verhoogde satisfaksie van pasiënte, by die Homeopatiese Dagkliniek, te identifiseer.

Dit was gehipoteseer dat pasiënte van verskillende ouderdomme en met 'n verskeidenheid siektetoestande 'n privaat praktisyn sou konsulteer en dat dié pasiënte se evaluasie van behandelingsmetodes 'n verskeidenheid van verskillende metodes sou uitwys. Dit was verder gehipoteseer dat pasiënte wat die Homeopatiese Dagkliniek bywoon jonger as dié van die ander groep sou wees en dat dié groep 'n hoër aantal studente sou bevat, asook dat pasiënte evaluasie van behandelingsmetodes sou aandui dat 'n beperkte aantal behandelingsmetodes by die Dagkliniek gebruik word.

Hierdie ondersoek is deur middel van 'n opname gedoen en die meet- instrument was 'n vraelys. Die vraelys is op dié van Steenkamp (1984), Harrison *et al.* (1989) en Smith (1989) gebaseer met addisionele vrae deur die navorser self opgestel.

Die proefgroep van die privaat praktisyns is volgens die geriefsmetode gedoen en die proefgroep van die Homeopatiese Dagkliniek is verkry deur alle vierde en vyfde jaar homeopatiese studente te selekteer om aan die proefneming deel te neem.

'n Inligtingsbrief, 'n praktisynstoestemmingsbrief, tien pasiënte-toestemmingsbriewe en instruksies aan die ontvangsdames sowel as 'n proef vraelys vir die praktisyn en tien addisionele vraelyste om deur pasiënte van die praktisyn in gevul te word, is aan elke geselekteerde praktisyn gegee, (slegs praktisyns wat vir ten minste drie dae 'n week konsulteer) saam met 'n geadresseerde, gefrankeerde koevert waarin die relevante dokumente teruggestuur kon word.

Terselfde tyd is 'n inligtingsbrief, 'n praktisynstoestemmingsbrief, tien pasiëntetoestemmingsbriewe sowel as 'n proef vraelys en tien vraelyste om deur pasiënte ingevul te word, aan alle vierde en vyfde jaar homeopatiese studente gegee saam met 'n geadresseerde, gefrankeerde koevert waarin die relevante dokumente teruggestuur kon word.

Nadat die bogenoemde dokumentasie van albei groepe ontvang is, is die data deur middel van beskrywende statistiek geanaliseer, deur frekwensie tabelle en staafgrafieke

te gebruik. 'n Nie-parametriese toets (Mann-Whitney U toets) is op sekere data toegepas.

Na analise van die resultate is gevind dat die gemiddelde ouderdom van die pasiënte wat die Homeopatiese Dagkliniek besoek het, laer is as die van pasiënte van private praktisyns en dat baie meer vrouens as mans homeopate in albei groepe besoek het. Oor die algemeen blyk dit dat pasiënte wat 'n homeopaat besoek meer aan kroniese toestande lei en in albei groepe is daar 'n groot verskeidenheid siektetoestande waaraan pasiënte lei. In albei groepe is daar 'n hoë verskynsel van psigologiese of vae simptome tussen die pasiënte. Die diagnostiese metodes in die groep aan die Dagkliniek blyk meer deeglik te wees as in die ander groep maar in albei groepe, het pasiënte aangedui dat hulle tevrede is dat hulle deeglike en verstaanbare instruksies vir die gebruik van die medikasie ontvang het. Die meerderheid van pasiënte is na die homeopaat deur 'n vriend verwys terwyl 'n groter gedeelte van pasiënte in die Dagkliniek groep op 'n advertensie in 'n koerant gereageer het. In die privaat praktisyns groep is meer pasiënte deur 'n familielid verwys as in die Dagkliniek groep. Meer gebruik word in die privaat groep gemaak van verskeie behandelings- metodes as in die Dagkliniek groep. Nege-en-vyftig persent van pasiënte in die privaat praktisyns groep het aangedui dat hulle 'n homeopaat geraadpleeg het omdat hulle ongelukkig was met die behandeling wat hulle van 'n vorige dokter ontvang het. Meeste pasiënte in albei groepe het aangedui dat die besluit om 'n homeopaat te raadpleeg hul eie was, alhoewel 48% van pasiënte in die privaat praktisyns groep aangedui het dat hulle vir hulself besluit het dat hulle voormalige dokter hulle nie meer kon help nie, in vergelyking met 38% van pasiënte wat dieselfde geantwoord het in die Dagkliniek groep.

Die data dui daarop aan dat pasiënte in die privaat praktisyns groep aansienlik meer tevrede met die behandeling was en dat pasiënte in hierdie groep glo dat die behandelingsprogram 'n verbetering van hulle simptome tot gevolg gehad het.

Daar is tot die gevolgtrekking gekom dat alhoewel verskeie behandelings- metodes beskikbaar is vir die studente by die Dagkliniek, daar nie genoeg van hulle gebruik gemaak word nie. Die data dui aan dat verskeie behandelingsmetodes in privaatpraktyke gebruik word, meer as by die Dagkliniek en dat pasiënte wat homeopate in privaatpraktyk geraadpleeg het aansienlik meer tevrede is met die behandeling wat hulle ontvang het as pasiënte wat by die Dagkliniek behandel is. Dit is dus nodig dat die studente by die Dagkliniek kyk na wat hulle kan doen om die kwaliteit van die behandeling wat hulle die pasiënt bied te verbeter asook hoe om die behandeling meer holisties te maak. Dit mag ook nodig wees om die medisyne wat in hierdie kliniek gebruik word te hersien want die medisyne is 'n baie belangrike deel van enige behandeling. As die lektore meer tot die konsultasie bydra, mag dit ook 'n groter satisfaksie by die pasiënt tot gevolg hê.

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## INTRODUCTION

The face of homoeopathy is changing in South Africa since the establishment of the first full-time study course in homoeopathy, at Technikon Natal in 1989 and the more recent establishment of a similar program at the Technikon of the Witwatersrand.

In 1984, the Opinion Survey Center (OSC) of the Human Sciences Research Council of South Africa conducted a survey to determine the extent of people's knowledge of, and attitudes towards, health matters. This survey also determined the extent and results of consultation with chiropractors and homoeopaths by the South African public. This study found that in the light of legislative measures with regard to alternative medical professions at that time, the professions of chiropractor and homoeopath were poised to establish themselves as worthy alternative medical services in South Africa (Steenkamp 1984).

A survey conducted in London in 1989 between patients attending Homoeopathic outpatient clinics at three London Homoeopathic Society hospitals showed that those patients attending a homoeopathic clinic were doing so predominantly as a result of their dissatisfaction with the treatment they had been offered (Harrison *et al.* 1989). These findings were confirmed by Smith (1989) in a study conducted between patients attending a homoeopathic doctor's surgery and patients consulting a general practitioner. In 1991, Jacobs and Crothers conducted a study in Seattle, Washington, USA in which they studied the characteristics of patients in a homoeopathic family practice and compared the survey data with results from the National Ambulatory Medical Care Survey. This study suggested that the current role of homoeopathic treatment in the American health care system may be for chronic and ill-defined disorders that are not easily managed by existing standard medical treatment.

The Homoeopathic Day Clinic at Technikon Natal serves as a learning facility for fourth and fifth year homoeopathic students and is an important part of their preparation for entering the world of private practice. As such it is necessary that this clinic provide them with adequate exposure to the types of patients and clinical conditions seen in private practice as well as enabling them to practice their diagnostic and treatment modality skills. It is thus necessary to determine if the conditions at the Day Clinic mimic those of private practice adequately.

Since this is a fairly new facility the patient numbers have not yet reached their full capacity and this study aims to highlight conditions within the clinic which can be improved in order to achieve this.

If the clinic can be run on an independent basis and the patient numbers are sufficient to show a profit in terms of consultation fees and revenue gained from the sale of homoeopathic medicine, the additional money entering the department can be used to upgrade the clinic and ensure that the patients and students have the best possible facilities.

In order to attract patients, the clinic has to provide for the patient's needs and this study aims to highlight those needs so that they can be addressed.

## CHAPTER ONE: THE PROBLEM AND ITS SETTING

### 1.1 The statement of the problem

The purpose of this investigation is to evaluate and compare demographic data of patients, clinical conditions, treatment and clinical methods employed by private practitioners and students at the Homoeopathic Day Clinic (Technikon Natal) in terms of patient perception in order to highlight any differences between these groups and any areas of possible improvement which could lead to increased efficiency and patient satisfaction at the Homoeopathic Day Clinic.

### 1.2 The statement of the subproblems

#### 1.2.1 The first subproblem

The first subproblem is to evaluate the demographic data of patients, clinical conditions, treatment and clinical methods employed by homoeopathic private practitioners in terms of questionnaires in order to determine what type of patients consult a homoeopath, the most common presenting conditions, patient perception of treatment and treatment modalities used.

#### 1.2.2 The second subproblem

The second subproblem is to evaluate the demographic data of patients clinical conditions, treatment and clinical methods employed by students at the Homoeopathic Day Clinic in terms of questionnaires in order to determine what type of patient attends the clinic, the most common presenting conditions, patient perception of treatment and treatment modalities used at the Homoeopathic Day Clinic.

### 1.2.3 The third subproblem

The third subproblem is to analyze and interpret the data so as to highlight any differences between the two groups as well as any areas of improvement which could lead to increased efficiency and patient satisfaction at the Homoeopathic Day Clinic.

## 1.3 The hypotheses

### 1.3.1 Hypothesis one

It is hypothesized that patients of a variety of ages and with a variety of conditions will present at homoeopathic private practices and that the patient evaluation of treatment methods will show a variety of modalities being employed.

### 1.3.2 Hypothesis two

It is further hypothesized that patients attending the Homoeopathic Day Clinic will be younger than in the other group as well as containing a higher proportion of students, that patients will present with a wide variety of conditions and that patient evaluation of treatment methods will show a limited number of modalities being employed at this clinic.

### 1.3.3 Hypothesis three

It is hypothesized that the above will occur because of the students at the Homoeopathic Day Clinic being restricted in the modalities they employ and because the Clinic is situated on a student campus.

#### 1.4 The delimitations

Practitioners taking part in the study must be registered with the Chiropractic, Homoeopathic and Allied Health Service Professions Council of South Africa.

Students taking part in the study must be full-time fourth or fifth year homoeopathic students at Technikon Natal.

#### 1.5 The assumptions

##### 1.5.1 The first assumption

The first assumption is that the patients taking part in the study will respond honestly when completing the questionnaires.

##### 1.5.2 The second assumption

The second assumption is that the private practitioners as well as the students at the Homeopathic Day Clinic will not try to influence the patients in any way which may result in bias when filling in questionnaires.

#### 1.6 Definitions

1.6.1 For the purpose of this study, the term "private practitioner" will refer to Homoeopaths registered with the Chiropractic, Homoeopathic and Allied Health Service Professions Council of South Africa.

1.6.2 For the purpose of this study, the term 'Homoeopathic Day Clinic' will mean the Homoeopathic Day Clinic of the Department of Homoeopathy at Technikon Natal, Durban.

## CHAPTER TWO: REVIEW OF THE RELATED LITERATURE

### 2.1 Introduction

From the available literature, several surveys have been conducted comparing demographic data of patients between different learning institutions as well as comparing this data between private practitioners (homoeopathic versus allopathic), or between private practitioners and various teaching clinics. What follows is a synopsis of this information.

### 2.2 Surveys and their importance

Platt (1978), (cited by Cartwright 1983) described a survey in these terms: "a technique of data collection, that is the systematic and structured questioning, either by interview or by questionnaire, of relatively large numbers of respondents." Surveys are essentially a research tool by which facts can be ascertained, theories confirmed or refuted, ideas explored and values identified and illuminated (Cartwright 1983:3). They systematically collect information on a topic by asking individuals questions to generate statistics on the group(s) that those individuals represent (Aday 1989:1). So the types of questions with which the surveys are concerned relate to the distribution and association of facts and attitudes. In the health field, surveys can contribute to the identification or description and measurement or analysis of: health and illness, the nature of disease, needs for different sorts of care, factors associated with the use of services, the effects of care, acceptability of care and the organization of care (Cartwright 1983:1):

Surveys of the experiences and viewpoints of health professionals are relevant to the organization of health care in a number of ways. There are analyses of how they spend their time, and the way this varies with different forms of organization. There are studies of their training and experience, and how they are related to their competence and interest in certain fields of health care. Professional preferences for particular forms of organization as well as their career preferences may influence the structure of services and will affect the distribution of professionals, while surveys of particular professional groups may have a bearing on the way these groups are utilized. Surveys have also thrown light on some of the mechanisms contributing to inequalities, and the differential use of services. They include surveys of knowledge and education, of attitudes, self confidence and diffidence, of vulnerability and of the nature of general practitioner consultations (Cartwright 1983: 128-129).

Babbi (1981) (cited by Okolo 1990) cites five scientific merits of the survey research method:

- 1) Survey research is logical and the format of research often permits the rigorous, step-by-step development and testing of such logical explanation.
- 2) Survey research is deterministic. Whenever the survey researcher attempts to explain the reasons for and sources of observed events, characteristics and correlations, he must assume a deterministic posture.
- 3) Survey research is general. They are conducted for purposes of understanding the larger population from which the sample was initially selected.
- 4) Survey research is parsimonious in that no more causes or forces are assumed than are necessary to account for the facts.
- 5) Survey research is specific. At every step along the way, research methods must be made specific in scientific research, and survey research by its very nature lends itself readily to this (Okolo 1990:106).

### 2.3 Types of Health Surveys

Various types of studies can be carried out by means of questionnaires. These include:

- (1) Experimental studies based on randomized controlled trials.
- (2) Prospective and follow-up studies which are descriptive - showing what sort of people are involved in a sample group and / or their experiences and views. These mainly involve defining the people to be studied and then setting up the organization to interview them when they use the particular service.
- (3) Retrospective studies in which groups which have been treated in the past in different ways are identified and then asked about subsequent events. The main methodological problems associated particularly with retrospective studies are memory distortions and ensuring appropriate comparison (Cartwright 1983: 142-145).
- (4) Group - comparison designs. Kirshner and Guyatt (1985) (cited by Aday 1989: 144) feel that this type of design allow researchers to detect real differences between groups.

## 2.4 Questionnaires as a Measuring Tool

One of the most important issues regarding use of a questionnaire is the acceptability of the questionnaire to the patient. This issue involves the language in which the questions are couched, the time taken to complete the questionnaire and the kinds of items that are present. One of the major problems with questionnaires which are devised by medical and health personnel is that the items they contain may be expressed in terms which are not completely understood by patients. This leads to misunderstandings and invalidates any results obtained. The actual content of the questionnaire must make sense to the patient and be seen as having relevance to his or her situation. The burden imposed on the patient in terms of the time and patience required to fill out a questionnaire is an important consideration, particularly if he or she is seriously ill. Another aspect of acceptability concerns the characteristics of the patient group. A self-administered questionnaire may pose practical problems for elderly persons who may find it difficult to hold a pencil because of arthritic fingers or who may have mislaid their spectacles (Smith 1988:16).

For a questionnaire to give consistent results relevant to the issue under measurement it should have undergone extensive testing for reliability and validity. Reliability is normally established by a test/retest method and is, of course, closely related to sensitivity and specificity of the instrument. In general it can be said that the less severe items contained in the questionnaire the less consistent will be the results obtained with it. This is because more severe items tend to be more stable and robust.

Very often questionnaires used in clinical situations have not been sufficiently tested for reliability and validity. If the addition of questionnaires and interviews which tap the patient's view of medical intervention are to be taken seriously, they must, equally, inspire confidence in the quality of their performance (Smith 1988: 14-15).

In her chapter concerning response rates to various forms of questionnaires, Cartwright found that in surveys carried out in hospital it would seem that nearly all patients participate, or the researchers do not record the refusals. In interview surveys of the general population, response rates on health surveys are around 85% and the response of postal surveys are similar (Cartwright 1983:159).

## 2.5 Current Health Surveys

In 1989, Harrison *et al.* conducted a survey in which they used self-administered questionnaires to examine patients' pathways to care, expectations, beliefs, behavior and



multidimensional locus of control in a homoeopathic as well as an allopathic practice. In the same year a similar study was performed by Smith<sup>h</sup> in which he compared patients consulting a general practitioner to those consulting a homoeopath. In both cases demographic data among other things were compared among the different groups. Smith found that the group consulting the homoeopath were slightly better educated than those consulting the general practitioner and that, as such, had a slightly higher income. In all other respects both groups were very similar. Smith also found that perhaps contrary to expectations "blind faith" in the efficacy of treatment and the "healer" is not the view held by the alternative homoeopathic patients, but instead is supported by the general practitioner patients and their belief in conventional medicine. This would seem to oppose the often cited criticism of homoeopathic treatments as being simply placebo effects as these patients are much less confident and more sceptical about their treatment than the general practitioner equivalents. Smith feels that this fact ought to be considered when evaluations of homoeopathy and perhaps other alternative treatments are discussed. He also found that the homoeopathic patients had much higher scores for psychological disturbance than the general practitioner patients. Many of the illnesses that the homoeopathic patients presented with were chronic, e.g. asthma, arthritis, or psychological e.g. depression, stress. A possible reason why more disturbed patients visit a homoeopath may be because these people are less likely to feel satisfied with a short general practitioner consultation and would prefer the longer sessions available from alternative practitioners. Here an in-depth history and lengthy discussion of their individual problems with emphasis on personal involvement is more likely to suit their needs (Smith 1989).

Steenkamp conducted a survey in 1984 in South Africa to determine the extent of people's knowledge of, and attitudes towards health matters, and the extent and results of consultation with chiropractors and homoeopaths. This study showed that the professions of homoeopathy and chiropractic were poised to establish themselves as worthy alternative medical services in South Africa at that time.

Information on approximately 2 500 patients seen over a five year period in a homoeopathic family practice in Seattle, Washington was collected and compared with results from the National Ambulatory Medical Care Survey of general and family practitioners for the period of January 1980 to December 1981 (cited by Jacobs and Crothers 1991). They compared demographic data as well as data on the type of complaint, whether it was acute or chronic, what medication was given to the patient or what other treatment was prescribed for the patient and how effective the treatment was from the patient's point of view. It was found that the sex distribution in both practices was practically the same but that the homoeopathic patient population was considerably

younger than that consulting a general practitioner. From this study, the most common presenting conditions in both groups were also isolated.

A number of similar surveys have been carried out at Chiropractic facilities in the United States of America. The approaches and results may be relevant to homoeopathy. One such study conducted by Sawyer and Stewart (1984) collected information concerning the demographic, clinical and utilization characteristics of Chiropractic Teaching Clinic patients. A retrospective study was conducted in Utah in which similar patient characteristics to the above were collected from case files of chiropractic practitioners (Philips 1981).

In 1989 a study was conducted in which a comparison was made between patients and patient complaints at six chiropractic teaching clinics. The study was undertaken for the purpose of obtaining systematic, descriptive information on the characteristics of patients attending chiropractic college teaching clinics. In this study, it was shown that patients referred to the clinics by friends, relatives, advertisements or by the patient himself were three times more likely than patients referred by chiropractic students to attend the clinics for specific health problems. It was also found that the ratio of chronic to acute complaints was 2:1. At the chiropractic colleges in America, it would seem that teaching clinics have historically provided service for the low income populations with a lower level of education.

In Australia, Walsh (1992) conducted a study to investigate demographic data of patients attending chiropractic teaching clinics and later in that same year Walsh and Jameson (1992) conducted a survey in which they compared demographic data of patients as well as patient complaints at chiropractic teaching clinics and at private chiropractic clinics. They found that the demographic data between the two groups were very similar, but that the age range for patients attending private clinics was greater than that for patients attending teaching clinics.

Another study looked at the time spent by general practitioners on various professional activities (Buchan and Richardson 1973). They approached 25 doctors whom they estimated would give some degree of representation in terms of age, type of practice and list size. They were observed during six sessions by the researcher who classified their activities into such categories as history, examination, treatment, advice/reassurance, writing, filing, telephoning, meeting colleagues, and timed how long was spent on each. One of the results from this study was that the average "face to face" time for a consultation was 5,0 minutes at the surgery and 5,6 minutes for home visits. Cartwright feels that it would have been useful if this study had been extended to include interviews with the patients to ascertain whether patients could make reliable estimates of the time they spent with the doctor, and if the amount of time spent was associated with satisfaction with different aspects of care (Cartwright 1983: 130-131).

