



**A NEEDS ANALYSIS TO DETERMINE THE VIABILITY OF A SHORT COURSE
ON HOMOEOPATHY FOR GENERAL MEDICAL DOCTORS IN ETHEKWINI.**

By

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of Technology

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Date: May 2021

DECLARATION

I declare that this work is completely my own and not of any other person, unless plainly referenced (including citation of sources). I declare that this work has not been previously submitted in any form to the Durban University of Technology or to any other institution for assessment or for any other reason.

03 May 2021

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DEDICATION

I dedicate this dissertation to my family, Mr and Mrs Tshabalala, Makhosazana, Ntombifuthi, Nelisiwe, Nomaswazi and Sibongile. Thank you very much for your love and support through this journey. Thank you for your morals and values that brought me this far. Thank you for believing in me and for encouraging me to become a better person. I will forever be grateful.

Ehh Mshengu!

To my best friends Nondumiso and Minenhle, thank you for standing by me always, you guys were there for me when I needed you the most. Thank you for your support and for pushing me even when I wanted to give up. Thank you for assistance and friendship. **Mabhoza ami!**

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ISANDLA SIDLULA IKHANDA ...

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The creator of all things, my Heavenly Father, the cornerstone of my strength.

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ABSTRACT

INTRODUCTION: The medical profession has an obligation to prioritize patient's health and to ensure that patients have enough information to make proper health decisions. This can only be possible if there is adequate knowledge of treatment options amongst the general medical practitioners. Homoeopathy is becoming more accepted by the general public which means that the health workers need to have enough knowledge to handle cases successfully. Therefore, short training on homoeopathy may be required for them to have an insight of homoeopathy as a treatment option. It was noted that before implementing the short course on homoeopathy for general medical practitioners, a needs analysis should be conducted.

This study investigated the need for a short course in homoeopathy for general medical doctors in the eThekweni/Durban area of KwaZulu-Natal province in South Africa. The study focused on gathering data from general medical doctors in terms of their requirements to formulate a course specifically designed to address their identified needs in respect of knowledge deficits in homoeopathy as well as establishing their interest if such a short course was availed to them.

AIM OF THE STUDY: To establish the perceptions and attitudes of general medical practitioners on a short course in homoeopathy for general medical practitioners.

METHODOLOGY: A qualitative, exploratory and descriptive research was done. By means of a semi structured interview guide, a measurement of views on the understanding of homoeopathy and perceptions on the need to obtain knowledge in homoeopathy through the short course for general medical practitioners was conducted. Tesch's Eight Step method was used to analyze the collected data.

CONCLUSION: This study discovered that there is a deficiency of homoeopathic knowledge amongst the general medical practitioners in the eThekweni/Durban area of KwaZulu-Natal province in South Africa. However, the study was able to establish an earnest interest amongst general medical practitioners to be equipped with the knowledge and understanding on homoeopathy to manage patients successfully.

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GLOSSARY OF TERMS

Allied Health Professions Council of South Africa (AHPCSA) – A statutory body of health for the control of allied health professions in South Africa.

Complementary and Alternative Medicine – Alternative therapies as an addition to mainstream medical/orthodox medicines.

Health Professions Council of South Africa (HPCSA) - A constitutional body of health for the regulation of health professions in South Africa.

LIST OF ACRONYMS

Acronym	Full term
AHPCSA	Allied Health Professional Council of South Africa
AYUSH	Ayurveda, Yoga, Unani, Siddha, Homoeopathy
CAM	Complementary and Alternative Medicine
CBD	Central Business District
DUT	Durban University of Technology
GPs	General Practitioners
HPCSA	Health Professions Council of South Africa
HSA	Homeopathic Association of South Africa
KZN	KwaZulu-Natal
NCCM	National Centre for Complementary and Alternative Medicine
P1-P12	Participant 1 – Participant 12
WHO	World Health Organisation
UK	United Kingdom

CHAPTER ONE

INTRODUCTION

1.1. BACKGROUND

Homoeopathy is a form of Complementary and Alternative Medicine (CAM). According to D'crus and Wilkinson (2005), Complementary and Alternative medicine (CAM) is one of the fastest growing modalities of health care; it incorporates a broad range of therapeutic practices from various health systems together with their accompanying philosophies and principles. Complementary and Alternative medicine (CAM) refers to a *“broad domain of healing resources that encompasses all health systems, modalities, practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period.”* (Pal 2002). It is also stated that rendering to the WorldHealth Organisation (WHO); CAM is used interchangeably with “traditional medicine” in some countries. Homoeopathic medicine, herbal medicine and acupuncture are the most common forms of CAM worldwide (Bellavite 2015). According to Zollman and Vickers (1999), Homoeopathy is a classification of medicine constructed on the idea of ‘let like be cured by like’, using very low dose preparations of medicine.

D'crus and Wilkinson (2005) stated that several studies revealed that most doctors specifically ask their patients about use the of CAM, yet many do not check side effects and drug interactions. Furthermore, general practitioners (GPs) usually undervalue the level of use of CAM by their patients because they lack the understanding of different CAM treatments available. Homoeopathy was introduced to South Africa in the late 1820s by Europeans, who are mainly German missionaries (Gower, 2013). Despite homoeopathy existing in South Africa for the past 200 years, there is still a lack of knowledge in homoeopathy. Research show that medical doctors do not understand homoeopathy due to lack of knowledge (Shah 2018). For instance, discussions with general medical practitioners in eThekweni, reveals that there is a degree of lack of understanding of homoeopathy, and they have diverse thoughts, effectiveness and attitudes on its application. Therefore, it is imperative for medical doctors to gain information and to be aware what medicine their patients are on and know the mode of action of the medication to prevent interactions, for their patients who make use of both conventional and homoeopathic medicines. Medical doctors need to have an extensive understanding of homoeopathy before administering homoeopathy products to their patients who request homoeopathy as a treatment.

This qualitative study investigated and established the need for a course in homoeopathy for general practitioners in the eThekweni/Durban area of KwaZulu-Natal province in South Africa. The study focused on gathering data from general practitioners in terms of their requirements to formulate a course specifically designed to address their identified needs in respect of knowledge deficits in homoeopathy as well as establishing their interest if such a short course is availed to them. The study also attempted to evaluate the general practitioner's knowledge in terms of how homoeopathic practitioners prescribe and the mode of action of homoeopathic medicines, the homoeopathic philosophy and the materia medica or medication used.

1.2. RESEARCH PROBLEM

Anecdotal evidence has highlighted a lack of knowledge in complementary medicine (homoeopathy being one of them) among general practitioners in South Africa (Pirotta *et al.* 2000). Therefore, it is crucial to perform need-analysis to determine the practicality of a short course in homoeopathy for general practitioners. The lack of understanding amongst medical doctors needed to be investigated and to utilise the findings to develop a short course from these deficiencies.

There are misapprehensions regarding homoeopathy that needs rectification. Therefore, Zubane (2001) conducted a study on the view and scope of traditional medicine in South African education support services. He referred to homoeopaths as herbalists and stated that homoeopaths consult the ancestors. There may be patients coming to consult with the medical doctor with a similar attitude asking for guidance. By training general medical practitioners, this will make them more equipped with the understanding of homoeopathy and will be able to manage patients who make use of homoeopathy.

1.3. AIM AND OBJECTIVES

The aim of this study was to establish the perceptions and attitudes of general medical practitioners on a short course in homoeopathy for general medical practitioners. The aim, therefore, was not to implement a course for the general practitioners but to obtain their perspective about homoeopathy and obtain their view on the short course on homoeopathy. This study also aimed to investigate if the doctors would be interested in a short course on homoeopathic principles and medicines. This short course would not allow them to treat or become homoeopaths, but rather to have an understanding of what homoeopathy is thereby addressing the ignorance and misunderstanding that many have about homoeopathy.

Objectives:

- ❖ To investigate the level of knowledge in homoeopathy of general medical practitioners in eThekweni.
- ❖ To explore the interest of general medical practitioners in participating in a short course in homoeopathy.
- ❖ To determine the aspects of homoeopathy to be included in the short learning programme/ short course that general medical practitioners would recommend if they agree with the need.

1.4. RESEARCH METHODOLOGY

The approach used in this study was a qualitative method. According to Zohrabi (2013), qualitative research is a method of social interaction that focuses on the way people interpret the social reality of individuals. It makes use of interviews, diaries, journals, classroom observations and open-ended questionnaires to obtain, analyse, and interpret the data content. Before the plans of implementing the short course for general medical practitioners, requires a qualitative study to assess their perception and needs on setting the course, and to determine whether they would be keen on participating in the homoeopathic short course. Yin (2012) asserted that in a qualitative research one was able to represent the opinions and perceptions of the participants in a study and not the values, preconceptions, or meanings held by the researchers.

1.5. RATIONALE AND SIGNIFICANCE OF THE STUDY

Sibiya *et al.* (2017) conducted a study to determine the perceptions of professional nurses at the hospitals within the uMgungundlovu District, Kwazulu Natal, towards complementary and alternative modalities within a nursing context. The findings of the study showed that alternative treatments were widely used by professional nurses, with varying popularity of modalities. However, individual use of alternative treatments among the nurses was high in the study population. The majority of the respondents felt that the inclusion of alternative treatments in nursing practice is significant. However, there were varying levels of support for each personal therapy. The study revealed the need for professional nurses to be empowered with understanding concerning the use and safety aspects of alternative treatments.

Jahan *et al.* (2015) conducted a study to determine the knowledge and perception of medical students concerning complementary and alternative medicine therapy. One hundred and

eighteen (118) medical students participated in the survey that was carried out at Oman Medical College in the UK. The study revealed that there are areas of CAM where the participants are not well equipped with an understanding of the effectiveness and safety of CAM; therefore, they were afraid to give patients advice about CAM.

Bahall and Legall (2017) investigated the knowledge, attitudes, and practices among health care providers regarding complementary and alternative medicine in Trinidad and Tobago. They found that knowledge about CAM was low, particularly among doctors, and the majority were reluctant to recommend CAM and to refer patients to a CAM practitioner. This study showed that the lack of knowledge of CAM that needs to be addressed is not in South Africa only, but it is globally. It is imperative for Medical doctors to understand that there is a place for complementary medicine in the medical realm. This understanding can only be achieved through a short course for them. Introduction of short course needs the identification of the deficiency concerning the knowledge of homoeopathy amongst the medical doctors.

The short course will not only benefit the general medical practitioners in increasing their knowledge. It will also enable them to appropriately advise their patients on both conventional and homoeopathic healthcare options, allowing them to make informed decisions on treatment options. Therefore, this research study established the viability of a short course in homoeopathy, if introduced. Also, it determined the number of general medical practitioners interested in homoeopathy short courses. The information attained from this research will be a valuable store to consider and integrated into the introduction of a short course, with the view of its usage in future. It will initiate positive transformation in the health care industry in South Africa.

1.6. BENEFITS OF THE STUDY:

- ❖ To gain more knowledge of the perceptions of medical doctors about Homoeopathy.
- ❖ To understand the deficiencies of medical doctors on the knowledge of homoeopathy.
- ❖ To attain recommendations for the possible components that could help in the development of a short introductory course in homoeopathy.

1.7. LIMITATIONS

Limitations found in this study is that each practitioner was speaking for themselves and not on behalf of other practitioners in South Africa. In Durban, the practice of homoeopathy is well known because of its broader knowledge in the region. In contrast, it does not reflect on the entire population of general practitioners in South Africa with regards to their experience with homoeopathy.

Most of the respondents to this study were in Durban Central Business District (CBD) therefore results obtained in this study are not necessarily a representation of the Durban population as a whole. Time constraint was another limiting factor because medical doctors had patients to attend to, and the researcher had to use the available time given to gather as much information as possible.

Before conducting the research study, appointments were made with the medical doctors, they might have done a little research about homoeopathy. Doing this might have helped the medical doctors to be informed and not appear ignorant on the day of the appointment.

1.8. OUTLINE OF DISSERTATION

Chapter One:

Introduction and background of the study which consists of the research problem, study aim and objectives, significance and benefits of the research work

Chapter Two:

Literature Review which is data from former researchers on the subject around CAM nationally and around the world. It also covers there core of homoeopathy.

Chapter Three:

This chapter reports on the research methodological approach.

Chapter Four:

Data Representation of the attained data under themes and sub-themes.

Chapter Five:

Discussion of results under topics

Chapter Six:

Conclusion and Recommendations which is summary based on the outcomes from the preceding chapter. This chapter comprises of suggestions and recommendations drawn from the study for the impending researches on the similar topic

The list of references and appendices follow chapter five.

1.9. CONCLUSION

In developing a short course for the general medical practitioners, it is essential to first investigate where they feel their knowledge is lacking and which expertise are imperative for them to completely advise their patients about homoeopathy. A short course could be developed but will not be applicable if the needs of these practitioners are not entirely addressed in terms of what they feel is necessary. The short course will not only benefit the general medical practitioners in growing their understanding but will also assist them to advise their patients appropriately on both conventional and homoeopathic healthcare options, allowing them to make knowledgeable decisions on treatment options. The course will equip general practitioners with necessary knowledge to effectively manage patients who uses both conventional medicine and homoeopathic medicine.

CHAPTER TWO

LITERATURE REVIEW

2.1. INTRODUCTION

Previous studies have established that there is a lack of knowledge on homoeopathy amongst health care profession (Mavela 2016, Sibiya *et al.* 2017, Pirotta *et al.* 2000). They indicate that the solution to lack of knowledge in homoeopathy must be considered and set to tackle the problem. Therefore, it is therefore imperative to have a full understanding of what homoeopathy is, how it works and also to understand the principles around it.

This chapter focuses on homoeopathy as a specific aspect of complementary medicine. It then reviews the literature on complementary medicine as an extensive subject. It also evaluates the education of homoeopathy within South Africa and the current scope of practice of a qualified homoeopath. This present study focused on general medical practitioners in eThekweni. It also looked at the perceptions of general medical doctors on the introduction of a short course in homoeopathy and even at evaluating how the medical doctors make use of the information on homoeopathy they already possess. How confident are they on advising and recommending homoeopathy to their patients?

2.2. HOMOEOPATHY

2.2.1. What is Homoeopathy?

Carlston (2003) states that homoeopathy means “similar to disease” or “similar to suffering.” According to Chauhan *et al.* (2007) this means a system of treatment which treats ailments by medicines given in infinitesimal dosages which if given to a healthy individual would develop similar symptoms comparable to those of disease. Homoeopathy refers to a unique, unconventional medical treatment system established on the central theme of “like cures like” ([Vickers and Zollman, 1999](#)). Homoeopaths treat disease using very low dose preparations administered rendering to the principle that “like should be cured with like”. Homoeopathic medicines are ultramolecular-that is, diluted to such a degree that not even a single particle of the original solute is existent. Homoeopaths select a remedy that would cause comparable effects to those produced by the disease under treatment. ([Vickers and Zollman 1999](#)) Benjamin (2018) states that homoeopathy was discovered over 200 years ago by the German physician, Dr Samuel Hahnemann (1755-1843). By the early 1840s, homoeopathy was growing in popularity. It had established itself in many countries. At the turn of the 20th Century, over

60 countries worldwide practices homoeopathy, including France, Germany, Great Britain, the United States, Italy, Sweden, Denmark, Austria, Norway, Holland, South Africa, Argentina, Mexico, India, Sri Lanka, Russia, and many other countries. It is estimated that over 400 million people were in receipt of homoeopathic treatment at that time. Homoeopathic hospitals and medical schools were being established all over the world. According to Gower (2013), homoeopathy was introduced to South Africa in the late 1820s by missionaries from Europe, chiefly the Germans. However, it is thought that Dutch settlers may have brought it with them (Gower 2013).

2.2.2. Types of homoeopathy

Mavela (2016) classified homoeopathy into two approaches, which is the clinical and classical approach. Each approach has its advantages and disadvantages. It is therefore imperative to have a full understanding of each method because the consultations and the mode of treatment are very different for each group.

Dr Samuel Hahnemann opened the Organon (homoeopathic reference book), with the sensible words of aphorisms 1 and 2. It states that *“the physician’s high and only mission is to restore the sick, to health, to cure, as it’ termed. The highest ideal of cure is rapid, gentle and permanent restoration of the health, or removal and annihilation of the disease in its whole extent, in the shortest, most reliable, and most harmless way, on easily comprehensible principles.”* It is therefore to have knowledge that homeopaths work under these principles as guidance (Schepper, 2006).

Ross (2009) stated that classical homoeopathy takes into account a patient as a whole. Thereafter, a remedy is chosen according to the totality of symptoms that match the patient to stimulate the body’s healing process. Couchman (2013 cited in Mavela 2016:19) stated that clinical homoeopathy follows the philosophy to conventional medicine, this is whereby a remedy is chosen according to the symptoms of the condition and whether it is acute or chronic, as opposed to a constitutional approach of remedy selection. Therefore, medical doctors need to understand both methods of treatments for them to be able to refer their patients to other healthcare treatment available for them should there be a need.

