

A survey to determine the perceptions of Christian Church members in the Berea North area (Durban) of homoeopathy

by:

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I, Kirsten Krafft, declare that this mini-dissertation represents my own work both in conception and execution.

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Dedication

To the Lover of my Soul, Jesus Christ, to whom belongs all of the honor and glory ... forever.

To my family, for their love, support and prayers.

To my friends, Phillip and Nerine, for encouraging and challenging me, and for making life fun.

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Abstract

Introduction

The 2001 Census revealed that roughly 78% of the South African population claimed to be of a certain religious standing, namely Christian (Statistics South Africa: 2001). One can assume that many Christians are exposed to, and partake in, the growing trend of complementary medicine.

Aim

The aim of this study was to determine the perceptions of homeopathy amongst Christian Church members in the Berea North area of Durban and assess how similar they are to the perceptions of certain Christian authors holding the view that homoeopathy is incompatible with Christianity.

Methodology

A survey method with self-administered questionnaires was employed. A total of 365 questionnaires were distributed and 174 completed questionnaires were returned (47.40%). The questionnaire consisted of 30 questions that were divided into 4 sections. The first section consisted of demographic questions while the remaining sections were related to the perception of homoeopathy. For most of the questions, possible alternative answers were given. A few of the questions allowed open ended answers. Data was analyzed by means of the SPSS (v.13) program. Descriptive and inferential statistics were used for analysis and interpretation. More specifically, the Chi square test was used to determine relationships between certain qualitative variables.

Results

The majority of respondents (63.2%) perceived that homoeopathy is compatible with Christianity, with more females than males agreeing with that statement. Only 10.3% said it is not, and 24.1% were undecided. A similar majority (64.9%) answered “Yes” regarding whether Christians should use homoeopathy or not.

The results showed that respondents who have made use of some form of complementary medicine e.g. reflexology, herbal medicine and acupuncture, are more likely to condone the use of homoeopathy amongst Christians.

The overwhelming majority of respondents categorize homoeopathy as either natural (54%) or complementary (30%) medicine. Slightly more respondents categorize it as Eastern (8%) rather than New Age medicine (5%). Only 2 respondents (1%) categorized homoeopathy as occult.

The results of the study showed that slightly more than half of the respondents perceive homoeopathy as operating on scientific principles (52.9%), and only 13.2% perceive that it does not with 32.8% undecided.

92.8% of respondents have a matric or higher level of education. Despite the high education level of respondents, 47.1% of respondents indicated that they only know something about homoeopathy and 25% indicated that they have either never heard of it or have only heard of it. The majority of respondents indicated that their knowledge of homoeopathy is inadequate (69%) but showed a desire to know more about homoeopathy (72.4%).

Conclusion

The conclusion that can be drawn from this study is that the majority of Christians surveyed did not share the views of the Christian authors who regard homoeopathy as incompatible with Christianity. On the contrary, the majority supported the use of homoeopathy, and were interested to find out more about it.

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Chapter 1

Introduction

The 2001 Census revealed that roughly 78% of the South African population claimed to be of a certain religious standing, namely Christian (Statistics South Africa: 2001). One can assume that many Christians are exposed to, and partake in, the growing trend of complementary medicine. According to The Health Products Association of South Africa, South Africans spent R1,928 billion on natural health care products in 2003. In 2001 the market size was R1,377 billion, a 17.9% increase from 2001 to 2003. The homoeopathic sector accounted for 4% of the total market sales for the year. South Africans spent R61 million on over-the-counter (OTC) homoeopathic products during the year, which is an increase of 16.4% on figures received from a similar survey conducted in 2001 (Health Products Association of South Africa, 2005).

A survey of the literature reveals no record of a study of the perceptions of this large percentage of South Africans concerning any aspect of complementary medicine.

The literature study reveals that Christian texts regarding Christianity and homoeopathy, often express strong convictions about homoeopathy. For example, Smith (2003:7) concludes that homoeopathy clearly falls short of being a therapy that can be acceptable for use or to be recommended for Christians.

1.1 Primary areas of controversy

1.1.1 The link of homoeopathy to New Age and Eastern concepts

Dick (n. d.: 6) writes that homoeopathy is allied with the New Age culture and must be rejected by Christians. He notes that the New Age movement is an occult philosophy, which directly contradicts the Christian faith. He also asserts that those using homoeopathy must realise that the philosophy of the Eastern religions form the basis of homoeopathy. Miller (n. d.) states that the energy system models used to explain alternative therapies are all imbedded in world views that are intrinsically pagan, occult and antagonistic to Christianity.

The vital force is seen by numerous authors like Smith (2003) to be a New Age-Eastern concept. He states that it clearly equates to the chi of Chinese acupuncture, the prana of Auyurvedic medicine and the universal cosmic energy associated with New Age advocates of alternative therapies. Dick (n. d.: 4-5) writes that the vital force is akin to the cosmic spirit of acupuncture, prana from the Hindu, chi or ki by the Buddhists, fluidum from Mesmerism. He then also states that homoeopathy is a physically orientated healing whereby spiritual magic is involved, and that the life force is a pseudonym for the devil. Brown (n. d.) writes that the major problem with homoeopathy is the doctrine of the vital force, which is the connection between homoeopathy and occult energy fields.

Kline (n. d.) is critical of the above views. He calls such views “New Age paranoia”. He argues that methods or therapies cannot be New Age as it is a belief, and only people can have beliefs. Thus he believes that the epithet “New Age” can only be applied to a person who holds such beliefs, and that the methods are neutral.

According to Crook (1996: 19-23), medical traditions and philosophies of different cultures invented words to refer to the life energy that governs how people

function. He attributes this life energy to a complex electro-magnetic field that actually controls the biochemical processes of our bodies. Later Crook states that there is nothing religious about electro-magnetic energy, and that holistic therapies are not the same as the New Age movement.

1.1.2 The links between Hahnemann and Freemasonry, Mesmerism and Deism

Mesmerism was developed by Franz Anton Mesmer. The practice requires the therapist to move his/her hand over the patient with stroking movements over the affected area without actually touching the body (Golus: 2003).

Dick (n. d.: 3-4) writes that Hahnemann resented Jesus for wasting his time with the general public and sinners, telling them of the Kingdom of God instead of leading the enlightened to mystical wisdom. He claims that Hahnemann was influenced by and practised mesmerism. Believing that mesmerism gives demonic healing, Dick claims that homoeopathy is activated by the same demonic force. However, in his pamphlet he does not reference his primary sources regarding Hahnemann's association with mesmerism.

Crook (1996: 52) argues that in Hahnemann's time it was more or less obligatory for intellectuals to become Freemasons. He also states that the therapeutic principles for homoeopathy have been in existence for centuries and that Hahnemann simply organised it into a workable systematic therapy. Crook also states that Hahnemann was described as a puritanical Christian all his life by Grossinger, one of his biographers.

1.1.3 The lack of scientific evidence for homoeopathy

Homoeopathy is said to have no rational scientific basis, and that extensive reviews have shown no conclusive or consistent evidence of efficiency (Smith,

2003: 5). Bopp (1985) writes that there has not yet been a controlled study that proves the efficacy of homoeopathic treatment.

However, Crook gives examples of separate experiments focused on electromagnetic energy fields and biophysics rather than biochemistry, as scientific evidence for the efficacy of homoeopathy (Crook, 1996: 19-23, 70-71).

1.1.4 Homoeopathic dilution and succussion

Dick (n. d.: 4) writes that homoeopathy is based upon superstition, and that the healing factor cannot be the remedy itself as a result of its extreme dilution. Brown (n. d.) concludes that all homoeopathic remedies are actually ordinary water, and that they contain practically none of the original substance due to the dilution ratio of the medicine. The succussion (vigorous shaking) process to potentise (activate) the homoeopathic remedies, is said to be occult rather than scientific and alarms many Christians. Bravo (n. d.) suggests that the shaking process fills the dilution with a supernatural force that activates the medicine. It implies that this is an occult force. Bopp (1985) claims that the shaking of the homoeopathic remedies must in some way cause the activation of an occult force.

Crook (1996: 65) responds by explaining that Hahnemann experimented with crude doses of substances at first but that the side effects often caused the patient more distress. Logically, Hahnemann then started to dilute the medicines serially, and found that the side effects were eliminated while the therapeutic effects remained. Crook is of the opinion that Hahnemann unknowingly diluted some of those medicines past the point where there is any measurable evidence for the presence of that substance.

Crook further explains his view in which Hahnemann accidentally found that medicines are more effective if vigorously shaken, when he used medicine from

a vial that fell and remained on the floor of the carriage for the duration of his journey. Based on this finding, Hahnemann then resolved to incorporate a good shaking into the preparation process of his future medicines, called succussion. However, Crook does not reference the original source of this anecdote. Crook (1996: 66-67) states that whether succussion or trituration is used, it should be clear to anyone with an elementary knowledge of physics that there is a transfer of physical energy taking place i.e. purely natural forces are involved.

1.1.5 The use of radionics and radiesthesia by homoeopaths

Radionics is a therapy that involves the ability of the human being to use radiesthesia together with technical instruments to help diagnose disease, and then to treat via the instrument, with or without the presence of the patient (Stanway, 1979: 138). Radiesthesia is the use of dowsing or divining to diagnose and select remedies (Stanway, 1979: 131).

Bopp (as cited by Crook, 1996: 48) quotes Hosea 4:12 as evidence of biblical disapproval of the pendulum. It states: "They consult a wooden idol and are answered by a stick of wood..." (International Bible Society, 1995: 804). Under the heading of *Occult influence* Bopp (1985) writes that a famous homoeopathic doctor, Dr. A. Voegeli, asserts that a very high percentage of homoeopaths use pendulums in their practices. Kurt Koch (as cited by Dick, *Homoeopathy*: 5) declares that the use of a pendulum is nothing short of witchcraft.

Crook (1996: 48, 54) states that the use of a pendulum is not part of the actual methodology of homoeopathy, and that it is possible to practice homoeopathy effectively without it.

1.2 Aim

The aim of this study was to determine the perceptions of homoeopathy amongst Christian Church members, in the Berea North area (Durban), then compare them to the perceptions of the Christian authors reviewed in Chapter 2.

Allopathic prejudice in Christian critiques of homoeopathy has been identified by Winston and Crook. According to Winston (1999) the majority of books that display a critical view towards homoeopathy, are written by fundamentalists with a very allopathic slant. Crook (1996: 32) reports that his survey of recent books that claim to provide a Christian critique of homoeopathy revealed strong elements of allopathic prejudice. Don-Wauchope (n. d.: 3-7), a practising homoeopath and self professed Christian, assures young Christian homoeopathic students that contrary to what the anti-homoeopathy literature claims, they can remain Christians if they continue to study homoeopathy. She writes that it is actually the Devil's intent to discredit homoeopathy and to confuse Christians so that it causes disunity and dissension in the Church.

Crook (1996:2) writes that even though it is only a small number of Christians that project an anti-homoeopathy view, this causes many other Christians to become alarmed. Sometimes the minority's views or ideas on a subject are better known than that of the majority of that specific population.

The results of this study can help homoeopathic practitioners understand the views of a segment of the population they serve, and so develop appropriate approaches to the topics that may be raised with them by that population.

The results may also assist South African Christian authors to develop literature which is supportive of homoeopathy, continuing with the work started by Don-Wauchope (n. d.).

Chapter 2

Review of relevant literature regarding homoeopathy and Christianity

2.1 History of homoeopathy

Homoeopathy was developed and named as such by Dr. Samuel Hahnemann. Haehl (1995: 66) writes that the word homoeopathy (which is combination of the Greek words “homoios”, similar, and “pathos”, disease), was first used by Hahnemann in 1796.

After the early days of his medical practice, Hahnemann became frustrated with, and opposed to the medical practices of his day. He took to translating books rather than subjecting patients to harsh treatments like blood-letting.

While translating Cullen’s *Materia Medica*, he strongly disagreed with the explanation Cullen gave for the therapeutic effect quinine has on the symptoms of malaria. Hahnemann reasoned that regular doses of quinine would produce symptoms similar to that of malaria, and could subsequently be a useful medicine in the treatment of malaria. After testing his theory on himself, he reported that he experienced symptoms similar to malaria. This led to his conceptualization of the Law of Similars i.e. “the like cures like” principle. The Law of Similars implies that an illness can be treated by a substance capable of producing symptoms that are similar to that of the disease, when taken by a healthy individual. This principle caused ripples of controversy in the scientific arena. Hahnemann’s opponents argued that Peruvian bark (quinine) was not capable of producing intermittent fever symptoms, and argued that his claims were wrong (Haehl,

1995). The controversy continues even today. Pfeifer (1988: 65) and Bravo (n. d.: 2) write that Hahnemann made a fundamental error in the way he arrived at the Law of Similars. They write that the results of his self experiment was more than likely due to an allergic reaction in response to the quinine he took. Haehl (1995: 310-339) writes that Hahnemann also experimented with giving patients diluted medicines as opposed to the conventional use of highly concentrated substances. He noticed that giving very small doses of medicine was just as effective (if not more), but less harmful than crude doses of the substance. After many years of careful experimentation and observation, Hahnemann introduced to us the concept of the infinitesimal dose, i.e. ultra-high dilution of medicine. Haehl (1995: 310) writes that Hahnemann's principle of administering extremely small dilutions of substances as medicine is a major cause for antagonism towards homoeopathy and that it is the cause of much ridicule and scorn.

When considering that homoeopathy has been wrapped in controversy from its very beginning, it is no surprise that it is still a topic of hot debate today. The implications of Hahnemann's ideas caused quite a stir in both the scientific and religious arenas. Haehl (1995: 117) relates how Hahnemann was frequently criticized and even prosecuted by the apothecaries (the chemists of that time) for dispensing his own medicines. Some of his colleagues criticized him for his idea that like cures like and for his small dose prescribing. According to Crook (1996:1), alternative and complementary medicine is an area about which conflicting views are frequently expressed in the media as well as inside the religious arena. He writes that people's conviction about the topic may be just as strong as that of their religious beliefs.

The remaining section of this chapter will explore the controversy specifically from a Christian perspective.

2.2 Homoeopathy and science

Livesey (n. d.: 71, 103) argues that after more than 150 years of searching, humans still haven't found a valid scientific explanation for homoeopathy and are unlikely to find one in the future. He writes that those who believe that a working scientific model of homoeopathy will be discovered in the future are deceived by Satan. According to him many scientists are preoccupied with occult ideas and thus Christians should regard so called scientific explanations of New Age therapies with caution and discernment. Pfeifer (1988: 74) writes that he and many other physicians doubt that homoeopathy can be proved by scientific methods.

Don-Wauchope (n. d.: 20, 27) reminds her readers that scientific knowledge is gained as time goes by. She writes that homoeopathy may be another example of something whose discovery precedes its scientific understanding. She encourages her readers not to be dogmatic about the limitations of our present knowledge regarding homoeopathy. It is Crook's (1996: 58) opinion that anti-homoeopathy Christian writers may be totally unaware of recent scientific studies concerning electromagnetic energy fields, quantum theory and the progress which has been made in the discipline of biophysics, and are working from an outdated model of science.