## 2.6 Summary

From the literature we see that a number of surveys related to this particular field of research have been conducted; most notably that conducted by Harrison *et al.* (1989) in which it was found that patients attending a homoeopathic outpatient clinic were doing so predominantly as a result of their dissatisfaction with the treatment they had been offered and/or approaches they had experienced elsewhere. Smith confirmed these findings in 1989, in a study conducted between patients attending a homoeopathic doctor's surgery and patients consulting a general practitioner. A study conducted by Jacobs and Crothers (1991) in Seattle, Washington suggested that the role of homoeopathic treatment in the American health care system may be for chronic and ill-defined disorders that are not easily managed by existing standard medical treatment (1991).

To date no study has been conducted in South Africa to determine and highlight the differences in demographic data, clinical conditions, treatment and clinical methods employed by private practitioners as compared to the situation at a Homoeopathic Day Clinic. This has not been possible because until recently, no such facility existed in South Africa. The establishment of a Homoeopathic Day Clinic at Technikon Natal in 1992, has provided the opportunity to conduct such a study.

In 1992 Walsh conducted a study to investigate demographic data of patients attending chiropractic teaching clinics and later in that same year Walsh and Jameson compared the demographic data of patients as well as patient complaints at chiropractic teaching clinics and at private chiropractic clinics, in Australia.

The only survey of this kind in South Africa was conducted by Steenkamp in 1984. He tried to determine the extent of people's knowledge of, and attitudes towards, health matters and the extent and results of consultation with chiropractors and homoeopaths.

## CHAPTER THREE: MATERIALS AND METHODS

### 3.1 The data

The data of this research are of two kinds: primary and secondary data. The nature of each of these two types of data will be given briefly below.

#### 3.1.1 The primary data

Two types of primary data were needed.

The response to questionnaires by patients of homoeopathic private practitioners.

The response to questionnaires by patients at the Homoeopathic Day Clinic at Technikon Natal.

#### 3.1.2 The secondary data

Current literature on demographic studies in homoeopathy and other related professions such as chiropractic and conventional medicine was obtained in the form of journal articles. Reports on patient perceptions of treatment, expectations of treatment as well as clinical methods employed by various health care professionals was also obtained.

### 3.2 The criteria governing the admissability of the data

Only data obtained from questionnaires filled in by consenting patients of homoeopaths registered with the Chiropractic , Homoeopathic and Allied Health Service Professions Council of South Africa and questionnaires filled in by consenting patients of registered fourth and fifth year homoeopathy students at Technikon Natal, were admitted.

### 3.3 The research methodology

The study took place from January to April 1994. The target population was drawn from the patients consulting homoeopaths in private practice throughout the Republic of South Africa and from patients attending the Homoeopathic Day Clinic at Technikon Natal.

**Test group size:**

The total sample size was three hundred. One hundred and sixty patients of private homoeopathic practitioners responded and one hundred and forty respondents were obtained from the Homoeopathic Day Clinic at Technikon Natal.

**Sampling technique:**

The sample obtained from private practitioners was through convenience sampling. The sample drawn from the Homoeopathic Day Clinic was obtained by selecting all fourth and fifth year homeopathic students to participate. Each student then selected ten patients at random.

**Measuring scale:** A questionnaire was used to measure patient response. This questionnaire was obtained from questionnaires constructed by Harrison et al. (1989), Smith (1989) and Steenkamp (1984). The questionnaire was pre-tested to determine reliability and validity.

**Statistics:** The data was analyzed by means of frequency tables and bar charts and the Mann-Whitney U test was applied to data from question 17.1-17.5.

**Materials:**

Covering letter to the practitioners.  
Letter with instructions to the receptionists.  
Practitioner informed consent documents.  
Patient consent forms.  
Patient questionnaires.  
Self-addressed stamped envelopes.

### Method:

A covering letter, a practitioner informed consent document, ten patient informed consent forms, an instruction sheet to the receptionist, as well as a sample questionnaire and ten questionnaires to be filled in by patients were sent to each selected homoeopathic practitioner (only practitioners who practice for at least three full days a week were selected) together with a self-addressed, stamped envelope in which the questionnaires and the patient and practitioner consent forms, were returned.

Practitioners were asked to respond within four weeks of receiving the above mentioned documentation, but this period was found to be too short, especially for the Homoeopathic Day Clinic since too few patients attended the clinic over a period of four weeks. The response period was thus extended to four months.

At the same time, a covering letter, a practitioner informed consent document, ten patient consent forms as well as a sample questionnaire and ten questionnaires to be filled in by patients, were given to those students selected for the study together with a self-addressed stamped envelope in which the questionnaires and the patient and practitioner consent forms were returned.

Homoeopathic students were asked to reply within four months of receipt of the above documentation.

When the above documentation was received from both private practitioners as well as fourth and fifth year homoeopathic students, the data were analyzed statistically.

### 3.4 The specific treatment of each subproblem

#### 3.4.1 The first subproblem

The first subproblem is to evaluate the demographic data of patients, clinical conditions, treatment and clinical methods employed by homoeopathic private practitioners in terms of questionnaires in order to determine what type of patients consult a homoeopath, the most common presenting conditions, patient perception of treatment and treatment modalities used.

#### The data gathered

The data gathered for testing the hypothesis of subproblem one were obtained from the answers to the questions of the questionnaire given to selected patients of certain homoeopathic private practitioners. (Appendix 7.1)

The following data were obtained from patients:

Demographic data.

Nature of clinical condition.

Type of treatment received.

Clinical methods employed by the homoeopathic practitioner.

Patient perception of the form of treatment.

#### How the data were obtained

All the data needed were collected by means of a questionnaire. The questionnaires were given to the patients of private homoeopathic practitioners by his/her receptionist. The receptionist issued the instructions for filling in the questionnaire to the patient and also enlightened the patient as to the purpose of the survey.

#### 3.4.2 The second subproblem

The second subproblem is to evaluate the demographic data of patients clinical conditions, treatment and clinical methods employed by students at the Homoeopathic Day Clinic in terms of questionnaires in order to determine what type of patient attends the clinic, the most common presenting conditions, patient perception of treatment and treatment modalities used at the Homoeopathic Day Clinic.



### The data gathered

The data gathered for testing the hypothesis of subproblem two were obtained from the answers to the questions of the questionnaires given to selected patients attending the Technikon Natal Homoeopathic Day Clinic. (Appendix 7.1)

The following data were obtained from patients:

Demographic data

Nature of clinical condition.

Type of treatment received.

Clinical methods employed by the Student Intern.

Patient perception of the form of treatment.

### How the data were obtained

All the data were collected by means of a questionnaire. The questionnaires were given to the patients of the fourth and fifth year homoeopathic students by the students themselves.

### 3.4.3 The third subproblem

The third subproblem is to analyze and interpret the data so as to highlight any differences between the two groups as well as any areas of improvement which could lead to increased efficiency and patient satisfaction at the Homoeopathic Day Clinic.

### The data gathered

The data gathered for testing the hypothesis of subproblem three were the information gathered from patients of private homoeopathic practitioners and well as patients attending the Technikon Natal Homoeopathic Day Clinic. Because the information was compared to highlight any differences between the two groups, the evaluation of the questions was made on a question to question basis.

### How the data were obtained

The data obtained from subproblem one and two were compared in order to highlight any differences between patient perception in the two groups. The areas of difference and similarity were compared in tabular form.

## CHAPTER FOUR: RESULTS

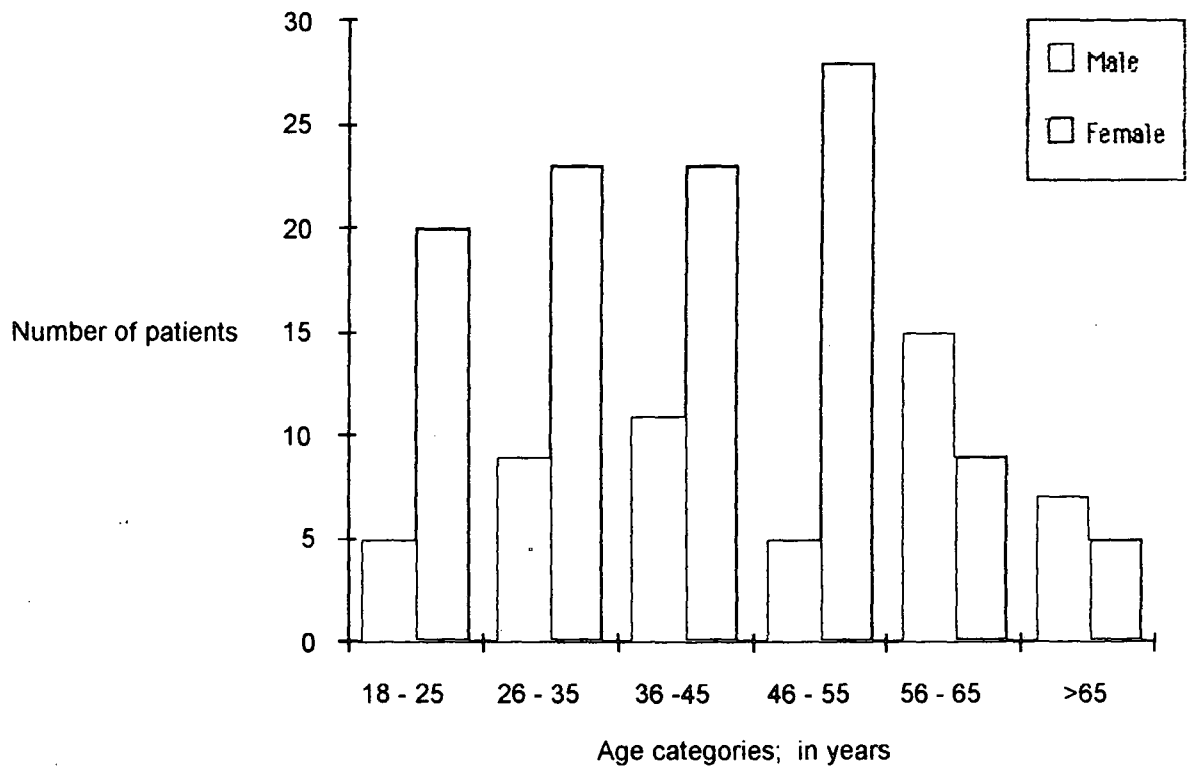
All the data gathered, except that from questions seven and nine, are represented graphically or in tabular form in this chapter.

As regards question 7: In the sample obtained from private practitioners, the overwhelming majority of patients were from the Witwatersrand. This is owing to the fact that the majority of practicing registered homoeopaths are located in this area. Owing to the location of the Homoeopathic Day Clinic, the overwhelming majority of respondents in this group were from Natal.

In question 9 respondents were asked to indicate the name of their medical aid and whether they pay for the services of a homoeopath. This question was generally very poorly answered, especially in the sample gained from the Homoeopathic Day Clinic. This, together with the variability in the answers received, led me to discard the information.

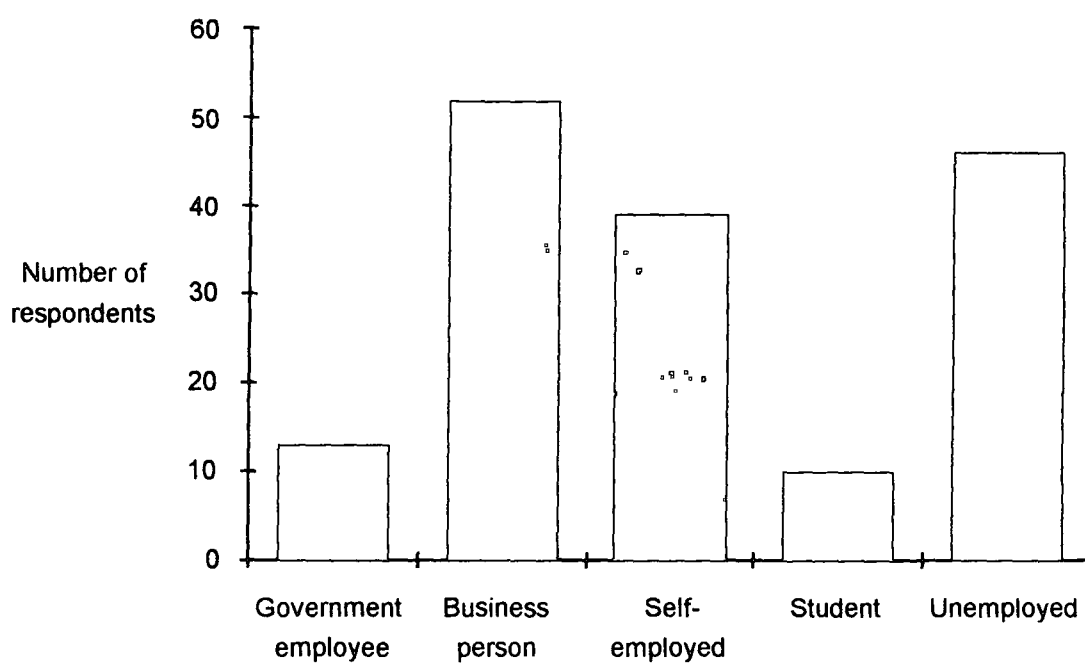
#### 4.1 SAMPLE OBTAINED FROM PRIVATE PRACTITIONERS

Figure 4.1.1: Ratio of Male : Female patients in the various age categories<sup>66</sup>



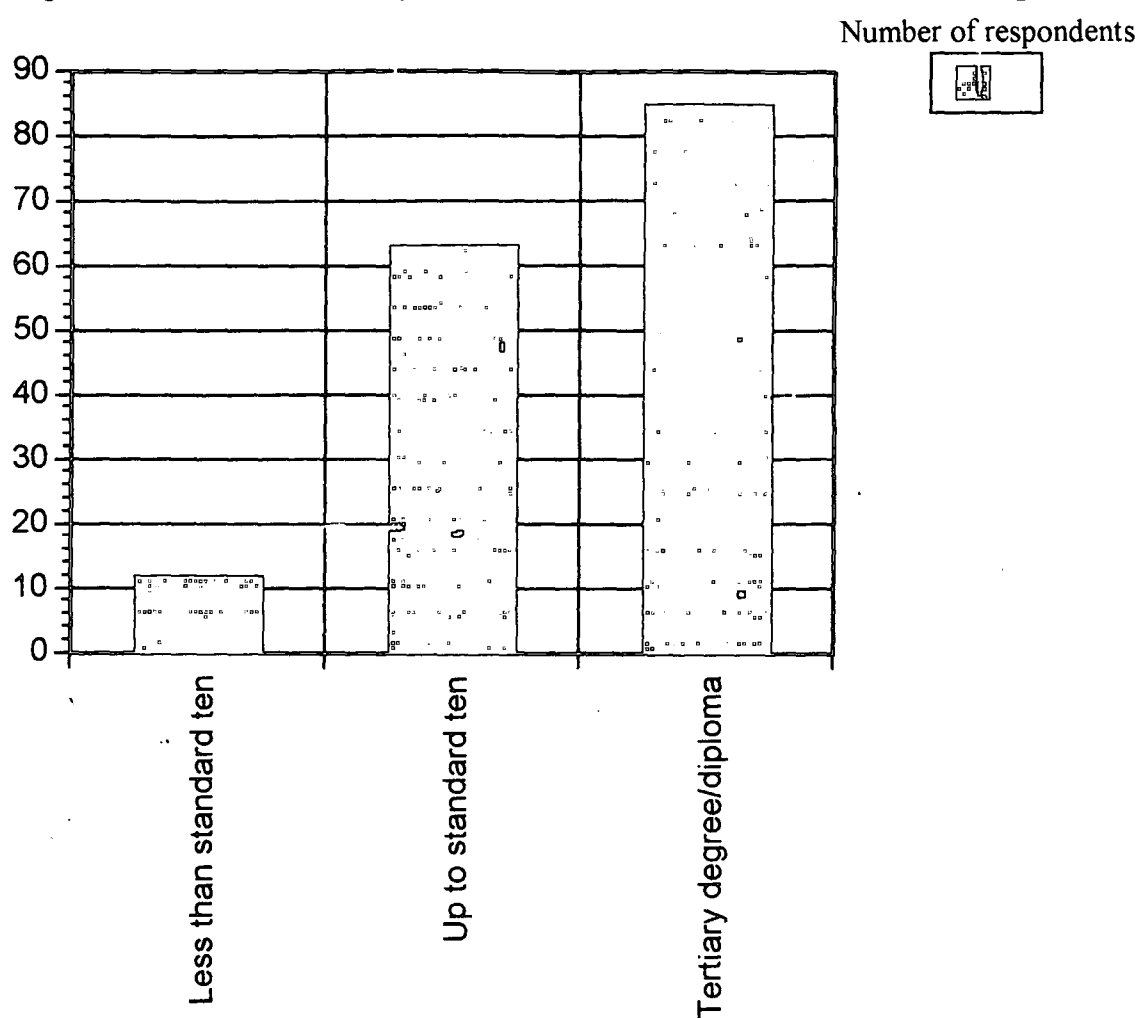
The above graph shows that there is a much larger proportion of female to male respondents in this sample group and that the distribution of respondents is highest in the age groups between 26 and 55 years.

**Figure 4.1.2: Number of respondents in various forms of employment**



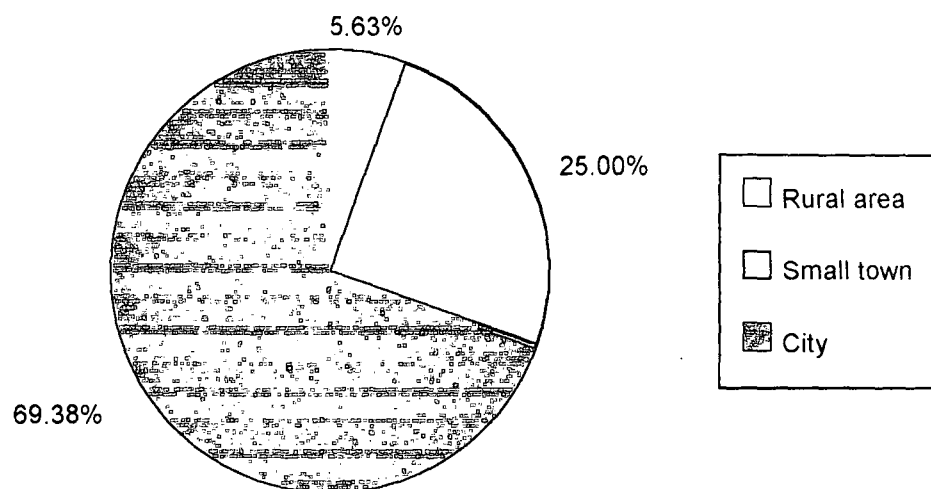
The highest proportion of respondents in this sample are business people (33%). It is important to note the large proportion of unemployed respondents in this sample (29%) but this factor must be seen in the light of the age distribution of the respondents.

Figure 4.1.3: Number of respondents in the various education - level categories



It is obvious from the above graph that the largest proportion of the respondents have some sort of tertiary degree or diploma.

**Figure 4.1.4: Percentage of respondents living in various areas**



**Table 4.1.1: Number and percentage of visits made to the homoeopath for the current complaint**

Number of visits	Number of respondents	Percentage of respondents
First visit	36	23
2-4 visits	79	49
5- 9 visits	21	13
More than 10 visits	24	15

From the table 4.1.1 it is clear that the largest number of respondents in this sample have visited the homoeopath on between 2 and 4 occasions for their complaint (49%), indicating that the complaint may be of a chronic nature.

**Table 4.1.2: Percentage of respondents belonging to a medical aid scheme**

Question	Yes (%)	No (%)
8. Do you belong to any medical aid scheme?	61	39

Sixty one percent of the respondents belong to a medical aid scheme. As mentioned at the beginning of this chapter, an attempt was made to discover which medical aid the

respondents belonged to and whether they pay for the services of a homoeopath. Unfortunately the vast majority of respondents who indicated that they did belong to a medical aid either did not fill in the name of the scheme or if they did, did not bother to indicate whether they cover the cost of a homoeopath's services.

**Table 4.1.3: Percentage of respondents who would consult the private practitioner if their medical aid did not cover the cost**

Question	Yes (%)	No (%)
If your medical aid didn't pay for the services of a homoeopath would you still consult this practitioner?	72	28

A large majority of respondents indicated that they would indeed pay for the services of a homoeopath if their medical aid did not cover the costs.