2.2.3. Homoeopathic principles

Dr Samuel Hahnemann founded homoeopathy, and stated the principles guiding the practice of homoeopathy in a book titled "The Organon". The principles are as follows:

2.2.3.1. The laws

LAW OF SIMILIA

This law is fundamental and it states that when a sick individual experience symptoms, the symptoms are not “the disease”, but rather a defence mechanism reaction of the body which uses its supplies to fight against the morbid effect. Therefore symptoms are actually the responses to stress. These symptoms, therefore, give the homoeopath atypical indication to the remedy selection, which is according to the principle of ‘similia similibus curentur’. The remedy given must be able to produce similar symptoms of the disease to be cured in a healthy individual. (De Schepper 2001).

Vithoukas (1980) said that, when the causative agents of the state of the disease undergoes the homoeopathic process of dilution, the medicinal properties become prominent to treat the precise or similar disease they produce in a crude state.

LAW OF SIMPLEX

This law states that only one, single and simple remedy should be given in a particular case at a time. It is done to avoid interactions of medicines which may harm the patient. When the symptoms of the patient change, the remedy must also change matching the new presenting symptoms (De Schepper 2001, Eizayaga 1991)

LAW OF MINIMUM DOSE

It is also called the law of infinitesimal dose. This law states that the least amount of medicine should be given. This minimum dose would be capable of achieving the curative action (De Schepper 2001, Gunavante 2005)

2.2.3.2. Homoeopathic processes

This aspect is also important in understanding the basics of homoeopath and discussed as follows:

DRUG PROVING

This law involves an investigation of the disease-producing power of a remedy. It is done on healthy human beings, and the gathered information serve as reliable knowledge to their ability to cure a similar symptom complex (De Schepper 2001). The substance given to the individual

is able to cure. Provings examine the properties of repeated doses of homoeopathic medications in healthy volunteers (provers) to show their properties and therapeutic abilities (Swayne, 1998).

DRUG DYNAMISATION

Drug dynamisation is the process where a crude substance is minimised to latent medicinal properties, regardless of the method of potentization or dynamization. These medicines stimulate the self-healing properties of the life force (Vothoulkas 2002; Brennan 1999)

2.2.3.3. Homoeopathic concepts

THE VITAL FORCE

This concept is important in understanding how the homoeopathic remedy works in terms of its mechanisms. (De Schepper 2001). According to Ullman and Reichenberg-Ullman (1995), the vital force is a *“living, intelligent energy that is responsible for healing and maintaining balance in your body, mind and emotions.”* Vithoulkas (1980), further described the vital force as an impact that directs all aspects of an organism, and is involved in a wide variety of functions. Functions which include the aspect that establishes balance in the state of a disease called ‘defence mechanism’.

INDIVIDUALIZATION

The homoeopath treats a sick individual, not the diagnosis and two individuals with the same disease cannot be treated the same way (Ullman and Reichenberg-Ullman 1995, Swayne 1998). The precision of homoeopathic prescription depends on the similarities between the remedy picture and the symptoms of an individual, including the emotional, physical and mental symptoms (Swayne 1998).

CONCEPT OF CAUSATION OF CHRONIC DISEASE

This concept states that chronic diseases are caused by a ‘lack’ in the organism called miasm. It is hereditary because of the fundamental cause ‘psora’ and secondary miasmatic indispositions. However, it is also influenced by the environment to meet its potential. (De Schepper 2001)

2.2.4. Homoeopathic prescribing

According to the World Health Organization (2009), homeopathic prescriptions are produced on the concept that high dilutions of potentially active molecules keep a memory of the initial substance. Therefore, the original constituents, the homeopathic stocks and mother tinctures are exposed to a process of sequential dilution and succussion so as to potentize the product with a sedentary carrier material.

The following questions are important concerning the main complaint when prescribing a remedy for the patient (Watson 2004, Sankaran 1991, Ross 2009)

CONCOMITANT

These are symptoms arising together with the main complaint.

LOCATION

Refers to the particular location where the main and concomitant complaints are experienced.

AETIOLOGY/CAUSATION

Aetiology/causation is the origin or possible cause of the main complaint of the patient.

MODALITIES

Modalities refer to anything that worsens or causes the complaint to be better. It is also known as ameliorations and aggravations.

SENSATION

Sensation refers to the exact and actual feelings of the patient relating to their illness. This question gives a clear description of the symptoms.

INTENSITY

Intensity is where an extent/degree of uneasiness of the patient is measured.

TIME

Time refers to the incidence and timing of the ailment.

2.2.5. Homoeopathic case taking

Homoeopathic case taking is based on the belief that a case well taken is a case half cured. The remedy can be clearly defined with a good case. In homoeopathy, a lack of success in prescribing is usually related to poor case taking rather than knowledge of materia medica or inappropriate case analysis (Rewe 1998).

According to Jayasura (2010), homoeopathic case taking is like conducting an interview arranged in a pleasant environment for the patient. The interview may start with an open-ended question like, “How can I help you?” The practitioner writes down the patient’s words as they are to capture living images, specific phrases or illustrations expressed by the patient. Mental, emotional and physical symptoms as per patient’s description are taken into account.

The following are guidelines on taking the case as a homoeopath:

- ❖ Avoid leading questions.
- ❖ Never ask direct questions.
- ❖ Never ask alternating questions.
- ❖ Avoid questioning along the line of the remedy.
- ❖ Never skip from one symptom to another at random (Roberts 2005)

The homoeopathic practitioner has two objectives in mind with regards to case taking. The first one is that of diagnosis, and the second one is selecting the true symptoms of an individual and simplifying them to make a definite illness picture. (Roberts 2005)

The setting where the case is taken should be conducive for both the patient and the practitioner, and it should be quiet and simple. Interruptions should be minimised, and the patient should be comfortable. (Vithoulikas 1980). The most important component of the consultation procedure is when the patient seeks medical attention from the homoeopath. (Prousky 2018). Therefore, the physician’s attitude towards patients should be composed, with no predetermined thoughts or prejudices. The homoeopath should listen attentively, and the case taken should have no preceding impression as to which remedy the patient may require. In acute cases, practitioners record acute symptoms and gather as many details as possible. Prescription is based on the totality of symptoms, and it is not on a single symptom but for the complete picture, presented by the individual. (Roberts 2005)

2.3. EDUCATION OF HOMOEOPATHY IN SOUTH AFRICA

Homoeopathy is provided for education at institutions of Higher Education in Kwa-Zulu Natal (at the Durban University of Technology) and Gauteng (at the University of Technology) in South Africa (HSA 2012).

To practice Homoeopathy in South Africa, homoeopath has to complete a Master's Degree in Homoeopathy, which is a six-year course. This degree encompasses the coursework and a dissertation as part of the requirements to meet. An internship will be initiated as part of the requirements to practice in South Africa as a registered homoeopath under the Allied Health Professions Council.

For a homoeopath to be able to practice in South Africa legitimately, they are required to register with the Allied Health Professions Council of South Africa (AHPCSA).

2.4. SCOPE OF PRACTICE FOR HOMOEOPATHS

The Allied Health Professions Council of South Africa (AHPCSA) (2017) designates the scope of practice for homoeopaths to be the following: diagnose, and treat or prevent physical and mental disease, both in acute and physical state, illness or deficiencies in humans; prescribe or dispense medicine; provide or prescribe treatment for such disease, illness or deficiencies in humans. Homoeopaths are lawfully enabled to practice in public clinics.

A homoeopathic physician can open a private practice, hired and enter into a partnership with professions permitted by the board, under AHPCSA guidelines. Homoeopaths may work with medical doctors from the Health Professions Council of South Africa (HPCSA). Still, this Medical council forbids their members from practicing with Homoeopaths (HPCSA 2017b).

2.5. UNDERSTANDING HOMOEOPATHY AND ALLOPATHY

The Arizona Centre for Advanced Medicine (2013) highlighted that it is relatively important to understand that these disciplines can diagnose diseases, predict its course and also prescribe. The difference is the approach of prescription and treatment. Allopathic medicine (conventional medicine) is explained as a medical system that treats symptoms using therapeutic drugs. Allopathic doctors have the title MD after their name and are called medical doctors. Homoeopathic medicine, on the other hand, is explained as a system of medicine that works holistically in re-establishing the natural state and healthy equilibrium using remedies. These

medicines stimulate the internal curing process of the body. The law of individualization is used where an individual is given a remedy based on his or her peculiar state of physical, mental and emotional health. An example is when two patients are experiencing chronic headaches, they might not be given the same prescription.

Sultan *et al.* (2016) state that homoeopathic medicine finds it essential to treat a patient as a whole rather than treating symptoms that cause illness, embracing the body's natural reaction. This is done by boosting the healing process or attacking the origin of the disease. In contrast allopathic medicine attempts to ease the symptoms of the disease by tackling the natural defence of the body.

2.5.1. The difference between homoeopathy and allopathy

The difference is based on the philosophical method they use in their practice. Allopathic doctors combat and treat the symptoms of the disease using pharmaceutical drugs or surgery. They are exceptional with regards to interventions, that is, treating acute and emergency disorders. Allopathic doctors maybe general practitioners (primary care or family doctors) or may be specialists (allergists, cardiologists, dermatologists, neurologists, emergency room doctors, ENT doctors, surgeons, etc.) (The Arizona Centre for Advanced Medicine 2013)

Homoeopathic doctors use a holistic approach when treating patients. They take in to account the patient's environment, lifestyle and emotional health to get the origin of the disease. They are exceptional in chronic diseases and for prevention of illness. They use natural, non-invasive and non-toxic treatment to address the ailments. Nutritional and herbal supplements maybe used; while pharmaceutical drugs are used as the last option (The Arizona Centre for Advanced Medicine 2013)

2.6. REGULATION OF HOMOEOPATHS AND ALLOPATHS

Homoeopathy and allopathy are controlled by different councils. The Health Professions Council of South Africa (HPCSA) (2017b) stated that general medical doctors are regulated by HPCSA (a statutory body) directed by a formal regulatory framework. This includes the founding Act ([Health Professions Act 56 of 1974](#)). This Act governs all activities and clearly defines the scope of each profession. Which is regulated by them, including general medical doctors that are mandated to register with HPCSA, and sets transparent processes to be followed by HPCSA.

HPCSA regulate health professionals in South Africa and was established to protect the public. They only register professionals who meet their standards for their training, professional skills and behaviour. They also have the power to institute disciplinary proceedings regarding any complaint, charge or allegation of unprofessional conduct against any person registered with the council. This council does not permit the general medical doctor to work with a homoeopath; hence they are separated.

On the other hand, The Allied Health Professions Council of South Africa (AHPCSA) (2017b) stated that homoeopathy is regulated by the AHPCSA, a statutory health body is established in relations of the Allied Health Professions Act, 63 of 1982 (the Act) to control all allied health professions. It is accountable to advise the Minister of Health and the National Department of Health on matters relating to the allied health professions and to communicate to the Minister of Health matters of public importance developed during its functions.

According to Lee (2012), medical doctors practice allopathic medicine, this system of medical practice treats diseases using a medication that causes different effects from those caused by the disease under treatment. In contrast, homoeopathy and its therapy are grounded on that diseases can be treated with drugs (in minute doses) thought capable of producing the same symptoms in a healthy person as a disease itself.

Some patients use both homoeopathy and allopathy. They might not inform their general medical practitioners that they are on homoeopathic medications. Similarly, they might not notify their homoeopaths that they are on allopathic medicines. Therefore, for transparency, both professions need to be harmonious.

2.7. HOMOEOPATHY AND COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM)

The National Centre for Complementary and Alternative Medicine (NCCAM) (2011) states that CAM is “*a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine*”. Complementary medicine is used in conjunction with conventional medicine. Alternative medicine is, therefore used instead of conventional medicine. Conventional medicine with established CAM therapies is incorporated in Integrative medicine. CAM treatments are often categorized into extensive groups. Major Fields of continuing research involve natural products, manipulative practices, and body-based practices.

The Allied Health Professions Council of South Africa (AHPCSA) regulates several forms of CAM. AHPCSA recognises the following as Complementary and Alternative Medicine:

- ❖ *Homoeopathy*
- ❖ *Chiropractic*
- ❖ *Ayurveda*
- ❖ *Reflexology*
- ❖ *Unani-Tibb*
- ❖ *Osteopathy*
- ❖ *Phytotherapy*
- ❖ *Naturopathy*
- ❖ *Aromatherapy*
- ❖ *Therapeutic massage*
- ❖ *Traditional Chinese medicine* (AHPCSA, 2015)

These forms of medicine remain in private practice only and not included in the public health system. This means that CAM is not readily available to various South African citizens. Furthermore, it promotes the lack of knowledge of CAM in South Africa, and this needs to be rectified. Therefore, public health practitioners need to have an understanding of the CAM modalities, which includes homoeopathy. This will also help them to be able to give the public appropriate information should they ask about alternative medicines.

In other countries, studies have shown that there is a growing knowledge of CAM. According to Almeida (2012), the differential incorporation of CAM into the medical establishment, acupuncture and homoeopathy in Portugal has been rated as two of the most widespread CAM treatments within conventional healthcare. There is still medical concern about their efficacy, and both these modalities have moved from a status of non-acceptance to one of tolerant affirmation and have subsequently improved their position within the medical establishment. He also stated that homoeopathy on its own has moved to a position of 'enhanced legitimacy'.

In the study done by Bellavite (2014), about homoeopathy and integrative medicine, homoeopathy gains increasing popularity with the lay public amongst the numerous CAMs, but it is not recognized by academia or incorporated in the medical guiding principles. The study has also shown that some practitioners have to combine modalities of alternative medication or products in their medical practices. Bellavite (2014) also stated that it is common for well-known practitioners to suggest that unconventional medical approach might be viewed as an "integration" rather than as an "alternative" to typical medical practice. According to these

particular practitioners, the incorporation of conventional and unconventional treatment may lead to improved outcomes, patient satisfaction, and treatment cost/efficiency.

As CAM therapies are becoming popular globally, studies have shown that there are factors that push the public to opt for these kinds of treatments. The following are the reasons for the use of CAM therapies by the patients (Du Plessis 2012, Astin1998, Ernst 2000, Singh *et al.* 2004):

- ❖ Dissatisfaction with conventional medicine as equipment often overwhelms humanity.
- ❖ It is said to be cost-effective.
- ❖ Lowering the danger of adverse reactions to conventional medication.
- ❖ Growth in longing for best possible health.
- ❖ to unique forms of medicine grows, makes patients opt for alternative therapies.
- ❖ They search for a treatment that is integrative and not just mechanical.
- ❖ An increasing fascination in the comprehensive method to lifestyle adjustments involving nutrition and exercise.

2.8. PERCEPTION STUDIES ON HOMOEOPATHY AND CAM

Maharajh (2005) conducted a survey to determine the perceptions of the general practitioners and pharmacists in Durban towards homoeopathy and found that a significant percentage of pharmacists (36.2%) and GP's (42.3%) in South Africa stated that they were not well-informed to comment on homoeopathy. The results raised alarms, including a lack of communication between pharmacists and general practitioners as well as homoeopaths. Which means that there is a lack of understanding between homoeopaths and general practitioners/pharmacists. Allopi (2008), investigated the perceptions of nurses towards homoeopathy, and the investigation showed insufficient knowledge amongst nurses. However, the majority of participants (70.06%) perceived that there is a role that homoeopathy has to play in the hospital setting. Few participants (29.94%) perceived that homoeopathy had no importance in the hospital setting. This showed that many participants perceived that integrated medicine is necessary for a hospital setting. The study also revealed that there was a positive view towards homoeopathy in general, and the respondents were open to being equipped more about it, and to work with homeopaths. The suggestion to address the lack of knowledge and poor communication between the two professions was through suitable publicity and education programmes.

Harripershad (2009), surveyed to determine the perceptions of parents in the central Durban area towards pediatric homoeopathy. The results revealed that the majority of the respondents had constructive views about homoeopathy, and were enthusiastic to know more about it. However, lack of knowledge still exists in the methods and principles of homoeopathy. Therefore, this lack of knowledge prevents the public from seeking for homoeopathic treatment. Primary homoeopathic education was suggested for the public to have some understanding of homoeopathy. To avoid confusion and limit the misconceptions, basic education was recommended to the public to show a clear distinction between homoeopathy and other alternative therapies.

Pirotta *et al.* (2010) surveyed on the general practitioner's attitudes and knowledge of complementary medicine. Two groups were found amongst the respondents, the integrative medicine general practitioners who incorporated complementary medicine into their practice and the non-integrative medicine general practitioners. Overall, 38% of GPs felt confident discussing complementary medicine with patients. However, Integrative medicine GPs were more confident than non-integrative medicine GPs. The study found that many GPs integrate aspects of CM into their practice. However, there was little difference in behaviours and knowledge between the two groups. The study revealed that in both, groups there is a lack of knowledge of potential safety issues with some commonly used complementary medicine. It was found that both groups need proper knowledge and skills. It was therefore suggested that, incorporating education about the purpose, evidence base and safety issues of commonly used complementary medicines into medical education at all levels may assist.

