Investigating the perceptions and experiences of parents and guardians regarding paediatric Homoeopathic care received from Homoeopaths in the eThekwini Municipality

By

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I, Tylah Strauss, do declare that this dissertation is representative of my own work in both conception and execution (except where acknowledgements indicate to the contrary).

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DEDICATION

I DEDICATE THIS TO MYSELF (WELL BECAUSE WHO ELSE WROTE IT) AND ANYONE ELSE OUT THERE WHO THOUGHT IT WAS TOO LATE IN LIFE TO START SOMETHING NEW. YOU ARE NEVER TOO OLD OR TOO LATE IN LIFE TO DO EXACTLY WHAT YOU WANT TO DO.

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ABSTRACT

Background: Homoeopathy is a Complementary and Alternative Medicine (CAM) therapy that is based on the law of similars – “Let Likes be Cured by Likes" – whereby substances that are capable of causing diseases in healthy people can be used in an infinitesimal dose as remedies to treat the similar disorder in someone who is ill. Globally homoeopathy is receiving greater recognition nowadays, particularly for its use in children. This is a result of parents seeking out treatments which they believe to be more tailored and "natural". However, this same trend is not mirrored in a South African setting. Despite there being a greater recognition of homoeopathy, the research on homoeopathy in South Africa (especially paediatric homoeopathy) is scarce and overseas trends cannot be extrapolated to a South African population. Therefore, this study aimed to fill a gap in the literature by exploring and describing the perceptions and experiences of parents and legal guardians regarding paediatric homoeopathy care received from homoeopaths in the eThekwini Municipality.

Objectives: The aim of the study was to investigate the perceptions and experiences of parents and legal guardians regarding paediatric homoeopathic care received from homoeopaths in the eThekwini Municipality.

Methods: A qualitative study was conducted using semi-structured interviews. This study was conducted on 12 parents regarding paediatric homoeopathy care received from one of the homoeopaths in the eThekwini Municipality. The interviews began with a 'grand tour' question followed by other approved questions to gauge these perceptions and experiences. The interviews were conducted in English and later transcribed verbatim. The transcripts were analysed using Tesch's 8-step approach to qualitative research, whereby specific recurring themes are extracted from the data.

Results: A total of 12 participants were interviewed. Four major themes emerged from the data: perceptions of homoeopathy, experiences of homoeopathy, challenges to homoeopathy and their possible solutions, homoeopathy versus allopathy, and an unplanned emergent theme of motherhood. The participants had varying levels of knowledge of homoeopathy depending on their level of connection (i.e. those with a close friend/relative who was in the profession had a better understanding). There were uniform perceptions of homoeopathy being "natural", "gentle", allusions to the law of similars and principle of the minimum dose, individualistic treatment and the stimulation of the vital force in order to allow the body to heal itself. Homoeopathic medication had perceptions of having no side-effects, having the ability to treat a wide array of conditions, and difficult dosages to adhere to. The overall experiences of homoeopathy were exceedingly positive. The participants commented on the thoroughness of the consult, the need for the practitioner to delve deep to find out the cause for the disease, the availability of the practitioner and the empathy and care felt. Awareness and education to the public, public access of OTC homoeopathic remedies, multi-disciplinary approach to paediatric management and integration into public healthcare proved to be the most beneficial solutions. When comparing homoeopathy to allopathy, we see that the homoeopathic holistic approach (whereby all symptoms are considered and there is an attempt to treat on more than just the physical plane) is preferred, there is a great mistrust with the pharmaceutical industry and

participants wanted to be active participants in selecting which form of healthcare they chose. Mothers proved to be a valuable source in gaining awareness and mouth-to-mouth referral; their role in paediatric healthcare is paramount.

Conclusion: Overall there were positive perceptions and experiences of homoeopathy, however, greater effort needs to be placed on education of the public, building relationships with other professionals and integration into public health care. Future studies should assess a wider catchment area, include quantitative research to get statistical evidence of efficacy, conduct in-person interviews to assure the quality of the data and include the role of mothers in future paediatric healthcare. Recommendations for the homoeopathic community include making information accessible to patients, increasing awareness of homoeopathy to the public and building inter-professional relationships and integrating into public healthcare.