**Table 4.1.4: Number and percentages of patients presenting with various conditions**

Presenting conditions	Number of respondents	Percentage %
Allergic rhinitis (hay-fever)	19	12
Unexplained fatigue	27	17
Headaches	23	14
Neurotic disorders	23	14
Dermatitis and other skin manifestations	14	9
Ear infections	10	6
Upper respiratory infection	14	9
Premenstrual syndrome	5	3
Period pains	15	9
Functional bowel syndrome	24	15
Asthma	10	6
Other	34	21

It is important to note the high proportion of respondents who indicated that they suffer from "unexplained fatigue (17%), headaches (14%), neurotic disorders (14%)" and female complaints such as "period pains (15%) " and "Premenstrual syndrome (5%)".

**Table 4.1.5: Various conditions reported under "other" in question ten and the percentage of patients presenting with these conditions**

<b>Types of complaints listed under "other" in question 10</b>	<b>Percentage of respondents</b>
Arthritis	3%
Cystitis	1%
Diabetes	0.6%
Hypercholesterolaemia	0.6%
Hypertension	8%
Hypotension	0.6%
Infertility	0.6%
Menopausal symptoms	4%
Musculoskeletal complaints other than arthritis	5%
Nail infection	0.6%
Obesity	0.6%
Post natal depression	0.6%
Prostatitis	1%
Protracted menses	0.6%
Sinusitis	0.6%
Stress	1%
Stroke	0.6%
Tonsillitis	1%
Vaginal infection	1%
Water retention	0.6%

Table 4.1.5 shows that many female complaints are commonly seen by the homoeopath as well as chronic conditions such as arthritis, diabetes and hypertension. It is also important to note that these chronic ailments usually require life-long drug regimens.

**Table 4.1.6: The duration of the current complaint**

<b>Duration of complaint</b>	<b>Number of respondents</b>	<b>Percentage %</b>
Less than one week	10	6,3
More than one week but less than a month	18	11,3
More than one month but less than a year	45	28,1
More than one year	87	54,3

Most of the respondents indicated that their current complaint was of chronic duration and this coincides with the information obtained from Table 4.1.1 where most of the respondents indicated that they had made between 2 and 4 visits to the homoeopath for their complaint.

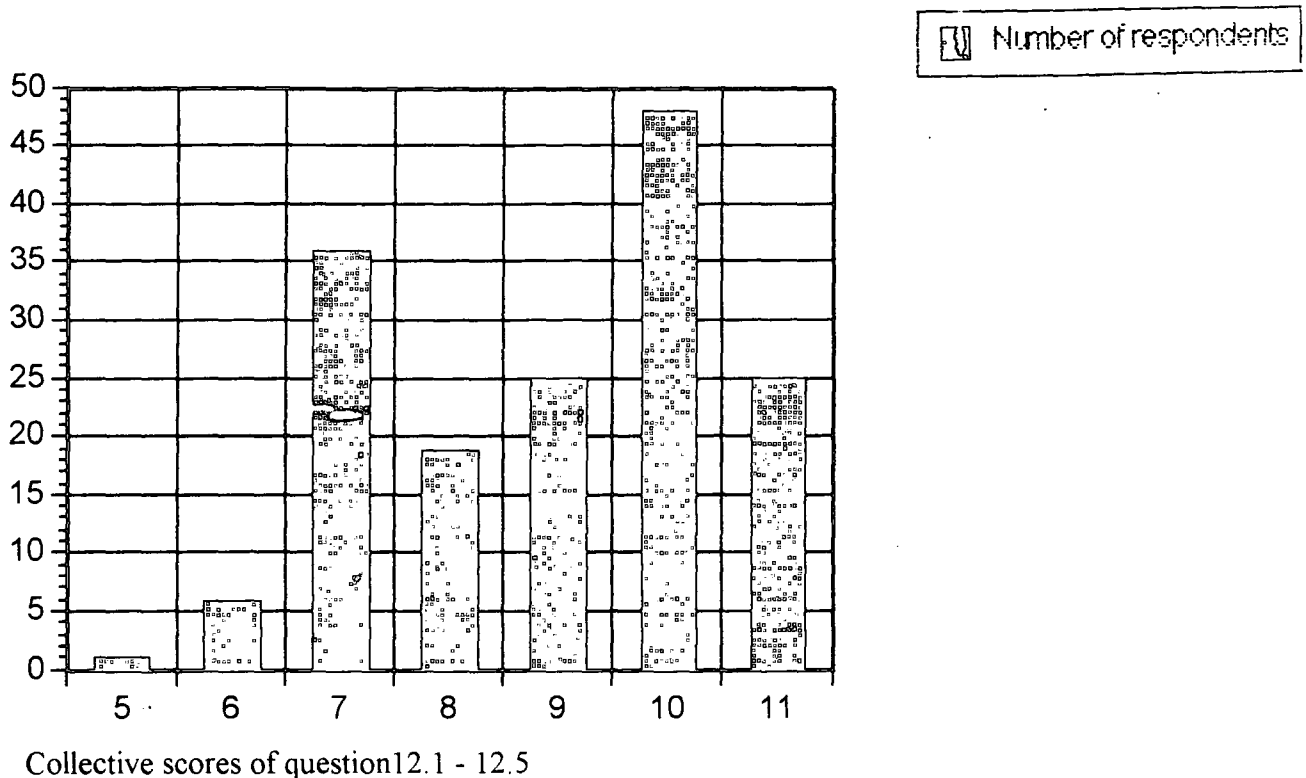


**Table 4.1.7: Mode and percentage of respondents who selected the mode for various categories of question 12**

Question 12: Clinical methods employed	Mode	Percentage of respondents
12.1 How long was the consultation: > 1 hour = 1 > 1/2 hour = 2 < 1/2 hour = 3	2	59%
12.2 Do you think that the doctor questioned you thoroughly on your condition: Yes = 1 No = 2	1	100%
12.3 Did the doctor examine you at all: Yes = 1 No = 2	1	74%
12.4 If you answered "yes" to the above please indicate if the examination was: General = 1 Regional = 2	1	67%
12.5 Did the practitioner take your blood pressure? Yes=1 No = 2	1	81%

All the patients in this sample group indicated that they felt that the doctor had questioned them thoroughly about their condition. The majority of respondents (74%), indicated that they were examined by the doctor and 87% of respondents indicated that the doctor measured their blood pressure. The majority of respondents indicated that the consultation was thorough and that a physical examination was performed.

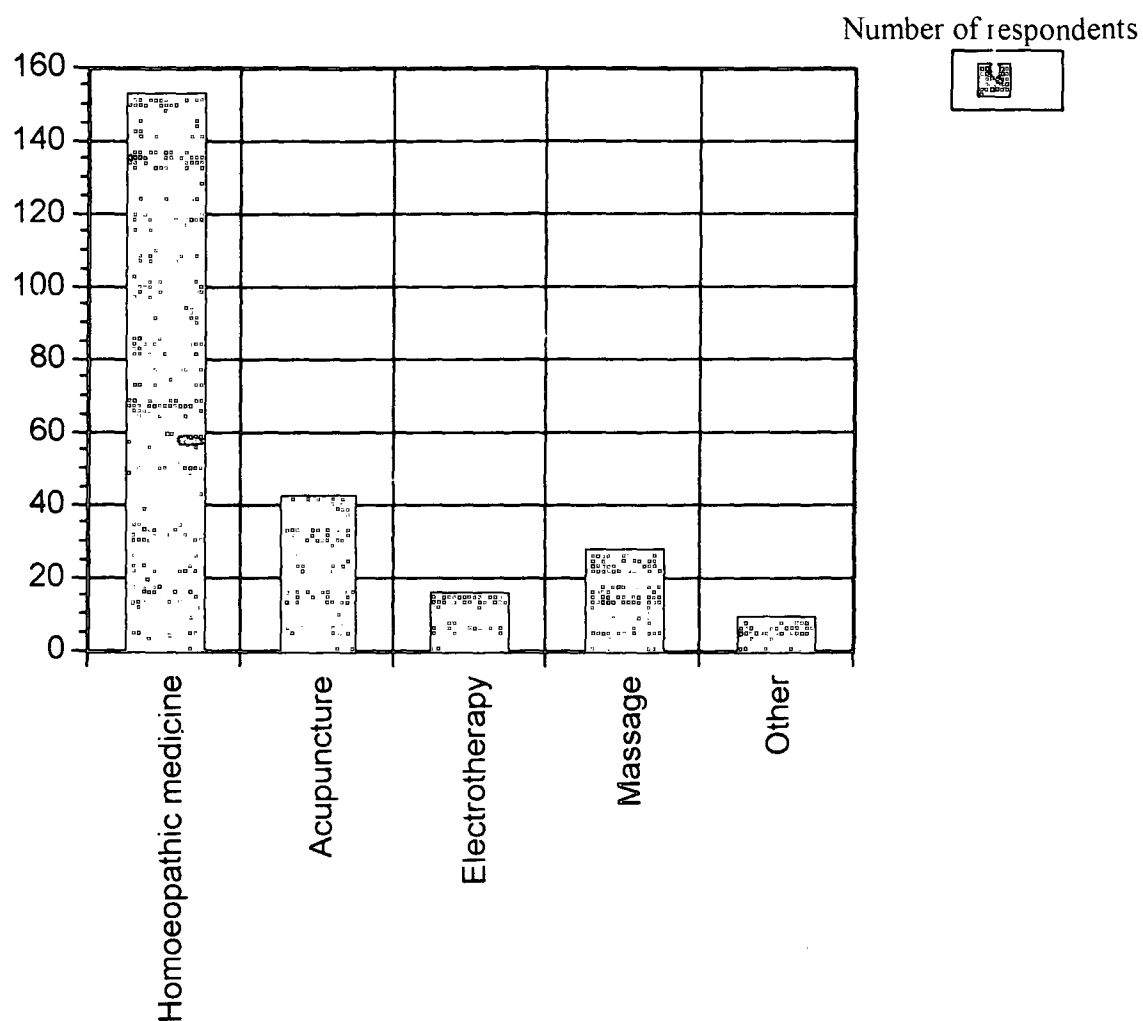
**Figure 4.1.5: Collective scores for question 12.1 - 12.5 where the maximum score is 11 - that being the most positive score, and the minimum score is 5.**



The numbers which the respondents selected for each answer of questions 12.1 to 12.5 were added together to score the question in its entirety. The order in which the questions appeared in the questionnaire and the scores for each were chosen in such a way that the most efficient clinical consultation scored 11 points i.e., the consultation was an hour or longer, the patient was questioned thoroughly, the practitioners examined the patient, a general physical examination was performed and the blood-pressure of the patient was taken. The most inefficient clinical consultation scored 5 points.

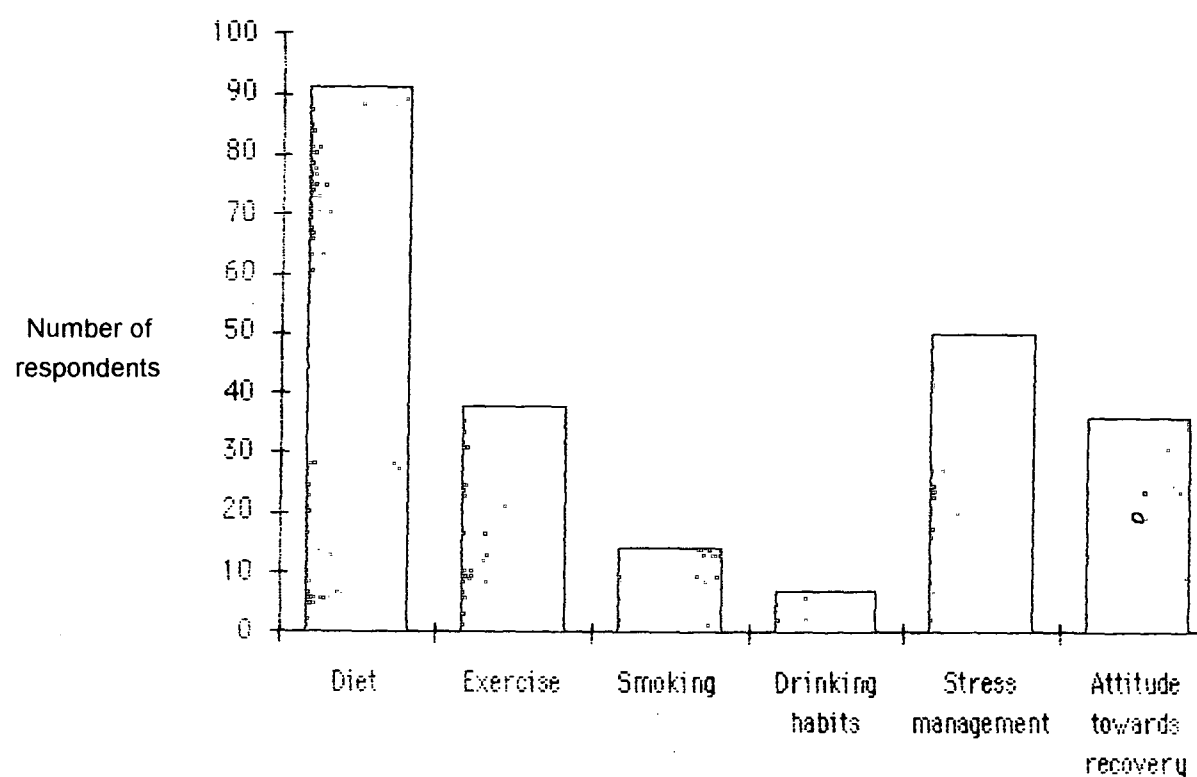
Figure 4.1.3 indicates that the majority of patients (48%) gave the clinical consultation a score of 10 points. It is important to note, however, that the second highest number of respondents (36%) gave the clinical consultation a score of 7 points.

Figure 4.1.6: Method of treatment used by practitioner



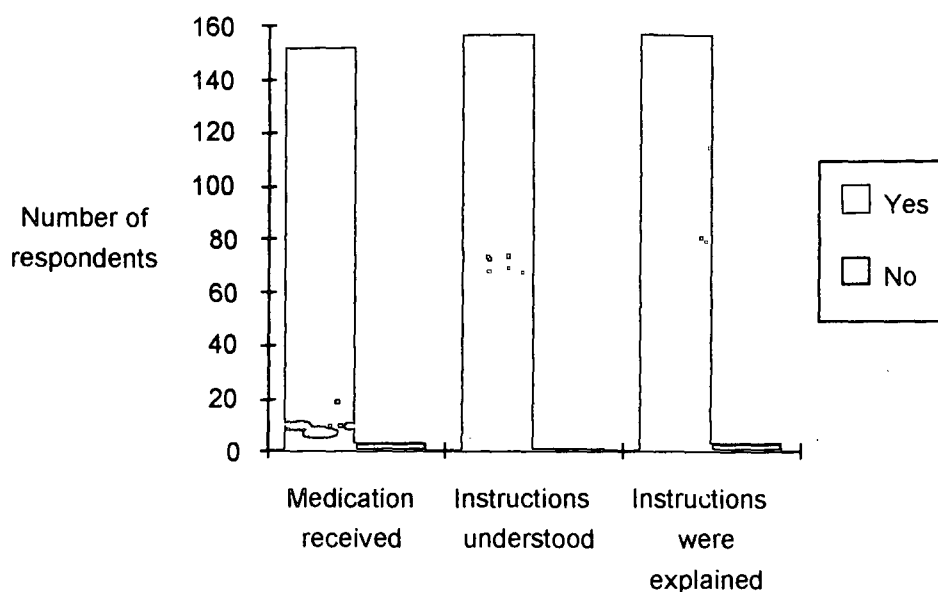
From Figure 4.1.6 it is clear that the majority of practitioners use only homoeopathic medicine as a therapeutic method in their practices, but a certain proportion of them also use adjuncts such as acupuncture etc.

**Figure 4.1.7: Changes to life-style of patients as recommended by homoeopath**



From the above graph it is clear that homoeopathic private practitioners place great emphasis on the diet of the patient as well as concentrating on stress management. The seemingly lowered emphasis on smoking and drinking habits may be as a result of the variability of the sample and may not be a true reflection of the practitioner's concern with these factors.

**Figure 4.1.8: Response regarding dispensing of medicine in a private practice**



The response to the questions concerning medication was overwhelmingly positive, indicating that homoeopathic private practitioners deliver a complete service to their patients.

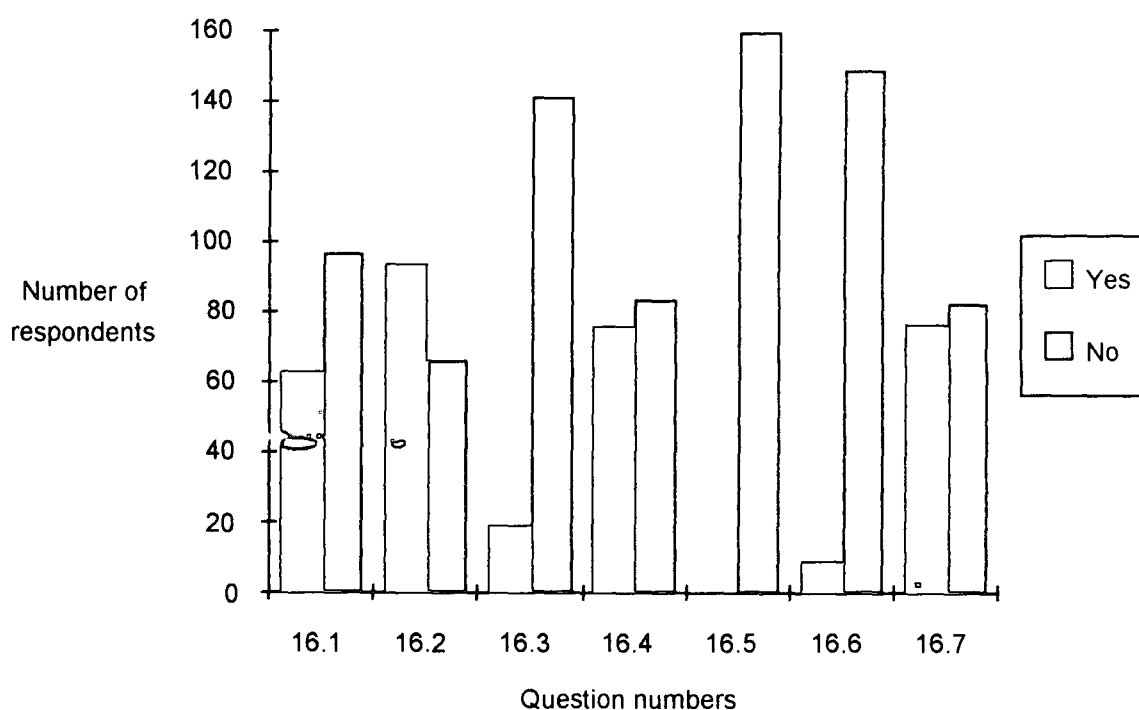
**Table 4.1.8: Method of referral to private practitioner**

Referral method	Number of respondents	Percentage %
Friend	87	54
Family member	53	33
Advertisement	5	3
Medical Practitioner	4	3
Telephone directory	4	3
Complementary therapist	7	4

The majority of respondents (54%) indicated that they were referred to the homoeopath by a friend or family member.

Very few of the respondents indicated that they responded to an advertisement even though the legislation governing homoeopaths in South Africa does allow them to advertise.

**Figure 4.1.9: Reasons for consulting a homoeopathic private practitioner**



The questions for the above graph are as follows:

16. Why are you now coming to the therapist at this practice/clinic?
- 16.1 you were not happy with your previous practitioner,
- 16.2 you were not happy with the treatment the other practitioner was offering,
- 16.3 your previous practitioner decided that he could no longer help you,
- 16.4 you decided that your previous practitioner could not help you any more,
- 16.5 your previous practitioner suggested you see the doctor at this practice/clinic,
- 16.6 you decided to see the practitioner at this practice/clinic,
- 16.7 to get another opinion about this complaint.

For each of the above questions the responses from which the respondents had to choose were either "yes" or "no".