Some studies raised concerns regarding the lack of knowledge on homoeopathy in South African citizens. According to Lamula (2010), the perception of homoeopathy among African adults in Mnambithi municipality, KwaZulu Natal, South Africa showed 10 out of 1034 respondents have heard about it. This suggests that there is a minimal level of knowledge amongst Mnambithi residents. Therefore, because the questions of the research study were constrained to the respondent that knew about homoeopathy, there was a smaller number to draw conclusion regarding perception.

Pillay (2013) conducted a study to determine the perceptions, attitudes and knowledge of primary health care nurses in the eThekweni Municipality District regarding the inclusion of homoeopathy in primary health care. The study established that there is a lack of homoeopathic knowledge amongst nurses in the eThekweni Municipality District. Nevertheless, the participants

had a constructive attitude towards homoeopathy and its inclusion in the primary health care system of South Africa. This study serves as an indication that the knowledge of homoeopathy is necessary for it to be engraved in the public of South Africa.

Barikani *et al.* (2014) conducted a cross-sectional study to investigate the knowledge, attitude and Practice of General Practitioners towards Complementary and Alternative Medicine. It was found that there is a need and desire to learn complementary medicine. Since one of the effective factors to develop complementary medicine methods is awareness of the medical community. It was suggested that the Ministry of Health and Medical Education implement a comprehensive program to train graduate physicians and medical students, and establish research settings for universities to discover scientific dimensions of these methods.

Complementary and traditional medicine can represent a useful and maintainable resource in different fields of health care. Attention should also be given to programs for the training of public healthcare workers (this can include medical doctors) and continuing professional development. Information for the public is important for the development and success of integration. (Rossi *et al.* 2010)

Majola (2015) conducted a study with homoeopaths located in the KwaZulu-Natal region to ascertain their perceptions on their prospective role in the public healthcare system in South Africa. It was noted that before the investigation, none of the participants had previously considered the possibility of homoeopathy being integrated into the public healthcare system. It was found that a few were against the idea. Still, those that agreed that homoeopathy should be integrated into South Africa's public healthcare system stated that integration offered benefits for both homoeopathic practitioners and the overall system. It could result in the growth of the profession in South Africa as well as increase awareness; more secure employment prospects for practitioners; and practitioners gaining crucial experience and practicing the skills acquired during their training. On the other hand, the participants that were reluctant to work in the public healthcare system offered recommendations to the homoeopathic profession. The suggestions were to establish an educational institutions that offer a homoeopathy programme for allopathic practitioners and the South African government. This study supports that there should be some sort of education provided about homoeopathy in South Africa.

2.9. PATIENT'S VIEW ON HOMOEOPATHY

Patients need to reflect on how they feel and what can be improved in terms of patient medical care. Marian *et al.* (2008) conducted a study to investigate patient satisfaction and perception of side effects in homoeopathy compared with conventional care in a primary care setting. The findings of the study revealed that the satisfaction of patients was suggestively higher in homoeopathic medicine as opposed to conventional care. Homoeopathic therapy was perceived as a low-risk treatment with two to three times less side effects compared to conventional care. Therefore, medical doctors need to answer more critical questions when their patients ask them about homoeopathy as people are more accepting of new kinds of medicine.

Schmacke *et al.* (2014) conducted a study to determine the views of patients on the medical care provided by homeopathic medical practitioners and what could be learned by family medicine. The following are some of the details that patients mentioned:

- ❖ They often missed exactly the openness in their daily healthcare and then did not have the courage to describe their concerns as they had initially planned.
- ❖ The duration of the initial homoeopathic consultation lasts one to two hours, and this makes homoeopathic medical practitioners gain a comprehensive understanding into their patients, unlike the traditional family practitioner.
- ❖ The questioning technique of homoeopathic practitioners is designed to contribute to the building of trust of the patient.
- ❖ They value the level of respect between the doctor-patient relationship.
- ❖ They appreciated that they could briefly phone the doctor during the course of treatment. They did not expect that their homeopathic practitioner had unlimited time for their patients.

The study showed the importance of the sustainable doctor-patient relationship, which could be a possible adoption in the conventional medical field (Schmacke *et al.* 2014).

Khumalo (2015) conducted a study to determine the experiences of patients receiving homoeopathic care provided at a primary healthcare facility in the eThekweni district. The respondents showed great enthusiasm in homoeopathy, and most of them revealed a high level of satisfaction with the homoeopathic treatment. They were pleased with the service delivery.

Results revealed that there had been an improvement in the patients' illnesses since the beginning of homoeopathic treatment.

2.10. MISCONCEPTIONS ON HOMOEOPATHY

Zubane (2001) researched the prospect and scope for traditional medicine in the South African education support services. He discussed that homoeopaths are herbalists and mentioned that they consult the ancestors. Also added that homoeopaths use various learned methods of homoeopathic diagnosis and homoeopathic medicines. There may be patients coming to consult with the medical doctor with a similar mentality asking for advice. By training general medical doctors, they are equipped with the knowledge of homoeopathy and are better able to manage patients who make use of homoeopathy.

Bloch and Lewis (2003, cited by the Natural Health Centre 2019) stated that the majority of the public, including medical professionals, are not well knowledgeable about homoeopathy. The following are the misconceptions laid by the Natural Health Centre:

Misconception 1 – Homoeopathy is NOT herbalism (phytotherapy):

Law of Similars is not utilized when choosing herbs. Although they are in their natural state, they possess a chemical, pharmacological action. A herb can only be homoeopathic if it is selected on the bases of similarity.

Misconception 2 – Homoeopathy is NOT naturopathy:

The combination of diet as medicine, combined with natural treatments such as water therapies, compresses, sweating, lifestyle changes, and so on, is used in naturopathy. Homoeopaths only use dietary therapies as an adjunctive. Hahnemann stresses about 'removing all obstacles to cure' in The Organon. Bad diet and lifestyle are not favourable for healing and restful sleep. Therefore, naturopathy is part of homoeopathy because suitable lifestyle is essential in the healing process.

Misconception 3 – Homoeopathy is NOT the use of vitamins and minerals:

Vitamins are used as indispensable accompaniments. They may be used as supplementation and for deficiency in the body which may need further investigation. Once the cause is found, a homoeopathic remedy may be chosen based on the principles of homoeopathy. Vitamins and minerals are necessary for an ideal function of the body.

Misconception 4 – Homoeopathy is NOT the use of pendulums or radionics:

Homoeopaths only use the principles of homoeopathy; the other techniques that are known to be used by homoeopathic practitioners are not related to homoeopathic practice.

Misconception 5 – Homoeopathy is NOT witchcraft, cult or religion:

Religion or cult is defined as a belief in a higher power, salvation that is promised by religious leaders where they have a duty to change non-believers to believe and have faith. Homoeopaths use clinical results and laboratory studies. One does not have to believe for the medicine to work.

Misconception 6 – Homoeopathy is NOT a placebo:

Outstanding results in homoeopathy can be reached on domestic animals, unconscious patients, babies and children, which is not comprehended in the placebo effect. A change of remedy is done when it does not act or work accordingly. The look and taste of the remedies may be the same, and the placebo effect can't be used to rationalize this when the remedy works.

Misconception 7 – Homoeopathy is NOT against operations, tests or medical diagnoses:

Identification of diseases and ability to make a prognosis of its course is made through the utilization of tests and medical diagnosis. Homoeopathy can also be applied and treat successfully in situations where the clinical diagnosis cannot be confirmed.

Misconception 8 – Homoeopathy is NOT a system that does not require knowledge of pathology, physiology, anatomy, examination, use of laboratory tests, and so on:

The homoeopathic practitioner needs to be acknowledged about the standards of diseases to be able to make possible prognosis and to examine the effectiveness of the intended treatment. The advantage of homoeopathy is that it can also be applied to individuals without a 'diagnostic marker' where symptom picture is used for a prescription.

Misconception 9 – Homoeopathy is NOT harmless:

Homoeopathy is non-toxic and non-iatrogenic, which means that it does not cause new illnesses or cause the buildup of toxins in the body. Nevertheless, for a change of illness in the body by the therapy, it must have substantial power and ought to be used with respect.

Misconception 10 – Homoeopathy is NOT outdated and anti-research:

Proving of several new and fascinating remedies are done, and their pictures are being documented and are in book form.

2.11. OTHER STUDIES ON HOMOEOPATHY IN SOUTH AFRICA

Mavela (2016) conducted a study to investigate the needs of pharmacy front shop assistants when dealing with homoeopathic medicines with the prospect of developing a short course. It was found that there was a low level of knowledge of homoeopathy amongst pharmacy staff in the greater Durban area of KwaZulu-Natal South Africa, at the time of conducting the study. It was also found that despite low levels of knowledge in homoeopathy, the study was able to establish a keen interest amongst pharmacy staff on promoting and increasing their knowledge of homoeopathy to better aid the public and improve the quality of health care obtainable by pharmacy staff.

Thorvaldsen (2007) questioned if homoeopathy could be incorporated into public hospital care. Fifty five percent of the participants agreed, and she advocates that homoeopathy could be a useful tool in the core area of hospital care, reducing mortality, morbidity and decreasing the recovery time. It was concluded that there needs to be a reform in the healthcare system of South Africa and a working relationship needs to be established between orthodox medicine and Complementary Alternative Medicine.

Naicker (2008) conducted a survey of medical specialists' perceptions and interactions with homoeopathy and found that there is an increasing number of the public who are opting for complementary and alternative therapies (CAM) in South Africa. The situation for other CAM modalities including homoeopathy looks more favorable now than before. Due to this reason, medical doctors will have patients asking for advice on homoeopathy. If medical doctors do not know, they would not be able to assist patients requiring information or assistance on homoeopathy. This study determined the present perception and communication of Medical specialists toward homoeopathy in Durban South Africa. According to Naicker (2008) several studies have been conducted on the perceptions of pharmacists, GPs and medical students in South Africa. However, no studies have been conducted on the views of Medical specialists towards homoeopathy. Medical specialists play an important role in primary health care. It is their additional training above and beyond medical school and internship, which sets them apart from GPs, as they have specific knowledge of medical matters.

Therefore, the study aimed to ascertain the perception and knowledge that this group has of the homoeopathic profession in South Africa as this could establish a knowledge base to facilitate greater understanding and co-operation between Medical specialists and homoeopath. In gathering the data, a survey method in the form of a questionnaire was employed to examine the perceptions of Medical specialists towards homoeopathy and interaction with members of the homoeopathic profession. Generalizations were grounded on the representation of a sample and reliability and validity of the design and research instrument were adapted from previous studies of similar context. (Naicker, 2008)

It was found that the majority of respondents had heard of homoeopathy but had had no connection with it (70.7%). It was said that most Medical specialists heard of homoeopathy because of its increasing acceptance of homoeopathy in South Africa and around the world. Yet, there is a large number of specialists that have no contact with homoeopaths, and this could be the reason why homoeopathy is still not integrated into public health care facilities. According to the legal recognition of homoeopathy, it was found that most Medical specialists recognize homoeopathy as therapy in South African law. This could be due to the official acknowledgement of complementary and alternative medicine by the South African government and the media.

Regarding funding by health care insurers, it was found that a large percentage of Medical specialists were unsure whether homoeopathy was financed by insurers (46.0%). This could be due to the deficiency of exposure that the medical profession has with regards to homoeopathy. Results revealed that 30.7% of 58 respondents perceived that most medical aid insurers funded homoeopathy and 23.3% assumed that no healthcare insurers funded it. With regards to the usage in conjunction with conventional medicine, the majority of medical specialists (76.7%) supposed that homoeopathy could be used in conjunction with conventional medicine, and only 12.7% felt otherwise. (Naicker 2008)

In practice, it is very important to consider the feelings of patients and understand what they expect from their practitioners. It is for the betterment of the service for the patients.

2.12. THE NEED FOR TRAINING OF MEDICAL DOCTORS

Shah (2018) stated that most conventional doctors, also known as medical doctors, do not study the basics of homoeopathy. Hence have no knowledge about this modality which has existed for over 210 years. Therefore, there is a need to rectify this problem for medical doctors to understand and have information about homoeopathy. However, studies have shown that there is an interest in obtaining knowledge of homoeopathy. (Lamula 2010, de Villiers 2006, Tatalias

2006). This study attempted to determine the attitude and also perceptions towards the introduction of a short course on homoeopathy for medical doctors. Allopi (2008) discovered that a few nurses heard about homoeopathy and those that did not have a keen interest in learning more about it.

The study also attempted to evaluate the medical doctor's knowledge of how homoeopathic practitioners prescribe and the mode of action of homoeopathic medicines, the homoeopathic philosophy and the materia medica or medication used. Other countries have programs that are offered to medical doctors and other medical professions to pursue their understanding of homoeopathy. According to Jonas (2009), there is an increasing number of medical doctors and osteopaths who integrates homoeopathy in their practice. Many physicians and nurse practitioners are fascinated about homoeopathy and are working individually under a practitioner overseeing their work. These conventionally trained providers studied homoeopathy as an accessory course following their standard medical training. Schools of medicine and osteopathy are evolving programs to introduce medical and graduates' students to alternative and complementary medicine.

There is also an increase in the number of beginning and intermediate level courses for medical professions who have an interest in using homoeopathy in their practices. These programs supply between 50 to 500 hours of instructions and differ in quality. Jonas (2009) also highlighted that some countries such as Germany and England provide a distinctive class of health care practitioners obtaining a specific training to become homoeopaths. This is evidence to show that the medical doctors in other countries know about homoeopathy to the extent that they want to incorporate it into their practices. It is important to understand that the implementation of a short course on homoeopathy for medical doctors is for them to have a basic understanding of what it entails and not become homoeopaths. This will help them to give appropriate advice to patients using both homoeopathic and conventional medicine.

Singhal *et al.* (2018) conducted a study to assess the knowledge, attitude, perception and practice of Ayurveda, yoga, Unani, Siddha, homeopathy and naturopathy (AYUSH) among allopathic doctors and interns. The study determined their opinion regarding integration of AYUSH education within the allopathic curriculum in India. The study revealed that the doctors and interns of allopathic medicine in India were aware of AYUSH therapies. They used it for themselves and recommended it to patients. They believe that acquaintance of Bachelor of Medicine and Bachelor of Surgery students with AYUSH treatments and their integration with allopathic medicine may assist in improving patient care.

In 2016, the faculty of homoeopathy in Bristol, London, Northern Ireland, India, Italy, Japan, Russia and overseas. They offer courses for veterinary professionals such as doctors, dentists, pharmacists, nurses, vets and veterinary nurses. The course designed for graduates of the modern and Indian systems of medicine on homoeopathy is still in progress. There were some issues faced in the implementation of the short term homoeopathy course to Allopaths. However, this short term course is proposed to positively improve the creditability of the homoeopathic system of medicine in India and globally. (Vats 2012)

2.13. CONCLUSION

The literature has revealed that there is a need for a short course training on homoeopathy. The studies above have looked on the perceptions and attitudes towards homoeopathy. Still, they do not address the opinions and the feelings of the medical doctors on the need for the introduction of a short course in homoeopathy. This study, in particular, seeks to explore more on the attitudes of the medical doctors toward the introduction of a short course on homoeopathy. The literature also showed that other countries worldwide have considered medical doctors to have some training on homoeopathy.

This study bridges the gap in the knowledge that medical doctors have towards as well as the perception towards the introduction of a short course. Since South Africa does not have training on homoeopathy for medical doctors, it is important that upon the implementation of the short course to know their interest in attending. Also to make known that this short course is not for them to become homoeopathic practitioners, but is for their growth in understanding homoeopathy and be knowledgeable on how to deal with patients who use both conventional medicine and homoeopathy.

The studies also showed that there is+- increasing popularity of complementary and alternative medicine among the population worldwide. Other studies revealed the lack of knowledge towards homoeopathy and CAM modalities. However, it was also discovered that there is a desire to learn and understand more about these disciplines.

CHAPTER THREE

METHODOLOGY

3.1. INTRODUCTION

The study aimed at establishing the perceptions and attitudes of general medical practitioners on a short course in homoeopathy. The objective of the study was not to implement the course for medical doctors but obtain their opinions and perspectives about homoeopathy. The evaluation of knowledge of the medical doctors was done in terms of what they understand about homoeopathy. The methodological structure of this study was qualitative, and by means of semi structured interview guide, the participant's knowledge on homoeopathy was gathered. There were 12 participants who were interviewed and were medical doctors that practice in eThekweni. Before the interview, the participants were required to read an information letter (Appendix A) and sign an informed consent (Appendix B).