The existing controversy between homoeopathy and science is twofold. Firstly, debates are raging concerning the mechanism of action behind the alleged effectiveness of highly diluted substances. The second concerns the scientific validity of research supporting homoeopathy.

2.2.1 Criticism of homoeopathic potentisation

Potentisation is the process of preparing homoeopathic medicine. This involves two processes – dilution and succussion.

2.2.1.1 Dilution

Homoeopathic dilution entails the serial dilution of a substance with a suitable solvent e.g. lactose (powder) or alcohol (liquid). The substance can be diluted to constitute a 1 to 9 substance to solvent ratio (1/10) known as the Decimal scale (e.g. 6X), a 1 to 99 ratio (1/100) known as Centesimal scale (e.g. 6C), or a 1 to 999 ratio (1/1000) known as Millesimal scale (e.g. LM1). It is common practice for homoeopaths to utilize medicines diluted by as much as 1×10^{-2000000} (1000C OR 1M) or higher. Succussion is the homoeopathic term for the vigorous shaking of a liquid potency after every dilution (Kayne, 1997: 27).

Canovas and Glibbery (1994: 74-75) accurately explain the homoeopathic decimal (1/10), centesimal (1/100) and millesimal (1/1000) dilution scales. They then relate the significance of the concept of Avogadro's law in relation to such high dilutions stating that, according to this law, not one molecule of the original substance can be found in dilutions of 1×10^{-24} and higher. This corresponds to a 12C dilution and higher. They conclude their reasoning by stating that it is difficult to believe that the substance can still have any physical effect on a patient after it has been through this preparation process.

Smith (2003) writes that conventional pharmacology (within therapeutic limits) dictates that a higher drug concentration gives a more powerful effect. He states that homoeopathy turns that principle around by claiming that high dilutions (that often do not contain a single molecule of the original substance being diluted) are therapeutically stronger.

Dick (n. d.: 2) echoes the view of Smith. After making it clear that it is unlikely that a 30C potency has even one molecule of the curative substance, he writes that homoeopathy claims that medicine with a higher dilution has a stronger curative power. He also states that science has no explanation for the contradiction of the homoeopathic outlook regarding dilution.

Livesey (n. d.: 103) writes that there appears to be no accepted scientific base for Hahnemann's application of the concept of potentisation via ultra-high dilution and succussion. In his book Livesey (n. d.: 119) cites a British Medical Association (BMA) investigation in May 1986 stating that they could not find evidence supporting homoeopathy's claim that the process of dilution and succussion produces an immaterial and vital force that is therapeutic. The report proposed the success of homoeopathy to be due to the placebo effect. However, Hehir (2001: 3-4) writes that although alternative therapies were criticized in general as having a lack of scientific evidence in the 1986 report, a follow up report by the BMA (in 1993) stated that these therapies should be regarded as discrete clinical disciplines. Livesey (n. d.: 112) further states that homoeopaths prescribe medicine that contains only a molecular shadow of a substance, which is reported to be more powerful than a normal biochemical effect. He then cites Dale as stating that homoeopathic remedies rely upon a spiritual and not a material force to cure, making it unquestionably paranormal.

Bambridge (n. d.: 4) writes that the homoeopathic principle of diluting a remedy to increase its potency and efficacy is quite obviously perverse because it is contrary to basic and well-proven laws of nature.

Skeptics and critics attribute the anecdotal success of homoeopathy to the placebo effect, paranormal occult forces or a combination of both.

Pfeifer (1988: 79) states that the least probable factor in a homoeopathic cure is the homoeopathic remedy itself. He states (1988: 81) that a potency of 6X to 12X and higher can have no organic effect, and that the healing from higher potencies occurs either through the placebo effect, or through occult powers. However, the figures supplied by Pfeifer are scientifically incorrect. Kayne (1997: 27) writes that only once a substance has been diluted beyond a 12C dilution (corresponding to a 24X) does it exceed Avogadro's number. Only then can it be claimed that there are no identifiable molecules of the original substance in the

medicine. Kayne states that a 6X dilution of a medicine would still contain measurable quantities of the original substance.

Pfeifer comments (1988: 133) that about the same percentage of patients that respond to placebo medicine also report to have excellent results when treated homoeopathically thus implying homoeopathy works due to the placebo effect. Pfeifer does not reference this comment to reveal the primary sources for this statement.

Brown (n. d.: 7, 8) notes that all highly diluted homoeopathic medicines contain practically none of the original substance, and it therefore follows logically that it should make no difference at all which homoeopathic medicine is prescribed. He goes further to state that all liquid remedies are in fact ordinary water.

Dick (n. d.: 4) writes that homoeopathy is based upon superstition, and that the healing factor cannot be the remedy itself because of the extreme dilutions involved.

Bambridge (n. d.: 16) notes that although a number of patients will respond to homoeopathic remedies due to the placebo effect, the number of substantial cures achieved by homoeopaths is too large to be purely the result of a placebo effect. He later implies that homoeopathic cures occur as a result of healing initiated by demonic agents.

2.2.1.2 Succussion

Pfeifer (1988: 63) states that in order to explain the reason that homoeopathic remedies work despite the ultra-high dilutions, one must look at the process of potentisation. He writes that the supposed healing power of high dilutions comes from the cosmic energy that is transferred to the remedy through the ritual of potentisation (meaning succussion).

According to Canovas and Glibbery (1994: 75-76) the degree of homoeopathic dilution removes the possibility for a physical remedy causing healing, but instead attributes healing to an invisible force of energy roused by repeated shaking. They state that this idea is deeply rooted in a philosophy alien to that of the Bible.

The succussion (vigorous shaking) process necessary to activate the homoeopathic remedies, is said to be occult rather than scientific and alarms many Christians. Bravo (n. d.: 3) suggests that the shaking process fills the dilution with a supernatural force that activates the medicine. They imply that this is an occult force. Bopp (n. d.: 7) also claims that the shaking of the homoeopathic remedies must in some way cause the activation of an occult force. Prabhu (2006) warns that the process of potentisation charges homoeopathic medicine with occult forces. He writes that by taking the medicine a person may consciously or unconsciously bring him or herself under demonic influence.

2.2.2 Defence of homoeopathic potentisation

2.2.2.1 Theoretical and experimental attempts to scientifically explain the mechanism of action of highly diluted homoeopathic medicines

Kayne (1997: 27) writes that some people refer to the Arndt-Schultz law in an attempt to explain the phenomenon of homoeopathic potentisation. Kayne states that the law is based on observations that strong stimuli (e.g. chemotherapy) destroy living systems, medium stimuli retards the working of living systems while small stimuli encourage living systems. According to Oberbaum and Cambar (Endler and Schulte, 1994: 6) the law states that every stimulus a living cell receives, will elicit an activity that is inversely proportional to the intensity of that

stimulus. Kayne (1997: 27) writes that, according to this principle, highly diluted homoeopathic medicine should be able to encourage the healing process better than crude doses of that medicine. Oberbaum and Cambar (Endler and Schulte, 1994: 7-9), write that the Arndt-Schultz law was followed by a similar concept, namely hormesis. Oberbaum and Cambar wrote that Luckey, a scientist that refined the concept of hormesis, defined it as the stimulatory effect on an organism due to the application of any physical, chemical or biological agent given in doses far below its toxic level. However, Oberbaum and Cambar (Endler and Schulte, 1994: 14-15) write that despite research showing that the hormesis effect exists, it still lacks proof as a possible mode of action. They also write that although hormesis has some similarities with homoeopathy, it is not proof for homoeopathy. They write that the concentrations of substances in hormetic systems are much higher than those present in homoeopathic medicines. Another way it differs from homoeopathy is that hormetic systems do not require any special technique (referring to succussion) to prepare the active agent.

Schulte (Endler and Schulte, 1994: 105-115) writes that collections of atoms or molecular compounds have been observed forming clusters of those specific atoms or molecules. These clusters grow and decay in an unpredictable manner as molecules or atoms of that substance attach and detach to the basic structure. These solvent clusters are able to enclose a drug molecule or cluster as if it is a shell. These shell formations of clusters are known as clathrates. Clathrates may be empty or even be encased by other clathrate structures. The relevance of clathrates in providing a possible model for the working of ultra high dilutions lies in its ability to continue to replicate itself in the absence of the original drug molecule that was enclosed. The clathrate structure can therefore be said to be an imprint of a drug. When succussion occurs, it is possible that inner and outer clathrates may become separated, providing the blueprints for other clathrates to form. It is possible that these blueprints play an important role in the retention of information of highly diluted substances. However, Schulte states that these

models are not able to explain the different medicinal effects of substances with a similar molecular structure, as the basic clathrate structure for such medicines appears to be very similar.

Gray (2000; 77) writes that in 1998 P. Fisher developed the “Information Theory”. Stated simply, water (and perhaps other polar solvents), can under certain conditions, retain information about substances with which they have previously been in contact, and subsequently transmit this information to presensitized biosystems. Gray (2000; 78-82) writes that results from research projects done by Dr. M.W. Ho (1998) on polarized light rays and fruit fly larvae, and F.A. Popp (1992) on ultra weak photon (light) emissions from living systems, support the so called “Information Theory”. In further defense of homoeopathy, Gray (2000: 99) adds that recent research shows that highly specific signals can be transmitted electromagnetically, and stored digitally, via the medium of water in highly precise laboratory protocols. These can then be transmitted over great distances in order to reproduce results. Endler, Spoerk, and Pongratz (Endler and Schulte, 1994: 215-218) demonstrated that electromagnetic fields are able to affect the behaviour of tree frog tadpoles. The tadpoles were exposed to certain frequencies that were determined to correspond with a 30X dilution of thyroxine. Gray (2000: 120) is of the opinion that Endler, Spoerk, and Pongratz (Endler and Schulte, 1994: 215-218) proved that homoeopathic potencies are not merely molecules in water, but electromagnetic field vehicles. He believes that these electronic field vehicles have specific frequency complexes as well, and that they are transmissible through glass and directly to developing organisms.

In 1988 an article published in Nature, based on a series of experiments spearheaded by Dr. Benveniste, regarding the effect of ultra-high dilutions of histamine on basophils, caused excitement in homoeopathic circles (Fisher, 1999: 186-187). Fisher writes that Benveniste claimed that basophil degranulation could be triggered by dilutions of anti-IgE that far exceeds Avogadro’s number – up to 10^{-120} (corresponding to a 60C dilution). However, the

results could not be confirmed when the experiments were repeated by a team of independent referees nominated by the editor of Nature. Their report criticized the experiments as being ill-controlled, open to observer bias and not reproducible. The report also state that Benveniste's hypothesis that water can be imprinted with the memory of past solutes, is fanciful and has no substantial basis for it (Maddox, Randi, Stewart, 1988: 287). Benveniste's response was included in the article that featured the report published in Nature. Benveniste accused the investigative team of amateurism and incompetence. He accused them of interfering with the experimental design, creating an atmosphere of psychological and intellectual pressure unfit for scientific work, dismissing five years of research and distracting the technicians with magic tricks. Benveniste states that the report was filled with inaccuracies and distortions and maintains his view regarding the results.

Schiff (1994: 30) states that the basophil study by Benveniste is far from being the only scientific study of extreme dilutions. He writes that even excluding publications by journals devoted to the scientific study of homoeopathy, he found 25 scientific articles published by 17 different groups of scientists reporting high dilution effects. It is clear that Schiff regards Benveniste as a victim of scientific censorship.

Crook also gives examples of separate experiments done by, Fritz-Albert Popp, Harold Burr and Leonard Ravitz as scientific evidence for the efficacy of the ultra high dilutions of homoeopathy. These experiments are focused on electro-magnetic energy fields and biophysics rather than biochemistry (Crook, 1996: 19-23, 70-71).

2.2.2.2 Defence of homoeopathic succussion

In his response to claims that potentisation is an occult ritual, Crook (1996: 65) explains how Hahnemann arrived at the method. Hahnemann allegedly experimented with crude doses of substances at first but found that the side effects often caused the patient more distress. Crook writes that it could then logically follow that Hahnemann then started to dilute the medicines serially, and found that the side effects were eliminated while the therapeutic effects remained. He writes that it is very possible that Hahnemann diluted some of those medicines past the point where there is any measurable evidence for the presence of that substance. Crook further explains that Hahnemann accidentally found that medicines are more effective if vigorously shaken, when he used medicine from a vial that fell and remained on the floor of the carriage for the duration of his journey. Based on this finding, Hahnemann then resolved to incorporate a good shaking into the preparation process of his future medicines, called succussion. However, Crook does not reference this anecdote. Morrel (n. d.) writes that the idea that succussion was based on the jostling of medicinal liquids in bottles when journeying on horseback, might have some truth to it. He cites Boenninghaussen's Lesser writings (Morrel, n. d.) as stating that Hahnemann warned against shipping liquid remedies over long distances as they could become extra potentized. He also quotes Boenninghaussen (Morrel, n. d.) as stating that the dry pills are not affected by travelling in the same way. The researcher has been unable to find more information regarding this idea in homoeopathic literature. Crook (1996: 66-67) states that whether succussion or trituration is used, it should be clear to anyone with an elementary knowledge of physics that there is a transfer of physical energy taking place i.e. natural forces are involved.

When a liquid is succussed, there are physical forces at work that may cause electromagnetic energy to be released. One of these forces is friction. It occurs as a result of the close contact between the glass of the container and the liquid's

molecules. While causing some heat, the friction also cause the molecules that are closer to the glass to move slower than the molecules near the centre of the liquid. A shockwave forms as the liquid comes to a sudden stop at the bottom of the container. The difference in molecule movement speed together with this shockwave results in the tearing of the liquid, causing the formation of cavitation bubbles. As these cavitation bubbles implode, the gases and vapours inside are compressed and heated. The temperature within the cavity may reach a thousand degrees Fahrenheit and cause much greater pressure than our normal atmospheric pressure. These conditions cause liquid water to be transformed to H_2 and H_2O_2 . In the presence of other substances, electromagnetic transitions may occur (Endler and Schulte, 1994: 129-135).

Don-Wauchope (n. d.: 42-44) cites Bambrige who says that potentisation can invoke the activity of demonic spirits. She argues against this, saying that the dilution itself cannot be evil and that the energy transferred to the remedy is spiritually neutral. She writes that the only thing that critics of homoeopathy can claim is that remedies contain none of the original substance and will, at worst, be useless to their ailment, but nothing more.