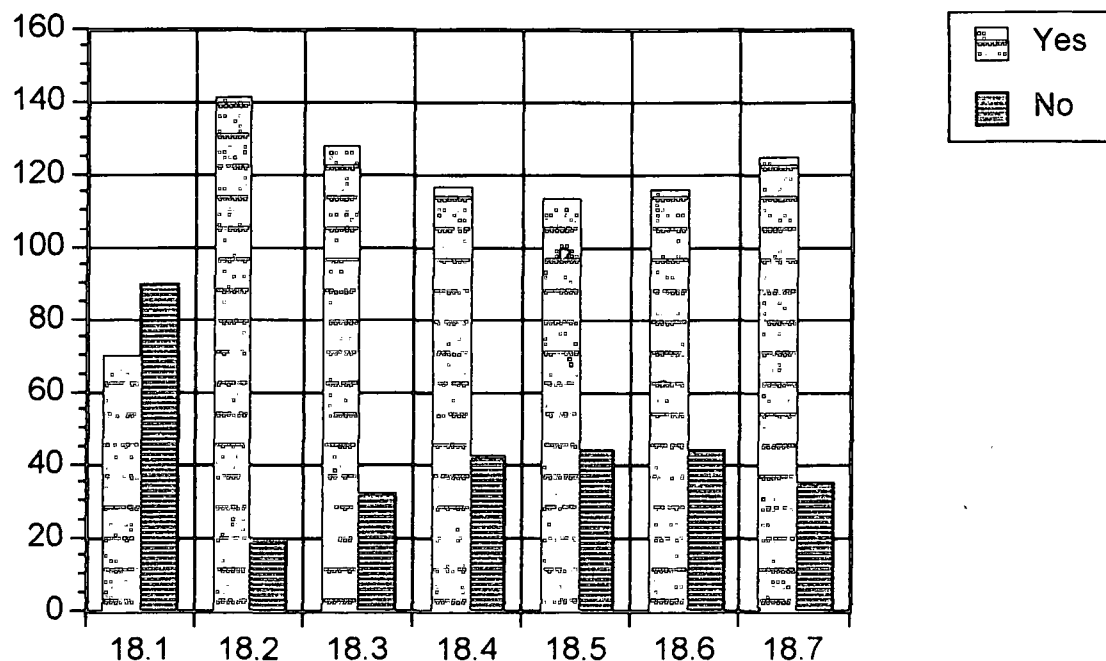
A large proportion of the respondents (approximately 98%) consulted the private practitioner either because they were unhappy with the treatment they were receiving from their previous practitioner, or to obtain another opinion about their complaint. A large number of respondents indicated that the decision to consult a homoeopath was their own (80%).

**Table 4.1.9: Patients' perception of homoeopathic treatment**

Question 17	Great deal	Fair amount	Little	Not at all	No opinion
17.1 Please indicate to what extent you believe that the treatment program may have resulted in an improvement of your symptoms.	99	38	6	2	15
17.2 To what extent did you find that the practitioners explanation contributed to a change in your symptoms or feeling of well-being?	89	40	11	3	17
17.3 To what extent did you find the treatment program to be holistic i.e. encompassing more facets than merely taking medicine?	75	45	15	3	22
17.4 To what extent did the treatment program improve your outlook regarding recovery from this ailment?	97	38	5	1	19
17.5 How much did you have to adapt your current life-style to adhere to the prescribed treatment program?	21	28	74	25	12

An outstanding feature of the above table is the large number of respondents who felt that the treatment program resulted in a great deal of improvement in their symptoms (62%) as well as the large proportion of respondents who found the treatment program to be holistic (56%). The majority (61%) of respondents also found that the treatment program improved their outlook regarding recovery from their ailment a great deal.

Figure 4.1.10: Expectations of patients regarding homoeopathic consultation



Question 18 reads as follows:

18. What are/were you hoping to get out of your consultation with this practitioner?
- 18.1 to try to improve the symptoms (not to attack the underlying disease),
  - 18.2 to try and improve the illness (to get rid of the underlying disease),
  - 18.3 to try and prevent the illness from getting worse,
  - 18.4 to get a greater understanding of the cause of the complaint,
  - 18.5 to get a greater knowledge of the complaint,
  - 18.6 to find out whether or not if you improve your general health level, your complaint is likely to improve,
  - 18.7 to focus on your health in general.

All the above were 'yes/no' questions.

Most of the respondents in this sample (88%) were concerned with removing the underlying disease, not only their symptoms.

The majority of respondents were concerned with gaining a greater understanding of their complaint (73%), increasing their knowledge of the complaint (71%), improving their general level of health (73%) and focusing on their health in general (78%).



## 4.2 SAMPLE OBTAINED FROM THE HOMOEOPATHIC DAY CLINIC

Figure 4.2.1: Ratio of Male: Female patients in the various age categories

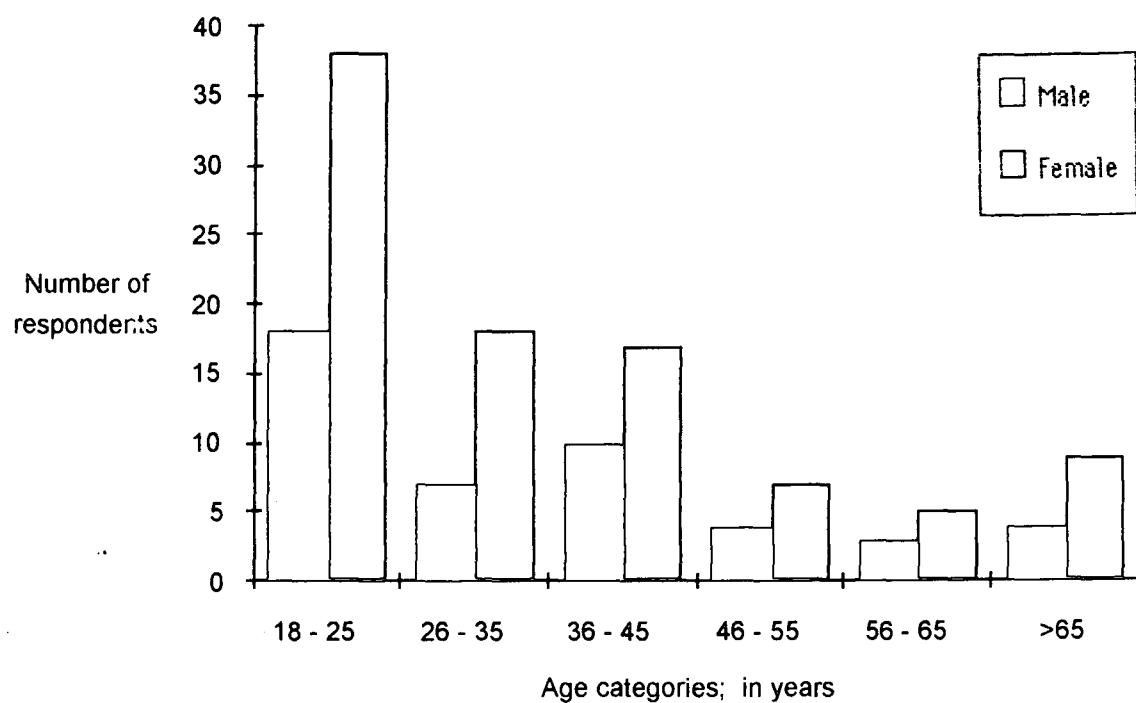
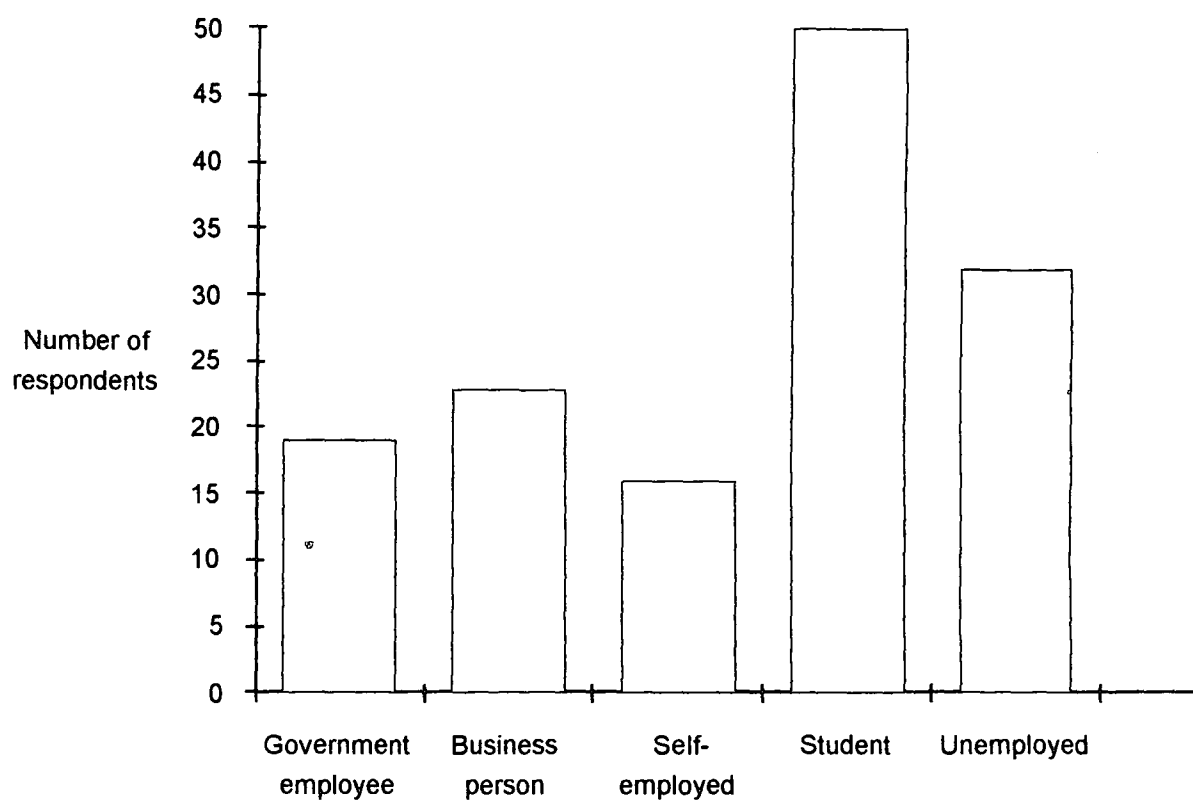


Figure 4.2.1 shows that most of the respondents in this sample are in the 18-25 age group and that the proportion of females is much larger than that of males.

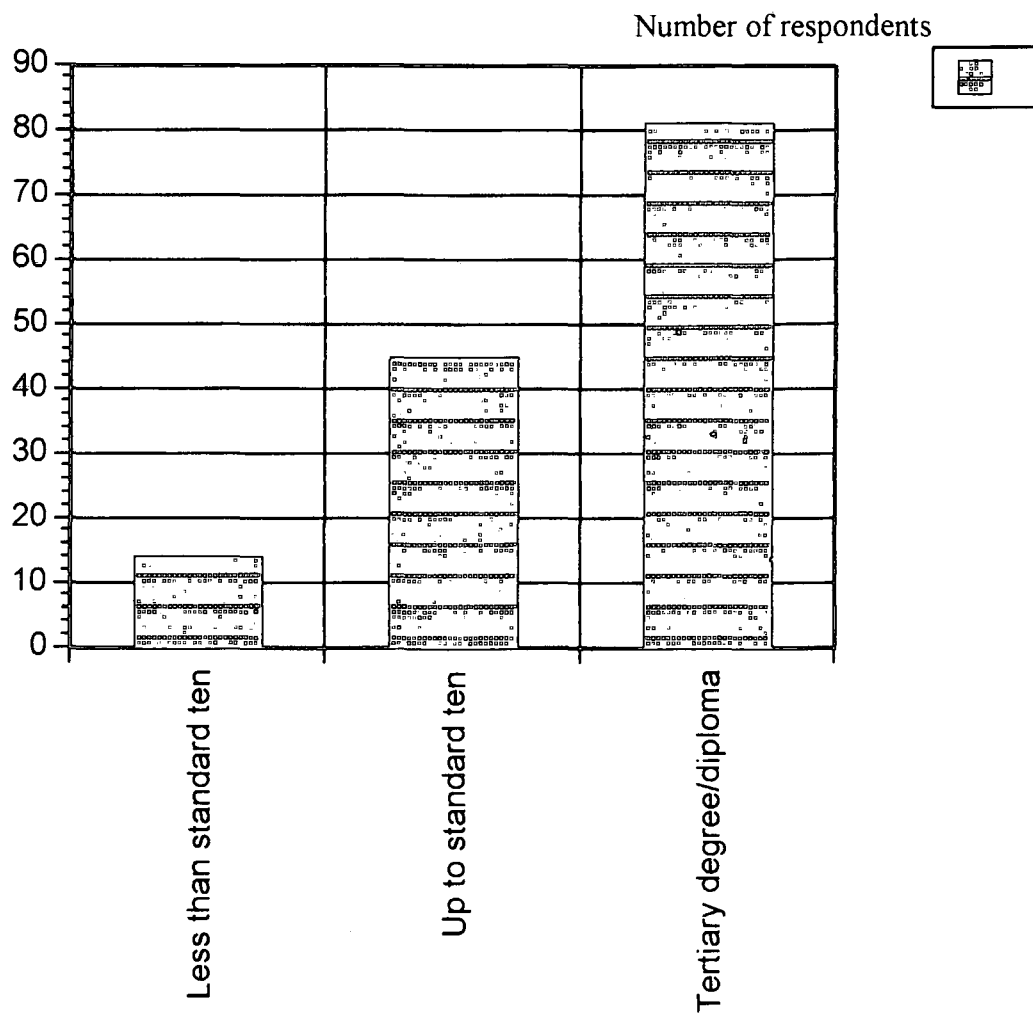
Figure 4.2.2: Number of respondents in various forms of employment



The highest proportion of respondents in this sample is students (36%).

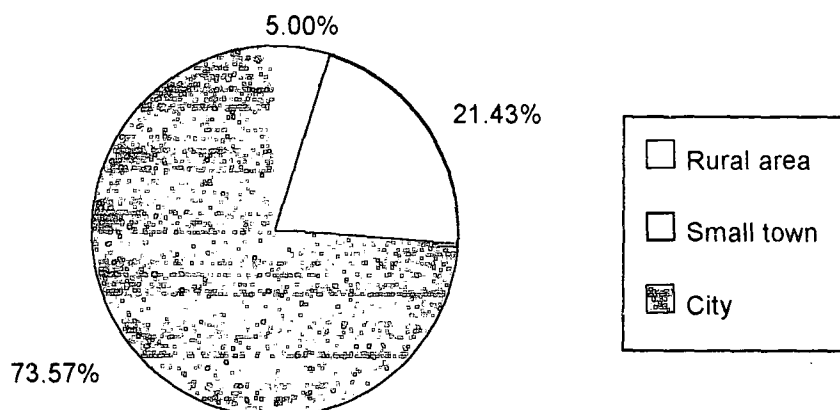
It is important to note the large proportion of unemployed respondents in this sample (23%), but this factor must be seen in the light of the age distribution of the respondents.

Figure 4.2.3: Number of respondents in the various education level categories



The largest proportion of respondents have a tertiary qualification.

**Figure 4.2.4: Percentage of respondents living in various areas**



**Table 4.2.1: Number and percentage of visits made to the Homoeopathic Day Clinic for the current complaint**

Number of visits	Number of respondents	Percentage %
First visit	67	48
2- 4 visits	60	43
5- 9 visits	9	6
More than ten visits	4	3

From Table 4.2.1 it is clear that the majority of respondents consulted the practitioner for the first time regarding their current complaint (48%). It is important to note that the second highest number of respondents in this sample indicated that they had attended the clinic between 2 and 4 times (43%) and that this number is proportionally only slightly less than in the private practitioner sample.

**Table 4.2.2: Percentage of respondents belonging to a medical aid scheme**

Question 9	Yes (%)	No (%)
Do you belong to any medical aid scheme?	57	43

More than half of the respondents belong to a medical aid scheme (57%). As mentioned at the beginning of this chapter, an attempt was made to discover which medical aid the respondents belonged to and whether they pay for the services of a homoeopath.

Unfortunately the vast majority of respondents who indicated that they did belong to a medical aid either did not fill in the name of the scheme or if they did, did not bother to indicate whether they cover the cost of a homoeopath's services.

**Table 4.2.3: Percentage of respondents who would consult the student at the Homoeopathic Day Clinic if their medical aid did not cover the cost**

Question	Yes (%)	No (%)
If your medical aid didn't pay for the services of a homoeopath would you still consult this practitioner?	48	52

It is important to note that less than half of the respondents indicated that they would be willing to attend the Day Clinic if their medical aid did not cover the costs.

**Table 4.2.4: Number and percentages of patients presenting with various conditions**

Presenting conditions	Number of respondents	Percentage %
Allergic rhinitis (hay fever)	7	5
Unexplained fatigue	6	4
Headaches	8	6
Neurotic disorders	5	4
Dermatitis and related skin diseases	23	16
Ear infections	3	2
Upper respiratory infections	8	6
Premenstrual syndrome	15	11
Period pains	5	4
Functional bowel syndrome	12	9
Asthma	2	1
Other	62	44

Table 4.2.4 indicated that after dermatological disorders, the highest proportion of respondents suffer from premenstrual syndrome (11%). A large number of respondents also indicated that they suffered from a complaint other than one of those listed in the questionnaire (44%).

**Table 4.2.5: Various conditions reported under "other" in question ten and the percentage of patients presenting with these conditions**

Types of complaints listed under "other" in question 10	Percentage of respondents
Arthritis	15%
Calcaneal spur	2%
Cellulite	2%
Excessive perspiration	2%
Facial neuralgia	2%
Food allergy	2%
Gout	7%
Glandular fever	2%
Herpes Genitalis	2%
Herpes simplex type I	2%
Hypertension	2%
Influenza	2%
Headache	2%
Chronic fatigue syndrome	2%
Musculoskeletal complaints other than arthritis	15%
Obesity	2%
Prostatitis	2%
Sinusitis	5%
Testalgia	2%
Tinnitus	2%
Tonsillitis	7%
Urinary tract infection	3%
Vaginal infection	2%
Varicose veins	2%
Vitiligo	2%
Warts	7%

Table 4.2.5 shows that many female complaints are commonly seen by the homoeopath as well as chronic conditions such as arthritis. It is also important to note that these chronic ailments usually require life-long drug regimens which may have harmful side-effects.

**Table 4.2.6: The duration of the current complaint**

Duration of complaint	Number of respondents	Percentage %
Less than one week	8	6
More than one week but less than one month	8	6
More than one month but less than one year	30	21
More than one year	94	67

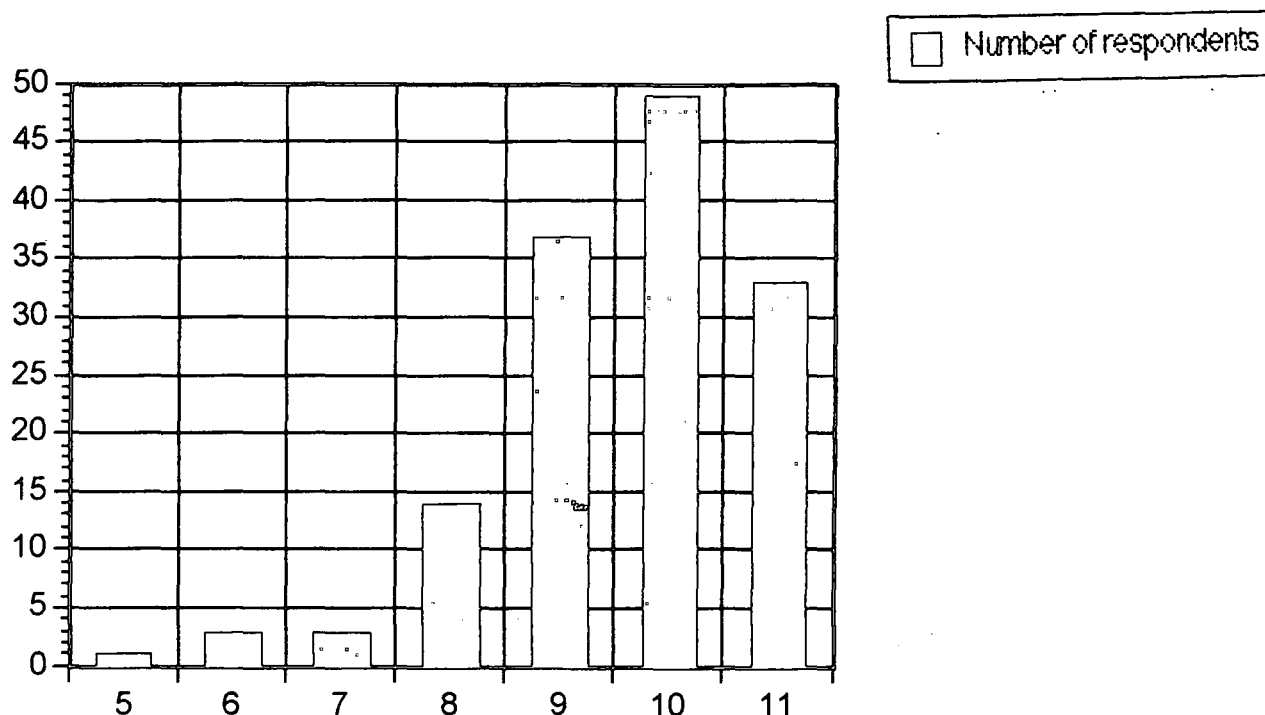
Most of the respondents, 67%, indicated that their current complaint was chronic (of more than one year's duration).