The literature revealed that medical doctors have a lack understanding of homoeopathy (Shah 2018). This raises concerns because more and more patients are becoming familiar with homoeopathy and other complementary and alternative therapies (Ballavite 2014). The participations of the respondents had not been adequately explored in the recommendations of training. Therefore, this study intended to gather suggestions from medical doctors on homoeopathy and to incorporate in the short course.

3.2. STUDY DESIGN

An exploratory study, using qualitative methodology was conducted using a semi-structured interview guide, a measurement of views on the implementation of a short introductory course in homoeopathic philosophy. Qualitative research is the report method of people's opinions and perceptions (Yin 2012). It provides an understanding of people's perceptions (Bengtsson 2016). The qualitative study aim to give a comprehensive insight into human behaviours, feelings, attitudes as well as experience (Tong *et al.* 2012). According to Zohrabi (2013), a qualitative study may utilize questionnaires to obtain, analyze, and interpret data content analysis and open-ended resources as well as verbal history.

3.3. QUALITATIVE STUDY

According to Kidd (2011), qualitative structures are beneficial when the theme under an exploration cannot be measured mathematically. This may occur when the researcher is

determining people's perceptions which differ individually and contextually. Wyse (2011) explained that qualitative research is predominantly an exploratory research that is used to obtain an understanding of fundamental reasons, opinions, and motivations. It is designed to reveal thoughts and opinions and investigate more in-depth into the problem. Qualitative research applies inductive and exploratory methods which integrate and analyse data from respondents and layout the meaning from their perspective (Holloway and Wheeler 2010).

3.4. PILOT STUDY

Thabane *et al.* (2010) stated a pilot study is a mini-interview conducted to investigate the effectiveness of the interview guide. A pilot study was, therefore conducted to regulate the efficiency and validity of the interview guide. This consisted of three general medical doctors in Durban. The three doctors were excluded from the study. This was done prior to the research. There were no changes made by the pilot study participants, and therefore the study interview guide stayed the same.

3.5. STUDY SETTING

The study was conducted in the eThekweni area in KwaZulu Natal, South Africa. The researcher made appointments with the receptionist of the medical doctors. This took place after giving a brief description of the study to the medical doctor. The receptionists selected the date and time after being granted permission to conduct the study. The research was then conducted on the chosen date after following all protocols.

3.6. PARTICIPATED PRACTICES

For anonymity, no identifying data was used to identify participants, such as names, practice licence numbers and addresses of medical doctors are in this dissertation. Participants were assigned a unique code only known to the researcher.

3.7. STUDY LOCATION

All 12 participants were located in the eThekweni Metropolitan Municipality, KwaZulu-Natal, South Africa.

3.8. SELECTION OF PARTICIPANTS

Participants were selected from various parts of the Durban area where the medical doctors practice. The study population consisted purely of general medical doctors. They are registered with the Health Professions Council of South Africa (HPCSA) and are practicing. Upon agreement and permission to make an appointment with the receptionist, the medical doctor was given an information letter (Appendix A) entailed with the details of the researcher, the supervisor, co-supervisor and the information of the institution. The medical doctor had to sign the consent form (Appendix B)

3.9. SAMPLE SIZE

This study's focus group was purposive to obtain relevant information for the research study (Yin 2012). The sample size was twelve participants. Evidence suggests that sufficient data is generally collected from six to twelve participants (Guest *et al.* 2006).

3.10. 3.10 SAMPLING PROCESS

This study made use of a convenient sample technique. This is where the researcher conducting the research study uses subjects that are freely available at the given time to become part of the study (Naude 2012). Medical doctors were selected on their convenient availability. This included medical doctors that work part-time/full-time at their practices and also worked part-time/full-time at the public/private health institutes.

3.11. RECRUITMENT PROCEDURE

The researcher visited the medical doctor's practices to make an appointment and to discuss the research. Thereafter, the interview was scheduled according to the convenience of the participant. The study used snowball sampling for recruitment purposes where the interviewed medical doctors referred the researcher to other medical doctors to obtain data and to select general medical doctors per each major area of eThekweni. Appointments were set up to further notify the potential participants about the nature of the study and its procedure. Due to the nature of this qualitative study, 12 general medical practitioners were selected through purposive sampling.

3.12. SEMI-STRUCTURED INTERVIEW GUIDE OR DATA COLLECTION TOOL

A semi-structured interview (Appendix C) was utilized with the selected participants. The semi structured interview guide consisted of three sections. Section A- What is homoeopathy, its principles and your understanding of it? Section B- Identifying any problematic areas that lead to a lack of adequate knowledge of homoeopathy and any recommendations/ideas to rectify identified areas of weakness therefore outlining what should be included in the course. Section C- perceptions, attitudes and feelings towards the interest in attending a homoeopathic introductory short course? The interview guide utilized was adapted from Mavela (2016). A letter seeking permission was sent (Appendix D1), and the response is available (Appendix D2).

3.13. Research questions

SECTION A: WHAT IS HOMOEOPATHY?

Question 1 of this section required the medical doctor's understanding of homoeopathy.

Question 2 of this section required experience they had with regards to homoeopathy.

SECTION B: KNOWLEDGE ON HOMOEOPATHY

Question 1 of this section required the medical doctor to describe how they attained the knowledge about homoeopathy.

Question 2 of this section required them to tell how they feel about the need for medical doctors to receive training in Homoeopathy.

SECTION C: INTRODUCTION OF A SHORT COURSE IN HOMOEOPATHY

Question 1 of this section required the medical doctor to explain their feelings towards the introduction of a short course in homoeopathy for medical doctors.

Question 2 of this section evaluated their interest in attending the course.

Question 3 examined the aspects of homoeopathy recommended to be incorporated into the short course if they agreed with the need.

- ❖ Philosophy
- ❖ Treatment

- ❖ Patient management

3.14. INCLUSION CRITERIA

The selection criteria included the following:

The participant needed to be a general medical doctor registered with the Health Professions Council of South Africa (HPCSA) and be currently practicing at their own practices.

Participants were required to be able to communicate in English as interviews were conducted in English.

Participants needed to be in the eThekweni area.

All participants should have had more than two years' experience in the medical field.

EXCLUSION CRITERIA

Those who did not meet the inclusion criteria.

3.15. PARTICIPANT DEMOGRAPHICS

For anonymity, the ages of the participants will not be revealed in this dissertation. The ages will be characterized into ranges.

- ❖ Range A is 30 - 45
- ❖ Range B is 46 - 65
- ❖ Range C is 66 – 75

All ranges A, B and C were signified in the study.

Confirmation of gender, race and age group status was established orally before the commencing of the interview. The researcher did not include these demographical questions in the survey as the study did not concentrate on a comparison of data from different races, gender or age groups.

3.16. DATA COLLECTION PROCESS

Upon approving on participating, each participant received a letter of information (Appendix B) informing them about the nature of the study. Thereafter, a consent letter (Appendix A) was

sent and required to be signed, permitting the researcher to gain informed consent from each participant. Herein it was also be stated the anonymity of the study.

The researcher then set up a time to meet with the participating practitioner – at the suitability of the practitioner. The researcher used a voice recorder to record the interview to support the data collection from the practitioner. Some practitioner preferred not to be recorded because they work at the institutions where they are not allowed to be recorded. The researcher respected their request and recorded the responses by hand. At the instigation of the interview, the grand tour question was asked with subsequent sub-questions which assisted the researcher in collecting the data required. Once data saturation was reached, all information was transcribed from the interviews recorded and chronicled in separate word files – as per each participant. Interviews took 10 -15 minutes.

3.17. DATA ANALYSIS

The researcher followed Tesch's eight steps to data analysis.

Unstructured qualitative data can be organised into a system using detailed guidelines provided by Tesch (1992). The eight steps to data analysis follow below:

- ❖ STEP 1: Get a sense of the whole through reading all the data carefully. By doing this, the researchers can get the essential background information. If something comes to mind about the data, the researchers should write these ideas down.
- ❖ STEP 2: The researchers begin with one document and whilst reading through it, they ask themselves 'What is this about?' The question does not refer to the content of the document, but the topic. They then write these topics in the margin of the document.
- ❖ STEP 3: After completing this procedure for numerous documents, the researchers compiled a list of all the topics, one column per data document, placing all the columns on the same sheet.
- ❖ STEP 4: They need to compare all the topics and group similar topics together. They then write these groups in columns, possibly with titles that represent the major topics, the unique topics.

- ❖ STEP 5: Abbreviate these topics as codes. With this list of codes, the researchers go back to the data and write the codes next to the suitable segments of the text. Be open for new categories and codes that may emerge. If any ideas about the data come to mind, the researchers should write it down in their notes (analytic memos).
- ❖ STEP 6: Find the most descriptive words for the topics, which have begun to turn into categories. Attempt to reduce the categories by grouping together those that relate to each other. Try to search for subcategories. A 'normal' number of categories is between 20 and 50. This is the organising system for the data.
- ❖ STEP 7: Make a final decision on the abbreviation of each category and alphabetise the codes to ensure that no duplication occurs. The researchers should recall that categories have uncertain boundaries, and a segment of data can fit in two or three categories.
- ❖ STEP 8: Put the data belonging to each category together and perform preliminary analysis, looking at all the material in one category at a time. The focus is now on the content of each category. During this process, keep the research question in mind to discard irrelevant data. If necessary, recode the existing data. The organising system may help the researchers to give structure to their research reports.

3.18. ETHICAL CONSIDERATION

All participants were given a letter of informed, voluntary consent (Appendix A) and a letter of information (Appendix B) prior to the commencement of data collection and were free to withdraw from the study at any time.

Confidentiality of all participants was always sustained. No personal details of participants were included in the dissertation to be documented and recorded, and each participating practitioner was assigned a unique code, which is P1-P12 (Participants 1-12). Only the researcher and her supervisors have access to the information collected, which is electronically saved, and password secured. Files are stored in a protected locker.

The data collected is kept at the Homoeopathy Department at the Durban University of Technology for a maximum of 5 years. Thereafter any data remaining is intended to be shredded or destroyed.

3.19. CONCLUSION

This chapter provides evidence on the methodology of the study as well as the records as shown throughout the study activities. The gathered information of this particular study will be provided in chapter 4, followed by chapter 5, which is entailed with the recommendations and a conclusion.

CHAPTER FOUR

RESULTS

4.1. INTRODUCTION

This chapter presents the outcome of the data gathering process, reports the results and discusses the findings obtained from the semi-structured interviews with general practitioners practicing at the Thekwini municipality, South Africa. The data that emerged from the interview were deductively coded and thematically analyzed. All analysis was performed using Nvivo version 11. In 2020, Kent State University described Nvivo as a software database developed to analyse qualitative and mixed-methods research. It is particularly used to analyse unstructured text, video, audio and image data. Nvivo also analyses interviews, focus groups, surveys, and journal articles. Zamawe (2015) stated that NVivo has little or no effect on the study design, which is one of the advantages of using this particular software. According to Bezeley (2013), Nvivo also ensures simplicity, effectiveness efficiency in coding making retrieval easier.

Primary data was gathered through a semi-structured interview guide. This data was collected through aural recordings, hand inscribed, or uttered according to the participant's choice of the data collection method. Secondary data comprised of the literature from a variety of sources that incorporated journals, books, interviews, lecture notes, research dissertations and the internet.

4.2. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE PARTICIPANTS

The socio-demographic characteristics of the interviewees are detailed in this section.

4.2.1. Age group

The participant's age group distribution is given in Figure 4.1. Half of the participants (n=6, 50%) are within the age group 30-45 years, 5 (41.7%) within the age group 46-65 years, and 1(8.3%) within the age group 66-75 years.

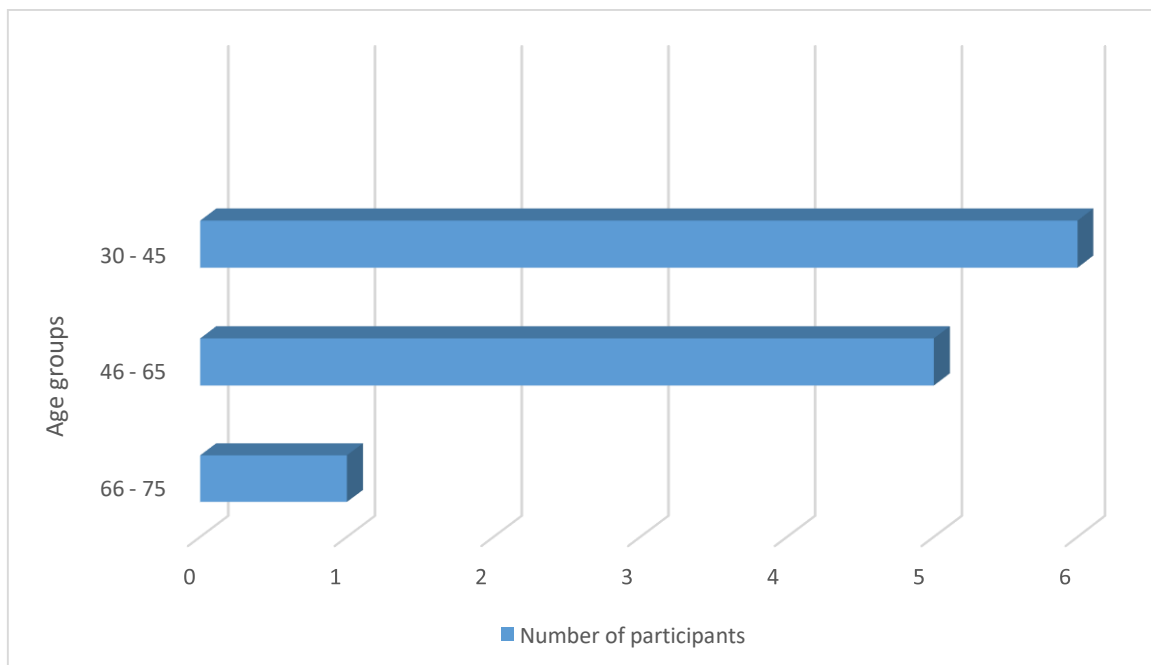


Figure 4.1: Graph of Participants age group distribution

4.2.2. Gender

The gender of the participants is shown in Figure 4.2. The male participants were 7 (58.3%), while the females were 5 (41.7%).

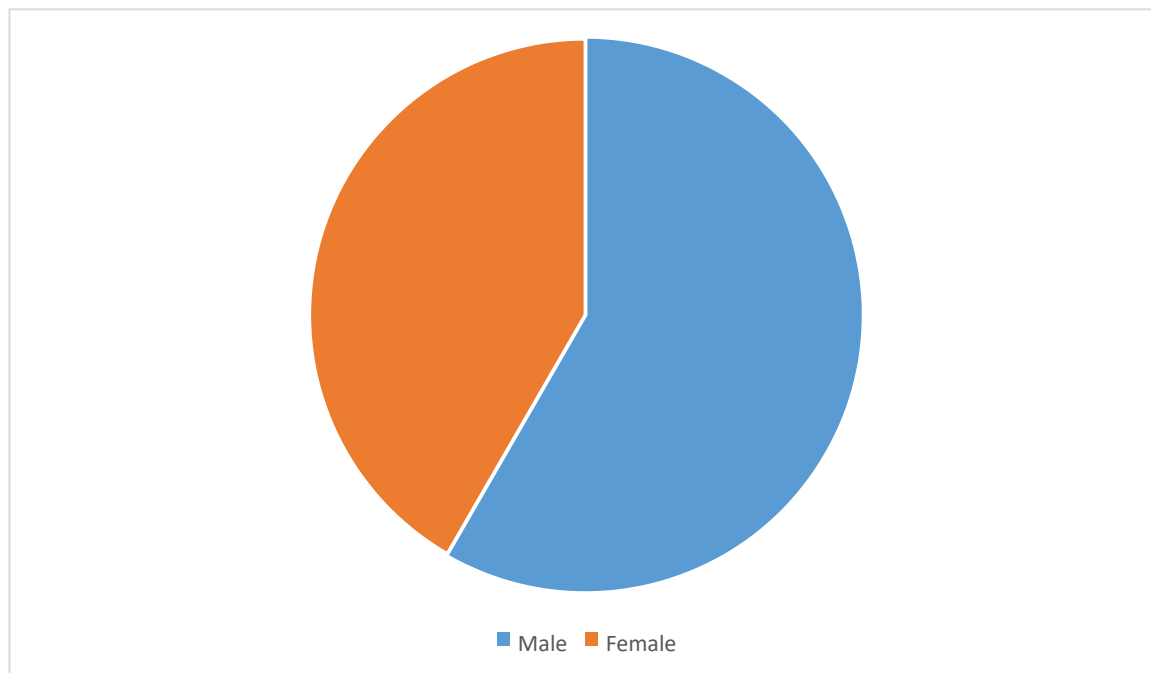


Figure 4.2: Pie Chart of Gender of the participants

4.2.3. Race

As shown in Figure 4.3, African participants were 5 (41.7%) while Indians were 7 (58.3%).