2.2.3 Controversy regarding the scientific validity of homoeopathic clinical research

Gray (2000: 50) writes that homoeopathy's highly individualized approach to prescribing presents problems regarding design protocols for valid scientific research. This may be the case (an exploration of which is beyond the scope of this study) but, nevertheless, a study published in *The Lancet* entitled, "Are clinical effects of homeopathy placebo effects?: A meta-analysis of placebo controlled trials" analysed 189 studies and concluded that the clinical effects of homoeopathy could not simply be ascribed to placebo, and called for further research on homoeopathy (Linde, Clausius, Ramirez, Melchart, Eitel, Hedges and Jonas, 1997).

2.3 The use of radionics and radiesthesia by homoeopaths

Radionics is a therapy that involves the ability of the human being to use radiesthesia together with technical instruments to help diagnose disease, and then to treat via the instrument, with or without the presence of the patient (Stanway, 1979: 138). Radiesthesia is the use of dowsing or divining to diagnose and select remedies (Stanway, 1979: 131).

According to Pfeifer (1988: 101-106), radiesthesia is often used by homoeopaths to choose the proper homoeopathic remedy for a patient. He likens the use of a pendulum to that of an Ouija-board. His reasoning is that both instruments seem to respond spontaneously to a “question and answer” process facilitated by practitioners. Koch as cited by Pfeifer (1988) states that the required sensitivity for the effective use of radionic equipment can be acquired in a way similar to occult psychic powers. Pfeifer warns that by subjecting oneself to such practices one might experience physical improvement, but risk emotional and spiritual affliction. Bambridge (n. d.: 11) writes that homoeopaths are prone to be drawn to occult practices like divination because of homoeopathy’s alleged mystical foundation.

However, Crook points out (1996: 48, 54, 77) that the use of a pendulum is not part of the actual methodology of homoeopathy, and it is possible to practice homoeopathy effectively without it. He regards the use of pendulums by homoeopaths as a sign of inadequate skill and training.

Current opinion is that human intuition, being an internal force, causes minute muscular movements responsible for pendular movement (Holistic healing, 2007). Woods and Gazzaniga (2000) write that muscle testing experiments revealed that the subconscious can be programmed to cause involuntary muscles to respond to true and false statements with differing strengths. Woods

and Gazzaniga (2000) mention that one experiment showed that dowsers move their equipment with involuntary muscle movements. They speculate that a dowser's subconscious mind might pick up electrical currents from underground water, which in turn cause their muscles to respond involuntarily. Woods and Gazzaniga do not reference these statements to reveal their primary sources. Nielsen and Polansky (1987: 28) make a similar statement. They write that pendulum movement results from the radiesthesis's subconscious communicating subtle energy field changes to the conscious mind, via the nervous system.

Surprisingly, Pfeifer (1998: 101) provides evidence which contradicts the occult hypothesis – he cites research done by Raimann that explains that finger pulses, subtle muscular twitches and thought patterns can cause a pendulum to move, even if the radiesthesis's hand is kept motionless.

2.4 Links between Hahnemann and Freemasonry, Mesmerism and Deism

Biographer Haehl (1995: 253) and Pfeifer (1988: 67) wrote that Hahnemann entered Freemasonry at a fairly young age. It is noted by Brown (n. d.: 3) and Livesey (n. d.: 116) that Hahnemann included the Masonic motto, Aude Sapere (which means, "Dare to Be Wise") on the cover page of The Organon. King (2006) enrolled Hahnemann's name on a website featuring a list of famous Freemasons.

Brown (n. d.: 2, 3) writes that Hahnemann would have been exposed to many occult and mystic ideas in the process of advancing within the Masonic order. He strongly suggests that Hahnemann developed the system of homoeopathy based on occult ideas derived from his association with Freemasonry.

Haehl (1995: 252-253), who wrote a biography about Hahnemann based on discovered state papers, documents and letters, stated that Hahnemann was a Deist. He writes that because of it, Hahnemann considered the teaching of Confucius higher than those of Christ, whom he called a “fervent emotionalist” in contrast to Confucius.

Hahnemann is criticized by Dick (n. d.: 3) and Pfeifer (1988: 67) for referring to Jesus Christ as the “arch enthusiast”. Dick further states that Hahnemann resented Christ for wasting his time with sinners, proclaiming the Kingdom of God instead of leading the enlightened to mystical wisdom. Pfeifer quotes (1988: 67) the biographer Fritsche as saying that Christ was an offence to Hahnemann, and that Confucius was his ideal.

When we read what Hahnemann wrote in the sixth edition of the Organon regarding mesmerism (a.k.a. animal magnetism) in aphorisms 288-290, it is clear that Hahnemann greatly supported the practice (Hahnemann, 1996: 258-261). In his note on aphorism 289 (289d), Hahnemann relates an incident when he effectively used mesmerism to revive an unconscious ten year old boy. Brown (n. d.: 4) quotes Hahnemann from the Organon, as referring to mesmerism as a marvellous, priceless gift of God. Pfeifer (1988: 79) notes Hahnemann’s strong criticism towards those who reject and disrespect the curative power of mesmerism. Dick (n. d.: 3) claims that Mesmer is an indirect influence behind the origin of homoeopathy. However, when we examine Hahnemann’s comments about mesmerism it can only be concluded that Hahnemann associated with and supported the practice and principles of mesmerism but there is no evidence in his writings to suspect that Mesmer’s teachings influenced him regarding the development of homoeopathy.

Many authors including Pfeifer (1988: 79), Brown (n. d.: 4) and Bravo (n. d.: 2) state that mesmerism is an occult practice. They imply that Hahnemann incriminated himself as an occultist by supporting and practicing mesmerism.

Don-Wauchope (n. d.: 8, 14, 22) writes that critics should not use Hahnemann's personal religious beliefs to discredit his medical discoveries. She argues that authors doing so should then also reject any medical discoveries made by anyone other than Christians. She reminds readers that even modern medicine was strongly influenced by someone who is often criticized as being a spiritualist and occultist, namely Paracelsus.

Crook (1996: 52) argues that in Hahnemann's time it was more or less obligatory for intellectuals to become Freemasons. He also states that the therapeutic principles for homoeopathy have been in existence for centuries and that Hahnemann simply organised it into a workable systematic therapy. Crook also states that Hahnemann was described as a puritanical Christian all his life by Grossinger, one of his biographers. Livesey (n. d.: 126) states that the individual must decide for him/herself whether Hahnemann's religious beliefs is a matter of concern.

2.5 Homoeopathy and New Age or Eastern concepts

Many authors, as referred to below, have criticized homoeopathy because of what they perceive to be its commonality with the New Age movement or Eastern religions, mainly Hinduism.

Kruger, Lubbe and Steyn (1996: 282) state that the New Age is a broad term for different groups and organizations having different beliefs and agendas. However, they write that there are certain commonalities discernible that may provide a framework for its definition.

Kruger, Lubbe and Steyn (1996: 283-285) write that a vision and expectation of a new age, which will focus mainly on the spiritual dimension, is the only unifying factor in this movement. They cite Baily (1969: 5) as stating that the appearance of Christ is expected in all religions albeit under different names like the Avatar,

Maitreya, Boddhisattva, and the Imam Mahdi. According to Kruger, Lubbe and Steyn, many people, not only New Agers, believe that this spiritual development of humankind will be made possible by the appearance of a saviour.

Kruger, Lubbe and Steyn (1996: 284-286) write that the most widely accepted New Age concept of God is that God is in all and all is in God. This means that there is an interdependent relationship between people and nature. There are also some adherents of the New Age who believe that God and creation represent two different realities, but these adherents are in a definite minority. New Agers believe that people are part of God, similar to a drop of water being part of the ocean. The New Age movement teaches that people are continually evolving towards perfection. Hence many adhere to the concept of reincarnation and karma. There are various methods of achieving personal transformation of which meditation, channeling, astrology, the use of crystals and tarot cards are but a few.

Kruger, Lubbe and Steyn (1996: 286) conclude that the New Age movement is not simply a religion but a movement that touches every aspect of modern life. There is much enthusiasm for ecological conservation due to their belief that when nature is being violated, God is also violated. The New Age has a holistic approach to medicine that calls for the treating of the cause of illness instead of simply treating the symptoms of disease. The authors write that the New Age movement has also had an impact in certain areas of education, psychology, business administration and physical science.

Van Zyl (n. d.) explains that Christians do not agree with teachings of the New Age. He writes that the Bible does not reveal God as some impersonal form of energy that flows through everything, but rather as a God who is a distinct person on His own, separate from His creation. Van Zyl (n. d.) warns that the real danger of the New Age is that it prepares the hearts and minds of people for

accepting the coming new world order that will be ruled by the Anti-Christ (“the Beast”), as prophesied in Revelation 13: 4, 8, 14-17.

Reisser, Reisser and Weldon (1983: 158, 142) are of the opinion that the holistic health movement serves as a platform to promote the world view of the New Age and occultism as an approach to health. They express uneasiness towards homoeopathy because its philosophy seems to fit so comfortably with the New Age idea of universal energy. However, they mention that the New Age embrace of homoeopathy is not necessarily cause for immediate rejection, but an indication to proceed with extreme caution.

Livesey (n. d.: 120, 121) writes that the philosophy of homoeopathy is dangerous because it supports the “All is one” concept, claiming that everything and everyone is part of God. He states that the idea of not having a distinction between God and his creation, is essentially Hinduistic, Pantheistic and Esoteric, and in direct conflict with Bible teaching. Dick (n. d.: 6) also raises concern about the similarity of homoeopathic philosophy when compared to New Age and Eastern ideas.

Pfeifer (n. d.: 67, 150) criticizes homoeopathic texts, including those of Samuel Hahnemann himself, as revealing a strong association with Eastern philosophy for using expressions like vital force, harmony with the universe and ethereal body. Pfeifer does not state which homoeopathic texts he refers to. He also states that there is no way to integrate the Christian faith with the monistic concept of God as held by the New Age. Prabhu (2006) writes that homoeopathy is derived from a Hinduistic, pantheistic and esoteric philosophy and religion.

The vital force is seen by numerous authors like Smith (2003) to be a New Age or Eastern concept. He states that it is virtually the same as the chi of Chinese

acupuncture, the prana of auyrvedic medicine and the universal cosmic energy associated with New Age advocates of alternative therapies.

Dick (n. d.: 4-5) writes that the vital force is analogous to the cosmic spirit of acupuncture, prana from the Hindu, chi or ki by the Buddhists, fluidum from mesmerism. He then also states that homoeopathy is a physically orientated healing whereby spiritual magic is involved, and that the life force is a pseudonym for the devil.

Brown (n. d.: 2) writes that the major problem with homoeopathy is the doctrine of the vital force, which according to him, is the connection between homoeopathy and occult energy fields.

As can be seen from the above, there are many examples of Christian authors who reject homoeopathy on the basis of what they perceive to be its association with the New Age philosophy. However, there are others that make even more extreme claims. Howard (n. d.: 1-3), Bopp (1985:1-13), Prabhu (2006) and Bravo (n. d.: 1-2) categorically state that homoeopathy is an occult practice.

Kline (n. d.: 1) calls the aforementioned views New Age paranoia. He argues that methods or therapies cannot be New Age as it is a belief and that only people can have beliefs. Thus he believes that the description, New Age, can only be applied to a person who holds such beliefs, and that the methods are neutral. Don-Wauchope (n. d.: 10, 24, 36, 45) agrees that the New Age pantheistic view of God is flawed but claims that homoeopathy does not support such a view. She writes that homoeopathic medicine is spiritually neutral and that claims of it containing some mystical or occult force are absurd.

According to Crook (1996: 19-23), medical traditions and philosophies of different cultures invented words to refer to the life energy that governs how people function. He relates this life energy to research at Yale University by Burr and

Ravitz that showed that all living beings possess a complex electro-magnetic field that actually controls the biochemical processes of our bodies. Crook states that there is nothing religious about electro-magnetic energy, and that holistic therapies are not the same as the New Age movement.

2.6 Research studies on the perspectives of the public of homoeopathy

Although the following studies did not specifically investigate the knowledge and attitudes of Christians towards homoeopathy, they are included based on the similarities they have to this study. The similarities include: The relationship between education and knowledge of homoeopathy; Understanding and identification of the principles of homoeopathy; Do people think homoeopathy has a scientific base; What was the initial source of information about homoeopathy; Do people think that homoeopathy requires faith to work?

A study conducted by Alton and Kayne (1992) found that people with a higher income or education level tend to know more about homoeopathy than their counterparts. However, Moys (1998) who studied the perceptions of affluent White and Indian communities in Durban towards homoeopathy, did not find any significant association between income or education and knowledge of homoeopathy.

Moys (1998) states that her results seem to confirm those of a study done by Davies and Kayne (1992) who found that, in general, very few respondents showed an understanding of the principles of homoeopathy. Moys (1998) states that results suggest that both the White and Indian communities have a very limited understanding of homoeopathic principles. In the study respondents were presented with statements that homoeopathy “cures by using medicines that can cause the same symptoms” and that it “provides medicines that are diluted and shaken”. In the study, only 19% of the respondents from the White community

and 11.6% from the Indian community managed to correctly identify both statements pertaining to homoeopathy.

Moys (1998: 70) also found that the majority Indian respondents (59.8%) indicated that a patient has to believe in the medicine for it to work. The White community had a near equal distribution between agreement and disagreement regarding the importance of belief in the medicine. A substantial minority in both communities indicated that they were not sure if homoeopathy has a scientific base or whether the medicine required faith to have an effect.

Moys (1998) found that the majority of respondents had first heard of homoeopathy from friends and relatives. Medical doctors and the media also contributed to the awareness of homoeopathy. Moys writes that these findings are in agreement with surveys done by Fulder and Munro (1985), Lewith (1985), Ferrucci (1994), and Vincent and Furnham (1994).

Moys (1998) mentions a study by Steenekamp (1985) that found that 27.3% of the respondents gave the correct response when asked about the Law of similars. The study further indicated that the majority (63.6% White and 61.8% Indian) respondents agreed that homoeopathy has a scientific base.

A survey conducted by Davies and Kayne (1992) showed that very few of the pharmacy staff who participated in the study was familiar with the principles of homoeopathy even though most had heard of homoeopathy. Only 25% of the sample identified “like cures like” as a homoeopathic principle while 8% were aware that small doses were used. It was noted that not one respondent understood the importance of succussion during the preparation of homoeopathic medicine.

Research conducted by Turner (2005: 43-47) investigated the perceptions of veterinarians towards homoeopathy in Kwazulu Natal. Results showed that

53.39% of respondents reported that they required evidence that homoeopathy has a theoretical scientific basis before they would consider it beneficial to their patients. However, the majority (90.48%) of respondents regarded clinical trials as the best form of validation. Fifty of the sixty three respondents stated that homoeopathy has a role to play in veterinary medicine, while four respondents indicated that they feel it is of no value. One veterinarian mentioned that he suspected that homoeopathy is an occult practice. When asked why homoeopathic medicines are effective, fourteen respondents indicated that it is due to the patient's faith in the medicine, while sixteen said that it was due to the "like cures like" principle. Not a single respondent indicated that it is due to the vigorous shaking of the medicine during preparation.