**Table 4.2.7: Mode and percentage of respondents who selected the mode for various categories of question 12**

Question 12: Clinical methods employed	Mode	Percentage of respondents
12.1 How long was the consultation: > 1 hour = 1 > 1/2 hour = 2 < 1/2 hour = 3	2	61%
12.2 Do you think that the doctor questioned you thoroughly on your condition: Yes = 1 No = 2	1	99%
12.3 Did the doctor examine you at all: Yes = 1 No = 2	1	99%
12.4 If you answered "yes" to the above please indicate if the examination was: General = 1 Regional = 2	1	71%
12.5 Did the practitioner take your blood pressure? Yes=1 No = 2	1	97%

The vast majority of respondents indicated that the consultation was thorough and that the student did perform a clinical physical examination.

**Figure 4.2.5: Collective scores for question 12.1 - 12.5 where the maximum score is 11 - that being the most positive score, and the minimum score is 5**



Collective scores for question 12.1 - 12.5

The numbers which the respondents selected for each answer of questions 12.1 to 12.5 were added together to score the question in its entirety. The order in which the questions appeared in the questionnaire and the scores for each were chosen in such a way that the most efficient clinical consultation scored 11 points i.e.. the consultation was an hour or longer, the patient was questioned thoroughly, the practitioners examined the patient, a general physical examination was performed and the blood-pressure of the patient was taken. The most inefficient clinical consultation scored 5 points.

Most of the respondents (35%), gave the clinical consultation a score of 10 points and the second highest scoring category was that of nine points (26%), indicating a very positive result as far as the procedures performed by the students were concerned.



Figure 4.2.6: Method of treatment used at the Homoeopathic Day Clinic

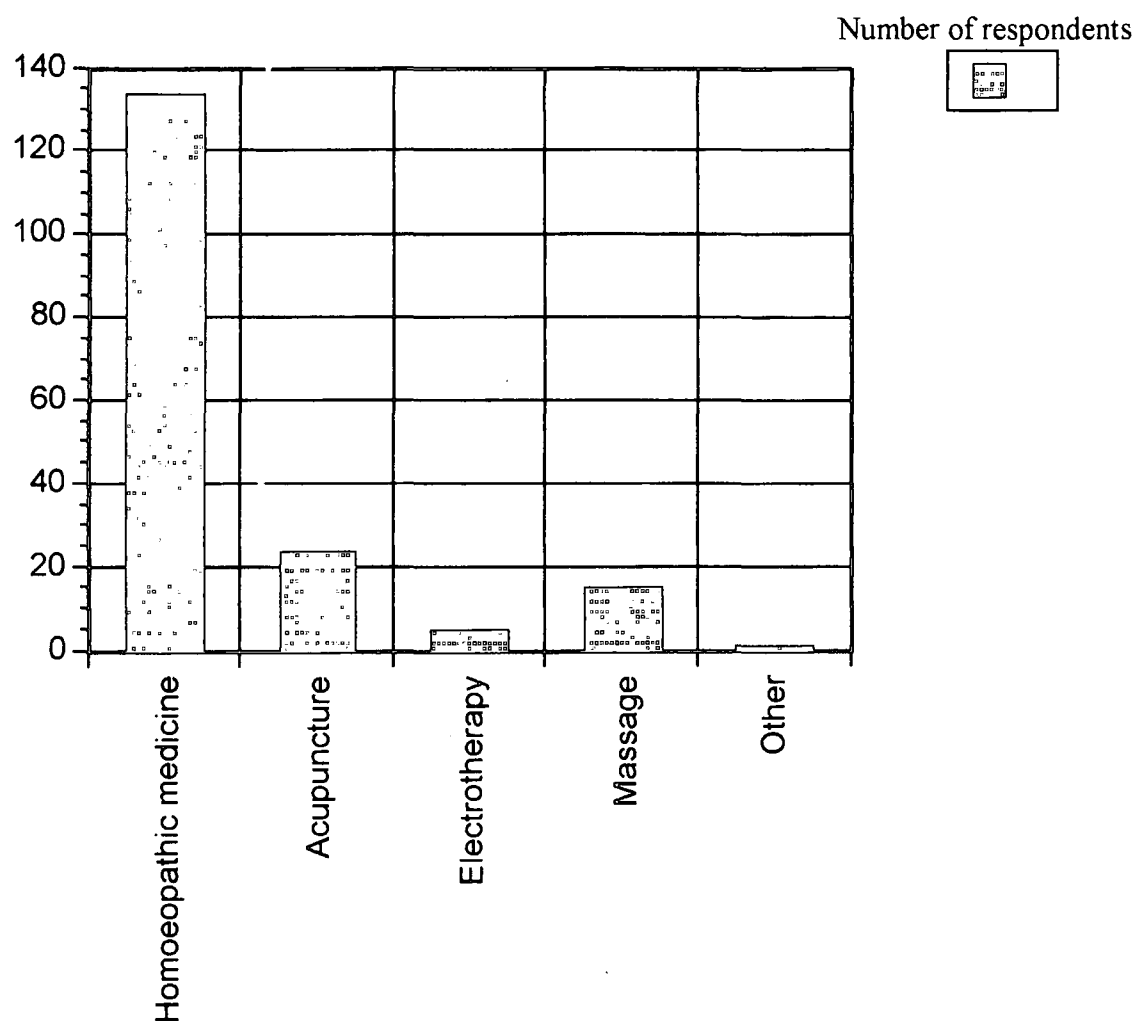
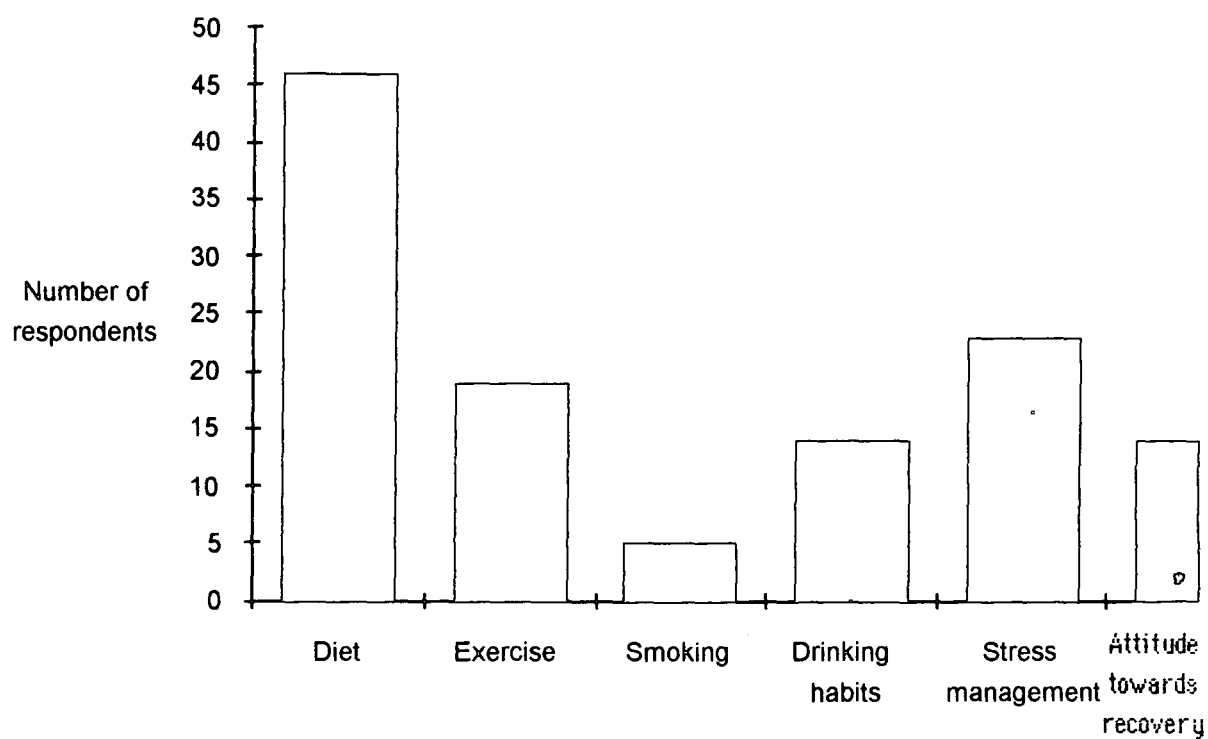


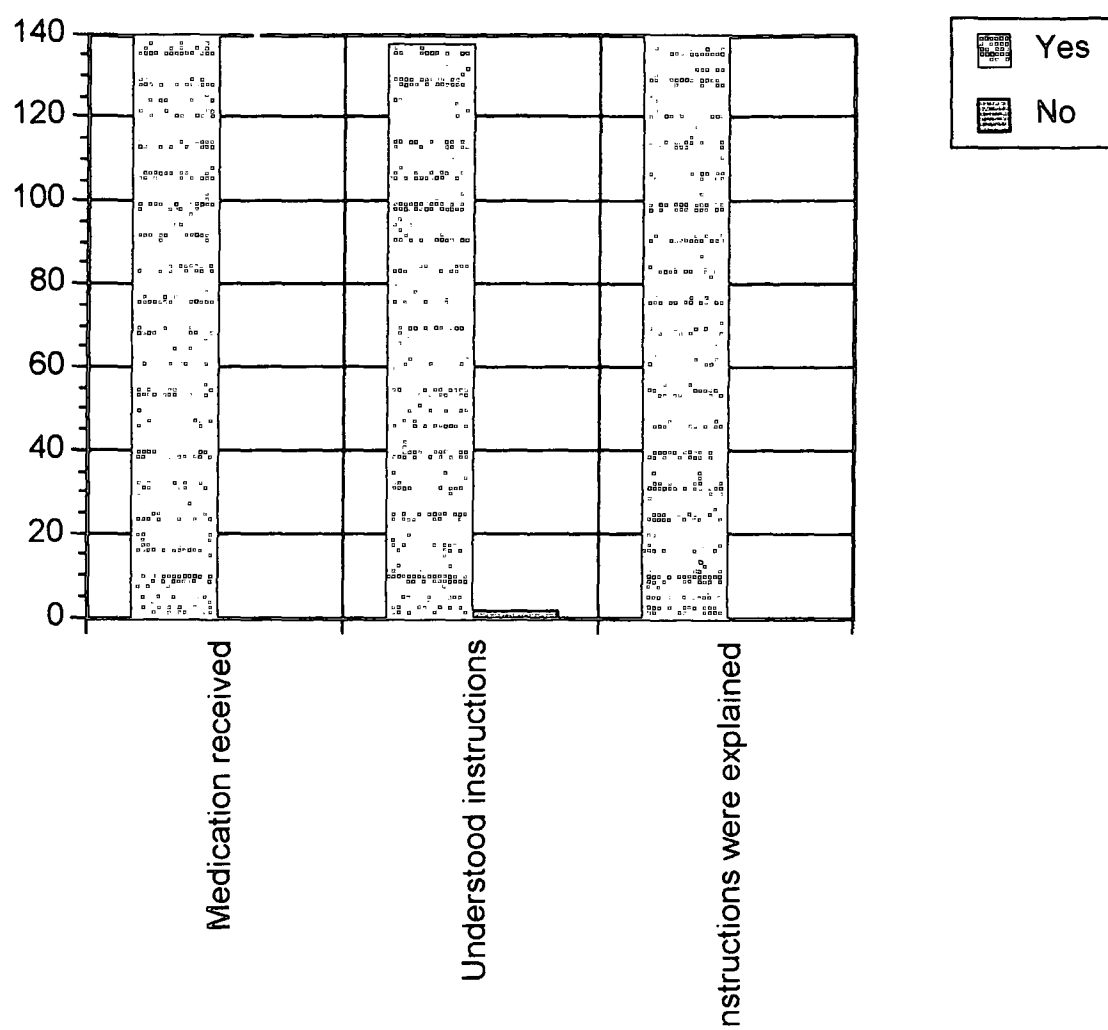
Figure 4.2.6 shows that the students at the Day Clinic use treatment modalities, other than prescribing homoeopathic medicine, infrequently.

Figure 4.2.7: Changes to life-style of patients as recommended by homoeopathic students



The above graph shows that students at the Day Clinic advise patients on correct diet and stress management in particular, as well as prescribing homoeopathic medication.

**Figure 4.2.8: Response regarding dispensing of medicine at the Homoeopathic Day Clinic**



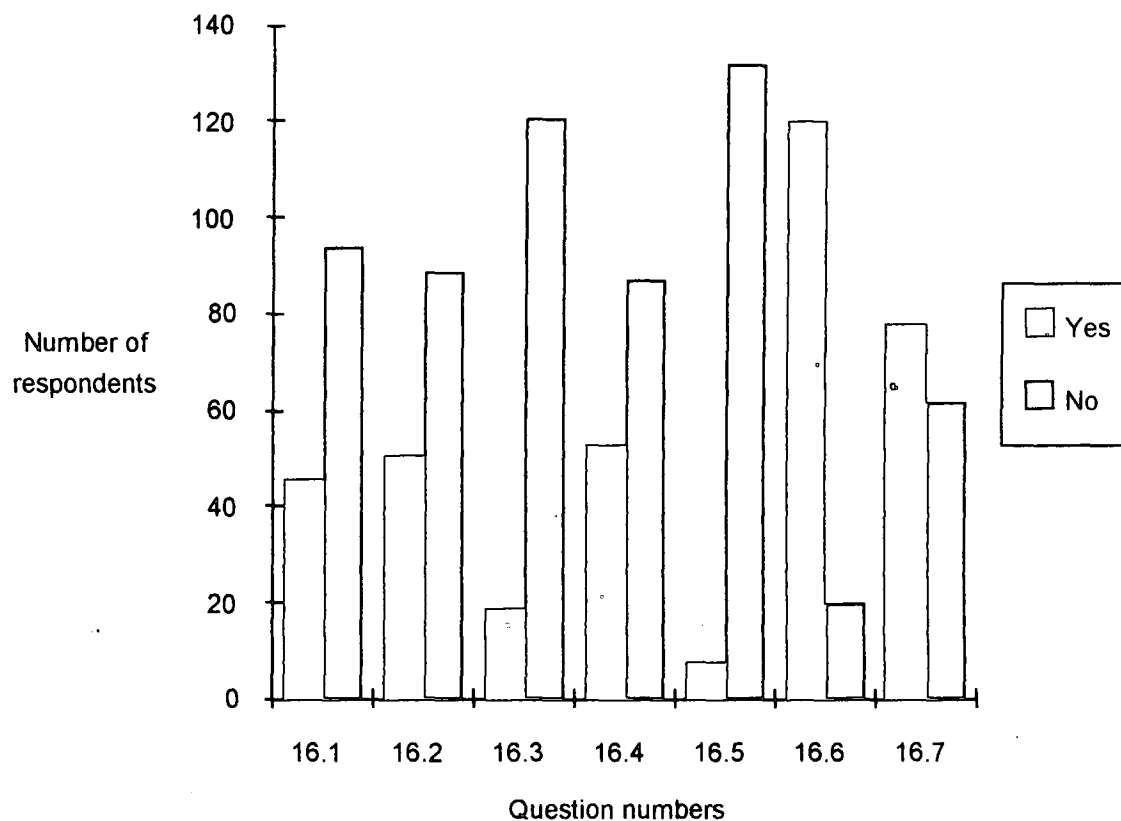
The response to the questions concerning medication was overwhelmingly positive in this sample, indicating that the Day Clinic provides complete service for the patients.

**Table 4.2.8: Method of referral to Homoeopathic Day Clinic**

Referral method	Number of respondents	Percentage %
Friend	64	46
Family member	16	11
Advertisement	44	31
Medical practitioner	5	4
Telephone directory	4	3
Complementary therapist	7	5

The majority of respondents indicated that they were referred by a friend (64%), but it is important to note that the second highest method of referral was in response to an advertisement (44%).

**Figure 4.2.9: Reasons for consulting a practitioner at the Homoeopathic Day Clinic**



The questions for the above graph are as follows:

- 16. Why are you now coming to the therapist at this practice/clinic?
- 16.1 you were not happy with your previous practitioner,
- 16.2 you were not happy with the treatment the other practitioner was offering,
- 16.3 your previous practitioner decided that he could no longer help you,
- 16.4 you decided that your previous practitioner could not help you any more,
- 16.5 your previous practitioner suggested you see the doctor at this practice/clinic,
- 16.6 you decided to see the practitioner at this practice/clinic,
- 16.7 to get another opinion about this complaint.

For each of the above questions the responses from which the respondents had to chose were either "yes" or "no".

The majority of patients in this sample (86%), indicated that the decision to attend the clinic was their own and a large number indicated that the reason for attending the clinic was to obtain another opinion about their complaint (56%).

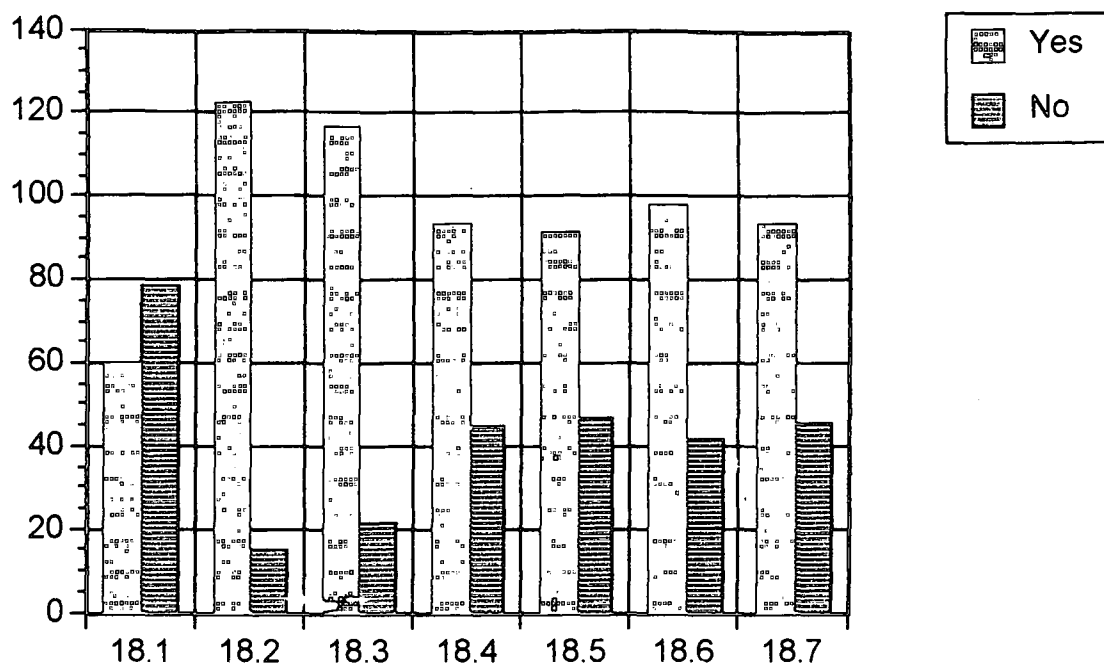
A relatively large proportion of respondents (34%) indicated that the reason they were attending the Day Clinic was because they were unhappy with the treatment that they had received from their previous practitioner.