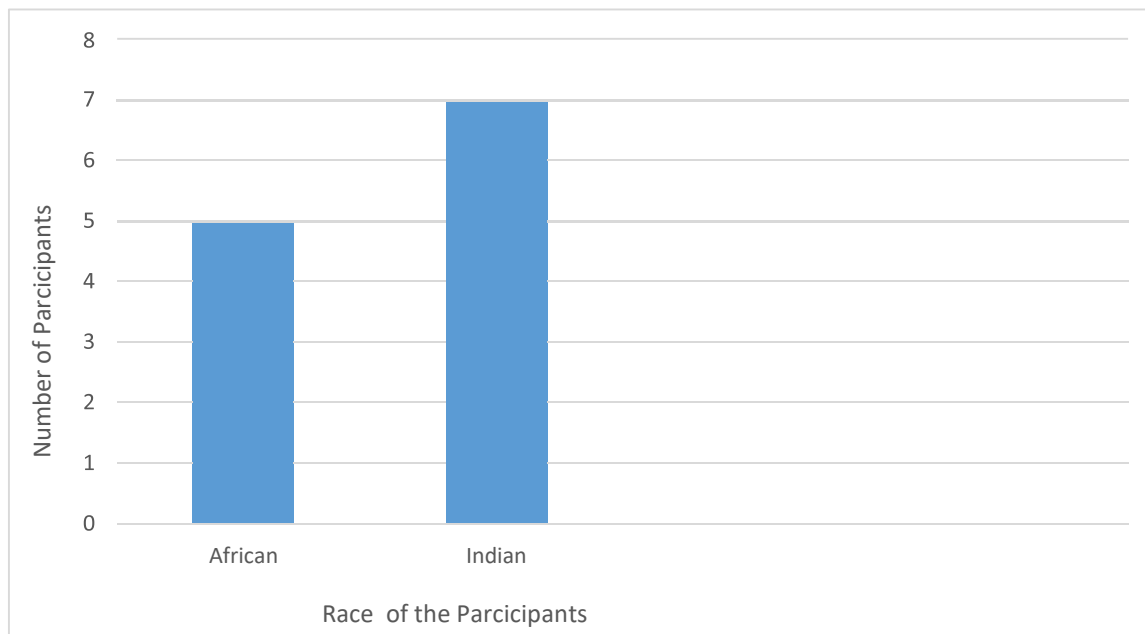


Figure 4.3: Graph of the Race of the Participants

4.2.4. Number of years of practice

Table 4.1 describes the minimum, maximum, and mean years the interviewees have been practicing. The minimum years indicated was 9 years while the maximum was 50 years. Overall, the average year of practice measured was 19.8 ± 13.6 years.

Table 4.1: Participants average year of practice

	N	Minimum	Maximum	Mean	Std. Deviation
Number of years of practice	12	6.00	50.00	19.8333	13.75654

4.3. EMERGING THEMES AND SUBTHEMES FROM THE SEMI—STRUCTURED INTERVIEWS WITH PARTICIPANTS

The analysis of the data gathered from the semi-structured interviews resulted in the identification of the themes and subthemes highlighted in Table 4.1.

Table 4.2: Identification of themes and subthemes

Themes	Subtheme
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Understanding of homoeopathy	Knowledge of homoeopathy
	Source of knowledge
Experience with pluralist patients	Positive experience
	Negative experience
	Integrative approach in patients care
	Need for homoeopathy training
Short course in homoeopathy	Perception and interest short course in homoeopathy
	Recommendation of short course of interest

Themes were identified in line with answering the research objectives that is are:

To investigate the level of knowledge in homoeopathy of general medical practitioners in eThekwini.

To explore the interest of general medical practitioners in participating in a short course in homoeopathy.

To determine the core knowledge of homoeopathy inclusion in the short learning programme/ short course that general medical practitioners would recommend if they agree with the need. In addition, supporting the discussion on themes, relevant quotes from the data generated from the interviews were used. Data from semi-structured interviews were transcribed verbatim and used as such during the discussion. The names of interviewees have, however, been changed to ensure anonymity.

4.3.1. THEME 1: UNDERSTANDING OF HOMOEOPATHY

According to Prinsloo (2011), homoeopathy is among the fastest-growing complementary and alternative medical modality worldwide. The author alludes that people are becoming more aware and eager to learn more about homoeopathy. Despite this, the practice remains contentious in the eye of many allopathic practitioners. For example, many of the allopathic practitioners had dismissed the therapeutic effect of homoeopathy medication by describing its

effects not different from a placebo. As a consequence observed by Ottermann (2010), homoeopathic practice faced with prejudice and homoeopaths, highly marginalized by some of the allopathic practitioners. Perhaps, this is attributed to a lack of knowledge and understanding of homoeopathy by some of the mainstream medical practitioners. Given this concern, the theme sought to gauge the knowledge of general practitioners in eThekweni about homoeopathy. The theme is discussed under the following subthemes.

4.3.1.1. Subtheme 1: Knowledge of homoeopathy

Although homoeopathy was introduced to South Africa in the late 1820s (Gower, 2013), there is however, lack of knowledge towards it. Previous perception studies suggest that there is a degree of ignorance or interpretation of homoeopathy in South Africa (Maharajh, 2005; Macquet, 2007). Consistent with this, it was found that some of the participants had no understanding nor knowledge of homoeopathy. One of the interviewees admitted this by nothing the following:

I don't know anything about homoeopathy, and I don't understand it. I just know it's another form of medicine (P5)

Although, some of the interviewees recognized homoeopathy as an alternative medicine. Their understanding of homoeopathy was, however, limited in the use of natural and herbal medicine to treat patients.

I don't know much about homoeopathy, but understand that it is recognized as alternative medicine. I only know the perceptions of the patients that it is safer because it is natural. I think it is herbal and uses plants based materials (P3).

Expressing similar understanding, another of the interviewees noted the following:

Homoeopathy is regarded as alternative medicine, the use of medicine that is usually not formulary; they use some other procedures to make their own medicine (P2).

Another important understanding of homoeopathy was the recognition that homoeopathy uses natural remedies to treat ailments as against the use of heavy drugs accustomed in the allopathic system of patient management.

It is the use of natural ingredients to try and help patients' complaints instead of using heavy drugs that are used in the medical facility (P4).

The above view was also reinforced by another of the interviewee, who acknowledged that homoeopathy uses natural medical as against the use of engineered drugs.

I don't know much about homoeopathy, but I think it is about using herbal medicine, not engineered drugs. It is the use of natural-based compounds to make medicine (P12)

Furthermore, and consistent with the fundamental principles in homoeopathic practices that recognize the ability of the body to self-healed, another of the interviewees stated the following: *It is medical science where it is believed that the body can heal its self. There is a use of plant minerals in smaller quantities to provide healing of ailments (P8)*

From the narrative above, it can be gathered that medical practitioners understanding of homoeopathy is in line with the fundamental concept of the use of natural remedy to treat ailment as against the use of heavy to toxic metals as well as the recognizing the healing abilities of the body in the absence of medication.

4.3.1.2. Subtheme 2: Source of knowledge

Although, some of the participants admitted their lack of knowledge about homoeopathy while others have little understanding of homoeopathy. Given this contentious view, it became relevant to know those who knew about homoeopathy attain their knowledge. It emerged that family, homoeopaths, the media, previous education, and personal research were noted as the source of the participant's knowledge of homoeopathy.

According to one of the interviewees who gained knowledge through interaction with a homoeopaths:

I had a homoeopathic practitioner who rented space for me, we used to speak about homoeopathy, but generally research of my own in gathering knowledge (P1)

Notwithstanding, interacting and gaining knowledge of homoeopathy from homoeopaths, it was that found participants to have interacted with their medical colleague regarding homoeopathy. *From conversations with colleagues and also by doing some research on it (P4).*

Another source of knowledge was through the family. One of the interviewees reveals the following:

My mother works at DUT, and she used to be head of the department at the Basic Medical Science Department, she used to lecture pharmacology to the homoeopathic students. She used to tell me about homoeopathy, and I have also heard over the radio (P3).

The above result gathered from P3, show that the interviewee is aware of homoeopathy, and not only from the mother but also through the radio.. While homoeopathy like any other health care provider, are refrain by code of ethics from media advertisement, Eyles *et al.* (2011), however, reported that homoeopathy is receiving media attention in recent years. The evidence that homoeopathy is also generating media attention was echoed by another of the interviewees. Another of the interviewees echoed the evidence that homoeopathy is also generating media attention:

Basically from patients, what I see on media, adverts and also talks from homoeopaths (P10).

Apart from the media, most of the interviewees noted to have gained their knowledge of homoeopathy through their patients.

It is just from patients; I have never read about it at all (P11).

Others noted to have attended a course in homoeopathy. The interviewee did not, however, reveal if it was a short course or workshop.

I did a course in homoeopathy here in South Africa. They taught us about homoeopathy as an introductory, preliminary course and that is how I got the knowledge in homoeopathy (P2)

In addition, anecdotal evidence suggests that homoeopathy students in their 5th and 6th year mostly worked in medical schools as a practical instructor. As a result, it was understandable that some of the participants had gained their homoeopathic knowledge through the students. *I have had conversations with homoeopathic students and also self-research (P12).*

4.3.2. THEME 2: EXPERIENCE WITH PLURALIST PATIENTS

According to Erwin, Mark and Couchman (2014), homoeopathy, like other complementary and alternative medicine in South Africa is beginning to gain recognition as an important contributor despite still not part of the formal public healthcare sector. Manchanda (2018) revealed that many people integrate, use and value homoeopathy as a complementary treatment option and are very satisfied with its efficacy and tolerability. Given that allopathic medicine is the dominant

medical system in the public health sector in South Africa, it was worth knowing from the interviewees their own experience with a patient who uses both the conventional and homoeopathy. It emerged that while some of the interviewees have had patients who use both the conventional and homoeopathy medicine, others, however, had no such experience.

4.3.2.1. Subtheme 1: Positive experience

From the perspective of those who have had the experience of patients using both conventional and homoeopathy medicine, it was noted that the patients were greatly impressed with the homoeopathy medication. For example, one of the interviewees stated the following:

Yes, I have seen a lot of patients using both. The experience was okay, and patients say that they are quite happy with homoeopathy and their products (P2).

Expressly, it was noted that patients had used homoeopathy medication to control their chronic ailments, and this is reflected in the following excerpt.

Yes, the experience was good, most patients understand that especially when you are treating chronic conditions, conventional medicine is required. Patients that I don't think that the patients that I have seen use homoeopathy completely but they use it in controlling their illnesses. I also believe that positivity of the mind also helps in healing the body and allowing the medicine to work. Therefore, if there is positivity coming out from the use of homoeopathic treatment, I encourage them to continue with it, as long as they do not experience side effects related to it (P1).

Another of the acknowledged the effectiveness of homoeopathy medication in the management of patients ailments. The interviewee revealed the following:

Yes, the experience was good. A patients that I have been seeing are very happy with the use of homoeopathic medicine, therefore I encourage them to continue. Also for personal reasons, I believe in divine life society and have used homoeopathy as well. I had a patient who had a non-stoppable cough and a divine life society taught me a remedy that helped the patient, apple vinegar from then I have been using that remedy to patients (P9).

While others acknowledge seeing patients that had used homoeopathy medication in the past, it was however stressed that homoeopathy medication and conventional medicine did not use in conjunction with each other.

Yes, but not in conjunction, usually they would say that they have tried homoeopathy before. Personally, not on a medical view, I respect it and have absolutely nothing against it. I as a person who doesn't like using drugs would rather go for more natural route first and if they don't work, I would then opt for conventional medicine. I have never had a patient using both systems at the same time but if I did, I would have handled the case in the manner of knowing that natural medication may be an option as well (P4).

Drawing the above report from P4, it can be assumed that some patients opted for conventional medicine when the alternative medication had failed them. Another interviewee supported the above statement, as they noted that patients are not regular with homoeopathic medicine. In the interviewee words:

...usually they would start with a natural route and would come to me if it did not work, but would rarely continue with homoeopathy. Many patients use homoeopathic medicine for 3-4 days and thereafter they would feel better and stop it (P7).

4.3.2.2. Subtheme 2: Negative experience

Notwithstanding the fact the some of the interviewees had a positive experience with patients using both conventional and homoeopathic medication, other disagreed with this notion by revealing the following:

Yes, it was difficult to work with those patients and hard to say which one worked when the patient is treated (P10).

The above interviewee, however, acknowledged that the patients believe in the homoeopathy medication, which thus made it more difficult to persuade them to discontinue the medicine.

It is really difficult and I usually can't say they should stop their medicine while using the medicine I give to them because most patients believe in it (P10).

Others felt that their limited knowledge of homoeopathy places them in a dire situation to offer expert advice to patients using both conventional and homoeopathy medication.

Yes, I don't know much about homoeopathy and yet a patient would be taking both forms of medicine and they might ask what to do because of the adverse reaction that they think might be caused by homoeopathic medicine, the truth is I would not be able to help that patient with the answers because I don't have an understanding of what homoeopathy is, its interactions and how it works. Therefore, I find it difficult to help them in terms of answering their questions (P3).

4.3.2.3. Subtheme 3: Integrative approach in patients care

Addressing the limited knowledge of homoeopathy, in dealing with patients using both conventional and homoeopathy medication. One of the interviewees pointed out the use of allopathic medical knowledge and expertise to manage the situation.

Yes, I did not ask much about it, I just used my knowledge and my expertise as a medical doctor to deal with the patient. I have never used homoeopathy as an option for patients because I don't know much about it (P6).

This form of practice or reasoning was also echoed by another of the colleague who admittedly noted the following:

Yes, I don't think it made a difference. So I just treat the patient who uses both conventional medicine and homoeopathic medicine just like other ordinary patient who uses only conventional medicine (P11).

On the hand, the fact that some of the participants had no patient's experience who had use conventional and homoeopathy medication, they, however, called for an integrative approach for the management of a patient. As emphasized by one of the interviewees *"I believe that it is supposed to be partnership, collaborative management in providing holistic care to the patient. I believe that there is a place for both form of medicines"*.

Furthermore, the above interviewee was of the view that homoeopathy and conventional complements each other in closing the gap of limitation that may be found in each system.

The two provide resolution for the patient, where there are limitations with homoeopathy, conventional medicine may provide resolution and also where there are limitations with conventional medicine, and homoeopathy may provide resolution to a patient (P8).

Equally significant, another of the interviewee highlights the importance of extensive education that could help improve their knowledge of homoeopathy amongst medical doctors. The interviewee admitted that due to the lack of homoeopathic knowledge, the case of patients using both conventional and homoeopathy medication would have been handled as the interviewee puts it "western medicine" and ignored the fact that patients use both conventional and homoeopathy medication.

No, I think extensive education would be profitable because I would have used western medicine and ignored the fact that the patient uses both because I don't know much about it (P12).

In addition to the above discourse, another interviewee also supported the handling of patients conventionally and noted that homoeopathy patients to be treated as patients from another doctor. This suggests recognition of the homoeopathy as a healthcare provider. The interviewee, however, stated that should come after evaluation, and there is no sign of improvement, may recommend conventional medicine.

No, I have never had patient using both, but I would have handled the case in the normal way as if coming from another doctor. I would look at blood test and see if there were any improvements and how is the patient feeling. If there are no improvements, I would obviously give something else that is conventional (P5).

4.3.2.4. Subtheme 4: Need for homoeopathy training

An International organization like the World Health Organization (WHO) had recognized the importance of a plural approach to global health care and wellbeing (Erwin, Mark and Couchman 2014). According to Nelson *et al.* (2019), this integrative or plural approach to the management of health is part of the WHO broad vision of improved health and patient autonomy. In the context of the integration of homoeopathy and conventional medicine in patients care, one could rightly agree that there are signs that some of the participants are honouring the aforementioned WHO strategy. Others who hitherto are yet to experience patients that use both homoeopathy and conventional medicine, nonetheless, calls for the improved knowledge of homoeopathy amongst medical doctors. Heeding to this call, it was prudent to know whether the participants feel that there is a need for medical doctors to receive training in homoeopathy.

Many of the interviewees strongly affirmed that there is a need for training of medical doctors regarding homoeopathy. One of the interviewees, as an example, cited the benefits of homoeopathy training in the improvement of medical knowledge. The interviewees noted the following:

Yes, I learned a lot when I was doing the course, it was quite knowledgeable, penetrating and explaining a lot of medical systems which are being ignored by western medicine (P2).

Another noted that the training of medical doctors would be very important for patient management. The interviewee attributed this to the fact that many of their patients desire homoeopathy treatment. Hence it becomes highly important for medical doctors to be trained to help manage such patients.

Yes, even if you are not for homoeopathy, it is important in terms of patient management because a lot of patients like to go for homoeopathy and when they ask and when they ask me questions as their doctor, I can't answer them because I don't know much. Therefore from that perspective the course will help manage patients better (P3)

From a medical context, patient management also include practices of referral services. According to one of the interviewee, understanding of homoeopathy will help improve referral services between medical doctors and homoeopaths. This is reflected in the following statement.