Chapter 3

Materials and Methods

3.1 Population

The population consisted of all the members of the Christian churches of eThekweni.

3.2 Sample

The sample consisted of all the members of the 17 Christian churches located in the eThekweni suburb of Berea North (Durban), as identified by eThekweni Municipality on the municipal map drawn up by them. Berea North was selected for this study because it is the municipal area within which the Durban University of Technology Homoeopathic day clinic falls.

Of the 17 selected churches approached, 9 agreed to participate in the study and 7 chose not to. The one remaining church could not be reached despite repeated attempts made by the researcher. The 9 churches represented 8 different denominations (two churches were Roman Catholic). The reasons volunteered by non-participating churches are discussed in Chapter 5.

A total of 365 English questionnaires were distributed. None of the participating churches requested Afrikaans questionnaires. The one church that reported having Zulu speaking members requested 5 Zulu questionnaires. However, none were returned. The formula (Moolman, 2005) to determine the number of questionnaires distributed to each church (number of members of specific church

/ Sum of members of all churches x 850¹) was not used. Instead of apportioning the questionnaires so that each denomination represents a similar proportion of the population sample, the various leaders requested a certain number of questionnaires that they felt their specific congregation could deal with.

All the church members that voluntarily filled in and returned their questionnaires within the allotted time limit (4 weeks) were included in the study. A total of 174 were returned (47.40%).

3.2.1 Inclusion Criteria

- Must be over 18 years of age
- Must be a member of that church.
- Must be literate in English or Zulu or Afrikaans. As determined by telephone calls to the churches, one church had Afrikaans and one had Zulu services every Sunday.
- For the purposes of this study, the selection criterion for Christian church was that it must be designated as such by the South African government (Statistics South Africa, 2001).

3.2.2 Exclusion Criteria

- Those under the age of 18
- Those who are not members of the participating church.
- Churches that are designated as non-Christian churches by the South African government like the church of the Latter Day Saints and the Jehovah's witnesses were excluded from this study (Statistics South Africa, 2001).

¹ 850 was the maximum number of questionnaires that could be printed within the research budget.

3.3 Study Design

1. A letter of information and request for participation (see Appendix A) was hand delivered to leaders of relevant churches. An informed consent form (Appendix B) accompanied the information letter.
2. A phone call was made to each of those leaders, 7 to 10 days after the letter was hand delivered. The input from the researcher was based on a standard statement (see Appendix C). The phone call included a request for an interview.
3. Interviews were conducted in such a way as to convey practical information only, and did not involve a debate on the topic. The leaders were requested to refrain from discussing the topic with members until all questionnaires were returned. After the interview, the leaders were invited to sign the informed consent form (Appendix B). At this stage 7 churches chose not to participate in the research. The reasons for not participating in study will be discussed in Chapter 5.
4. The questionnaires were delivered to the various churches via a neutral person that received no benefits from the study except remuneration for fuel. To standardize the method of administering questionnaires to members, the leaders were asked to disperse them after the main service on Sundays.
5. A phone call was made to each of the respective participating church leaders to encourage compliance, 21 to 23 days after the date of delivery.
6. The questionnaires were collected from the various churches by the same neutral person as before, 4 weeks after the delivery date.
7. The questionnaires remained in the custody of the neutral person until all returned questionnaires were collected. They were then passed on to

the researcher. The researcher did not know from which church any particular questionnaire came from.

8. The researcher entered the data into the SPSS (version 13) computer program, which was then analyzed by a statistician.

3.4 Measurements

The research instrument was a questionnaire (Appendix E) aimed at gathering categorical data in order to reach the aims of the study.

The questionnaire was compiled using aspects of several previous questionnaire based studies (Moys 1998, Wortmann 1997, Sukdev 1998, Daphne 1997) concerning homoeopathy.

Prior to delivery, a pilot study was undertaken. This tested the questionnaire for face validity clarity. A group of 9 people were involved in this process. The group consisted of Christians from outside the sample area as well as people from other religions. The questions were adapted according to the insights gained through the pilot study.

3.5 Statistical Analysis

Each question category was coded so that the data could be summarized and analyzed by the statistician. The way that the research instrument was constructed, required the use of the ordinal, nominal and binary scale for interpretation and analysis.

The results were obtained using the SPSS (v.13) program. Descriptive and inferential statistics were used for analysis and interpretation. More specifically, the Chi square test was used to determine relationships between certain qualitative variables (Moolman, 2005).

The Chi Square Test is an inferential statistic method that enables us to infer data from the sample group to the population regarding a possible relationship between two or more variables. The initial assumption is that the relationship is due to chance. This is known as the null hypothesis (H_0). Depending on the obtained probability, the null hypothesis can either be retained or rejected. Our retention or rejection of the null hypothesis depends on the obtained probability using certain decision rules. If the observed probability is less or equal to .05 (<5%) of the hypothesized probability, we can conclude that a significant relationship does exist. However, if the observed probability is greater than .05 (>5%) of the hypothesized probability, we retain the null hypothesis and conclude that the relationship is due to chance (Arkellin, n. d.).

Chapter 4

Results

The questionnaire was completed by 174 participants from 9 churches (consisting of 8 denominations).

4.1 The questionnaire layout

The questionnaire (See Appendix E) consisted of 30 questions that were divided into 4 parts:

- Part 1: bibliographical information (Questions 1-6);
- Part 2: general knowledge of homoeopathy (Questions 7-15);
- Part 3: perceptions of homoeopathy (Questions 16-27);
- Part 4: need for more knowledge on homoeopathy (Questions 28-30).

For most of the questions, possible alternative answers were given. A few of the questions allowed open ended answers. In the analysis, the answers to two or more questions were cross tabulated and the number in each cell in the table counted. Chi-square tests for association between the factors were performed. Significant results of these tests are reported.

4.2 Part 1: Biographical information (Questions 1- 6)

4.2.1 Gender (Q1)

The sample consisted of 65 (37.8%) males and 107 (62.2%) females. Two respondents did not complete the question and were excluded from the calculation for this question only.

4.2.2 Age (Q2)

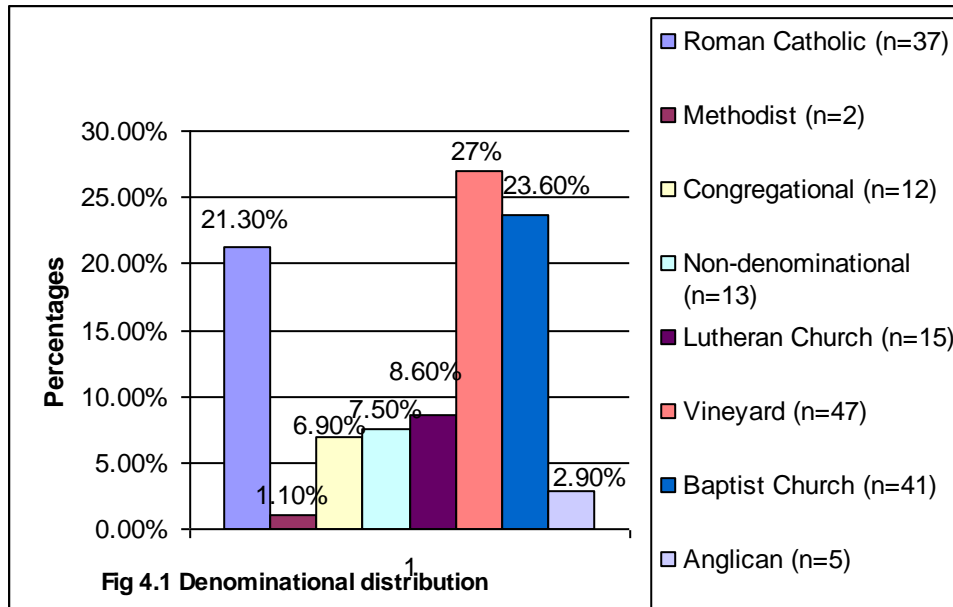
The age distribution of respondents is shown in Table 4.1. The largest group is the over 56 years age group (42.5%).

Table 4.1 Age distribution (Q2)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-25yrs	14	8.0	8.3	8.3
	26-35yrs	28	16.1	16.7	25.0
	36-45yrs	23	13.2	13.7	38.7
	46-55yrs	28	16.1	16.7	55.4
	>56yrs	74	42.5	44.0	99.4
	6	1	.6	.6	100.0
Total		168	96.6	100.0	
Missing	System	6	3.4		
Total		174	100.0		

4.2.3 Denominational distribution (Q3)

Distribution of denomination of participants can be seen from Figure 4.1. Two respondents did not complete the question and were excluded from the calculation for this question only. The 9 churches represented 8 denominations, two of which were Roman Catholic. The largest group is Vineyard, which is not a traditional denomination, having been founded in 1982 (Association of Vineyard Churches South Africa, n. d.).



4.2.4 Years member of Church (Q4)

As seen from Table 4.2, 18.9% of respondents have been a member of their Church for less than two years; 21.3% of respondents have been a member of their Church for more than two years but less than five; 59.2% of respondents have been a member of their Church for more than five years.

Table 4.2 Number of years member of Church

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	<2yrs	32	18.4	18.9	18.9
	2-5yrs	36	20.7	21.3	40.2
	>5yrs	100	57.5	59.2	99.4
	4	1	.6	.6	100.0
	Total	169	97.1	100.0	
Missing	System	5	2.9		
Total		174	100.0		

4.2.5 Highest qualification attained (Q5)

The levels of education of the respondents are represented in Table 4.3. The level of education is very high on the whole, with 92.8% of respondents having a matric or higher level of education. The “lower than matric” category in Table 4.3 was added to accommodate responses that indicated a lower level of education than was catered for. These responses came from respondents that answered the “other” option of the question.

Table 4.3 Highest qualification

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	matric	54	31.0	32.3	32.3
	diploma	43	24.7	25.7	58.1
	degree	17	9.8	10.2	68.3
	post-grad	41	23.6	24.6	92.8
	lower than matric	12	6.9	7.2	100.0
	Total	167	96.0	100.0	
Missing	System	7	4.0		
Total		174	100.0		

4.2.6 Leadership positions (Q6)

Of the 174 respondents 40.2% indicated that they did not perform any leadership roles in their Church, while 56.3% indicated that they did. For the purposes of this study leadership only included Ministers, Priests, Pastors, Reverends, Clergy, Shepherds, Elders, Deacons, Sunday school teachers, and Youth leaders.

4.3 Part 2: General knowledge of homoeopathy (Questions 7-15)

4.3.1 Knowledge of homoeopathy (Q7)

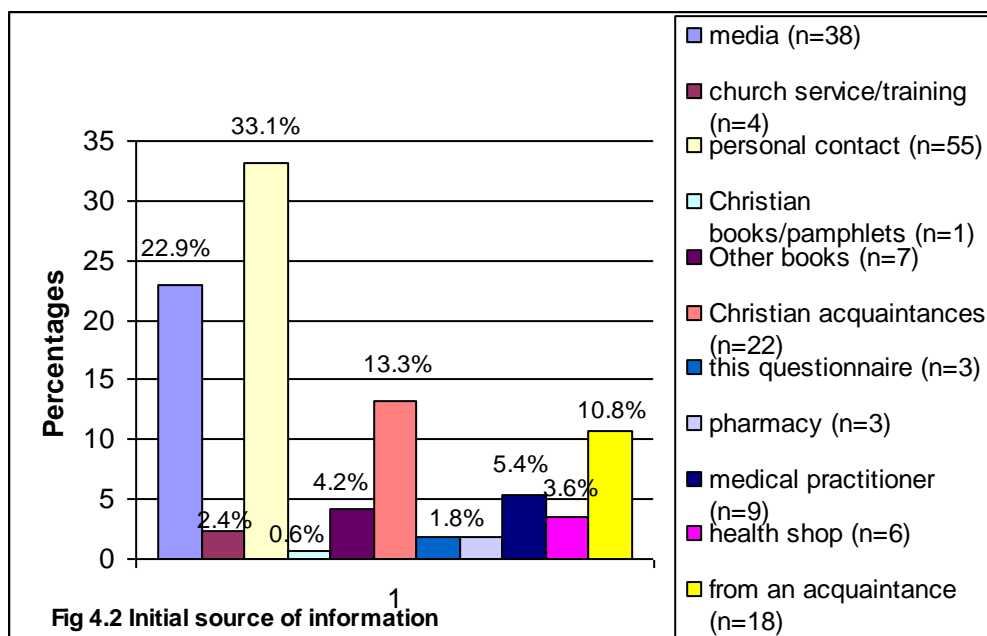
As can be seen from Table 4.4, the majority respondents (46.6%) indicated that they know something about homoeopathy, while 27.6% indicated that they were quite familiar with it.

Table 4.4 Knowledge of homoeopathy of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never heard of it	10	5.7	5.8	5.8
	Only heard of it	33	19.0	19.2	25.0
	Know something about it	81	46.6	47.1	72.1
	Quite familiar with it	48	27.6	27.9	100.0
	Total	172	98.9	100.0	
Missing	System	2	1.1		
Total		174	100.0		

4.3.2 Initial source of information about homoeopathy (Q8)

As can be seen from Figure 4.2 the majority respondents (33.1%) initially heard of homoeopathy from personal contact with a homoeopath, the media (22.9%), Christian (13.3%) and other acquaintances (10.8%). The “health shop” and “from an acquaintance” categories in Table 4.2 were created to accommodate responses from the “other” option of the question.



4.3.3 Homoeopathy recognized by law (Q9)

A very large percentage (60.9%) of respondents indicated correctly that homoeopathy is recognized by law in South Africa. A fairly large percentage (31%) indicated that they do not think so while 6.9% indicated that they are unsure. The perceptions are summarized in Table 4.5.

Table 4.5 Is homoeopathy recognized by law?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	106	60.9	61.6	61.6
	no	12	6.9	7.0	68.6
	unsure	54	31.0	31.4	100.0
	Total	172	98.9	100.0	
Missing	System	2	1.1		
Total		174	100.0		

4.3.4 Homoeopathy and health care insurers (Q10)

39.3% (n=68) of respondents perceived that homoeopathy is funded by health care insurers, while 37% (n=41) indicated that they were not sure. The perceptions are summarized in Table 4.6.

Table 4.6 Is Homoeopathy funded by healthcare insurers?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	68	39.1	39.3	39.3
	no	41	23.6	23.7	63.0
	unsure	64	36.8	37.0	100.0
	Total	173	99.4	100.0	
Missing	System	1	.6		
Total		174	100.0		

4.3.5 Type of course followed to become a homoeopath (Q11)

The majority of respondents seem to be aware that it requires a full time course to become a qualified homoeopath. The perceptions are summarized in Table 4.7.

Table 4.7 Type of course followed to become a homoeopath

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	weekend course	5	2.9	2.9	2.9
	part time	7	4.0	4.0	6.9
	full time	125	71.8	72.3	79.2
	unsure	33	19.0	19.1	98.3
	part time or full time	3	1.7	1.7	100.0
	Total	173	99.4	100.0	
Missing	System	1	.6		
Total		174	100.0		

4.3.6 Minimum time taken to qualify as homoeopath (Q12)

Respondent distribution regarding time taken to qualify as homoeopath is summarized in Table 4.8.