Keywords: Homoeopathy, Paediatrics, Public Health, Perceptions, Experiences, Motherhood.

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LIST OF ABBREVIATIONS AND ACRONYMS

AHPCSA	Allied Health Practitioners Council of South Africa
CAM	Complementary and Alternative Medicine
CM	Complementary Medicine
DUT	Durban University of Technology
GIT	Gastro-intestinal Tract
HIV	Human Immunodeficiency Virus
IREC	Institutional Research Ethics Committee
N	Sample size
OTC	Over-The-Counter
PBHNP	Professional Board for Homoeopathy, Naturopathy and Phytotherapy
UJ	University of Johannesburg

DEFINITION OF TERMS

Allopathy

A system of healthcare in which professionals treat symptoms of diseases using drugs, radiation or surgery which have the opposite effects to the symptoms (Marks 2021). Also called conventional medicine, mainstream medicine, modern medicine, orthodox medicine and western medicine (Anon 2019).

Constitution

A person's physical and mental make-up which is revealed through his physical build, his characteristic desires, aversions and reactions as well as emotional and intellectual attributes. Every person is born with a certain plan of organisation which is determined by genes and environmental influences. During intra-uterine life, the embryo is liable to receive the effects of various physical and emotional factors from the mother. After birth and throughout life, we are exposed to a new environment which will have a great impact on our constitution. We develop certain likes and dislikes, certain attitudes and we also learn from our experiences. Therefore, the constitution of a person is the sum total of the result of influences of early environment on hereditary characteristics (Tiwari 2002).

The constitution of an individual plays an important role in drug proving as well as occurrence of natural diseases, therefore, the constitution is crucial in treatment and achieving a cure (Tiwari 2002).

Dilution

Homeopathic medicines are obtained from a precise and controlled process of successive dilutions. They are made by crushing a plant, animal, or mineral substance then putting it into a solvent such as alcohol. The extract is then further diluted in a mixture of alcohol and water; solid products can be diluted using lactose. The process is repeated many times to achieve a desired therapeutic dilution (Nelson and Co Ltd. 2019).

Dynamization

Substances used in homoeopathy that are prepared by means of a process of serial dilution and succussion aimed at endowing the solutions with a greater therapeutic effect (dynamization). These substances are potentizated, which means that the original substance is removed and the energy remains (the original substance is toxic in its crude form). The more succussions and dilutions, the deeper, long-acting and stronger the remedy is (Schmukler 2006). These substances are derived from biologically highly potent/toxic compounds such as mineral elements, organic and inorganic chemical poisons, and animal or plant poisons. The symptoms they caused were deduced from accidental intoxication. There effects were tested in healthy subjects (provings) and in patients at low doses, administered repeatedly until symptoms appear or disappeared (Bellavite and Signorini 2002).

The raw materials used for remedies are extracted by solubilization in alcohol containing various percentages of water, or if insoluble, they are initially pulverized and titurated with lactose and then diluted in a water-alcohol solution. The initial solutions, containing the maximum concentrations of active ingredients are called mother tinctures. Successive dilutions are then performed, followed by vigorous shaking (Bellavite and Signorini 2002).

Herrings law of cure

The cure must proceed from centre to circumference. From centre to circumference is from within outwards, from more important to less important organs -> from the interior of the body (mental and emotional and vital organs) towards the skin. This is to allow the body to cleanse and eliminate toxins, which is done by not suppressing any kind of discharge (Calabrese 2012; Saine 1988).

Herrings second law

"Every homœopathic practitioner who understands the art of healing knows that the symptoms which go off in these directions remain away permanently. Moreover, he knows that symptoms which disappear in the reverse order of their coming are removed permanently" (Calabrese 2012; Saine 1988).

Symptoms of a chronic disease disappear in definite order, going in reverse chronological order and taking about one month for every year the symptoms have been present (Saine 1988).

Herrings third law

"We heal from the head down" (Calabrese 2012; Saine 1988).

Healing progresses from the upper to the lower parts of the body, where a person is considered to be on the mend if say the pains in the neck has diminished, even if the person now has pains in his or her finger or toe joints. Symptoms move from the top of the body downward (Saine 1988).