Yes, I think medical doctors don't have a proper understanding of what homoeopathy is, what takes place and also how it works. Maybe if GPs have knowledge of how it works and what the homoeopaths are trying to achieve in a patient, they would develop the way to communicate in terms of referrals like how we refer patients to psychologists. If we knew what homoeopathy is and what it does we would have referred some patients instead of addressing everything with drugs (P4).

The above view is also shared by others who acknowledge that allopathic medicine, to some extent, had limitation and hence the need for referral service to other health care providers. The interviewee, therefore, reasoned that understanding the concept of homoeopathy will help improve referral service.

Yes, because treating with allopathic medicine sometimes does not get you anywhere, you need also alternatives. We need to be made aware of the concept of homoeopathy so that we can make referrals and also for understanding (P9).

Others, while also agreeing on the importance of training, stressed that such training need not be formal. However, the interviewee reemphasized that medical doctors need to have a clear knowledge and awareness of homoeopathy, particularly for referral purpose.

Yes, it should not be a formal training but knowledge on homoeopathy. Important for referrals and also for understanding. I feel like medical doctors need to have a clear awareness on when there is a need for a homoeopathic consultation (P12)

In summary, it can be rightly deduced from the narrative above that homoeopathy training will help improve patients holistic care which is consonant with the WHO mandated strategy. As one of the interviewees succinctly puts it:

Yes, it is possible that awareness concerning homoeopathy is less, this include benefits it has, especially for patient care, multi-disciplinary approach. There is a necessity for medical doctors to benefit (P8)

Although an overwhelming number of the interviewees were consensus with their agreement on the importance of homoeopathy training for medical doctors, one of them, however, claimed not to see the necessity for such training except otherwise the medical doctors have an interest. According to interviewees, conventional medicine is sufficient.

No, I don't think it is necessary unless the medical doctors have an interest. I don't think it think there is a need for training on homoeopathy. I think conventional medicine is sufficient (P11)

4.3.3. THEME 3: SHORT COURSE IN HOMOEOPATHY FOR MEDICAL DOCTORS

Lack of awareness and knowledge about homoeopathy was the core reason for education and training among many of the interviewees. This is so important, given that many patients are now engaging in both conventional and homoeopathy medicine. In agreement with Manchanda (2014), awareness of the quality and safety of such homoeopathic medicine taken by the patients becomes highly paramount for not only homoeopaths but also for medical doctors. Education has been the traditional means of creating awareness amongst the general public. Consequently, this theme sought to know from the perspective of the participants on the importance of short courses in homoeopathy to bridge the perceived knowledge gap. The theme is discussed under the subthemes below.

4.3.3.1. Subtheme 1: Perception and interest of short course in homoeopathy

Expectedly, and given the dire to improve patient care, it was not surprising to note that the participants were unanimous in their interest in the short course. While emphasizing the

importance of the short course to better management, one of the interviewees stressed that the short course was to use homoeopathy but rather for patient management.

Personally, I would use the short course to help myself understand and be able to manage the patients better, but not necessarily to use homoeopathy. It will help in holistic management of the patients (P3).

Equally relevant, another of the interviewee while showing strong support for the short course introduction, advised that the course should be introduced gradually. The interviewee recommended that a survey in the form of the questionnaire should be first use to gauge the medical doctor's level of knowledge before any implementation of the short course.

I think it should be done, but gradually not a heavy course like the other short courses. It can be made to last for a couple of days or an online course. Maybe a questionnaire to see where medical doctors are lacking, and then from there, implementation can be done (P4)

Another critical suggestion was the incorporation of homoeopathy training as part of medical science courses during the formative period in medical school.

It would be nice, it can be also incorporated in the basic medical science before moving to clinical medical science. It will help for understanding how homoeopathic medicine work (P8).

Those who had the opportunity to learn homoeopathy in the past are motivated by desires to refresh and renew their knowledge.

Yes, I would attend to refresh my memory because I did the course a long time ago. There are a lot of things that are now there that were not there when I started practicing (P2).

However, others seem to have a reservation on the short course introduction, which was not based on the scientific merits of the course to the field of medicine, but rather, on personal factors like age, and available time for the course.

I'm too old but I'm not against it (P5).

Despite the challenge of the age, it was apparent that the above interviewee deemed it necessary if a short course will help improve practice.

I would do it if it's going to help my practice. I'd recommend it for young doctors (P5)

On the contrary, and despite the age, another of the interviewee stated the following:

Yes, I would love to attend even though I am reaching the end of my life. I would attend to satisfy my inquisitive mind (P9).

Regarding the availability of time to attend the course, one of the interviewees stated this:
Personally, I won't have time for it. I don't even have time to continue with my studies on the medical field. I would absolutely have no time for other fields (P11).

The cost was also another critical factors mentioned that might determine the willingness of the medical doctors to attend the proposed short course in homoeopathy.

Yes, I would. As long as it does not interfere with my practice, and attend on her free time (P5)

Yes, as long as it would be cost effective and also not for long duration (P7).

Others noted that the legal status of the course, and the facilitator would be a determinant if they attend.

Yes, as long as it is approved by HPCSA. It will also depend on who is giving the course. It should also be cost effect (P10)

4.3.3.2. Subtheme 2: Recommended short course of interest

The centre premises of homoeopathy practice as developed by Hahnemann is the holistic approach to patient management. This tenet of homoeopathic practice was reaffirmed by Ross (2011) who viewed homoeopathy as a holistic and integrative epistemology that values subjective experience and makes no ontological distinction between subject and object, body and mind. Accordingly, and heeding the advice of one of the interviewees that it will be more appropriate to know from the perspective of the medical doctors, the area of homoeopathy they are interested in learning. It was found that the participants indicated different areas of subjects or combination of subjects. For example, while some were interested in treatment and patient management, others, however, opted for patient management alone, treatment alone, and or philosophy.

It was noted that most medical doctors lack in the area of treatment and management.

Treatment and patient management because that's where I lack and probably others as well (P4)

The choice for treatment and patient management was also echoed for the assessment of the patient

Treatment and patient management, for the assessment of the patient (P12).

For those who indicated treatment alone as the core interest, it was revealed that treatment applies to patients, and it is discussed among patients. Hence, the interviewee acknowledging the knowledge gap in the area.

Treatment is more important because it applies to patients and it is what patients are taking, this where my dilemma is (P3)

Other motives for opting for treatment was due to the contraindications that may arise from using both homoeopathy and conventional medicines.

Treatment, because there may be contraindications for some medicine to prevent adverse reactions (P7)

For those that proposed for patient management alone, it was noted that patient centred, which is the core philosophy of homoeopathy practice was their interest.

Patient management, because that is the main ball, patient centered care and to be able to attend responsibility to the patient (P8)

If there was a chance maybe in life and have time for other things, then patient management would be my concern about homoeopathy (P11).

Nevertheless, according to some interviewees, all three aspects of homoeopathy are essential, but philosophy is more important. One of them, therefore argues that it is important that medical doctors understand the philosophy behind homoeopathy.

All three aspects are important, but philosophy is more important, the medical doctors would need to understand the philosophy behind homoeopathy because that's what made me understand better (P2)

The call for medical doctors to understand the philosophy behind homoeopathy was in direct contrast to another interviewee's view who assumed that every discipline has their philosophy and hence no need to study homoeopathy philosophy.

4.4. CONCLUSION

In summary, the above chapter highlights the gap in knowledge of homoeopathy among medical doctors. Although it was apparent that some of the medical doctor(s)/participants had some understanding of homoeopathy in line with its fundamental tenets, others, however, expressed lack of knowledge. As a consequence of this limited or lacking knowledge, the participants noted their difficulty in providing holistic care to their patients who make use of both conventional and homoeopathic medication. Given the increasing number of patients utilizing homoeopathic products and services, some of the participants advocated for education and training to effectively manage and advise their patients. It, therefore, emerged that there was a general interest among the participants (92%) in the introduction of short courses in homoeopathy for medical doctors as they envisioned it will improve their patient management abilities as well as improve referral services. In terms of the short course, the participants recommended treatment, patient management and philosophy to be included in the course content. The next chapter provides the discussion by drawing on relevant literature to support the study findings.

CHAPTER FIVE

DISCUSSION OF RESULTS

5.1. INTRODUCTION

This study intended to establish the perceptions and attitudes of general medical practitioners on a short course in homoeopathy for general medical practitioners. The study will set the foundation for the development of a short course to address the needs of the stated health care providers. Before plans of implementing the short course for general medical doctors, it was necessary to first assess their perception and needs on setting the course, and to determine whether they are keen on participating in the homoeopathic short course. Thematic content analysis was used in the previous chapter to capture medical practitioner's level of knowledge, their experience with homoeopathy and their opinions on the introduction of a short course. This chapter provided the discussion of the findings and was guided by the research questions outlined in chapter three, section 3.10.1. The discussion was about the identified themes presented in chapter four. Section are discussed as follows:

- ❖ Socio-demographic characteristics of the participants
- ❖ Understanding of homoeopathy
- ❖ Experience with pluralist patients
- ❖ Short course in Homoeopathy for medical doctors

5.2. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE PARTICIPANTS

5.2.1. Age

Figure 4.1 shows the age distribution of the participant were dominated mainly by participants within the category of ages between 30 – 45 years (50%) while 41.7% comprises of participants within the ages 46-65 years and 8.3% comprises of participants within the ages 66-75 years. Most of the participants in the dominating age category were keen to know more about homoeopathy. They were excited to suggest the homoeopathic aspects to be incorporated in the short course. In other categories, some participants which were not interested in learning new things because of their age. This study did not find young participants below the age of 30. Many young GPs leave South Africa to seek employment in other countries (Maharajh 2005), and this may be the reason for this study.

5.2.2. Gender

As shown in Figure 4.2, the results showed that the participants in this study were dominated by males (58.3%) and the females making up the remaining (41.7%). In consistence with Maharajh (2005), the notable gender split for this study may be due to the historical background, and there has not been a long tradition of women studying medicine. The medical profession is still dominated by males even though this is changing (Breier *et al.* 2008); hence the slight difference in the percentage.

5.2.3. Race

As shown in Figure 4.3, the results revealed that the participants of this study were mostly Indians (58.3%) and 41.7% comprises of African participants. According to Hancock *et al.* (2015), Durban city the home to the largest population of Indians in South Africa. This may be the reason for the high percentage of Indian participants for this study.

5.2.4. Number of years of practice

Table 4.1 shows the number of practice of the participants of this study. The minimum was six years and the maximum was 50 years of practice. The average of the years of practice is approximately 20 years. The age of the participants was directly proportional, the older the participant, there more number of years in practice.

5.3. THEME 1: UNDERSTANDING OF HOMOEOPATHY

Homoeopathy was discovered over 200 years ago (Benjamin, 2018). It was introduced in South Africa in the late 1820s (Gower, 2013). Yet, studies have shown that there is a lack of homoeopathic knowledge amongst the general medical doctors (Maharajh 2005, Naicker 2008, and Shah 2018). This is a concern because homoeopathy is one of the fastest-growing treatments in the world (Prinsloo 2011). This study investigated the level of knowledge in homoeopathy of general medical practitioners in eThekweni. From the results, the study revealed that it is little or no knowledge of homoeopathy, 25% (P3, P5, and P12) of the participants opened up with the following statement when they were asked about their understanding about homoeopathy:

“I don’t know much about homoeopathy”

The reason for this lack of understanding of homoeopathy could be because allopathic doctors are usually not trained to have a rational view towards homoeopathy (Shah 2018). Moreover, this knowledge deficiency of homoeopathy amongst GPs makes them to have misconceptions about homoeopathy, 41.67% (P1, P3, P10, P11, and P12) of the participants explained their understanding towards homoeopathy with the following statement:

“The use of herbal medicine/ herbal application”

The literature review (chapter two) explained extensively about homoeopathy, which is not in line with the above statement. Majority of the public, including medical professionals, are not well knowledgeable about homoeopathy. Homoeopathy is NOT herbalism, and an herb can only be homoeopathic if it is selected on the bases of similarity (Bloch and Lewis 2019). However, the results of this study revealed some form of awareness that the participants had regarding homoeopathy. According to the [AHPCSA \(2015\)](#), homoeopathy is a Complementary and Alternative Medicine, and 33.3% (P3, P7, P9, and P10) of the participant of this study considered homoeopathy as an alternative treatment.

This study revealed where and how participants acquired their understanding of homoeopathy from the little knowledge they had. A considerable number (25%) of the participants for this study obtained their little understanding of homoeopathy from their patients. It could not be the true reflection of what homoeopathy is as some patients also have little understanding of homoeopathy. According to Khumalo (2015) discovered the most of the participants from his study obtained their information about homoeopathy from their friends, families and other people. The participants of this study were patients visiting homoeopathic health care centre. Some patients with this kind of knowledge may be visiting their GPs and conveying this knowledge to them. This may not be reliable for medical doctors for their knowledge.

The majority (58.3%) of the participants of this study acquired their little knowledge of homoeopathy from their research and the internet. Lloyed Sealy Library (2019) mentioned the reasons for evaluating the internet sources. Anyone can post anything on the internet, and there is no quality assurance when it comes to information found on the internet. It is further mentioned that the information on the internet has not been checked for accuracy. This may be the cause for the misconceptions on homoeopathy by the general medical practitioners.

The information from the internet may not be sufficient in understanding homoeopathy for this reason GPs may require proper training on homoeopathy, which will give them a full understanding of homoeopathy. This will equip medical practitioners with the necessary knowledge to effectively manage patients who use both conventional medicine and homoeopathy.

5.4. THEME 2: EXPERIENCE WITH PLURALIST PATIENTS

This study looked at evaluating how the medical doctors make use of the information on homoeopathy they already possess and their confidence in advising and recommending homoeopathy to their patients. Jahan *et al.* (2015) found that there are areas of CAM where the medical students were not well equipped with an understanding of the effectiveness and safety of CAM. Therefore, they were afraid to give patients advice about CAM. Pirotta *et al.* (2010) found that many medical practitioners in Australia integrate complementary medicine in their practice and the results also showed that 38% of the participants of the study were confident in discussing complementary medicine with patients. Naicker (2008) found that the majority of respondents (medical specialists) had heard of homoeopathy but had no connection with it, this could be a result that homoeopathy is not integrated into the public health care facilities.

Bellavite (2014) stated that homoeopathy is increasing in popularity in the general public among the CAM therapies. The study needed to obtain the GP's experience with patients using both conventional and homoeopathic medicines as more and more people is becoming familiar with the use of homoeopathy. The results showed that there were GPs that had positive experiences and others had negative experiences of working with such patients. According to the respondents, the positive experience was that the patients were happy with the result they obtained from using homoeopathic medicine. It was also noted that the patients understood that there is a place for both medical systems. This is supported by the other participants (P4 and P7) when they noted that they had patients that used homoeopathic route and visited them when it did not work.

The results showed that the negative experience from the participants was the lack of knowledge which made it hard to work with patients using both forms of medicine. Patients expect their doctors to have answers to all their questions. This was not the case for some of the participants as they could not answer questions asked by the patients. The other negative part, according to the participants, was that they did not know which medicine worked. The

short course in homoeopathy would close this gap by assisting medical practitioners with essential information to manage patients who use both forms of medicine successfully.

The Integrative approach in patients care was another aspect of the study. The respondents believe that homoeopathy and conventional is supposed to be a partnership, collaborative management that provides holistic care to a patient. They also believe that there is a place for both form of medicines, as the two provide resolution for the patient; where there are limitations with homoeopathy, conventional medicine may offer a resolution. Also, where there are limitations with conventional medicine, homoeopathy may deliver a resolution to a patient. Sibiya *et al.* (2017) found out that the majority of the nurses at uMgungundlovu hospital felt that the inclusion of alternative treatments in nursing practice is significant. The study also revealed the need for professional nurses to be empowered with understanding concerning the use, and safety aspects of alternative treatments. Extensive education on homoeopathy for medical doctors would be profitable and this can be achieved through a short course.

Prinsloo (2011) stated that the knowledge of homoeopathy is altering and there is an increasing request to learn more about homoeopathy. The study also evaluated the need for a short course on homoeopathy for medical practitioners. The results revealed that some participants (16.7%) do not see the need for the short course and feel that conventional medicine is sufficient. A majority (83.3%) of the respondents strongly support that there is a need for the short course. Participants affirmed that it is necessary for understanding and to be able to improve in the holistic health care of the patient. Allopi (2008) suggested that to address the lack of knowledge and poor communication between the two professions was through suitable publicity and education programmes.