Table 4.8 Time taken to qualify as homoeopath

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 year	4	2.3	2.3	2.3
	2 years	13	7.5	7.6	9.9
	3 years	46	26.4	26.9	36.8
	4 years	38	21.8	22.2	59.1
	5 years	30	17.2	17.5	76.6
	6 years	35	20.1	20.5	97.1
	Don't know	5	2.9	2.9	100.0
Total		171	98.3	100.0	
Missing	System	3	1.7		
Total		174	100.0		

4.3.7 Do homoeopaths undergo work experience? (Q13)

From Table 4.9 it is clear that the majority of respondents perceive that homoeopaths undergo a work experience training program before qualifying.

Table 4.9 Do Homoeopaths undergo work experience training

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	132	75.9	76.3	76.3
	no	7	4.0	4.0	80.3
	unsure	34	19.5	19.7	100.0
	Total	173	99.4	100.0	
Missing	System	1	.6		
Total		174	100.0		

4.3.8 Number of homoeopaths in Durban (Q14)

The majority respondents (42%, n=73) indicated that they do not know how many qualified homoeopaths there are in Durban.

4.3.9 Aware of homoeopathic day clinic in Berea, Durban (Q15)

Respondents that knew about the Homoeopathic Day Clinic were in a slight minority with 44.5% (n=77), as compared to the 55.5% (n=96) that did not know.

4.4 Part 3: Perception of homoeopathy (Questions 16-27)

4.4.1 Contact with a homoeopath (Q16a)

56.3% (n=98) respondents have been in contact with a homoeopath before and 43.1% (n=71) have not.

4.4.2 Nature of the contact with homoeopath (Q16b)

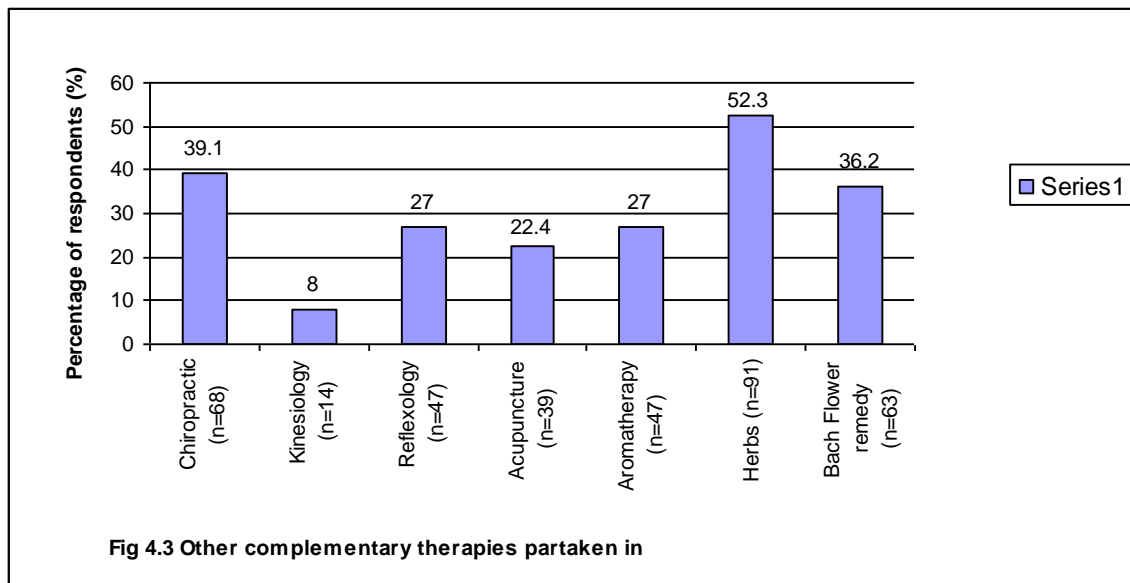
Of the 98 respondents that had contact with a homoeopath before, 66 (65.3%) answered that it was as a patient, and 31 (30.7%) answered that contact had taken place in a social setup. Four respondents answered that they had taken their pets to a homoeopathic vet.

4.4.3 Taken homoeopathic medicine in past (Q17a)

109 respondents (62.6%) have taken homoeopathic medicine before while 35.6% (n=62) indicated that they have not.

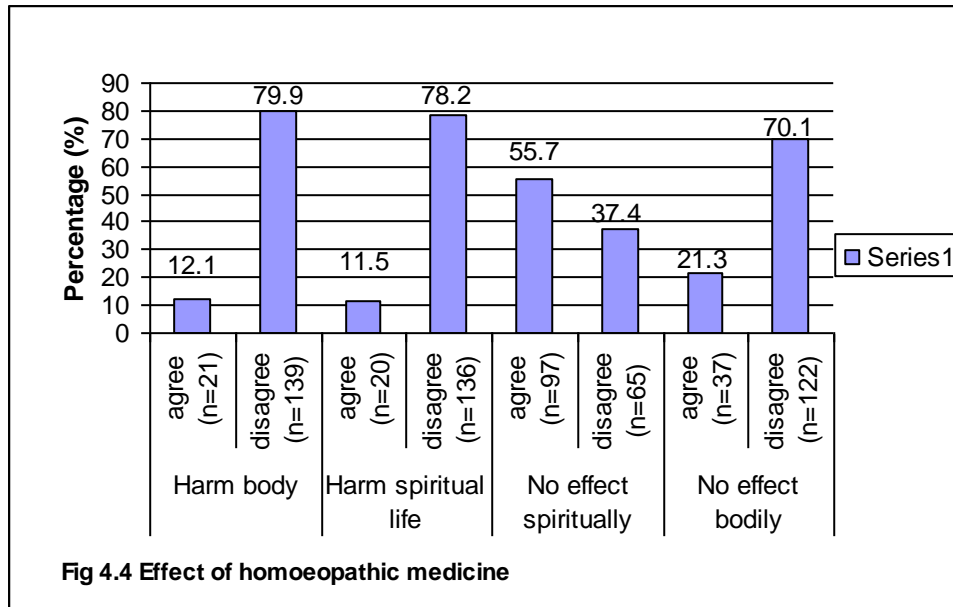
4.4.4 Partaken in other complementary therapies (Q17b)

Figure 4.3 summarizes the distribution of respondents that used the services of other complementary therapies.



4.4.5 Possible harmful effects of homoeopathy (Q18)

The respondents' perception regarding the bodily and spiritual effect that homoeopathic medicine has on a patient is summarized in Figure 4.4. Three respondents indicated that they did not know what the specific effects are.



On statistical analysis, the following associations between responses to Q18 and other variables were obtained.

4.4.5.1 Gender (Q1)

Females tend to disagree more with the three statements analyzed in Tables 4.10 to 4.12 than males do, whereas females agree more with the statement analyzed in Table 4.13 than males do.

Table 4.10 Gender (Q1) versus homoeopathy harms the body (Q18)

		Harm body		Total
		agree	disagree	
Gender	male	12	45	57
	female	9	93	102
Total		21	138	159

Chi-square = 4.77 with p-value 0.029.

Table 4.11 Gender (Q1) versus homoeopathy harms spiritual life (Q18)

		Harm Spiritual life		
		agree	disagree	Total
Gender	male	12	45	57
	female	8	90	99
Total		20	135	156

Chi-square = 5.328 with p-value 0.021.

Table 4.12 Gender (Q1) versus homoeopathy has no bodily effect (Q18)

		No effect bodily		Total
		Agree	disagree	
Gender	male	21	38	59
	female	16	83	99
Total		37	121	158

Chi-square = 7.783 with p-value 0.005.

Table 4.13 Gender (Q1) versus homoeopathy has no spiritual effect (Q18)

		No effect spiritually		
		agree	disagree	Total
Gender	male	43	19	62
	female	54	45	100
Total		97	64	162

Chi-square = 3.491 with p-value 0.062.

4.4.5.2 Knowledge of homoeopathy

Table 4.14 shows that those with at least some knowledge of homoeopathy are more likely to disagree with the statement analyzed therein than those with little or no knowledge.

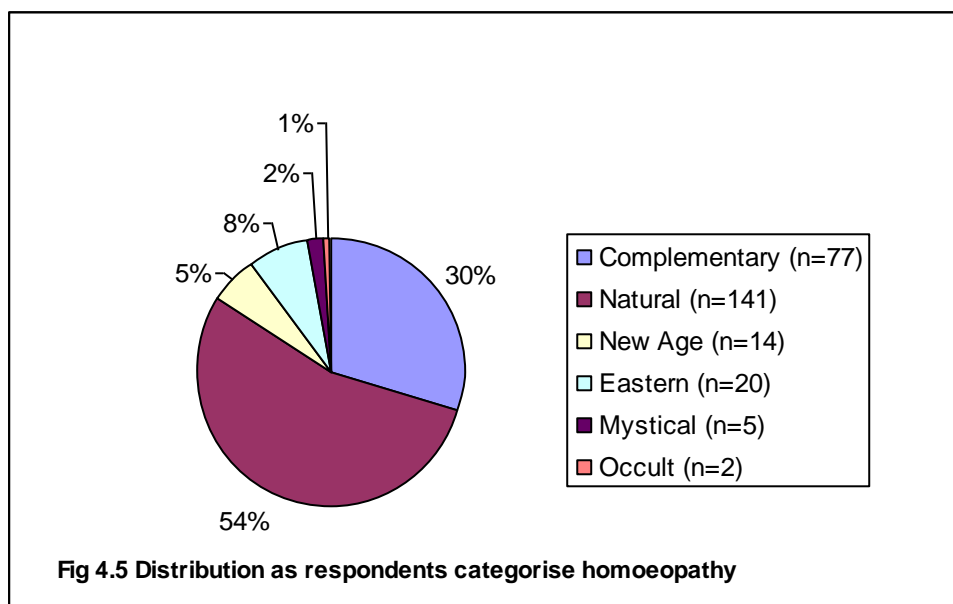
Table 4.14 Knowledge of homoeopathy (Q7) versus homoeopathy has no bodily effect (Q18)

		No effect bodily		Total
		agree	disagree	
Knowledge of homoeopathy?	Never heard of it	2	7	9
	Only heard of it	12	16	28
	Know something about it	16	58	74
	Quite familiar with it	7	40	47
Total		37	121	158

Chi-square = 7.945 with p-value = 0.047.

4.4.6 Homoeopathy categorized (Q19)

As can be seen from Figure 4.5, the majority of respondents categorize homoeopathy as natural (54%) and complementary medicine (30%).

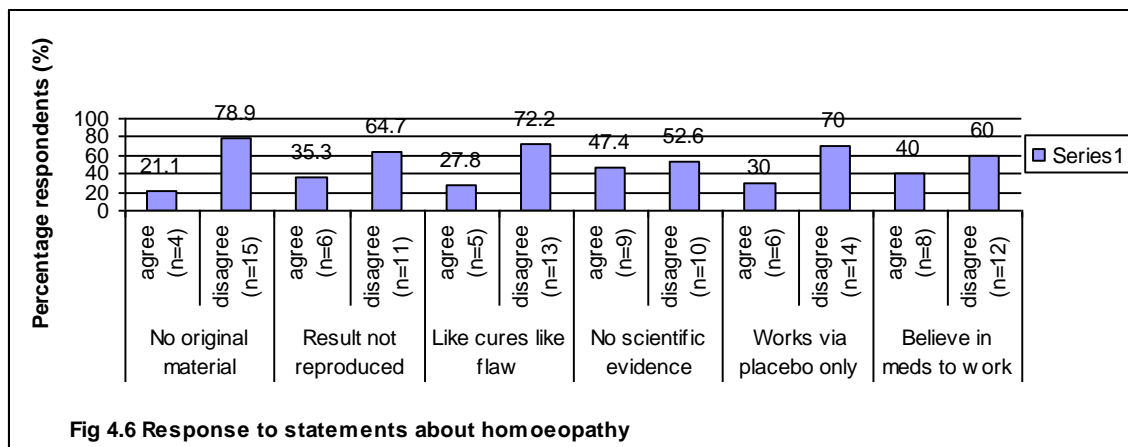


4.4.7 Does homoeopathy operate on scientific principles (Q20a)

52.9% (n=97) of respondents perceive that homoeopathy operates on scientific principles, while 13.2% (n=23) perceive that it does not. 32.8% (n=57) indicated that they are not sure if it does.

4.4.7.1 Response to statements about homoeopathy (Q20b)

Figure 4.6 is a summary of the responses to statements about homoeopathy of those respondents who answered “No” to Q20a i.e. of those respondents who perceived that homoeopathy does not operate on scientific principles. It is evident that the reason given most support was “No scientific evidence”. The statement that respondents disagreed with most was that homoeopathic medicine contains “No original material”.



On statistical analysis, the following associations between responses to Q20a and other variables were obtained.

4.4.7.1.1 Gender (Q1)

Table 4.15 shows that females disagree more with the statement analyzed therein that homoeopathy requires belief in the medication for it to work, than do males.

Table 4.15 Gender (Q1) versus belief in homoeopathy required to be effective (Q20b)

		Have to believe in meds		Total
		agree	disagree	
Gender	male	5	3	8
	female	3	9	12
Total		8	12	20

Chi-square = 2.813 with p-value 0.094.

4.4.7.1.2 Age (Q2)

There does not seem to be any association between age and the statement that the like cures like principle is based on a flaw (Table 4.16). However, when all the age categories are combined into two age categories, there is a slight suggestion that younger people (35 or younger) are more likely to agree than older people (older than 35).

Table 4.16 Age (Q2) versus the like cures like principle is based on a flaw (Q20b)

		Like cures like flaw		Total
		agree	disagree	
Age	18-25yrs	1	2	3
group	26-35yrs	3	2	5
	36-45yrs	0	4	4
	>56yrs	0	5	5
Total		4	13	17

Chi-square = 5.885 with p-value = 0.015 (This chi-square is calculated by combining age into categories 35 or younger and older than 35).

4.4.7.1.3 Education (Q5)

Table 4.17 shows that respondents with no degree (i.e. less than matric, matric and diploma) are more likely to disagree with the statement analyzed therein than those with a degree or higher.

Table 4.17 Education (Q5) versus results from clinical trials cannot be reproduced (Q20b)

		Result not reproduced		Total
		agree	disagree	
Highest qualification	matric	1	5	6
	diploma	2	5	7
	degree	0	1	1
	post-grad	3	0	3
Total		6	11	17

Chi-square = 7.096 with a p-value = 0.069. Those with no degree are more likely to disagree than those with degree or higher.