**Table 4.2.9: Patients' perception of homoeopathic treatment**

Question	Great Deal	Fair amount	Little	Not at all	No opinion
17.1 Please indicate to what extent you believe that the treatment program may have resulted in an improvement of your symptoms.	40	52	18	6	22
17.2 To what extent did you find that the practitioners explanation contributed to a change in your symptoms or feeling of well-being?	33	45	57	7	28
17.3 To what extent did you find the treatment program to be holistic i.e. encompassing more facets than merely taking medicine?	66	57	13	5	29
17.4 To what extent did the treatment program improve your outlook regarding recovery from this ailment?	52	48	14	38	32
17.5 How much did you have to adapt your current life-style to adhere to the prescribed treatment program?	10	22	33	55	23

Table 4.2.9 shows that a relatively low percentage of respondents in this sample felt that the treatment program had improved their symptoms a great deal (29%), although a higher percentage responded that it had improved their symptoms a fair amount (37%). The number of respondents who found the extent of the treatment program to be holistic was also relatively low (24%). The respondents in this group also indicated that they had to make little or no change to their current life-styles in order to adhere to the treatment program (63%).

**Figure 4.2.10: Expectations of patients regarding homeopathic consultation**



Question 18 reads as follows:

18. What are/were you hoping to get out of your consultation with this practitioner?
- 18.1 to try to improve the symptoms (not to attack the underlying disease),
  - 18.2 to try and improve the illness (to get rid of the underlying disease),
  - 18.3 to try and prevent the illness from getting worse,
  - 18.4 to get a greater understanding of the cause of the complaint,
  - 18.5 to get a greater knowledge of the complaint,
  - 18.6 to find out whether or not if you improve your general health level, your complaint is likely to improve,
  - 18.7 to focus on your health in general.

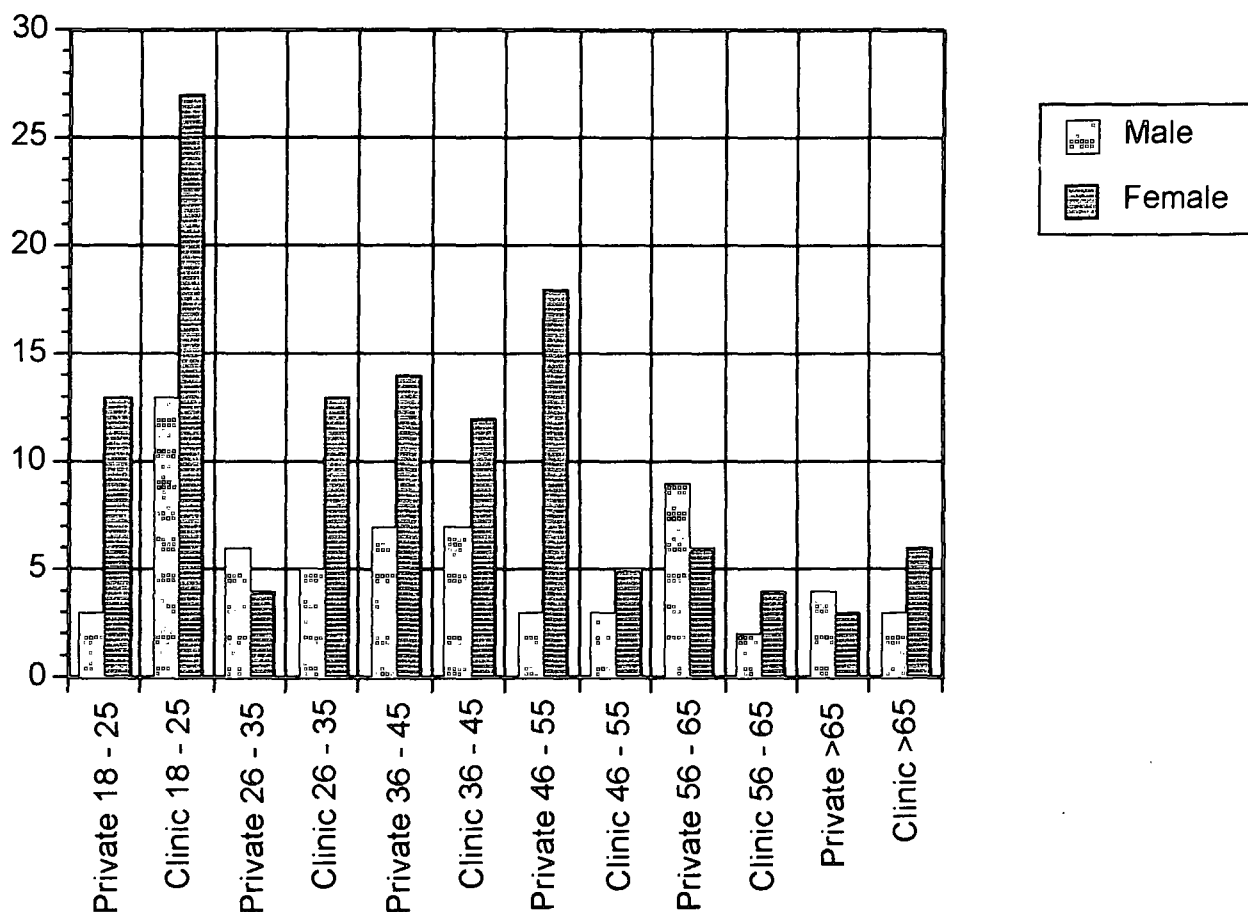
All the above were 'yes/no' questions.

The majority of the respondents (88%) in this sample indicated that they were trying to improve their illness i.e. getting rid of the underlying disease.

Eighty-four percent of the respondents were also concerned about preventing the illness from getting worse. A large proportion of these respondents wanted to find out whether if they improved their general health, it would result in an improvement of their complaint (70%), while 67% of respondents wanted to focus on their health in general.

#### 4.3 DESCRIPTIVE STATISTICS: DIFFERENCES BETWEEN SAMPLE OBTAINED FROM PRIVATE PRACTITIONERS AND SAMPLE OBTAINED FROM THE HOMOEOPATHIC DAY CLINIC

Figure 4.3.1 Comparison of percentage of respondents in various age categories showing differences in distribution between the two sample groups



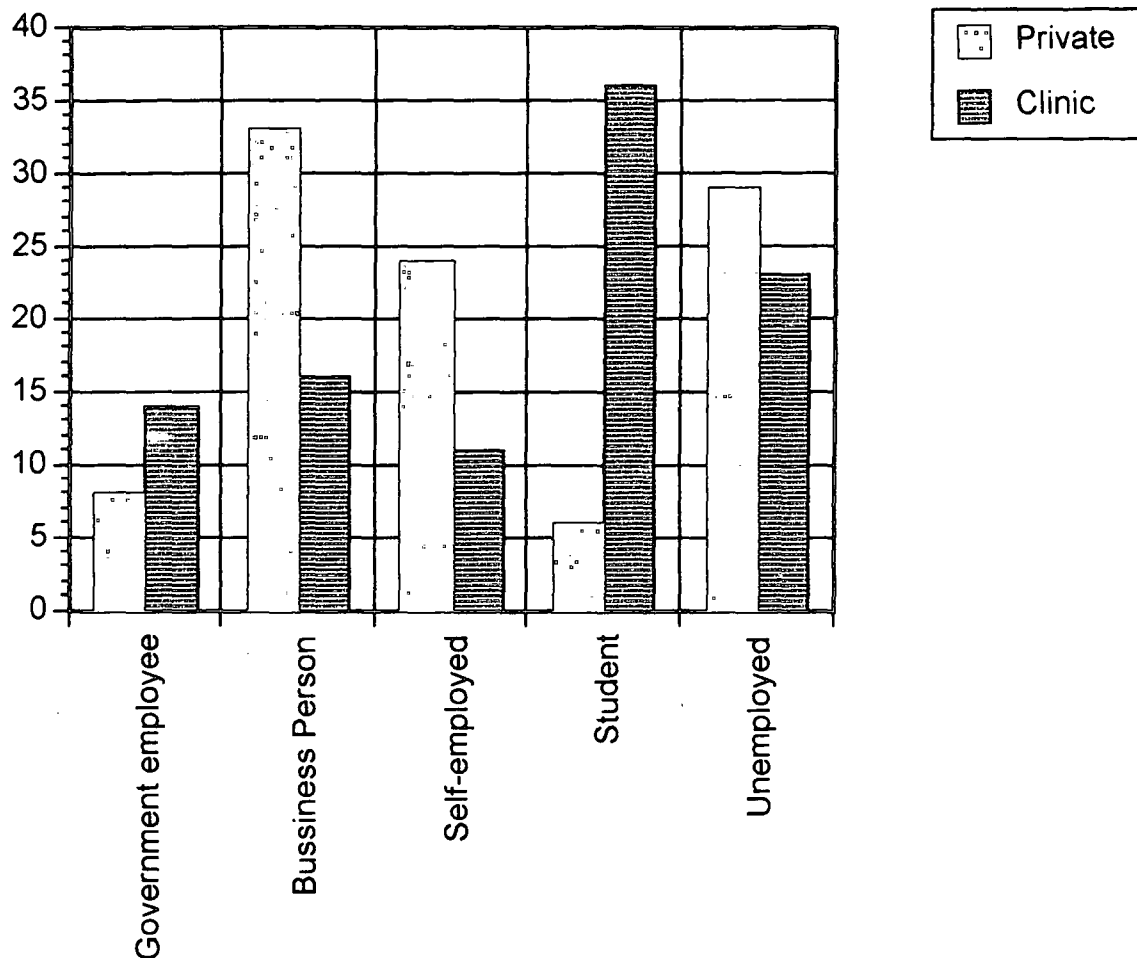
X - axis = Age group categories

Y - axis = Percentage of respondents

This graph shows that the majority of respondents in the private practitioner sample were in the 36-45 and 46-55 age group (21% in both) while the majority of respondents in the clinic group were in the 18-25 year age group.

In both sample groups, the number of female respondents exceeds that of male respondents.

**Figure 4.3.2 Comparison of percentage of respondents from the two samples in various forms of employment**



The above graph shows that there is a higher proportion of government employees in the clinic sample (14%:8%) and that the percentage of business people consulting a private practitioner is higher than that consulting a student at the Day Clinic. It also indicates that there is a much higher percentage of students in the clinic sample than in the private sample.



**Table 4.3.1: Number of visits made to practitioners compared to number of visits made to the Homoeopathic Day Clinic for the current complaint (in percentage)**

Number of visits	Private practitioners (%)	Clinic (%)
First visit	23	48
2- 4 visits	49	43
5 - 9 visits	13	6
More than 10 visits	15	3

Table 4.3.1 shows that more than double the percentage of respondents in the clinic group, as opposed to those in the private group, were attending the clinic for their first consultation in connection with their current complaint, whereas the highest percentage of respondents in the private group indicated that they had visited the homoeopath between 2 and 4 times for their current complaint.

**Table 4.3.2: Percentage of respondents, in both groups, belonging to a medical aid scheme**

Question	Private - Yes	Clinic - Yes
8. Do you belong to any Medical aid scheme?	61%	57%

The above table shows that 4% more respondents in the private sample belong to a medical aid scheme as compared to the clinic sample.

**Table 4.3.3: Percentage of respondents, in both groups, who would consult a practitioner if their medical aid did not cover the cost**

Question	Private - Yes	Clinic - Yes
If your medical aid didn't pay for the services of a homoeopath would you still consult this practitioner?	72%	48%

Table 4.3.3 indicates that 72% of respondents in the private sample would consult a homoeopath if their medical aid did not cover the costs as opposed to 48% in the clinic sample who answered in the same way.

**Table 4.3.4: Percentage of patients in each sample presenting with various conditions**

<b>Presenting conditions</b>	<b>Private (%)</b>	<b>Clinic (%)</b>
Allergic rhinitis (hay-fever)	12	5
Unexplained fatigue	17	4
Headaches	14	6
Neurotic disorders	14	4
Dermatitis and other skin manifestations	9	16
Ear infections	6	2
Upper respiratory infection	9	6
Premenstrual syndrome	3	11
Period pains	9	4
Functional bowel syndrome	15	9
Asthma	6	1
Other	21	44

For differences in the category "other" between the two groups, in the above table see Tables 4.1.5 and 4.2.5

**Table 4.3.5: Differences in the duration of the current complaint in both sample groups**

<b>Duration of complaint</b>	<b>Private practitioners (%)</b>	<b>Clinic (%)</b>
Less than one week	6,3	6
More than one week but less than a month	11,3	6
More than one month but less than a year	28,1	21
More than one year	54,3	67

From the above table, it is clear that the majority of respondents in both samples were suffering from complaints of a chronic nature.

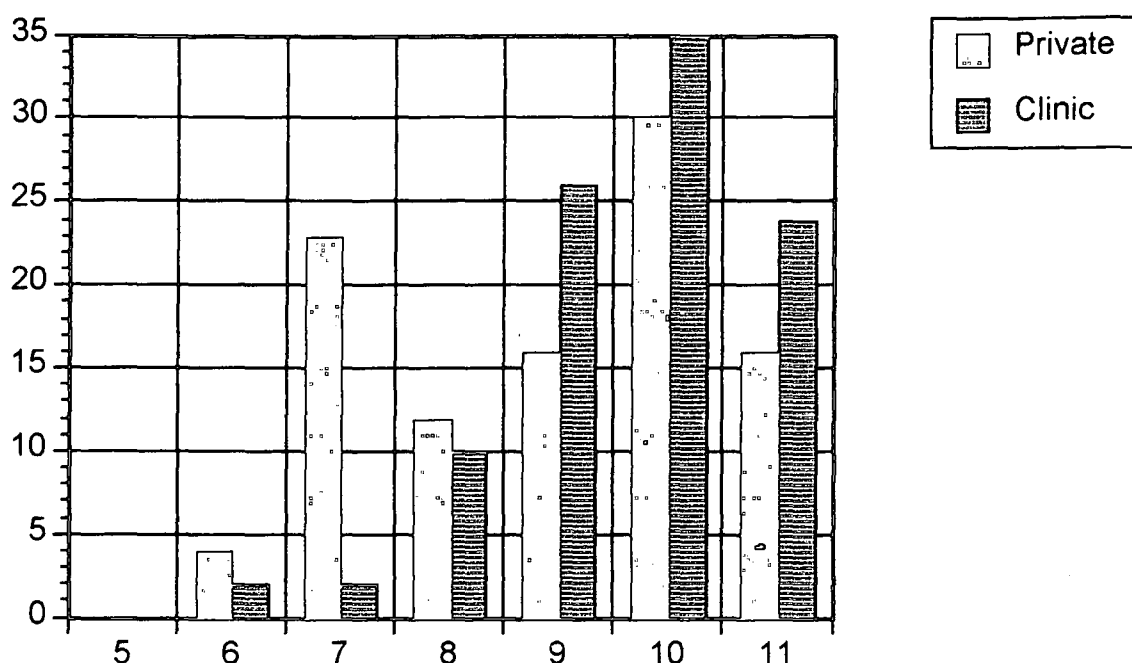
**Table 4.3.6: Differences between sample groups regarding question 12.3 and 12.5**

Question 12: Clinical methods employed	Private Mode	Private Percentage %	Clinic Mode	Clinic Percentage %
12.3 Did the doctor examine you at all: Yes = 1 No = 2	1	74%	1	99%
12.5 Did the practitioner take your blood pressure?	1	81%	1	97%

In Table 4.3.6 only the differences in the two samples between question 12.3 and 12.5 are shown. This is because the differences between the two groups for the other sub-sections of question 12, were so slight as to not warrant them being represented.

Table 4.3.6 shows that a greater number of respondents in the clinic group indicated that they had been physically examined and had their blood-pressure taken by the student, than the number of respondents in the private group who indicated that the practitioner had examined them and taken their blood-pressure.

**Figure 4.3.3: Comparison between the two samples' total score categories for question 12.1 - 12.5 and the percentage of respondents in each category.**



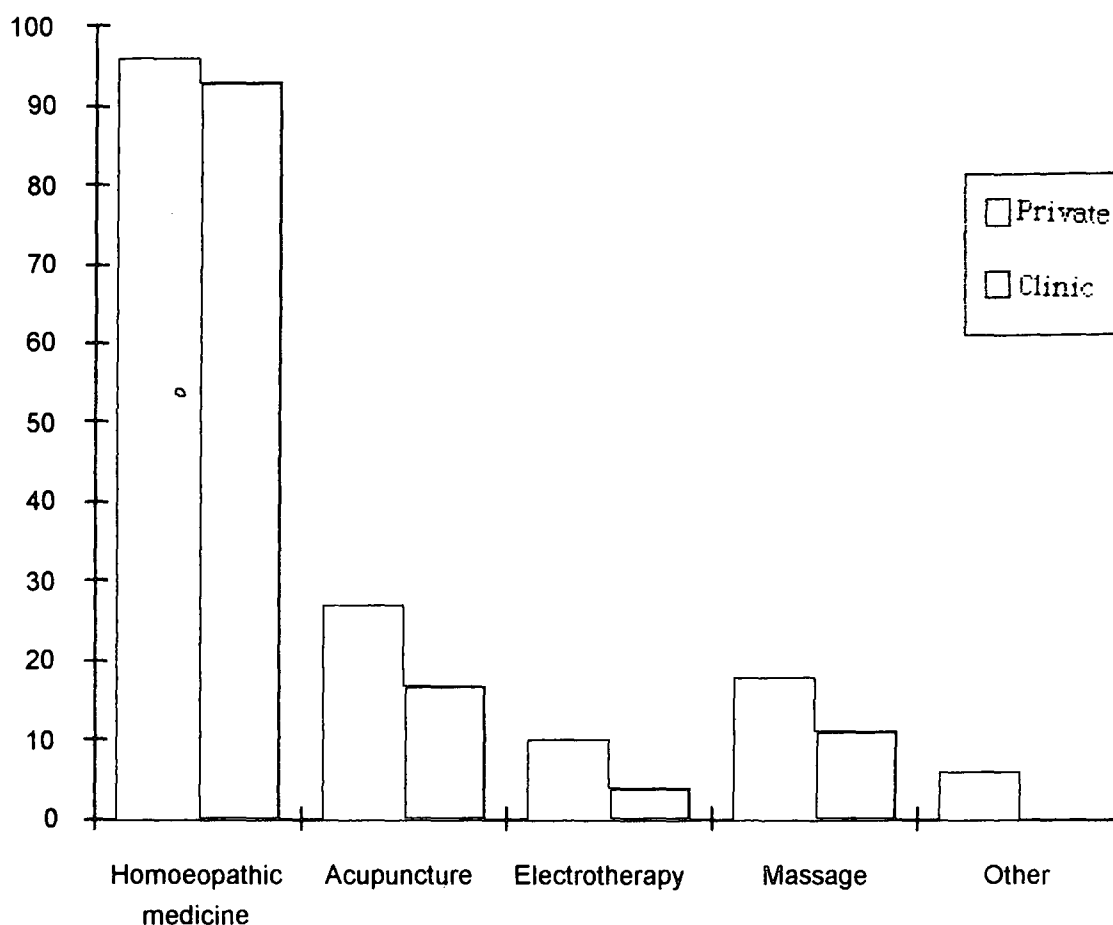
X axis - Score category

Y axis - Percentage of respondents

The numbers which the respondents selected for each answer of questions 12.1 to 12.5 were added together to score the question in its entirety. The order in which the questions appeared in the questionnaire and the scores for each were chosen in such a way that the most efficient clinical consultation scored 11 points i.e. the consultation was an hour or longer, the patient was questioned thoroughly, the practitioners examined the patient, a general physical examination was performed and the blood-pressure of the patient was taken. The most inefficient clinical consultation scored 5 points.

Figure 4.3.3 shows that the largest percentage of respondents in both groups scored 10 in this question. It is important to note that 5% more respondents in the clinic group achieved this score. The percentage of respondents that scored 11 for this question was 8% higher in the clinic group. Whereas the second highest scoring category for the clinic group was a score of 11, the second highest in the private group was a score of 7 with 23% of respondents scoring this figure.

**Figure 4.3.4: Percentage difference between the two sample groups in terms of treatment modalities**



In both sample groups, the majority of patients listed "homoeopathy" as the most frequently used modality. The private sample showed a higher percentage response for all the other modality choices. It is important to note that the clinic group only had a 1% response for the category of "other" as compared to the private group, in which 6% of the respondents chose this category.

**Table 4.3.7: Differences in referral method between private practitioners and the Homoeopathic Day Clinic**

Referral method	Private practitioners (%)	Clinic (%)
Friend	54	46
Family member	33	11
Advertisement	3	31
Medical Practitioner	3	4
Telephone directory	3	3
Complementary therapist	4	5

From Table 4.3.7, it is evident that most patients in both samples were referred by a friend. In the private group 3% of respondents responded to an advertisement while in the clinic group, 31% of respondents responded to an advertisement. It is important to note that 33% of the respondents in the private group were referred by a family member as opposed to only 11% of the respondents in the clinic group.