5.5. THEME 3: SHORT COURSE IN HOMOEOPATHY FOR MEDICAL DOCTORS

The results of this study revealed that there is a level of unfamiliarity with regards to homoeopathy among general medical practitioners. This is the fundamental reason a short course may be a solution to this deficiency of homoeopathic knowledge. Youth Village (2020) mentioned the advantages of a short course in general. It was mentioned that a short course could close the gap of knowledge, and it is also convenient in that they can be done via campus learning or distance learning. A short course in homoeopathy for medical practitioners may fill the gap with sufficient knowledge in homoeopathy.

This study explored the interest of general medical practitioners in participating in a short course in homoeopathy. The results showed that there were both positive and negative opinions towards the introduction of the short course in homoeopathy for medical doctors. Few participants (16.7%) were negative attitudes towards the short course. Reason for this opinion was that the respondent felt that there was no need for training GPs and would have no time to attend the course. A majority (83.3%) of the participants were optimistic about the short course and were willing to participate if there short were to be implemented. They suggested the course to be a cost-effective, convenient duration and to be advanced. Pillay (2013) found that the participants had a constructive attitude towards homoeopathy and its inclusion in the primary health care system of South Africa.

Barikani *et al.* (2014) recommended that the Ministry of Health and Medical Education implement an inclusive program to educate graduate physicians and medical students, and begin research settings for universities to ascertain scientific dimensions of CAM therapies. This study assessed the perceptions of medical doctors about the short course in homoeopathy. Several participants (25%) mentioned that the short course would help them in understanding homoeopathy so that there can be communication between the two medical systems like referrals instead of addressing every ailment with drugs. Maharajh (2005), also found that there is lack of communication between pharmacists and general practitioners as well as homoeopaths, which means that there may be lack of understanding between homoeopaths and general practitioners/pharmacists. The short course has the potential to harmonize the working relationship between the GPs and homoeopaths.

The study also determined the aspects of homoeopathy recommended by the GPs for the possible short course in homoeopathy. The options were philosophy, treatment and patient management. The results revealed that several participants (33%) recommended treatment and patient management to be incorporated to the short course, 25% suggested that all three aspects are important, 25% suggested patient management and 17% suggested patient treatment. Homoeopathy is based on the principles which are mentioned on the organon (Hahnemann 1996) and it involves all three aspects of homoeopathy. Due to this reason, it would be beneficial for all three aspects of homoeopathy to be incorporated into the short course.

5.6. CONCLUSION

This study revealed that there is a lack of homoeopathic knowledge amongst the general medical practitioners. However, the results also showed that there is a desire to learn more about homoeopathy. The majority of the participants of this study showed positive attitudes towards the introduction of a homoeopathic short course. The study also revealed that more and more patients are more accepting of the use of homoeopathy as a treatment, the majority of the study participants have had experiences with patients that use both homoeopathy and conventional medicine. Patient care is important; therefore, there has to be communication between the two forms of medicines, and an understanding of both medical streams, an understanding of both medical streams can achieve this.

In developing a short course for the general medical doctors, it was essential first to investigate where they feel their knowledge is lacking and which expertise is crucial for them to advise their patients about homoeopathy thoroughly. This study assessed the perception and needs to set the course for medical practitioners. The short course will not only be advantageous to the general medical practitioners in growing their knowledge but will also assist them to properly advise their patients on both conventional and homoeopathic healthcare options permitting them to make knowledgeable choices on treatment preferences.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1. OVERVIEW

This chapter exhibits the conclusion of the study and the recommendations that the researcher brings forward on what can be explored further for the fulfilment of the short course on homoeopathy for medical doctors. This chapter also evaluates if the objectives of the study were achieved and shows how the research met them.

6.2. VALIDATION OF OBJECTIVES

The following points are justifications of the objectives of the study that was done:

1. The investigation of the level of knowledge in homoeopathy of general medical practitioners in eThekweni was achieved in:

Section A, question 1: What do you understand about homoeopathy? The responses to this question showed the level of knowledge the participants possessed as they gave their understanding.

Section A, question 2: Have you ever had a patient who uses both conventional and homoeopathic medicine? If yes, how was your experience? If no, how would you handle the case of a patient who is on Homoeopathic medication and conventional medicine as well?

This question discovered the encounter the participants had with patients who use both medical systems and investigated if their understanding of homoeopathy assisted them in handling the cases.

Section B, question 1: How did you attain knowledge about homoeopathy?

This gave information on how the medical doctors attained the knowledge of homoeopathy.

2. The exploration of the interest of general medical practitioners in participating in a short course in homoeopathy was achieved in:

Section B, question 2: With regards to homoeopathy, do you feel that there is a need for medical doctors to receive training in Homeopathy? If yes, why, if no, why not?

This question explored if the participants feel the gap between homoeopathic knowledge and also if the short course would be help close this gap.

Section C, question 1: What are your feelings towards the introduction of a short course in homoeopathy for medical doctors?

This question examined the participant's interests towards the introduction of training in homoeopathy. The collected data from the responses were important in gathering the attitudes of medical doctors on the probability of attaining training.

Section C, question 2: If a short course in homoeopathy was developed for medical doctors, would you be willing to participate/ attend?

This close-ended question showed if the participants had a desire to have more knowledge of homoeopathy than they already possessed.

3. To determine the aspects of homoeopathy to be included in the short learning programme/ short course that general medical practitioners would recommend if they agree with the need was achieved in:

Section C, question 3: What aspects of homoeopathy would you recommend be incorporated into the short course if you agree with the need? Philosophy, Treatment or Patient management.

This required the participants to know the level of knowledge on homoeopathy they had, ascertain areas of deficiency and recommend on course aspects they would like to be incorporated in the short course.

6.3. CONCLUSION

This study together with previous studies in the same domain indicates that there is a limited or no knowledge on homoeopathy amongst medical practitioners. The literature review (chapter 2) established that regardless of this deficiency there is a desire to have more knowledge. 4 of the participants expressed this keen interest in learning more about homoeopathy as they might engage with patients who make use of both homoeopathy and allopathy. As previous studies referenced in chapter 2 have established that general, the public is becoming more aware of

homoeopathy, and they may be in eager expectation of what homoeopathy can do for them. Therefore, medical doctors should be adequately prepared for the patient's questions so that they can give appropriate information.

Given the possible benefits of introducing a short course on homoeopathy for medical doctors, this study examined whether or not the medical doctors perceived the short course necessary for the growth of their knowledge on homoeopathy. Majority of the medical doctors that participated (92%) felt the need for the short course and suggested the aspect of homoeopathy that may be incorporated in the short course. Their willingness to attend the course also indicated that they do not want to work under uncertainty. A few participants (8%) expressed contrasting views and also stated reasons as to why they have different opinions. The study aimed to establish different opinions about the introductory course on homoeopathy for medical doctors.

The Department of health, under the Constitution of the Republic of South Africa (Act No. 108 of 1996), proclaimed the *PATIENT'S RIGHT CHARTER*. A patient has the right to access health care, under this code, they have a right to 'health information that includes the availability of health services, how to best use such services and such information shall be in the language understood by the patient'. Patients might have questions about homoeopathy as an option of their health. Therefore, both homoeopathic and medical doctors need to provide patients with relevant information as to their right permit them. This can be achieved by the provision of training on homoeopathy for medical doctors.

Other countries like Europe provide medical doctors Complementary and Alternative Medicine (CAM) courses at several European universities. Other CAM programme is provided as post-graduate training courses, and there are also familiarization courses about CAM therapies which are provided in the undergraduate medical curricula, this study is optional in most countries and mandatory in some. (Eurocam 2020). As stated in chapter two, CAM modalities are becoming popular internationally. One of the reasons why the general public uses these modalities is the fact that CAM is less expensive. Therefore, more and more people would want to use CAM as their first line of treatment. Homoeopathy is one of the CAM modalities that the medical practitioners should have full knowledge about, not just a superficial understanding. According to Liem (2019), Insufficiency in the knowledge of CAM modalities among health professionals may position the patients in danger of getting information about CAM therapies from unreliable sources.

Based on this study, it is suggested that the following are considered in the suggestions are incorporated into the short course curriculum for medical doctors:

- ❖ Full description of homoeopathy: This will help the medical doctors to have a complete understanding of this modality and take away misconceptions that many have about homoeopathy.
- ❖ The principles of homoeopathy: These are the cornerstone of homoeopathy will give them insight as to why homoeopathy is different from the conventional medical system.
- ❖ Preparation of homoeopathic medicine/homoeopharmaceuticals and their mode of action: this will help in the management of the patient. To avoid things like interactions, should there be any.
- ❖ Homoeopathic aggravations: These are the undesirable effects of homoeopathic medicine, 'the side effects'.
- ❖ Homoeopathic prescribing knowing the availability of homoeopathic medication in health shops and pharmacies.
- ❖ Homoeopathic case talking: This is what makes a homoeopathic practitioner unique and desirable by patients.
- ❖ Common conditions homoeopathy treats: This information would be useful in cases of referrals, the two medical systems working in harmony.
- ❖ Research and scientific evidence of homoeopathy.
- ❖ Other adjunctive therapies that homoeopathy may incorporate in managing the patient: Examples are herbal medicine, Biopuncture, acupuncture etc.
- ❖ Understanding of:
 - *Homoeopathy and pregnancy*
 - *Geriatric and homoeopathy*
 - *Homoeopathy for infants and babies*
 - *Acute conditions and homoeopathy*

6.4. RECOMMENDATIONS

6.4.1. Recommendations on further studies

The study was able to gather perceptions of twelve medical doctors from data analysis regarding the introduction of a short course on homoeopathy for medical doctors. However, the study was only limited to Durban, and this serves as a small reflection of the entire population of South African medical doctors. It is, therefore, necessary to further investigate the

perceptions of medical doctors on a broader scale in South Africa. With this, the knowledge on homoeopathy of other medical doctors in South Africa can be gathered. This can be done using similar or different research methods.

An online survey may be useful to examine the feelings of medical doctors towards a short introductory course and also to find out how many would be able to attend before the implementation of a short course. It is also important to find out from the medical doctors how they would like the course conducted. One participant suggested an online course, while others may prefer it to be established at the institutions as a course for qualified medical doctors.

6.4.2. Recommendation on the implementation of the short course

It is imperative for medical practitioners to have full knowledge of homoeopathy to assist the general public better. The aim of the short course is not to train medical practitioners to become homoeopaths but for them to know about on homoeopathy as an alternative medical system. Therefore, for medical doctors to have a full understanding of the homoeopathic course should not be difficult, it is suggested that it follow quick and easy approach. It will be essential to sort learner guides that are made easy for the students to understand.

In implementing the short course, it is important to consider the costs of the course. The course should not be expensive as that would be the limitation to the success of the short course. It is also recommended that the short course should not be an impediment to the medical doctor on continuing practicing during the study. Thus, the duration of the short course should be convenient for them to complete it.

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APPENDICES

Appendix A



LETTER OF INFORMATION

Title of the Research Study: “A needs analysis to determine the viability of a short course on homoeopathy for medical doctors in eThekwin.”

Principal Investigator/s/researcher: Balungile Tshabalala, BHSc Homoeopathy

Co-Investigator/s/supervisor/s: Dr. Ingrid Couchman (M-Tech Hom), Dr Nokhuthula Hlonipani Mavela (M-Tech Hom)

Brief Introduction and Purpose of the Study:

To investigate the areas where there is lack of Homoeopathic knowledge and develop from these deficiencies, recommendations for a short course in homoeopathy for medical doctors.

To determine the possibility of the short course, if this short course were to be established, would the general medical doctors be willing to attend?

Outline of the Procedures: One-on-one semi structured interview that will take place at/on the location of your practice, the approximate duration of the on-site interview will be 20- 30 minutes. The interview will be a semi structured therefore questions will be asked that will require your participation and responses.

N/B: Please note that the semi-structured interviews may be recorded using a voice recorder for quality and authenticity purposes, but the name of the participant and all personal information will

not be involved in any recordings, thus confidentiality will be maintained even in transcription. The semi interview will be structured as follows:

You will be asked a series of questions regarding your knowledge of homoeopathy and its relevance for medical doctors, and which areas you feel need to be addressed relating to the knowledge of Homoeopathy.

It is not compulsory that you answer the questions. You may pass on any question that makes you feel uncomfortable. At any time, you may notify the researcher that you would like to stop the interview and your participation in the study.

The value of your participation is of great benefit as it will contribute information to better service the public and advance homoeopathic knowledge.

A summary of the research will be accessible to the participant upon request at the end of the study.

Risks or Discomforts to the Participant: There are no risks or dangers associated with this study.

Benefits:

To understand the perceptions of medical doctors about Homoeopathy.

To identify substantial components that could help in development of a future introductory short course in homoeopathy.

The course will equip medical practitioners with necessary knowledge to effectively manage patients who uses both conventional medicine and homoeopathy.

Reason/s why the Participant May Be Withdrawn from the Study:

If the participant is not available for the interview they will be allowed to reschedule two times before being withdrawn. The participant may also reschedule if they have an emergency at the scheduled time. You may at any occurrence ask for clarity or raise any concerns relating to the study.

You may withdraw from the study at any time. Please note that information that you may have provided prior to your withdrawal including recordings will be deleted and omitted out of the study. There is no consequence for withdrawal from the study or implications as it is voluntary participation.

If at any time you feel uncomfortable with the voice recorder you may ask that it be switched off and not be used.

If there are any other concerns after the interview you may inform the researcher and rectify them.

Remuneration: There will be no financial or other materials remuneration by the researcher for participation in this study. It is strictly voluntary.

Costs of the Study: There are no costs for the participants in this study.

Confidentiality: The interview will be a semi structured therefore questions will be asked that will need your responses and these will be recorded using a voice recorder, but the name of the participant and all personal information will not be comprised in any recordings thus confidentiality will be preserved as well as in transcription.

Research-related Injury: There are no injuries or any related injuries, due to the nature of the research.

Persons to Contact in the Event of Any Problems or Queries:

Please contact the researcher Balungile Tshabalala balungiletshab14@gmail.com (0606233646),

My supervisor Dr Ingrid Couchman ingridc@dut.ac.za (0313732482)

My co-supervisor Dr Nokhuthula Hlonipani Mavela Mavelanh@yahoo.com (0789025326)

Or the Institutional Research Ethics Administrator on 031 373 2375. Complaints can be reported to the DVC: Research, Innovation and Engagement Prof S Moyo on 031 373 2577 or moyos@dut.ac.za.

Appendix B



CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, _ (name of researcher), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number:_____,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant Date Time Signature / Right
Thumbprint

I,

(name of researcher) herewith confirm that the above participant has been fully

informed about the nature, conduct and risks of the above study.

Full Name of Researcher Date Signature

Full Name of Witness (If applicable) Date Signature

Full Name of Legal Guardian (If applicable) Date Signature

Appendix C

INTERVIEW GUIDE

SECTION A: WHAT IS HOMOEOPATHY?

What do you understand about homoeopathy?

Have you ever had a patient who uses both conventional and homeopathic medicine? If yes, how was your experience?

If no, how would you handle the case of a patient who is on Homoeopathic medication and conventional medicine as well?

SECTION B: KNOWLEDGE ON HOMOEOPATHY

How did you attain the knowledge about homoeopathy?

With regards to homoeopathy, do you feel that there is a need for medical doctors to receive training in Homoeopathy? If yes why, if no why not?

SECTION C: INTRODUCTION OF A SHORT COURSE IN HOMOEOPATHY

What are your feelings towards the introduction of a short course in homoeopathy for medical doctors?

If a short course in homoeopathy was developed for medical doctors would you be willing to participate/attend?

What aspects of homoeopathy would you recommend be incorporated into the short course if you agree with the need?

Philosophy

Treatment

Patient management

Appendix D1

REQUEST FOR PERMISSION TO ADAPT AN INTERVIEW GUIDE

21 August 2018

REF: REQUEST FOR PERMISSION TO ADAPT AN INTERVIEW GUIDE

Dear Dr. Nokuthula Mavela

I hope this finds you well.

Kindly receive my request for permission to adopt your semi structured interview guide from your study titled:

A NEEDS ANALYSIS OF RELEVANT STAKEHOLDERS ON A SHORT COURSE IN HOMOEOPATHY FOR PHARMACY FRONT SHOP ASSISTANTS IN THE GREATER DURBAN AREA.

My research topic:

A NEEDS ANALYSIS TO DETERMINE THE VIABILITY OF A SHORT COURSE ON HOMOEOPATHY FOR MEDICAL DOCTORS IN ETHEKWINI.

Your response will be highly appreciated

Kind Regards

Balungile Tshabalala

Email: balungiletshabs14@gmail.com

Cell: 0606233646

Appendix D2

RESPONSE TO THE REQUEST FOR PERMISSION TO ADOPT AN INTERVIEW GUIDE

22 August 2018

REF: REQUEST FOR PERMISSION TO ADOPT AN INTERVIEW GUIDE

Dear Miss Balungile Tshabalala

This serves to confirm acknowledgement of your request to adopt my semi structured interview guide from my study titled:

A NEEDS ANALYSIS OF RELEVANT STAKEHOLDERS ON A SHORT COURSE IN HOMOEOPATHY FOR PHARMACY FRONT SHOP ASSISTANTS IN THE GREATER DURBAN AREA

I approve your request and grant you full permission to adopt the same interview guide.