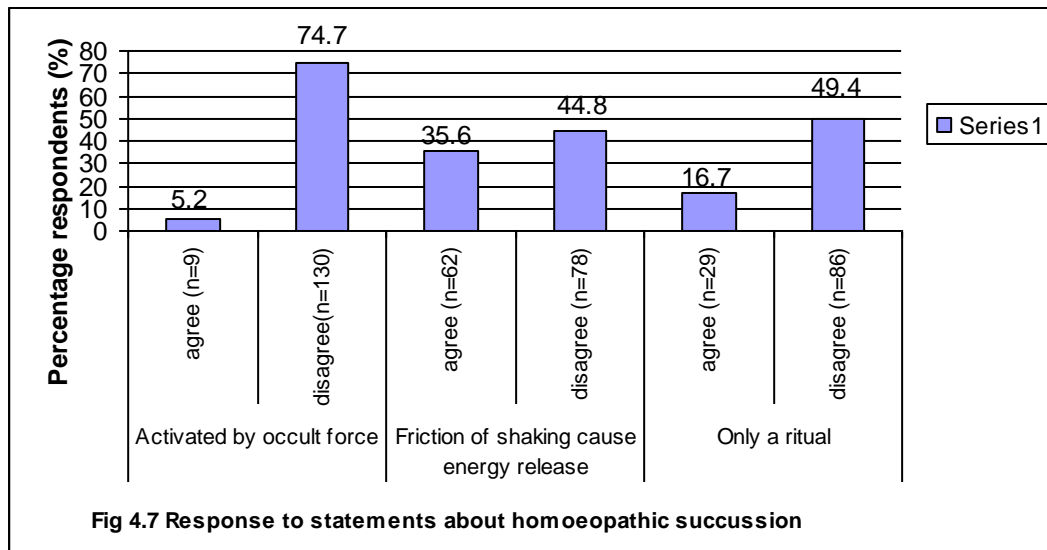
4.4.7.1.4 Knowledge (Q7)

A high percentage (17 out of 23 = 74%) of the respondents that gave a negative answer to Question 20.a stated that they know something or are quite familiar with homoeopathy.

4.4.9 Response to statements about the shaking of homoeopathic medicine during its preparation (Q21)

Figure 4.7 is a summary of the opinions regarding certain statements made about the shaking of homoeopathic medicine during its preparation i.e. succussion. The majority of respondents are in agreement that the succussion process does not activate an occult force (74.7%), and that it is not merely a ritual (49.4%). 35.6% of respondents indicated that the shaking of the homoeopathic medicine during its preparation activates it due to the friction in the

bottle causing energy to be released. 3.4% of respondents that answered the “other” option of the question indicated that succussion is for mixing the medicine while 7.5% indicated that they do not know what it is for.



On statistical analysis, the following associations between responses to Q21 and other variables were obtained.

4.4.9.1 Gender (Q1)

From Table 4.18 it can be seen that females disagree more with the statement analyzed therein than males.

Table 4.18 Gender (Q1) versus shaking of medicine activates an occult force (Q21)

		Activated by occult f		Total
		agree	disagree	
Gender	male	6	49	55
	female	3	80	83
Total		9	129	138

Chi-square = 2.887 with p-value 0.089.

4.4.9.2 Age (Q2)

As can be seen from Table 4.19, when all the age categories are combined into two age categories, there is a slight suggestion that younger people (35 or younger) are more likely to agree with the statement analyzed therein than older people (older than 35).

Table 4.19 Age (Q2) versus friction of shaking cause energy release (Q21)

		Friction cause energy		Total
		agree	disagree	
Age group	18-25yrs	9	3	12
	26-35yrs	17	8	25
	36-45yrs	7	15	22
	46-55yrs	11	15	26
	>56yrs	18	32	50
Total		62	73	135

Chi-square = 12.874 with p-value = 0.012.

4.4.10 Hahnemann and the occult (Q22)

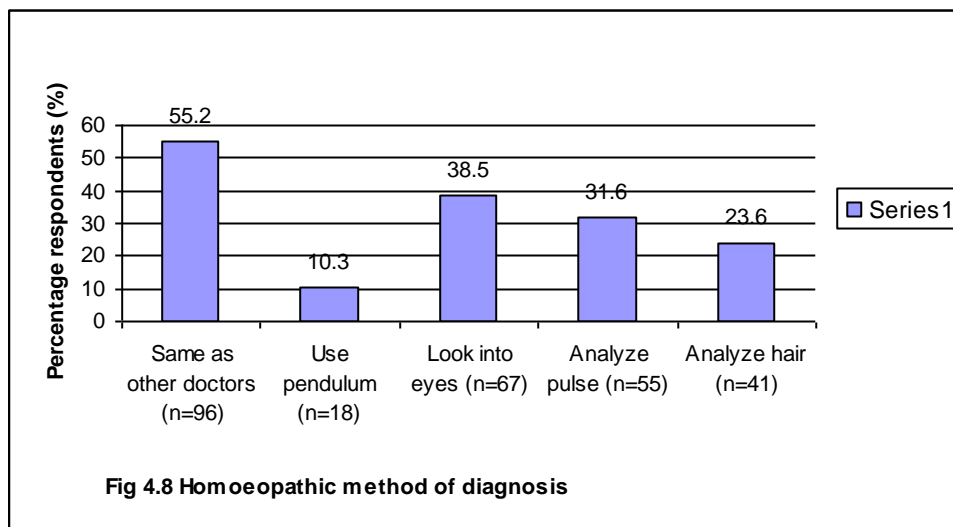
The majority of respondents (62.1%) indicated that they had no opinion about the matter. 32.8% (n=57) indicated that they think Hahnemann was not involved with the occult, while 3.4% (n=6) think that he was.

4.4.11 Do homoeopaths place magic spells on the medicine (Q23)

134 respondents (77%) indicated that they do not think that homoeopaths place magic spells on homoeopathic medicines while 6 respondents (3.4%) think they do. 30 respondents (17.2%) did not have an opinion on the matter.

4.4.12 Homoeopathic method of diagnosing illness (Q24)

Figure 4.8 summarizes respondents' perception regarding the way homoeopaths diagnose illness. Ten respondents (5.7%) answered that homoeopaths diagnose by taking a detailed case history of their patients. Two respondents answered that homoeopaths analyze their patient's energy fields. One respondent answered that homoeopaths use a radionic computer programme to diagnose. 8% of respondents (n=14) indicated that they do not know how homoeopaths diagnose illness.



On statistical analysis, the following associations between responses to Q21 and other variables were obtained.

4.4.12.1 Age (Q2)

Younger people are more likely to agree with the statement analyzed in Table 4.20 than older people. Older people are more likely to agree with the statement analyzed in Table 4.21 than younger people.

Table 4.20 Age (Q2) versus homoeopaths diagnose illness the same as other doctors (Q24)

		Same as other dr.		Total
		yes	no	
Age group	18-25yrs	9	5	14
	26-35yrs	22	2	24
	36-45yrs	12	6	18
	46-55yrs	16	8	24
	>56yrs	33	24	57
Total		92	45	137

Chi-square = 8.81 with p-value = 0.066.

Table 4.21 Age (Q2) versus homoeopaths diagnose illness by looking into eyes (Q24)

		Look into eyes		Total
		yes	no	
Age group	18-25yrs	6	8	14
	26-35yrs	6	18	24
	36-45yrs	7	11	18
	46-55yrs	15	9	24
	>56yrs	31	26	57
Total		65	72	137

Chi-square = 8.778 with p-value = 0.067.

4.4.13 Homoeopathy's compatibility with Christianity (Q25)

Table 4.22 is a summary of respondents' perceptions regarding homoeopathy's compatibility with Christianity.

Table 4.22 Homoeopathy's compatibility with Christianity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	110	63.2	64.7	64.7
	no	18	10.3	10.6	75.3
	don't know	42	24.1	24.7	100.0
	Total	170	97.7	100.0	
Missing	System	4	2.3		
Total		174	100.0		

On statistical analysis, the following associations between responses to Q21 and other variables were obtained.

4.4.13.1 Gender (Q1)

Results from Table 4.23 show that there is some association between gender and compatibility. Males are more inclined to answer negatively than females.

Table 4.23 Gender (Q1) versus homoeopathy's compatibility with Christianity (Q25)

		Compatible with Christianity?			Total
		yes	no	don't know	
Gender	male	38	11	15	64
	female	71	7	27	105
Total		109	18	42	169

Chi-square = 4.643 with a p-value = 0.099.

4.4.13.2 Knowledge of homoeopathy (Q7)

In Table 4.24 there are some cells with low observed counts. Therefore the chi-square was calculated by combining the “never heard of it” and “only heard of it” categories into one and also combining the “know something about it” and “quite familiar with it” into one. 71.4% (90 out of 126) of the respondents that know at least something about homoeopathy indicated that it is compatible with Christianity. The 46.5% (20 out of 43) who have only heard or never heard of homoeopathy indicated their perception that it is compatible with Christianity. Therefore, it seems that those with some knowledge of homoeopathy are more inclined to acknowledge its compatibility with Christianity than those with no or little knowledge.

Table 4.24 Knowledge of homoeopathy (Q7) versus homoeopathy’s compatibility with Christianity

		Compatible with Christianity?			Total
		yes	no	don't know	
Knowledge of homoeopathy?	Never heard of it	3	1	6	10
	Only heard of it	17	3	13	33
	Know something about it	48	14	18	80
	Quite familiar with it	42	0	4	46
Total		110	18	41	169

Chi-square = 12.595 with a p-value = 0.002.

4.4.13.3 Partaken in other complementary therapies (Q17b)

The Chi-square and p-values in Table 4.25 show that there is some association between partaking in reflexology, herbal medicine and Bach flower remedies and opinion on compatibility of homoeopathy with Christianity. Therefore a person who had partaken in one or more of the aforementioned treatments is more likely to agree that homoeopathy is compatible with Christianity than a person who had not partaken in it.

Table 4.25 Partaken in other complementary therapies (Q17.b) versus homoeopathy's compatibility with Christianity (Q25)

Treatment	Chi-square	p-value
Chiropractic	3.587	0.166
Kinesiology	0.291	0.865
Reflexology	4.702	0.095
Acupuncture	4.220	0.121
Aromatherapy	1.332	0.514
Herbal medicine	15.69	0.000
Bach flower	8.178	0.017

4.4.14 Should Christians use homoeopathic medicine (Q26)

Respondents' perceptions when asked whether Christians should use homoeopathic medicine are summarized in Table 4.26. Eight respondents (4.6%) answered that it depends on personal choice. Three respondents answered that it is against their religious belief to use homoeopathic medicine.

Table 4.26 Should Christians use homoeopathy

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	113	64.9	67.3	67.3
no	13	7.5	7.7	75.0
don't know	42	24.1	25.0	100.0
Total	168	96.6	100.0	
Missing System	6	3.4		
Total	174	100.0		

On statistical analysis, the following associations between responses to Q21 and other variables were obtained.

4.4.14.1 Partaken in other complementary therapies (Q17b)

The Chi-square and p-values in Table 4.27 show there is some association between those that use acupuncture and herbal medicines and the perception that Christians should use homoeopathic medicine. Therefore respondents that have partaken in acupuncture and those that have used herbal medicine are more likely to agree that Christians should use homoeopathy than those who have not.

Table 4.27 Chi-square and p-values for partaken in other complementary therapies (Q17.b) versus should Christians use homoeopathic medicine (Q26)

Treatment	Chi-square	p-value
Chiropractic	3.26	0.196
Kinesiology	1.423	0.491
Reflexology	2.715	0.257
Acupuncture	5.867	0.053
Aromatherapy	2.399	0.301
Herbal medicine	12.725	0.002
Bach flower	2.499	0.287

4.4.15 Why Christians should not use homoeopathy (Q27)

4.6% (n=8) of respondents expressed their opinion that using homoeopathy depends on an individual's personal choice while 1.7% (n=3) of respondents wrote that using homoeopathy is against their belief.

4.5 Part 4: Need for more information about homoeopathy **(Questions 28-30)**

4.5.1 Adequately informed about homoeopathy (Q28)

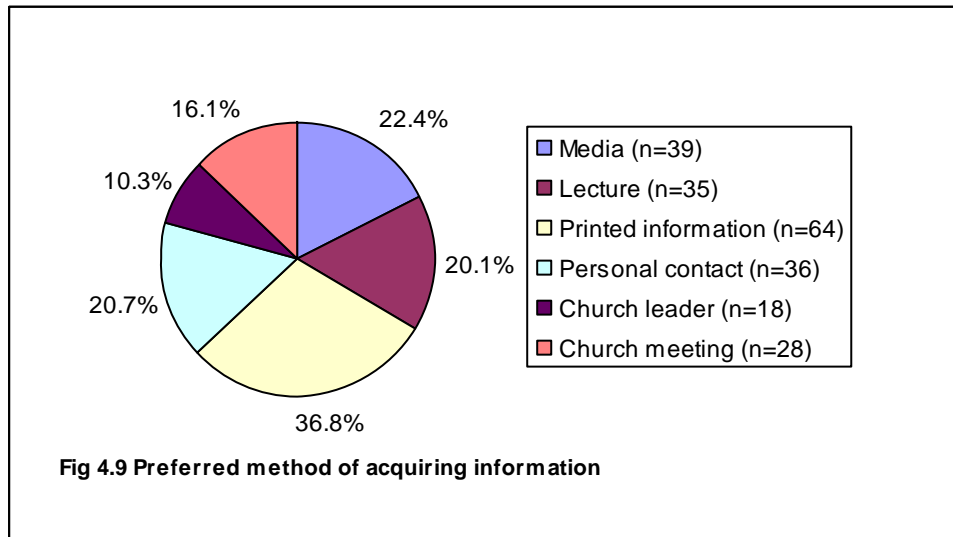
The majority of respondents, 120 (69%), indicated that they felt they are not adequately informed.

4.5.2 Do respondents want more information about homoeopathy (Q29)

Although 46.6% of respondents indicated that they know something about homoeopathy (Q7) and 27.6% indicated that they were quite familiar with it (Q7), nevertheless, 72.4% of respondents indicated a desire to acquire more information about homoeopathy.

4.5.3 Preferred method of acquiring more information (Q30)

Figure 4.9 summarizes the respondents' preferred method of acquiring more information about homoeopathy. As can be seen, the most common preferred method is printed information (36.8%).



Chapter 5

Discussion

5.1 In general

Of the 17 selected churches approached, 9 agreed to participate in the study and 7 chose not to. The one remaining church could not be reached despite repeated attempts made by the researcher. The 9 churches represented 8 denominations (two were Roman Catholic). The reasons for declining participation offered by the various leaders were as follows:

- Two Churches stated that their members would be unhappy with such a study and that it could cause unnecessary distress for the congregation.
- Two Churches thought that their congregation would not be able to contribute to the study for lack of knowledge regarding the topic (one consisted mainly of elderly people while the other consisted of mainly homeless people).
- Two leaders stated that they doubt that their congregation will yield a significant return of questionnaires.