**Figure 4.3.5: Different reasons, between sample groups, for consulting a private practitioner or a student at the Homoeopathic Day Clinic**

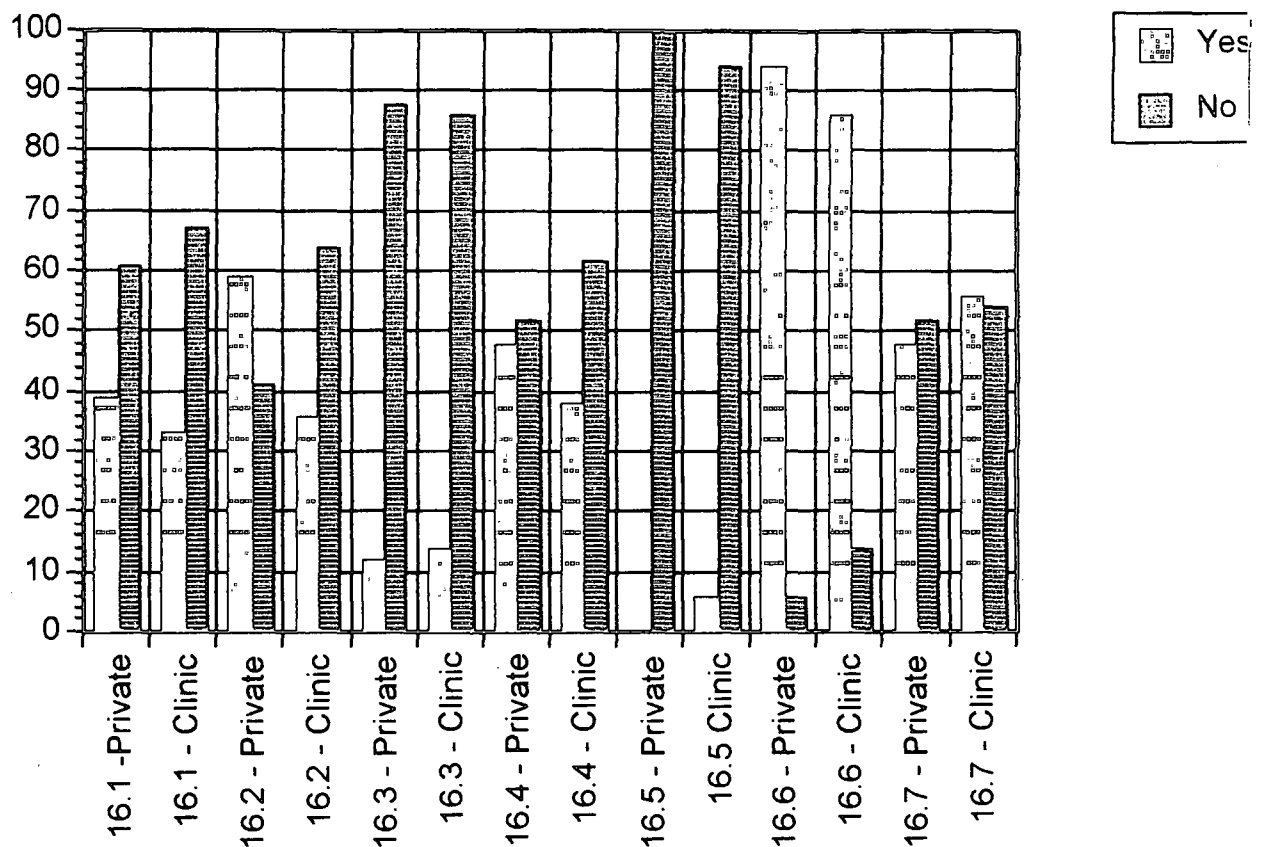


Figure 4.3.5 shows that fewer respondents, in both sample groups consulted a homoeopath or homoeopathic student because they were unhappy with their previous practitioner's approach (Question 16.1), while more of the respondents in the private practitioner group said that they had consulted a homoeopath because they were unhappy with the treatment that their previous practitioner had given them. The opposite was true for patients in the clinic group. Both sample groups responded negatively to the question of whether their previous practitioner decided that he could no longer help them. The percentage of respondents in the private practitioner sample that decided for themselves that their previous practitioner could no longer help them is 10% higher than that of the clinic group. In both samples a large majority of respondents indicated that the decision to consult a homoeopath was their own. A very small

percentage of patients in both sample groups were referred to a homoeopath by their previous doctor. The data show that more of the respondents in the clinic sample consulted a homoeopath in order to obtain a second opinion about their complaint. The number of respondents who gave any other reason for consulting a homoeopath was negligible.

**Table 4.3.8: Percentage difference in response between the two sample groups for question 17.1 - 17.5**

Question 17.1	Great deal	Fair amount	Little	Not at all	No opinion
Private	62%	24%	4%	1%	9%
Clinic	29%	37%	13%	4%	16%
Question 17.2					
Private	56%	3%	7%	2%	11%
Clinic	24%	32%	41%	5%	20%
Question 17.3					
Private	47%	28%	9%	2%	14%
Clinic	24%	41%	9%	4%	21%
Question 17.4					
Private	61%	24%	3%	<1%	12%
Clinic	37%	34%	10%	27%	23%
Question 17.5					
Private	13%	20%	46%	16%	8%
Clinic	7%	16%	24%	39%	16%

Table 4.3.8 shows that 62% of respondents in the private group indicated that the treatment program resulted in an improvement of their symptoms as opposed to 29% of respondents in the clinic group. The percentage of respondents who answered "fair amount" for this question was, however higher in the clinic group than in the private group. If one combines the percentage scores for respondents in the private group who answered "great deal" or "fair amount" we find that 86% of the respondents answered that way as opposed to 66% in the clinic group.

The Mann-Whitney U test was applied to the data obtained from question 17.

According to Siegel (1956), if the Mann - Whitney U test is applied to data which might properly be analyzed by the most powerful parametric test, the  $t$  test, its power-efficiency approaches  $3/\pi = 95.5\%$  as  $N$  increases and is close to 95% for even moderate size samples. It is therefore an excellent alternative to the  $t$  test, and of

course it does not have the restrictive assumptions and requirements associated with the  $t$  test.

**Table 4.3.9: Average rank and P values for question 17.1-17.5**

Question	Average rank	P value
17.1 Clinic	178.696	1.68166E-8
17.1 Private	125.828	
17.2 Clinic	179.325	1.58991E-8
17.2 Private	125.278	
17.3 Clinic	168.671	0.00036797
17.3 Private	134.6	
17.4 Clinic	176.986	1.17785E-7
17.4 Private	127.325	
17.5 Clinic	172.429	0.000021808
17.5 Private	131.313	

From the above, it can be seen that the differences between the two samples is significant for each section of question 17.

**Table 4.3.10: Percentage difference in response in the two sample groups for the question "What were you hoping to get out of your consultations with the practitioner?"**

Question 18	Private (%)		Clinic (%)	
	Yes	No	Yes	No
18.1	44	56	43	57
18.2	88	12	88	12
18.3	80	20	84	14
18.4	73	27	67	33
18.5	71	29	66	34
18.6	73	27	70	30
18.7	78	22	67	33

As can be seen from Table 4.3.9, most of the respondents in both samples were concerned about removing the underlying cause of their disease and also to prevent the disease from getting worse. In both samples, less than half of the respondents said that they were only interested in removing the symptoms of their complaint.



### 5.1 Age and sex

As hypothesized, it was found that the majority of patients at the clinic were in the age group 18 - 25 years (29%). This is due to the fact that the clinic is situated on the campus and possibly, also because at this facility, chiropractic and homoeopathic students are treated free of charge. In the private practice sample the majority of patients are in the 26 - 35 year age group (20%), 36 - 45 year age group (21%) and in the 46 - 55 year age group (21%). The distribution of patients in the clinic sample is also fairly evenly distributed across the second and third age category, but the percentages of patients in these age groups is much less than that of the private sample. Jameson and Walsh (1992) found that in a study between private chiropractic clinics and chiropractic teaching clinics in Australia, the age group range of patients at private clinics was larger than that shown at teaching clinics. Smith found that the demographic variables between the patients consulting a general practitioner and those consulting a homoeopath showed no significant differences between the two groups (1989).

In both samples female respondents outnumber the male respondents by a large margin although in the private sample there are proportionally more males than in that of the clinic. In 1991, Jacobs and Crothers found that in their survey the proportion of male: female patients was 39.3%:60.7% in both the homoeopathic sample as well as that of the general practitioner sample. They also found that the largest proportion of respondents in both the homoeopathic practice sample and the National Ambulatory Medical Care Survey were in the age category of between twenty five and forty four years of age.

In 1992, Walsh investigated the demographic data of patients attending several chiropractic teaching clinics and also found the proportion of female patients to be higher than that of male patients. He also found that the largest age group represented at each clinic was that between 20 and 39 years old. It would seem then, that generally speaking, the proportion of women who consult a practitioner is larger than that of men.

Additional reasons for the larger number of female patients consulting a homoeopath may be as follows:

- 1) Women, in general, have more contact with children and since it is usually their responsibility to take them to a primary contact practitioner, they tend to be more aware of the health options they have to choose from.
- 2) Depression and anxiety disorders are diagnosed more often in women. However, there is disagreement as to whether the actual prevalence of these disorders is different in the two sexes. Men may be more reluctant to bring emotional problems to the attention of a physician while physicians may be more prone to diagnose mood or anxiety disorder when the patient who seeks medical care for vague symptoms with no obvious organic basis is a woman (Isselbacher et al. eds. 1994 1: 15).

Table 4.1.4 indicates that in the private practitioner sample, 17% of respondents cited unexplained fatigue as the problems for which they were consulting the homoeopath while 14% cited neurotic disorders and 14% cited headaches. Besides functional bowel syndrome and the category "other", these were the highest scoring categories in this question. In the clinic sample 11% of respondents cited premenstrual syndrome as their primary complaint, this being the third highest scoring category. Because homoeopaths generally spend at least thirty minutes with the patient, people with these kinds of problems tend to prefer consulting a homoeopath than consulting a general medical practitioner. Smith (1989) suggested that the reason why more disturbed patients visit a homoeopath may be because these people are less likely to feel satisfied with a short general practitioner consultation and would prefer the longer sessions available from alternative practitioners.

Tables 4.1.5 and 4.2.5, indicate the percentage of respondents presenting with various conditions listed under the category "other" on question 10. In Table 4.1.5: 1% had cystitis, 4% had menopausal symptoms, 1% had vaginal infections. In Table 4.2.5: 2% had cellulite, 2% had Chronic Fatigue Syndrome, 3% had urinary tract infections and 2% cited obesity. The medication prescribed by the homoeopath in these cases also has the added advantage of not having any side-effects, as is the case with many psychotropic drugs (Isselbacher et al. eds. 1994 2: 2406).

According to the findings of Jacobs and Crothers in 1991, it would seem that patients with psychological and/or ill defined signs and symptoms for which conventional treatment is less successful, are more often found in a homoeopathic practice.

3) Females are more prone to symptomatic manifestation of genital infections see (3) than men. Sexually transmitted diseases disproportionately affect women and newborn children because many sexually transmitted diseases are transmitted more efficiently from men to women than from women to men (Isselbacher et al. eds. 1994 1: 35).

## 5.2 Employment

From Table 4.3.2 we can see the following:

- 1) There is a higher proportion of government employees in the clinic group than in the private practitioner group (14%:8%). The civil service medical aid scheme does not pay for the services of homoeopaths so it is possible that these patients would not ordinarily consult a homoeopath because of the fees; however, since the consultation fees at the clinic are at a reduced rate, they are prepared to try homoeopathy.
- 2) The percentage of business people consulting a private practitioner is much higher than that consulting a student at the Day Clinic. This could be as a result of the hours during which the Day Clinic is open. The last appointment at the Day Clinic is at 15h30 and this is not always convenient for business people. Private practitioners are able to set their own consulting hours and are thus in a better position to accommodate patients after normal working hours.
- 3) The percentage of students in the clinic sample is much higher than that in the private practitioner sample and this finding is supported by the fact that the clinic sample has a higher percentage of respondents in the age group of 18 - 25 than the private practitioner sample has.
- 4) The higher percentage of unemployed respondents in the private group may be attributable to the fact that the combined percentage of respondents in the private practitioner sample in the two older age groups, is higher than that in the clinic sample, meaning that there may be more retired people in the private practitioner sample.

### 5.3 Education

In both sample groups the majority of respondents indicated that they had an education level higher than standard ten. In the study undertaken by the Opinion Survey Center of the Human Sciences Research Council in 1984, it was concluded that the people who consult alternative medical practitioners are predominantly older people, people with an educational level of Standard 10 or higher, English-speaking people and people living on farms. This study has shown that it is no longer only older people consulting homoeopaths, but people of all ages. Unfortunately this study did not allow for an indication of how many patients younger than 18 years of age consult a homoeopath. It is also apparent that the majority of patients are city dwellers and no longer predominantly from rural regions.

### 5.4 Number of visits

Table 4.3.1 indicates that the percentage of respondents that were attending the Day Clinic for a first consultation for their current complaint was more than double that in the private practitioner sample. This could simply be due to the variability in the length of time that the patient has been attending the Day Clinic or the private practitioner's practice. From the table it would seem as if patients seeing private practitioners tend to return more often. From Table 4.3.5 it would seem that the duration of complaints of patients in both groups is predominantly of a chronic nature. This is supported by data obtained by Smith (1989) in which it was found that many of the illnesses with which patients present to a homoeopath were chronic or psychological. Jacobs and Crothers (1991) suggest that homoeopathic medicine's role in the health care system may be for the treatment of chronic and ill-defined disorders.

From Table 4.3.5 one would think that since there is a higher percentage of respondents in the clinic group that have had a complaint for more than one year, the number of visits per patient to this facility should be higher than that to private practitioners. The discrepancy in these results may be attributed to the fact that the questionnaires were completed at different times in the patient's treatment program, or it may be that the private practitioners have a more efficient follow up program for patients.

### 5.5 Medical aid

From Table 4.3.2, we see that a higher percentage of respondents in the private group belong to a medical aid scheme. The percentage of respondents who would consult a private practitioner even if their medical aid did not cover the cost, is twenty-four percent more than those in the clinic group. This may be as a result of the fact that the majority of respondents in the clinic group are students and as such, cost is a very important factor, but since the consultation fee at the clinic is considerably less than that of a private practitioner, one would expect that the clinic group would more readily be prepared to carry the cost themselves than the respondents in the private group. (The norm of fees for a registered homoeopathic practitioner is R70,00 for a first consultation and R60,00 for subsequent visits while that at the Homoeopathic Day Clinic is R25,00 per consultation. In both private practice and at the Day Clinic adjustments are made for pensioners). This can lead one to conclude that the respondents who consult a private practitioner feel that the treatment they receive is beneficial enough to warrant them carrying the cost of the consultation and medication. Many homoeopathic private practitioners prescribe additional supplements as well as homoeopathic medicine which further increases the cost to the patient. One would expect that because a private practitioner is so much more expensive, respondents would be more reluctant to carry the cost.

In Table 4.3.8, we see that there is a marked difference in the percentage of respondents in the practitioner group who feel that the treatment program has resulted in an improvement of their symptoms as opposed to the clinic group. Sixty-two percent of respondents in the private group felt that the treatment program had led to a great deal of improvement in their symptoms whereas only 29% of the respondents in the clinic group felt the same. These figures may give an insight to why a much higher percentage of respondents in the private group would pay for the homoeopath's services if their medical aid did not cover the costs, than respondents in the clinic group.

### 5.6 Types of conditions

In Table 4.3.4, we see that there is a difference in percentage between the two sample groups with regards to the various conditions for which the respondents were seeking treatment. The variability of these results can be attributed to the variability of the sample and the different time frames during which the data were collected. It is possible that if the respondents filled out the questionnaire at a later date, the percentage response would have been very different. What is important to note is that in the open ended category of question 10, there was an overlap in conditions presenting at the Day

Clinic and in private practice, namely: arthritis, hypertension, obesity, prostatitis, sinusitis, tonsillitis, musculoskeletal conditions other than arthritis, urinary tract infections and vaginal infections.

The percentage of respondents who indicated that they suffer from unexplained fatigue, headaches and neurotic disorders in Table 4.3.4, supports the finding of Smith (1989) that patients often consult homoeopaths for psychological disorders such as depression. He cites the possible reason for this as being because these people are less likely to be satisfied with a short general practitioner consultation and would prefer the longer sessions available from alternative practitioners such as homoeopaths.

The fact that a wide variety of presenting conditions were found in both sample groups supports both the second and third hypothesis of this study.

#### 5.7 Clinical methods employed

According to the medical model, a consultation with a practitioner should consist of a full case history, vital signs and a physical examination (Bates 1987). Table 4.3.6 shows that clinical examination and methods seem to be more thorough at the day clinic than in private practice. Even though the percentage of respondents that received an examination in the private group is 74%, it is important to note that at least twenty of the respondents in the private group who answered this question positively, wrote next to the question that they had received an iris examination, indicating that the particular practitioner uses iris diagnosis as an adjunct in his practice. It is impossible to tell just how many of the other respondents in this group understood the question of examination to include iris diagnosis, so I do not think that the percentage response is an accurate indication of respondents that received a medical examination in the private group.

Figure 4.3.3 which is a graphical presentation of the comparison between the two samples' total score for question 12.1-12.5 and the percentage of respondents in each category, shows that the largest percentage of respondents in both groups scored 10 in this question (where 5 is the lowest score and 11 is the highest). It is important to note, however, that 5% more respondents in the clinic group achieved this score. It is also important to note that the percentage of respondents that scored 11 for this question was 8% higher in the clinic group. Whereas the second highest scoring category for the clinic group was a score of 11, the second highest in the private group was a score of 7 with 23% of respondents scoring this figure. These differences can be attributed to differences in response from the two groups to questions 12.3 and 12.5 as shown in Table 4.3.6. which shows the differences in response between the two sample groups as

regards question 12.3 and question 12.5, as well as to the fact that a larger percentage of respondents in the clinic group indicated that their consultation was longer than an hour. Although for scoring purposes the longer duration of the consultation was regarded as being a positive factor, it may well also be a negative one in that respondents that have fixed working hours very seldom can afford to spend more than an hour away from work.

### 5.8 Medication

The majority of respondents in both samples indicated that they received their medication at the homeopath's practice or at the Day Clinic and on the whole, both groups expressed satisfaction as to instructions received for taking the medication.

### 5.9 Method of referral

From Table 4.3.7, it is evident that most patients in both samples were referred by a friend. In the private group, however, 33% of the respondents indicated that they were referred by a family member as opposed to only 11% in the clinic group. On the other hand 31% of the respondents in the clinic group responded to an advertisement. The advertisements placed to advertise the Day Clinic, were placed specifically to attract research candidates and since the policy of the Clinic is to treat research patients free of charge, it is felt that even if patients have no interest or faith in homoeopathy, if they don't have to pay, they have nothing to lose by trying. Word of mouth referrals, on the other hand, give some indication of what the doctor's treatment methods are and of the degree of their efficacy. It is important to note that homoeopathic private practitioners have the legal option of advertising their practice according to certain legal stipulations.

Steenkamp (1984) found that first information regarding alternative practitioners was obtained from friends, acquaintances, relatives, parents, the media and "at work", in that order.

### 5.10 Treatment modalities

In both sample groups, the majority of patients listed "homoeopathy" as the most frequently used modality.

In Fig. 4.3.4., the private sample showed a higher percentage response for all the other modality choices. It is important to note that the clinic group only had a 1% response for the category of "other" as compared to the private group, in which 6% of respondents chose this category. As mentioned earlier, the private group indicated in

question 12.4 that they had received iris examinations and all of the respondents that filled in an additional treatment modality in the private sample, indicated iris diagnosis as a treatment modality in this question even though this is not a form of treatment, but rather a diagnostic tool used by some homoeopathic private practitioners.

These results confirm the hypotheses made, namely that patient evaluation of treatment methods will show a variety of modalities being employed in the private practitioner sample.

The data indicates that a variety of treatment modalities are used in the clinic sample as well, but that there is a lower percentage of respondents who were treated with these modalities indicating that perhaps they aren't being utilized to their full potential.