I wish you all the best in your study.

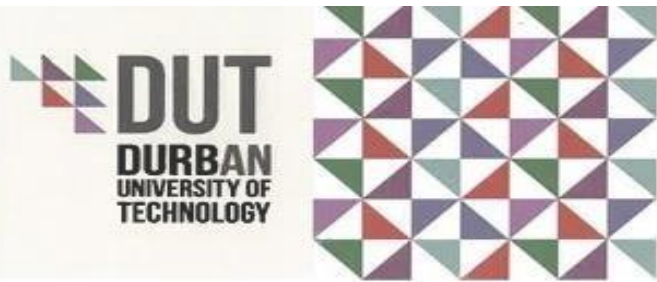
Yours sincerely

Dr N H Mavela

Email: nokuthulam4@dut.ac.za

Cell: 0789025326

APPENDIX E: ETHICS CLEARANCE LETTER



Institutional Research Ethics Committee
Research and Postgraduate Support Directorate
2nd Floor, Berwyn Court
Gate 1, Steve Biko Campus
Durban University of Technology
P O Box 1334, Durban, South Africa, 4001
Tel: 031 373 2375
Email: lavishad@dut.ac.za
http://www.dut.ac.za/research/institutional_research_ethics
www.dut.ac.za

23 July 2019

Ms B P Tshabalala
P O Box 14902
Madadeni
2951

Dear Ms Tshabalala

A needs analysis to determine the viability of a short course on homoeopathy for general medical practitioners in eThekweni

I am pleased to inform you that **PROVISIONAL APPROVAL** has been granted to your proposal subject to:

- Piloting of the data collection tools. *Please note that should there be any changes to the data collection tools, in a letter signed by the researcher and supervisor, list the changes to the documents and submit to IREC with the final data collection tools. Even when there are no changes to the data collection tools, IREC has to be notified.*

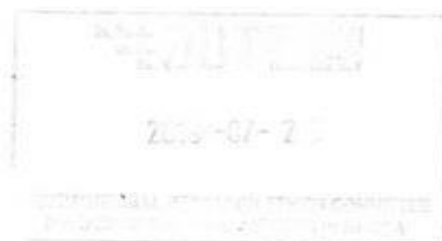
PLEASE NOTE THAT THIS IS NOT A FINAL APPROVAL LETTER. KINDLY SUBMIT THE ABOVE MENTIONED DOCUMENTS WITHIN THREE MONTHS TO THE IREC OFFICE. DATA COLLECTION CAN ONLY COMMENCE WHEN IREC ISSUES FULL APPROVAL

The Proposal has been allocated the following Ethical Clearance number **IREC 088/19**. Please use this number in all communication with this office.

Approval has been granted for a period of **ONE YEAR**, before the expiry of which you are required to apply for safety monitoring and annual recertification. Please use the Safety Monitoring and Annual Recertification Report form which can be found in the Standard Operating Procedures [SOP's] of the IREC. This form must be submitted to the IREC at least 3 months before the ethics approval for the study expires.

Yours Sincerely

Professor J K Adam
Chairperson: IREC



APPENDIX F: TRANSCRIBED INTERVIEWS

TRANSCRIBED DATA

PARTICIPANT I (PI)

RESPONSES

SECTION A: WHAT IS HOMOEOPATHY

1. Homoeopathy is using natural remedies to treat ailments, or it is using herbal applications or mixtures to treat patient's complaints.
2. Yes, the experience was good, most patients understand that especially when you are treating chronic conditions, conventional medicine is required. Patients that I don't think that the patients that I have seen use homoeopathy completely but the use it in controlling their illnesses. I also believe that positivity of the mind also helps in healing the body and allowing the medicine to work. Therefore, if there is positivity coming out from the use of homoeopathic treatment, I encourage them to continue with it, as long as they do not experience side effects related to it.

SECTION B: THE KNOWLEDGE ON HOMOEOPATHY

1. I had a homoeopathic practitioner who rented space for me, we used to speak about homoeopathy, but generally research of my own in gathering knowledge.
2. Yes, especially if more and more patients use homoeopathic treatment then definitely medical doctors would have to know and learn more about homoeopathy.

SECTION C: INTRODUCTION OF A SHORT COURSE

1. It would be a good thing for us to have understanding of what homoeopathy is.
2. Yes, I would attend
3. Treatment and patient management. Not philosophy because every profession has its own.

PARTICIPANT 2 (P2)

RESPONSES

SECTION A: WHAT IS HOMOEOPATHY

1. Homoeopathy is regarded as alternative medicine, the use of medicine that is usually not formulary, they use some other procedures to make their own medicine.
2. Yes, I have seen a lot of patients using both. The experience was okay, patients say that they are quite happy with homoeopathy and their products.

SECTION B: THE KNOWLEDGE ON HOMOEOPATHY

1. I did a course in homoeopathy here in South Africa. They taught us about homoeopathy as an introductory, preliminary course and that is how I got the knowledge in homoeopathy.
2. Yes, I learned a lot when I was doing the course, it was quite knowledgeable, penetrating and explaining a lot of medical systems which are being ignored by western medicine.

SECTION C: INTRODUCTION OF A SHORT COURSE

1. I feel like it is necessary and medical doctors would benefit a lot of understanding.
2. Yes, I would attend to refresh my memory because I did the course a long time ago. There are a lot of things that are now there that were not there when I started practicing.
3. All three aspects are important, but philosophy is more important, the medical doctors would need to understand the philosophy behind homoeopathy because that's what made me understand better.

PARTICIPANT 3 (P3)

RESPONSES

SECTION A: WHAT IS HOMOEOPATHY

1. I don't know much about homoeopathy, but understand that it is recognised as alternative medicine. I only know the perceptions of the patients that it is safer because it is natural. I think it is herbal and uses plants based materials.
2. Yes, I don't know much about homoeopathy and yet a patient would be taking both forms of medicine and they might ask what to do because of the adverse reaction that they think might be caused by homoeopathic medicine, the truth is I would not be able to help that patient with the answers because I don't have an understanding of what homoeopathy is, its interactions and how it works. Therefore, I find it difficult to help them in terms of answering their questions.

SECTION B: THE KNOWLEDGE ON HOMOEOPATHY

1. My mother works at DUT, and she used to be head of department at the Basic Medical Science Department, she used to lecture pharmacology to the homoeopathic students. She used to tell me about homoeopathy and I have also heard over the radio.
2. Yes, even if you are not for homoeopathy it is important in terms of patient management because a lot of patients like to go for homoeopathy and when they ask and when they ask me questions as their doctor, I can't answer them because I don't know much. Therefore from that perspective the course will help manage patients better.

SECTION C: INTRODUCTION OF A SHORT COURSE

1. Personally, I would use the short course to help myself understand and be able to manage the patients better, but not necessarily to use homoeopathy. It will help in holistic management of the patients.
2. Yes, I would attend
3. Treatment is more important because it applies to patients and it is what patients are taking, this where my dilemma is.

PARTICIPANT 4 (P4)

RESPONSES

SECTION A: WHAT IS HOMOEOPATHY

1. It is the use of natural ingredients to try and help patients' complaints instead of using heavy drugs that are used in the medical facility.
2. Yes, but not in conjunction, usually they would say that they have tried homoeopathy before. Personally, not on a medical view, I respect it and have absolutely nothing against it. I as a person who doesn't like using drugs would rather go for more natural route first and if they don't work, I would then opt for conventional medicine. I have never had a patient using both systems at the same time but if I did, I would have handled the case in the manner of knowing that natural medication may be an option as well.

SECTION B: THE KNOWLEDGE ON HOMOEOPATHY

1. from conversations with colleagues and also by doing some research on it
2. Yes, I think medical doctors don't have a proper understanding of what homoeopathy is, what takes place and also how it works. Maybe if GPs have knowledge of how it works and what the homoeopaths are trying to achieve in a patient, they would develop the way to communicate in terms of referrals like how we refer patients to psychologists. If we knew what homoeopathy is and what it does we would have referred some patients instead of addressing everything with drugs.

SECTION C: INTRODUCTION OF A SHORT COURSE

1. I think it should be done, but gradually not a heavy course like the other short courses. It can be made to last for a couple of days or an online course. Maybe a questionnaire to see where medical doctors are lacking, and then from there, implementation can be done.
2. Yes I would attend
3. Treatment and patient management because that's where I lack and probably others as well.

PARTICIPANT 5 (P5)

RESPONSES

SECTION A: WHAT IS HOMOEOPATHY

1. I don't know anything about homoeopathy, and I don't understand it. I just know it's another form of medicine.
2. No, I have never had patient using both, but I would have handled the case in the normal way as if coming from another doctor. I would look at blood test and see if there were any improvements and how is the patient feeling. If there are no improvements, I would obviously give something else that is conventional.

SECTION B: THE KNOWLEDGE ON HOMOEOPATHY

1. I have no knowledge on homoeopathy, I just know that my daughter is using it and I have never asked her what it is.
2. I don't know to be honest. I don't know if it works, just have no idea what homoeopathy is.

SECTION C: INTRODUCTION OF A SHORT COURSE

1. I'm too old but I'm not against it, I would do it if it's going to help my practice. I'd recommend it for young doctors.
2. Yes, I would. As long as it does not interfere with my practice, and attend on her free time.
3. Patient management, this will help the patients.

PARTICIPANT 6 (P6)

RESPONSES

SECTION A: WHAT IS HOMOEOPATHY

1. It is treating patients with herbs.
2. Yes, I did not ask much about it, I just used my knowledge and my expertise as a medical doctor to deal with the patient. I have never used homoeopathy as an option for patients because I don't know much about it.

SECTION B: THE KNOWLEDGE ON HOMOEOPATHY

1. I don't have much but I know what I know about homoeopath probably from somewhere in the internet.
2. Yes, there are patients using both forms of medicine therefore we need to have some knowledge about it.

SECTION C: INTRODUCTION OF A SHORT COURSE

1. I am very positive about it, it will help us have an understanding. This is because that's where most GPs lack, knowledge will help them manage the patients better.
2. Yes, I would attend
3. Treatment and patient management, for better understanding.

PARTICIPANT 7 (P7)

RESPONSES

SECTION A: WHAT IS HOMOEOPATHY

1. It is alternative medicine, the use of natural methods of treating a patient, promotes natural being.
2. Yes, the experience was fine. Most people are not regular with homoeopathic medicine, usually they would start with a natural route and would come to me if it did not work, but would rarely continue with homoeopathy. Many patients use homoeopathic medicine for 3-4 days and thereafter they would feel better and stop it.

SECTION B: THE KNOWLEDGE ON HOMOEOPATHY

1. I asked around about it and also did my research on it.
2. Yes, just like other traditional medicines, there is a need for investigations on homoeopathy to understand the interactions.

SECTION C: INTRODUCTION OF A SHORT COURSE

1. It would be good to know and understand homoeopathy and most importantly its interactions when treating a patients.
2. Yes, as long as it would be cost effective and also not for long duration.
3. Treatment, because there may be contraindications for some medicine to prevent adverse reactions.

PARTICIPANT 8 (P8)

RESPONSES

SECTION A: WHAT IS HOMOEOPATHY

1. It is medical science where it is believed that the body can heal its self. There is a use of plant minerals in smaller quantities to provide healing of ailments.
2. No, but I believe that it is supposed to be partnership, collaborative management in providing holistic care to the patient. I believe that there is a place for both form of medicines. The two provide resolution for the patient, where there are limitations with homoeopathy, conventional medicine may provide resolution and also where there are limitations with conventional medicine, and homoeopathy may provide resolution to a patient.

SECTION B: THE KNOWLEDGE ON HOMOEOPATHY

1. It is self-interest, acquiring knowledge through research and also working with homoeopathic doctors.
2. Yes, it is possible that awareness concerning homoeopathy is less, this include benefits it has, especially for patient care, multi-disciplinary approach. There is a necessity for medical doctors to benefit.

SECTION C: INTRODUCTION OF A SHORT COURSE

1. It would be nice, it can be also incorporated in the basic medical science before moving to clinical medical science. It will help for understanding how homoeopathic medicine work.
2. Yes, I would attend.
3. Patient management, because that is the main ball, patient centered care and to be able to attend responsibility to the patient.

PARTICIPANT 9 (P9)

RESPONSES

SECTION A: WHAT IS HOMOEOPATHY

1. It is alternative form of medicine where there is a use of natural substances.
2. Yes, the experience was good. A patients that I have been seeing are very happy with the use of homoeopathic medicine, therefore I encourage them to continue. Also for personal reasons, I believe in divine life society and have used homoeopathy as well. I had a patient who had a non-stoppable cough and a divine life society taught me a remedy that helped the patient, apple vinegar from then I have been using that remedy to patients.

SECTION B: THE KNOWLEDGE ON HOMOEOPATHY

1. From reading, other homoeopathic practitioners and also from patients.
2. Yes, because treating with allopathic medicine sometimes does not get you anywhere, you need also alternatives. We need to be made aware of the concept of homoeopathy so that we can make referrals and also for understanding.

SECTION C: INTRODUCTION OF A SHORT COURSE

1. It would be a good idea, for the understanding.
2. Yes, I would love to attend even though I am reaching the end of my life. I would attend to satisfy my inquisitive mind.
3. Philosophy is important for understanding, but all three are important.

PARTICIPANT 10 (P10)

RESPONSES

SECTION A: WHAT IS HOMOEOPATHY

1. It is alternative medicine of ailments, regarded by patients as an herbal kind of treatment.
2. Yes, it was difficult to work with those patients and hard to say which one worked when the patient is treated. It is really difficult and I usually can't say they should stop their medicine while using the medicine I give to them because most patients believe in it.

SECTION B: THE KNOWLEDGE ON HOMOEOPATHY

1. Basically from patients, what I see on media, adverts and also talks from homoeopaths.
2. Yes, there is a need. For information purposes and I also feel like GPs need to have an understanding oh homoeopathy.

SECTION C: INTRODUCTION OF A SHORT COURSE

1. It is a good idea and I welcome it, it would be a good thing to introduce.
2. Yes, as long as it is approved by HPCSA. It will also depend on who is giving the course. It should also be cost effect.
3. All three are important for complete understanding.

PARTICIPANT 11 (P11)

RESPONSES

SECTION A: WHAT IS HOMOEOPATHY

1. Homoeopathy is natural or herbal treatment.
2. Yes, I don't think it made a difference. So I just treat the patient who uses both conventional medicine and homoeopathic medicine just like other ordinary patient who uses only conventional medicine.

SECTION B: THE KNOWLEDGE ON HOMOEOPATHY

1. It is just from patients, I have never read about it at all.
2. No, I don't think it is necessary unless the medical doctors have an interest. I don't think it think there is a need for training on homoeopathy. I think conventional medicine is sufficient.

SECTION C: INTRODUCTION OF A SHORT COURSE

1. Personally, I won't have time for it. I don't even have time to continue with my studies on the medical field. I would absolutely have no time for other fields.
2. No I wouldn't because of time.
3. If there was a chance maybe in life and have time for other things, then patient management would be my concern about homoeopathy.

PARTICIPANT 12 (P12)

RESPONSES

SECTION A: WHAT IS HOMOEOPATHY

1. I don't know much about homoeopathy but I think it is about using herbal medicine not engineered drugs. It is the use of natural based compounds to make medicine.
2. No, I think extensive education would be profitable because I would have used western medicine and ignored the fact that the patient uses both because I don't know much about it.

SECTION B: THE KNOWLEDGE ON HOMOEOPATHY

1. I have had conversations with homoeopathic students and also self-research.
2. Yes, it should not be a formal training but knowledge on homoeopathy. Important for referrals and also for understanding. I feel like medical doctors need to have a clear awareness on when there is a need for a homoeopathic consultation.

SECTION C: INTRODUCTION OF A SHORT COURSE

1. I feel it is important that we as medical doctors have this short course, not formal but for understanding.
2. Yes, I would definitely attend
3. Treatment and patient management, for the assessment of the patient

APPENDIX G: EDITING CERTIFICATE

Professional Editing, Proofreading
& Copy writing

Phone number: 0744740276

21 September 2020

LANGUAGE EDITING CERTIFICATE

To whom it may concern:

I have language-edited and proofread the thesis by Balungile Precious Tshabalala entitled:

**A NEED ANALYSIS TO DETERMINE THE VIABILITY OF A SHORT COURSE ON HOMOEOPATHY FOR
GENERAL MEDICAL DOCTORS IN ETHEKWINI.**

To the best of my knowledge, this work is the author's own, and is free of spelling, grammatical, structural and stylistic errors to meet the requirements for submission to Durban University of Technology.

With gratitude.

O.I. Adeyemo