One leader was not available to give a reason. There were 3 leaders that stated that they would be willing to participate in a personal capacity but did not think it was appropriate for their congregations, so chose for their church not to be involved with the study.

A total of 365 English questionnaires were distributed. None of the participating churches requested Afrikaans questionnaires. 5 Zulu questionnaires were

requested, but none were returned. The formula (Moolman, 2005) to determine the number of questionnaires distributed to each church (number of members of specific church / Sum of members of all churches x 850²) was not used. Instead of apportioning the questionnaires so that each denomination represents a similar proportion of the population sample, the various leaders requested a certain number of questionnaires that they felt their specific congregation could deal with. All the church members that voluntarily filled in and returned their questionnaires within the allotted time limit (4 weeks) were included in the study. A total of 174 were returned (47.40%).

The largest age group of respondents is the over 56 years age group (42.5%). This probably reflects the reality of church membership in general, where the average age of church members is higher compared to the general population. For instance, in the U.S.A., the average age of church members is 50 years, compared to the national average age of 35. Presbyterians, with an average age of 58, are older than other faith groups (Presbyterian Church of the U.S.A.: n. d.).

5.2 Perceived compatibility and usage of homoeopathy

It is interesting to note that a small minority (10.3%) of respondents share the views of antagonistic authors like Dick, Livesay, Bambridge, Bopp and Pfeifer about the compatibility of homoeopathy with the Christian faith. On the other hand, the majority of respondents (63.2%) have a positive view regarding the compatibility of homoeopathy with Christianity which is similar to the views of Don-Wauchope and Crook. Whether any of the pro-homoeopathy respondents have been confronted with negative material about homoeopathy, and visa versa, is unclear and speculations in this regard fall outside the scope of this study.

² 850 was the maximum number of questionnaires that could be printed within the research budget.

The results suggest that the majority Christians that participated in the study are receptive to the use of homoeopathy (64.9%) and are of the opinion that homoeopathy is compatible with Christianity (63.2%). These values correlate with the percentage of respondents that indicated that they have taken homoeopathic medicine before (62.6%). This might be because Christians that had previously taken homoeopathic medicine have done so because homoeopaths, the media and acquaintances generally present homoeopathy in a way that appeals to the majority of Christians. This point of view is strengthened when considering that those with some knowledge of homoeopathy are more inclined to perceive it as compatible with Christianity than those with little or no knowledge.

It is interesting to discover that men are more inclined to have a negative perception about homoeopathy than women. Although the percentage of respondents that have a negative perception of homoeopathy is in the minority, the difference of opinion between men and women is still noteworthy. 16.92% of males (11/65) compared to the 6.54% females (7/107) indicated that homoeopathy is not compatible with Christianity. The fact that results showed that females are more inclined to disagree with statements that homoeopathy can physically and spiritually harm patients (Tables 4.9-4.12), than males, supports this idea.

Table 4.24 shows that respondents who have partaken of reflexology or herbal medicine are more likely to agree that homoeopathy is compatible with Christianity than respondents who have not. However, Similarly, Table 4.26 shows that respondents who have partaken of acupuncture or herbal medicine are more likely to agree that Christians should use homoeopathy than those who have not. It might be that the Christian population is following the popular trend of the general public that prefer to use natural remedies rather than pharmaceutical drugs for treatment (See Chapter 1).

Due to the practical decision to apportion the questionnaires according to the number requested by the respective leaders, inferences regarding denominations can only be made with caution. Nevertheless, results suggest that there is an association between denomination and perceived compatibility with Christianity.

This may be as a result of:

- Respondents from the non-Catholic -Vineyard -Baptist category of denominations have a higher proportion of “No” answers than members from other denominations. Since this number is obtained from a combined category comprising several denominations, it might not have much practical importance.
- Respondents from the Catholic Church having lower proportions in the “No” and “Don’t know” categories and a higher proportion in “Yes” category when compared to other denominations.

A cross classification of denomination, leadership and compatibility with homoeopathy revealed no association. There is therefore no evidence to indicate that the leaders from a specific denomination are more or less receptive to homoeopathy.

5.3 Initial source of information

The results show some similarity with a study done by Moys (1998) that found that the majority respondents had first heard of homoeopathy from friends and relatives. Although this present study also indicated that acquaintances (13.3% Christian + 10.8% other acquaintances) contributed much as an initial information source, it was shown that homoeopaths themselves (31.1%) seem to be the greatest initial source of information regarding homoeopathy. This might be related to results that indicate that a large percentage of respondents (56.3%) have had contact with a homoeopath before (65% of those occurrences were as

a patient while 30.7% occurred in a social setup). The media (22.9%) can also be mentioned as contributing to the awareness of homoeopathy in this study. At first glance there seems to be a discrepancy between the number of respondents that indicated that they have never heard of homoeopathy (n=10) and those indicating that their initial exposure to homoeopathy has been the questionnaire of this study (n=3). Eight respondents did not answer the question about their initial exposure to homoeopathy. It is possible that these 8 respondents are part of the 10 that indicated that they have never heard of homoeopathy but did not see the relevance that the next question had on them. It might have helped to put the statement “This questionnaire” at the top of the list regarding initial exposure to homoeopathy.

5.4 Classification of homoeopathy

Results show that the overwhelming majority respondents categorize homoeopathy as Natural (54%) or Complementary (30%) medicine. The remaining categories only accounted for 16% (n=41) of the responses. Evidently slightly more respondents categorize homoeopathy as Eastern (8%) rather than New Age (5%) medicine. Hence, only 13% of respondents seem to have a view similar to Dick et al. regarding the classification of homoeopathy as either New Age or Eastern medicine. Only the 2 respondents that indicated that they consider homoeopathy to be occult seem to be in agreement with authors like Howard, Bopp, Prabhu, and Bravo that categorically state that homoeopathy is an occult practice. This result is similar to that of a study conducted by Turner (2005: 43-47) wherein only one veterinarian mentioned that he/she suspected that homoeopathy is an occult practice.

Although only 2 respondents perceived homoeopathy to fall into the occult category, 6 respondents (3.4%) indicated that they think homoeopaths place magic spells on homoeopathic medicines. The aforementioned numbers differs

from the number of respondents (n=9) that agreed with the statement that succussion activates the homoeopathic medicine via an occult force.

The majority of respondents (77%) do not think that homoeopaths place magic spells on the medicine. It is interesting to note that the same number of respondents (n=6) indicated that they believe Hahnemann was involved with the occult as those that indicated that homoeopaths place magic spells on the medicines. The majority of respondents indicated that they did not know whether Hahnemann was involved with the occult, while only 32.8% think that he was not. Evidently only 3.4% of respondents have opinions similar to that of Brown, Pfeifer, and Bravo that state that Hahnemann was involved in the occult. However, it is not clear whether it is due to his association with Freemasonry, mesmerism or if there is some other basis for this opinion.

5.5 Education level and knowledge of homoeopathy

92.8% of respondents have a matric or higher level of education. Berea North is a fairly affluent community which might be related to the finding that there is such a high general level of education in the study. The majority (47.1%) respondents indicated that they knew something about homoeopathy, while 25% indicated that they have never heard of it or have only heard of it. Only 27.9% indicated that they were quite familiar with it.

A cross tabulation of answers to questions 5 and 7 would have given the opportunity to compare the results of this study to that of Alton and Kayne (1992) and Moys (1998) regarding the issue of education and knowledge of homoeopathy. This should be included in future studies.

Only the 13.4% of respondents that stated that homoeopathy did not operate on scientific principles (Question 20.a) were allowed to fill in the questions regarding certain principles of homoeopathy (Question 20.b). This accounts for the low

percentage of respondents that answered these questions. Due to the low response to these questions, this information cannot be said to represent the views of the entire population. In this regard the results of this study can therefore not be compared to the results of Davies and Kayne (1992), Steenekamp (1985), and Moys (1998) that showed a lack of knowledge of homoeopathic principles.

The results show that the respondents answered the section regarding general knowledge of homoeopathy well. Most respondents (61.6%) seem to know that homoeopathy is recognized by law, while 39.3% (also the majority) knew that it is recognized by healthcare insurers. The majority (72.3%) indicated that homoeopaths undergo a fulltime course that lasts for between 3 and 6 years and undergo a work experience program before practicing (76.3%). Quite a high percentage of respondents were unaware of the existence of the Homoeopathic Day Clinic in Berea North, Durban (55.5%). Results show that the majority of respondents indicated that their initial exposure to homoeopathy was due to personal contact with a homoeopath (33.1%) and 56.3% claimed to have had contact with a homoeopath (65.3% of them as a patient). Respondents seem to have fairly accurate general knowledge regarding the lawful requirements for becoming a homoeopath. This might be because the majority of respondents have been in contact with a homoeopath before. These homoeopaths may have supplied the respondents with some of this information.

5.6 Perception of homoeopathic principles

Knowledge of homoeopathic principles was not tested directly. However results from Question 21 gave some insight into the perception of succussion. In contrast to a study conducted by Davies and Kayne (1992) that showed that not one respondent understood the importance of succussion, 35.6% of respondents indicated that the shaking of the homoeopathic medicine during its preparation activates it due to the friction in the bottle causing energy to be released. 7.5%

indicated that they do not know what it is for. 3.4% of respondents that answered the “other” option of the question indicated that succussion is for mixing the medicine.

The results show that only 5 of the 18 respondents that answered Question 20b (27.8%) have a view similar to that of Pfeifer (1988: 65) and Bravo (n. d.: 2) that implied that the “like cures like” principle is based on a flaw made by the founder of homoeopathy.

5.7 Homoeopathy and science

Slightly more than half (52.9%) of the respondents perceive homoeopathy as operating on scientific principles. Hence the majority respondents are inclined to agree with the opinions of Don-Waucke and Crook that homoeopathy does indeed operate on scientific principles. This value (52.9%) is less than that of a study done by Moys (1998) that found that the majority of respondents (63.6% White and 61.8% Indian) agreed that homoeopathy has a scientific base. It is interesting to note that the results of this study showed that the number of respondents that answered that homoeopathy operates on scientific principles (n=98) is almost identical to those that have had contact with a homoeopath before (n=97). 13.2% of respondents do not think that homoeopathy operates on scientific principles thus agreeing with the views of Dick et al.; while 32.8% indicated that they were not sure if it does.

Despite the small percentage of respondents answering Question 20b, the answers did yield a surprise. The researcher speculated that the majority of those respondents objecting to the scientific validity of homoeopathy would indicate a distrust of homoeopathic principles. Surprisingly, quite the opposite was true. The majority of these respondents disagreed with negative statements regarding homoeopathic principles. No alternatives to the statements were given which leads the researcher to think that there is a reason other than distrust in

homoeopathic principles that caused these respondents to indicate that homoeopathy does not operate on scientific principles. Half of the respondents (10 out of the possible 20) that answered Question 20b disagreed with the statement that there is no scientific evidence that proves homoeopathy to work. 15 (of the 20) respondents that answered the question disagreed with the statement that the extremely high homoeopathic dilutions do not contain any of the original substance. Slightly more than half of the respondents (11 out of the possible 20) disagreed with the statement that results from homoeopathic research could not be reproduced. 13 (out of the possible 20) respondents disagree with the statement that the like cures like concept is based on a flaw by Hahnemann. 14 (out of the possible 20) respondents disagreed with the statement that any results obtained from using homoeopathy is due to the placebo effect. 12 (out of the possible 20) respondents disagreed with the statement that you have to believe in homoeopathic medicine for it to have an effect.

When considering the aforementioned results it became clear that the views of Dick et al. regarding the scientific basis of homoeopathy are neither popular nor common among respondents. Even the majority of respondents that indicated that homoeopathy does not operate on scientific principles seem to rule in favour of opinions of Crook and Don-Wauchope regarding reproducible evidence existing that proves the efficacy of homoeopathy. Only 5.2% of respondents are of the opinion that succussion activates the homoeopathic medicine via an occult force hence agreeing with Dick et al.

5.8 Belief in homoeopathy required to have result

The results of this study showed that 8 (40%) of the 20 respondents that answered Question 20b indicated that one has to believe in homoeopathic medicine for it to work. When considering the actual number of respondents that indicated that belief is necessary the results seem to be similar to that of a study done by Turner (2005: 43-47) where only 14 respondents (22.2%) indicated that homoeopathic medicines are effective due to the patient's belief in the medicine. However when considering the percentage of respondents that indicated that belief is necessary, the results seem to be more similar to the study conducted by Moys (1998: 70). Moys found that the majority Indian respondents (59.8%) indicated that a patient has to believe in the medicine for it to work, while the White respondents had a near equal distribution between agreement and disagreement regarding the importance of belief in the medicine. This discrepancy could be due to the low percentage of respondents that completed Question 20b.

5.9 Diagnosing of Illness

55.2% of respondents indicated that homoeopaths diagnose illness in the same way as medical doctors do. 38.5% of respondents think that homoeopaths use iridology to diagnose. It was found that younger people are more likely to agree with the first statement, while older people agree more with the second statement. The Allied Health Professions Act 63 of 1982 requires all persons that wish to prescribe homoeopathic medicine or practice homoeopathy in South Africa to be registered as a practitioner with the Allied Health Professions Council of South Africa (Prinsloo: n. d.). Before the existence of this Act many lay practitioners promoted themselves as qualified homoeopaths, and often incorporated many other practices (e.g. iridology) into their treatment repertoire. This could explain why the older generation is more likely to think homoeopaths diagnose using iridology, while younger people think homoeopaths use the same

methods to diagnose illness as medical doctors. 10 respondents (5.7%) wrote that homoeopaths diagnose by taking a detailed case history of their patients. Two respondents wrote that homoeopaths analyze their patient's energy fields. Only 10.3% (n=18) of respondents seem to agree with Pfeifer, indicating that they think homoeopaths use a pendulum to diagnose illness. One respondent wrote that homoeopaths use a radionic computer program to diagnose. 8% of respondents (n=14) indicated that they do not know how homoeopaths diagnose illness.

5.10 Need for more information about homoeopathy

The largest group of respondents (47.1%) indicated that they knew something about homoeopathy, while 25% indicated that they have never heard of it or have only heard of it. Only 27.9% indicated that they were quite familiar with it.

120 respondents (69%) indicated that they felt they are not adequately informed about homoeopathy and most respondents (126, 72.4%) would like to know more about it. 36.8% of these respondents indicated that they preferred it to be in the form of a printed information package while 22.4% indicated that they prefer the media to inform them. 20.7% would like the information to come from a local homoeopath and 20.1% indicated that they would like information to be presented as an informative lecture.