### 5.11 Reasons for consulting a private practitioner or homoeopathic student

Fig. 4.3.5 shows that less than half of all respondents, in both sample groups consulted a homoeopath or homoeopathic student because they were unhappy with their previous practitioner's approach, while 59% of respondents in the private group said that they consulted a homoeopath because they were unhappy with the treatment that their previous or current practitioner had given them. The response to the same question in the clinic group was only 36% positive. Both sample groups responded negatively to the question of whether their previous practitioner decided that he could no longer help them. The percentage of respondents in the private sample that decided for themselves that their previous practitioner could no longer help them is 10% higher than that of the clinic group (38%). In both samples a large majority of respondents indicated that the decision to consult a homoeopath was their own. It would seem that a very small number of patients in both sample groups were referred to a homoeopath by their previous doctor, although this question was answered more positively in the clinic sample than in the private sample. The data shows that more of the respondents in the clinic sample consulted a homoeopath in order to obtain a second opinion about their complaint. The number of respondents who gave any other reason for consulting a homoeopath was negligible. To sum up: in both sample groups the main reasons cited for consulting a homoeopath were first that they were dissatisfied with the treatment they were receiving from their previous practitioner; secondly that they decided that their previous doctor could no longer help them and thirdly that they wanted to obtain a second opinion about their current complaint.

According to Harrison *et al.* (1989) those patients attending the homoeopathic hospital were doing so predominantly as a result of their dissatisfaction with the treatment they had been offered and/ or approaches they had experienced elsewhere. Furthermore, 62% of those attending the hospital offering homoeopathic medicine were doing so as a direct result of their own will and actions. According to them, it would seem that those seeking homoeopathy were reflecting dissatisfaction with conventional medicine and were actively seeking alternative solutions to their long-term conditions.

In Smith's comparison of general practitioner and homoeopathic patients, (1989), he found that homoeopathic patients showed considerable dissatisfaction with conventional medicine. In fact 81% of homoeopathic patients replied that the reason they turned to homeopathy was dissatisfaction with conventional medicine. According to Smith (1989), it would appear that a true conviction about the rationale behind homoeopathy is the motivating factor which persuades people to first visit a homeopath.

### 5.12 Respondents opinion of treatment

Sixty-two percent of respondents in the private group indicated that the treatment program resulted in an improvement of their symptoms as opposed to 29% of the clinic group. The percentage of respondents who answered "fair amount " for this question was, however higher in the clinic group than in the private group. If one combines the percentage scores for respondents in the private group who answered "great deal" or "fair amount" we find that 86% of the respondents answered that way as opposed to 66% in the clinic group. The author believes that this is where the major difference between private practitioners and homoeopathic students at the Day Clinic lies - patient satisfaction with treatment. It can be argued that students do not have the same amount of experience as private practitioners and while this is true, it must be remembered that the students are under the supervision of qualified homoeopaths with practicing experience. It is possible that the services of these practitioners are not utilized to their full potential by the students or that the practitioners, in trying to give the students the full benefit of dealing with the patient on their own, are not giving as much input as possible. It could also be that although students advise patients on diet, exercise etc., not enough is being done in terms of prescribing the necessary supplements or providing the patient with a diet to follow.

Another factor to consider is the quality of the medication dispensed. Most practitioners in private practice dispense medication obtained from a pharmaceuticals laboratory while the homoeopathic medication at the Day Clinic is made by the students. The increased number of people actually involved with the manufacture of the medicine at the Clinic increases the risk of error in the preparation process thereby possibly reducing the efficacy of the medication.

In Question 17.2 (to what extent did you find that the practitioner's explanation contributed to a change in your symptoms or feeling of well being?), there was again a larger percentage of respondents in the private group who answered that the practitioner's diagnostic ability contributed a great deal to a change in their symptoms. Here it is important to note that while the percentage of respondents in the clinic group who answered in this way was again considerably smaller than that of the private practitioner sample, a large percentage of these respondents thought that the practitioner's diagnostic ability contributed a fair amount to a change in their symptoms. If we add the percentage response received in the categories of "great deal" and "fair amount" for question 17.2 in both groups we find that the difference between them is only 3% in favor of the private group. This indicates that the students diagnostic ability is not necessarily worse than that of the private practitioners, but may be attributable to their lack of experience or a lack of confidence on the part of their patients.

In Question 17.3 (To what extent did you find the treatment program to be holistic i.e. encompassing more facets than merely taking medicine?), it would seem that there is again a large discrepancy in percentage response in the first two categories between the two sample groups, but even though the respondents in the private practitioner group were better represented in the first category than those in the clinic group, combining the percentages in the first two groups again show only a slight difference between the samples. It is important to note that the private practitioner group's respondents were a lot more positive in their perception of the holistic approach of the private practitioners.

The respondents in the private practitioner group indicated that they had to adapt their life-styles more in order to comply with the treatment program than did the respondents in the clinic group. This is a further indication that the private practitioners expect the patient to play a greater role in the healing process. This seems to indicate that private practitioners give their patients clearer and more strict guidelines of which modifications they have to make to their life-styles than do the students at the Day Clinic.

Respondents in the private group seemed to feel that the treatment program enhanced their self-confidence to a much greater extent than those in the clinic group did. This could be largely due to the fact that according to the response to Question 17.1 (To what extent do you believe that the treatment program may have resulted in an improvement of your symptoms?), respondents in the private group experienced a much greater improvement of symptoms.

The differences between the two samples for Question 17.1 to 17.5 are statistically significant since all P values are less than 0.05 as can be seen in Table 4.3.9 in chapter four.

#### 5.13 What were the respondents hoping to get out of the consultation

As can be seen from Table 4.3.9, most of the respondents in both samples were concerned about removing the underlying cause of their disease and also to prevent the disease from getting worse. In both samples, less than half of the respondents said that they were only interested in removing the symptoms of their complaint.

Respondents in the private sample were slightly more concerned with getting a greater understanding of the cause of their complaint, to gain a greater knowledge of their complaint and to find out whether or not, if they were to improve their general level of health, their complaint was likely to improve, than were the respondents in the clinic

sample. This may have resulted in a greater degree of compliance to the treatment program in this sample.

Eleven percent more patients in the private sample were interested in focusing not only on their illness, but on their general state of health when compared to the clinic sample.

## CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

### 6.1 Conclusions

From the collected data, it can be concluded that the average patient attending the day clinic is between 18 and 25 years old, more likely to be female, a student, and lives in an urban area. Those patients consulting a private practitioner are mostly between 26 and 55 years old, professional people, mostly female and living in an urban area. In both samples the average respondent has an education level above standard ten.

Most respondents consulting a private practitioner or a student have a chronic complaint although it seems that patients in the private practitioner sample were followed up better by the practitioner, resulting in more frequent consultation with the private practitioner than with the student practitioner at the Day Clinic.

In the private practitioner sample a much larger proportion of respondents belonged to a medical aid scheme and a larger percentage of these respondents were willing to consult the practitioner regardless of whether their medical aid covered the costs or not.

Patients seeking help from a private homoeopathic practitioner, present with a variety of complaints. Patients attending the Day Clinic also present with a variety of complaints. A large proportion of patients in both samples present with vague or psychological symptoms such as unexplained fatigue, depression etc.

The clinical methods employed at the Day Clinic seem to be more thorough than those of a private practitioner, so this is an area of strength at the Day Clinic. Respondents in both samples were satisfied that they received sufficient and clear instructions on how to take the medicine in both the private practitioner and the clinic samples.

Most respondents consulting a private practitioner as well as those consulting students at the Day Clinic were referred by a friend, however a much larger percentage of the private practitioner group were referred by a family member whereas a large percentage of the clinic group consulted a student at the Day Clinic in response to an advertisement.

Students at the Day Clinic need more exposure to the variety of conditions seen by a homoeopathic private practitioner and this can be achieved through the organization of lectures by senior students to school children, old age homes, student seminars etc. This kind of "advertising" is much more personal than an advertisement in the newspaper and patients will more readily attend a clinic where they already have some idea of what to

expect from the consultation. The fact that the Day Clinic is an academic clinic may deter patients from attending simply because they are not aware of what attending such a clinic entails.

It would appear that even though the Day Clinic offers treatment modalities other than homoeopathy, insufficient use is being made of these modalities since they are more readily used in private practice. Since the data shows that respondents in the private sample are significantly more satisfied with the treatment program and that they believe that it resulted in an improvement in their symptoms, it is necessary for the students at the Day Clinic to see how they can improve the quality of the treatment which they are giving to the patient. From the data, it becomes clear that they need to make the treatment given to the patient more holistic. This may be done by broadening the student's knowledge of diet and supplementation as well as increased use of other treatment modalities available to them

It may also be necessary to review the medicine being used at the clinic as mentioned in the previous chapter. There is no use in improving treatment facilities and honing student skills if the medicine prescribed is of inferior quality. Patients would perhaps also be more satisfied with treatment at the clinic if there was more lecturer involvement in the cases.

## 6.2 Recommendations

An important aspect which was neglected in this study is the cost involved in consulting a homoeopathic private practitioner and how much this factor impacts on the choice of consulting a homoeopathic private practitioner or attending an academic clinic.

Questions on different treatment modalities could also have been more specific and included more modalities since it seems that patients are reluctant to answer open ended questions such as filling in a category under "other".

A similar study could be done with allopathic private practitioners and allopathic academic clinics.

A larger sample size would lend more weight to the results of this study.

The age categories of respondents in this study excluded patients under the age of eighteen. Provision should be made to accommodate children and infants in subsequent studies of this nature. Mothers or next of kin could fill in the questionnaire on their behalf.

Included under the questions on the reasons for consulting a homoeopath or homoeopathic student, should be a category regarding the influence of medical costs on this decision.

## CHAPTER SEVEN: REFERENCES

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APPENDIX A  
COVERING LETTER TO PRIVATE PRACTITIONERS

Dear Doctor

As a result of certain problems it became necessary for me to change the topic of my research dissertation in order to obtain my Master's Diploma.

I would therefore be most grateful if you would assist me in my current study.

In this study I wish to compare the demographic data of patients, clinical methods employed by practitioners as well as patient perception of treatment in order to highlight any possible differences in the above with respect to private practitioners and students at the Homoeopathic Day Clinic at Technikon Natal and to highlight which factors at the clinic can be improved to ensure patient satisfaction.

I have designed this study so as not to intrude into your busy practices. All I request is that you allow ten of your patients to complete a questionnaire (copies of which are enclosed including a copy for yourself) at the end of the consultation. This is to be handed to your receptionist. I would be most grateful if she could return the questionnaires to me in the envelope provided. Nothing will be required of you, the practitioner except your valued co-operation.

Please help me in this task by completing and returning the Practitioner Informed Consent Form together with the patient consent forms and completed questionnaires in the envelope provided.

Enclosed please find a copy of the guidelines to receptionists as to how to proceed.

Thanking you in advance for your co-operation.

Yours sincerely

LORETTA FERRUCCI

APPENDIX B

GUIDELINES TO THE RECEPTIONIST

## GUIDELINES TO THE RECEPTIONIST

1. The completion of this research project is necessary in order for me to meet the requirements of my Master's Diploma in Technology: Homoeopathy and hence your assistance is all the more appreciated.
2. Please give 10 repeat patients of your choice a Patient Informed Consent Document at the end of their consultation.
3. If the patient is willing to participate in the study and has signed the above mentioned document, kindly hand him/her a questionnaire to complete.
4. Inform the patient that the research is taking place with the consent of the relevant practitioner and that he/she would appreciate them completing the questionnaire and returning it to you.
5. Please ensure that the patient understands that he/she is not obliged to participate if they do not wish to do so, but that it would be greatly appreciated if they did. Assure the patient that no names will be used and that all information obtained will be treated as strictly confidential.
6. Kindly sign as a witness on the Patient Consent Document.
7. Once all questionnaires have been completed, please return them together with the Patient Consent Documents in the envelope provided.
8. I would appreciate it if you could return the completed questionnaires to me before 28 February 1994.

Thanking you in anticipation.

LORETTA FERRUCCI

APPENDIX C

PRACTITIONER INFORMED CONSENT DOCUMENT

PRACTITIONER INFORMED CONSENT DOCUMENT

I have been asked to participate in a study to evaluate and compare clinical conditions, treatment and clinical methods employed by private practitioners and students at the Homoeopathic Day Clinic (Technikon Natal) in terms of patient perception in order to highlight any differences between these groups and any areas of possible improvement which could lead to increased efficiency and patient satisfaction at the Homoeopathic Day Clinic.

In order to obtain this data, ten of my patients will be required to complete a questionnaire once the consultation is complete. I have received a copy of the aforementioned questionnaire.

I understand that I may withdraw from the study at any time by informing Loretta Ferrucci in writing of my desire to do so.

I agree to participate in this study.

\_\_\_\_\_  
Name of participant  
(please print)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

APPENDIX D

PATIENT CONSENT FORM



PATIENT CONSENT FORM

The purpose of this investigation is to evaluate and compare demographic data of patients, clinical conditions, treatment and clinical methods employed by private practitioners and students at the Homoeopathic Day Clinic (Technikon Natal) in terms of patient perception in order to highlight any differences between these groups and any areas of possible improvement which could lead to increased efficiency and patient satisfaction at the Homoeopathic Day Clinic.

I, the undersigned hereby agree to take part in the above mentioned study conducted by Loretta Ferrucci at Technikon Natal. I understand that I am in no way obliged to participate and that all information that I volunteer will be regarded as confidential.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Witness

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

APPENDIX E

PATIENT PERCEPTION QUESTIONNAIRE

## PATIENT PERCEPTION QUESTIONNAIRE

Thank you for agreeing to take part in my study!

### Instructions:

1. Please write the number corresponding to your answer in the empty block provided to the right of the numbered blocks.
2. Your answers to the questions in this questionnaire will be regarded as strictly confidential.
3. Please ensure that you answer all the questions and do not skip any accidentally.
4. Please read every question carefully before you answer it.

1. Age in years	18 - 25	<input type="text" value="1"/>
	26 - 35	<input type="text" value="2"/>
	36 - 45	<input type="text" value="3"/>
	46 - 55	<input type="text" value="4"/>
	56 - 65	<input type="text" value="5"/>
	> 65	<input type="text" value="6"/> <input type="text"/>
	Actual age -----	<input type="text"/>

2. Sex	Male	<input type="text" value="1"/>
	Female	<input type="text" value="2"/> <input type="text"/>

3. Employment:	Government employee	<input type="text" value="1"/>
	Business person	<input type="text" value="2"/>
	Self-employed	<input type="text" value="3"/>
	Student	<input type="text" value="4"/>
	Unemployed	<input type="text" value="5"/> <input type="text"/>

4. Education:	Less than standard ten	<input type="text" value="1"/>
	Up to standard ten	<input type="text" value="2"/>
	Tertiary degree/diploma	<input type="text" value="3"/> <input type="text"/>

5. Place of residence: Rural area

Small town

City

1

2

3

6. How many visits to a homeopath have  
you made for this complaint?

First visit

2 - 4

5 - 9

10+

1

2

3

4

7. Which area is this homeopath located in:

Witwatersrand

Eastern Transvaal

Northern Transvaal

Western Cape

Eastern Cape

Orange Free State

Natal

1

2

3

4

5

6

7

8. Do you belong to any Medical scheme?

YES

NO

1

2

9.1 If the above answer was yes please indicate the name of the Medical Scheme to which you belong, and whether they pay for Homeopathic services.

---

9.2 If the above answer was no will you still visit the Homeopath?

10. Which of the following conditions are you visiting the Homeopath for today?

Allergic rhinitis (hayfever)	1
Unexplained fatigue	2
Headaches	3
Neurotic disorders (nervous problems)	4
Dermatitis (eczema, psoriasis, rashes, boils or other skin lesions)	5
Ear infections	6
Upper respiratory infection (bronchitis, cough, pneumonia)	7
Premenstrual syndrome	8
Period pains	9
Functional bowel syndrome (spastic colon, constipation, indigestion, diarrhoea, diverticulosis)	10
Asthma	11
Other	12
.....	
.....	
.....	
.....	
.....	

11. How long have you had your present complaint?

Less than one week	1
More than one week but less than one month	2
More than one month but less than a year	3
More than one year	4

12 Clinical methods employed:

12.1 How long was the consultation?

Longer than an hour

1
---

More than half-an-hour

2
---

Less than half-an-hour

3	
---	--

12.2 Do you think that the doctor questioned you thoroughly on your condition?

YES

1
---

NO

2	
---	--

12.3 Did the doctor examine you at all?

YES

1
---

NO

2	
---	--



12.4 If you answered "yes" to the above please indicate if the examination was:

General.

Only in the region in which your complaint was located e.g. chest, abdomen etc.

1
---

2	
---	--

12.5 Did the practitioner take your blood pressure?

YES  
  
NO

1
---

2	
---	--

13. Which method of treatment did the practitioner use? (Please note that more than one may be applicable)

Homoeopathic medicine

Acupuncture (Tens, Interferential current & ultrasound)

Electrotherapy

Massage

Other

1	
---	--

2	
---	--

3	
---	--

4	
---	--

5	
---	--

(If you indicated 'other' please specify below)

.....  
.....

13.1 Which of the following did the Homeopath suggest to change in your present lifestyle ?

Diet

1	
---	--

Exercise

2	
---	--

Smoking

3	
---	--

Drinking habits

4	
---	--

Stress management

5	
---	--

Attitude toward recovery

6	
---	--

14. Medication:

14.1 Did you receive medication at the homeopath's practice/clinic?

YES

1
---

NO

2	
---	--

14.2 Did you understand how to take the prescribed medication?

YES

1
---

NO

2	
---	--

14.3 Did someone explain exactly how and when the medicine should be taken?

YES

1
---

NO

2	
---	--

15. How did you come to know about this practice/clinic?

Friend

1
---

Family member

2
---

Advertisement

3
---

Medical practitioner

4
---

Telephone directory

5
---

Complementary therapist i.e.:  
aromatherapist, reflexologist

6	
---	--

16. Why are you now coming to the therapist at this practice /clinic?

16.1 you were not happy with your previous practitioner's approach

YES

1
---

NO

2	
---	--

16.2 you were not happy with the treatment the other practitioner was offering

YES

1
---

NO

2	
---	--

16.3 your previous practitioner decided that he could no longer help you

YES ☐

NO

2	
---	--

16.4 you decided that your previous practitioner could not help you any more

YES

NO

1	
2	

16.5 your previous practitioner suggested you see the doctor at this practice/clinic

YES

NO

1	
2	

16.6 you decided to see the practitioner at this practice/clinic

YES

NO

1	
2	

16.7 to get another opinion about this complaint

YES

NO

1	
2	

Other (please specify)

.....

.....

.....

17.1 Please indicate to what extent you believe that the treatment programme may have resulted in an improvement of your symptoms.

Great deal	Fair amount	Little	Not at all	No opinion	
1	2	3	4	5	

17.2 To what extent did you find that the practitioners explanation contributed to a change in your symptoms or a feeling of well-being?

Great deal	Fair amount	Little	Not at all	No opinion	
1	2	3	4	5	

17.3 To what extent did you find the treatment programme to be holistic i.e. encompassing more facets than merely taking medicine?

Great deal	Fair amount	Little	Not at all	No opinion	
1	2	3	4	5	

17.4 To what extent did the treatment programme improve your outlook regarding recovery from this ailment?

Great deal	Fair amount	Little	Not at all	No opinion	
1	2	3	4	5	

17.5 How much did you have to adapt your current lifestyle to adhere to the prescribed treatment programme?

Great deal	Fair amount	Little	Not at all	No opinion	
1	2	3	4	5	

18. What are/were you hoping to get out of your consultations with the practitioner?

18.1 -to try to improve the symptoms (not to attack the underlying disease).

YES

1
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NO

2	
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18.2 -to try and improve the illness (to get rid of the underlying disease)?

YES

1
---

NO

2	
---	--

18.3 -to try and prevent the illness from getting worse?

YES

1
---

NO

2	
---	--

18.4 -to get a greater understanding of the cause of the complaint?

YES

1
---

NO

2	
---	--

18.5 -to get a greater knowledge of the complaint

YES

1
---

NO

2	
---	--

18.6 -to find out whether or not if you improve your  
general health level, your complaint is likely to  
improve?

YES

1
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NO

2	
---	--

18.7 -to focus on your health in general?

YES

1
---

NO

2	
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18.8 -other (please specify)

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