Chapter 6

Conclusions and recommendations

6.1 Conclusions

This study has shown that the majority of Christians who participated in this study are open and receptive to the use of homoeopathy. The results show that the critical views of authors like Dick, Pfeifer, Bambridge, Livesey, Bopp, Brown and Bravo are not common among respondents. In fact respondents with similar views are in a tiny minority. The results have shown that only a minority categorize homoeopathy as New Age or Eastern medicine. The majority of respondents agree that homoeopathy operates on scientific principles. They do not think the process of homoeopathic potentisation has to do with the occult, or that it is a ritual. Only a small percentage believes homoeopaths use pendulums and other radionic equipment. The majority of respondents do not think that homoeopathy will harm the body or the spiritual life of a person. Not many seem to know much about the religious or philosophical beliefs of the founder of homoeopathy, Dr. Samuel Hahnemann. A very small minority of Christians from the selected Churches opposed the use of homoeopathy by Christians, while the majority indicated that they believe it is compatible with Christianity. However, the majority of respondents feel that their knowledge of homoeopathy is inadequate and show a desire to know more about homoeopathy.

When considering the high percentage of respondents revealing their primary information source as being personal contact with a homoeopath together with the general positive perception of homoeopathy, sure credit is due to the homoeopaths practicing in the Berea North area for portraying the profession in

such a manner as to create a positive perception of homoeopathy. The existence of the Durban University of Technology Department of Homoeopathy and Homoeopathic Day Clinic in the vicinity may also have contributed to this perception.

6.2 Recommendations

Conducting the survey via formal church structures solved the problem of distributing the questionnaires to the sample population. However, it presented some challenges as well. Due to limited availability of Church leaders, getting permission to conduct the survey often caused lengthy delays. The questionnaire demand-supply situation that arose was not ideal because it made inferences regarding denominational perception less accurate. Should future researchers wish to avoid such challenges the researcher recommends finding alternate methods of distributing the questionnaires.

Informed consent forms were sent along with the information letter. The majority of Church leaders reported that they were misplaced when the researcher asked for them later. The lost forms were replaced, but were reportedly misplaced again soon thereafter. The researcher suggests that the person that takes receipt of the questionnaires for distribution, signs the form upon receipt.

Future studies might want to determine to what extent positive and negative information regarding homoeopathy is circulating among Christians. In particular, it would be interesting to ask an open question about what negative information a respondent has heard, and what the source of that information is. A follow on question could be to find out from respondents whether they agree with such information, and why they do or do not agree with such information.

The study should be repeated in other urban areas in KwaZulu-Natal and elsewhere in South Africa where there are not homoeopathic training institutions, as well as rural areas.

In hindsight, the researcher should have made Question 20b compulsory for all respondents in order to get a better representative view of the sample's knowledge and identification of homoeopathic principles. Questions that are asked in a way that would purely indicate knowledge of homoeopathic principles among the entire sample would be useful.

Should the questionnaire from this study be adapted for future research, the researcher suggests the following additional changes:

- Question 8 can be changed as to accommodate a separate “health shop” category. Furthermore, “Christian acquaintances” could be changed to “acquaintances”.
- All respondents should be asked to answer Question 20b.
- Add a “for mixing the medicine” category to Question 21.
- Include a “by taking a detailed case history” category in Question 24.

Printed information packages, and other media articles about homoeopathy may be a good way to inform this population about homoeopathy. Informative presentations about homoeopathy delivered by homoeopaths who are Christians or understand Christianity may also be a good option.

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Appendix A

Information letter

To Whom It May Concern:

I am presently a final year student doing my Masters Degree in Technology at the Durban Institute of Technology. Research is the final part of the academic requirement. The title of my project is *A survey to determine the perceptions of Christian Church members in the Berea North area (Durban) of homoeopathy.*

To date, no formal study has been done on the topic. Christian's perception of homoeopathy is currently based on presumption rather than fact. By participating in the project, your Church members will play a valuable part in understanding this topic. It was decided that it would present less complications to the project if the Christian community of Berea North can be contacted via their respective Churches.

I am writing to respectfully request the participation of your Church members in my research project by completing questionnaires that will be delivered to you by a neutral person. Even if your Church members do not use homoeopathy or have limited knowledge of it, their participation will be valuable.

Respondents are not required to state their names, and all responses will be kept strictly confidential. It is a requirement of my research that I am unable to identify those who respond. The questionnaire will not contain any information that could indicate who the respondents are. There is therefore no risk to the respondents.

The statements that follow in the questionnaire are simple and require an honest response. Please complete all relevant questions of the questionnaire. Only fully completed questionnaires may be used in the research project.

You will be contacted telephonically within 7 days of receiving this letter. Should you require speaking to me in person, it can be arranged. A time and date for delivery of the correct number of questionnaires to you will be arranged. After one month a neutral person will collect the fully completed questionnaires from you. Once the questionnaires have been returned to me, they will be statistically analysed and the data recorded. The results of the research will be published in my dissertation, a copy of which will be lodged in the Steve Biko Library, Durban Institute of Technology. I can also supply the results to individuals who approach me directly.

It would be greatly appreciated if you could render your assistance to aid in this study.

Thank you for your time and co-operation.

Sincerely
Kirsten Kraftt
Researcher
0832883314

Dr. R Steele B.A., H.D.E., M.Tech(Hom)
Supervisor
(031) 332 6060

Appendix B

Informed consent form

(To be completed in duplicate by the Church's Leader)

TITLE OF RESEARCH PROJECT:

A survey to determine the perceptions of Christian Church members in the Berea North area (Durban), of Homoeopathy.

NAME OF SUPERVISOR: **Dr R. Steele B.A. H.D.E. M.Tech.(Hom.)**

Date: _____

PLEASE CIRCLE THE APPROPRIATE ANSWER

- | | |
|---|---------------|
| 1. Have you read the information letter? | YES/NO |
| 2. Have you had the opportunity to ask questions regarding the study? | YES/NO |
| 3. Have you received satisfactory answers to your questions? | YES/NO |
| 4. Have you had had the opportunity to discuss this study? | YES/NO |
| 5. Have you received enough information about the study? | YES/NO |
| 6. Who have you spoken to? _____ | |
| 7. Do you understand the implications of your involvement in the study? | YES/NO |
| 8. Do you understand that you are free to withdraw from this study? | |
| a) at any time, and | YES/NO |
| b) without having to give reasons for withdrawing. | YES/NO |
| 9. Do you agree to let volunteers from your Church participate in this study? | YES/NO |

If you have answered "NO" to any of the above questions please obtain the information before signing.

CHURCH LEADER'S

NAME: _____ SIGNATURE: _____

WITNESS

NAME: _____ SIGNATURE: _____

Appendix C

Statement for initial telephone conversation with leaders

Good morning/ afternoon. My name is Kirsten Krafft. Recently I sent you a letter requesting participation of your church members in my masters degree research project entitled *A survey to determine the perceptions of Christian Church members in the Berea North area (Durban) of homoeopathy*. This telephone call is a follow-up to that letter.

Did you receive the letter and have you had an opportunity to read it?

If yes:

Would you like any clarification or further explanation arising from the letter? ...

(*Ad lib*)

May I come and meet with you or anyone you designate, so that we can have a more in depth conversation? ... (*Ad lib*)

If no:

To date, no formal study has been done on the topic. Christian's perception of homoeopathy is currently based on presumption rather than fact. By participating in the project, your Church members will play a valuable part in understanding this topic.

This study will involve the entire Berea North area.

The study will take the form of questionnaires, filled in by volunteer members from your Church. A number of questionnaires, proportional to your church size, will be delivered to you by a neutral person. The respondents will remain anonymous and will not be able to be identified in any way. The questionnaires may be dispersed by any person you designate and in any way convenient to you. The respondents will have 4 weeks from the delivery date to complete the questionnaires. I will phone again after 3 weeks to enquire regarding progress and any difficulties concerning the study. After 4 weeks a neutral person will collect them from your Church.

Will you agree to me conducting this research amongst your members?

If yes:

Thank you very much. I greatly appreciate your co-operation. Please sign the consent form which accompanied the introductory letter.

Can you please tell me approximately how many members your church has and what the average attendance at your Sunday morning services are? This information is required to determine how many questionnaires will be delivered to your church. (*Ad lib*)

When would be convenient for you to receive the questionnaires? ... (*Ad lib*)

Where should they be dropped off and for whose attention should I mark the envelope? (*Ad lib*)

Who may I contact to follow up the completion and collection of the questionnaires? (*Name, number*)

Thank you, I will phone you (or the contact) 3 weeks after delivery of the questionnaires to check the progress. A neutral person will collect the completed questionnaires a week after that.

Thank you once again for your co-operation with this research. I will send you the abstract when it is completed. The full copy will be available at the D.I.T. library.

If no:

Would you mind explaining your reasons? Thank you.

Appendix D

Introduction to questionnaire

To Whom It May Concern:

I am presently a final year student doing my Masters Degree in Technology at the Durban Institute of Technology. Research is the final part of the academic requirement.

The title of my project is *A survey to determine the perceptions of Christian Church members in the Berea North area (Durban) of homoeopathy.*

To date, no formal study has been done on the topic. Christian perception of homoeopathy is currently based on presumption rather than fact. By participating in the project, you will play a valuable part in understanding this topic.

I respectfully request your assistance in my research project by completing the accompanying questionnaire. Even if you do not use homoeopathy or have limited knowledge of it, your participation will be valuable.

As a respondent you are not required to state your name, and all responses will be kept strictly confidential. It is a requirement of my research that I am unable to identify those who respond. The questionnaire will not contain any information that could indicate who the respondents are. There is therefore no risk to you the respondent.

The statements that follow in the questionnaire are simple and require an honest response. Please complete all relevant questions of the questionnaire. Only fully completed questionnaires may be used in the research project. By filling in this questionnaire, you are giving consent to partake in this survey.

Thank you for your time and co-operation.

Sincerely
Kirsten Kraftt
M.Tech(Hom)
Researcher
0832883314

Dr. R Steele B.A., H.D.E.,

Supervisor
(031) 332 6060

Appendix E

Questionnaire (adapted from Moys 1998, Wortmann 1997, Sukdev 1998, Daphne 1997)

Part 1: Biographical Information

1. What is your gender?

Male	
Female	

2. In which age group are you?

18-25 years	
26-35 years	
36-45 years	
46-55 years	
56 years and above	

3. Of which denomination is your church?

4. How many years have you been a member of this church?

Less than 2 years	
2-5 years	
More than 5 years	

5. Highest qualification attained?

Matric	
Diploma	
Degree	
Post graduate diploma/degree	

Other (please specify): _____

6. Do you have any of the following leadership roles in the church?
(Minister, Priest, Pastor, Reverend, Clergy, Shepherd, Elder, Deacon, Sunday school teacher, Youth leader)

Yes	
No	

Part 2: General Knowledge of homoeopathy

7. How would you describe your knowledge of homoeopathy?

Never heard of it	
Only heard of it	
Know something about it	
Quite familiar with it	

8. Please specify how you first became aware of homoeopathy?

Media (radio, news papers, television, internet)	
At a church service or training	
Through personal contact with a homoeopath	
Christian books or pamphlets	
Other books (not necessarily Christian)	
From Christian acquaintances	
This questionnaire	
A pharmacy	
A medical practitioner	

Other: _____

9. Do you think homoeopathy is recognised by law in South Africa?

Yes	
No	
Unsure	

10. Do you think homoeopathy is funded by health care insurers in South Africa?

Yes	
No	
Unsure	

11. What type of course do you think homoeopaths follow?

Weekend course	
Part time	
Full time	
Unsure	

12. What do you think is the minimum time it takes to qualify as a homoeopath?

year	
2 years	
3 years	
4 years	
5 years	
6 years	

13. Do you think homoeopaths are required to undergo any work-experience training program?

Yes	
No	
Unsure	

14. How many homoeopaths do you think there are in Durban?

0-20	
21-40	
41-50	
51-60	
61-70	
More than 70	
Don't know	

15. Are you aware of the existence of the homoeopathic Day Clinic at the Durban Institute of Technology (Berea North, Durban)?

Yes	
No	

Part 3: Perception of homoeopathy

16.a Have you ever had contact with a homoeopath?

Yes	
No	

16.b If you answered YES to 15.a, how did this come about?

As a patient	
Via social contact	

Other (please specify):

17.a Have you ever taken homoeopathic medicine?

Yes	
No	

17.b Below is a table of some other complementary modalities and medicines. If you have ever partaken in any of them please mark all those that are applicable.

Chiropractic	
Kinesiology	
Reflexology	
Acupuncture	
Aromatherapy	
Herbal medicine (e.g. Echinaforce)	
Bach flower remedies (e.g. Rescue remedy)	

18. Do you think that homoeopathic medicine:
(Please mark either the “agree” or “disagree” option for each of the following statements.)

	Agree	Disagree
Can harm the body of the patient		
Can harm the spiritual life of the patient		
Has no effect on the spiritual life of the patient		
Has no effect on the body of the patient		

19. Into which category do you think homoeopathy falls? (Please mark all those that you think are applicable – more than one answer allowed):

Complementary medicine	
Natural medicine	
New Age medicine	
Eastern medicine	
Mystical medicine	
Occult medicine	

20.a Do you think homoeopathy operates on scientific principles?

Yes	
No	
Unsure	

20.b (Only answer this question if you answered NO to 20.a)

Below are some possible reasons that someone may give to say that homoeopathy is not based on scientific principles. Please mark either the “agree” or “disagree” option for each of the following statements.

	Agree	Disagree
The extremely high dilutions of medicine do not contain any of the original material.		
Results from clinical trials could not be reproduced.		
The “like cures like” principle is based on a flaw made by the founder of homoeopathy.		
There is no scientific evidence that homoeopathy works.		
Any results from homoeopathic medicine are due to the power of suggestion (placebo).		
You have to believe in the medicine for it to work		

Other (please specify):

21. (Please mark either the “agree” or “disagree” option for each of the following statements.) Do you think the shaking of homoeopathic medicine during its preparation?

	Agree	Disagree
Activates the medicine via an occult force		
Activates the medicine due to friction in the bottle causing energy to be released.		
Is merely a ritual.		

Other (please explain):

22. Do you think Samuel Hahnemann, the founder of homoeopathy was involved with the occult?

Yes	
No	
Do not know	

23. Do you think homoeopathic doctors put magic spells on their medication?

Yes	
No	
Do not know	

24. Do you think a homoeopathic doctor makes a diagnosis by (Please mark all those you think are applicable):

Using the same equipment and methods medical doctors use.	
Using pendulum.	
Looking into your eyes.	
Analyzing your pulse.	
Analyzing your hair.	

Other (please explain):

25. Do you think homoeopathy is compatible with Christianity?

Yes	
No	
Do not know	

26. Do you think Christians should use homoeopathy?

Yes	
No	
Do not know	

27. If you answered no to question 26, please explain your reasons.

Part 4: Need for More Information About homoeopathy

28. Do you feel adequately informed about homoeopathy?

Yes	
No	

29. Would you like to know more about homoeopathy?

Yes	
No	

30. If you answered yes to question 29, how would you like to be informed of homoeopathy?

By the media or press	
By an informative lecture or seminar	
By a printed information package	
By personal contact with a local homoeopath	
From a church leader	
From a church meeting or discussion	

Thank you for taking the time to fill in this questionnaire.