Homoeopathic aggravation

An aggravation is the temporary appearance of new symptoms, or a temporary intensification of existing symptoms, following a dose of a homeopathic remedy. Aggravations are harmless, usually mild, and of short duration. They sometimes occur following the first dose of a remedy as part of the initial rebalancing effect, or when the remedy has been taken more often than needed, or if the person is unusually sensitive to that particular remedy (Homeopathy Plus 2012).

Homoeopathic remedy

Substances used in homoeopathy that are prepared by means of a process of serial dilution and succussion aimed at endowing the solutions with a greater therapeutic effect (dynamization). These substances are derived from biologically highly potent/toxic compounds such as mineral elements, organic and inorganic chemical poisons, and animal or plant poisons. The symptoms they caused were deduced from accidental intoxication. There effects were tested in healthy subjects (provings) and in patients at low doses, administered repeatedly until symptoms appeared or disappeared.

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Homoeopathic potency

Homeopathic medicines are prepared on one of two scales: a decimal scale or a centesimal scale. In a decimal preparation, one part of the original substance, which is prepared in a specific and standardized way, is mixed with nine parts of water or alcohol. This is called a "X" preparation or potency. In a 5X potency, one part of the 1X has been mixed again with nine parts of water or alcohol, and this process has been repeated a total of five times. Each time a dilution is made, the substance is vigorously shaken in order to distribute the material thoroughly. This shaking, called succussion, also seems to alter the energy of the substance. A centesimal preparation, 1 part of the original substance is mixed with 99 parts of water or alcohol to form a "1C" potency. This process is repeated a number of times. Each time the medicine is diluted and shaken, it actually becomes stronger, rather than weaker. Dilutions of various strengths are inoculated onto sugar pillules. A 200C potency has been diluted 200 times; a 1M potency has been diluted 1000 times (Reichenberg-Ullman and Ullman 2010).

Homoeopathy

A medical science that uses natural substances to mimic an illness and stimulate the body’s own healing mechanisms. It is based on the idea of “like cures like”, whereby any substance that can produce a certain set of symptoms in a healthy person can cure those same symptoms in a sick person. These substances are made into homoeopathic remedies by multiple processes of dilution and succussion, whereby the substances are potentizated. This means that the original substance is removed and the energy remains (the original substance is toxic in its crude form). The more succussions and dilutions, the deeper, long-acting and stronger the remedy is (Schmukler 2006).

For example, coffee can over-stimulate the mind and result in insomnia, however, homoeopathically, coffee can be used to help restore sleep disturbed by an overactive mind (Schmukler 2006).

'Like cures like'

Homoeopathy is based on the law "*similia similibus curentur"* which translated to "let likes be cured by likes". Every substance is capable of producing a set of symptoms in a healthy person has the ability to cure them when administered to a sick person with a similar set of symptoms. This relationship has been present even before Homoeopathy came into existence. It was Samuel Hahnemann (the forefather of homoeopathy) who, by his scientific experimentations (known as provings) on human beings repeatedly, substantiated the law of similars (Tiwari 2002).

Materia medica

Latin meaning "healing materials". Materials or substances used in the composition of traditional medical remedies. It is a body of knowledge that describes how substances have been used therapeutically throughout the ages. This body of knowledge consists of a specific profile (Latin and common name, indications, generalities, modalities combinations and similar remedies) of each substance (Noveille 2015).

Minimal dose

To cure without harm using the least amount of medicine/energy necessary; the smallest amount necessary to produce a curative action. Thus, the remedies stimulate the body to make changes rather than forcing it to do so. By using potentized remedies, homeopaths are able to adhere to the minimum dose. This is whereby crude substances (that are toxic) go through many processes of succussion and dilution in order to have a remedy with none of the original substance remaining, only the energy needed to stimulate the body to heal itself (Schmukler 2006).

This can be further explained:

- All the cells of the body are not sick
- The remedy will go past the healthy cells because they have no attraction for it
- The sick cells have less resistance and more responsiveness to stimuli. The minimum dose affects these hypersensitive sick cells and stimulates them to reaction. The similar remedy induces normal reaction; if the remedy is dissimilar its action is not curative (Tiwari 2002).

Paediatrics

A complex specialty that covers children's physical, psychosocial, developmental and mental health care may begin peri-conceptionally and continue through gestation, infancy, childhood, adolescence, and young adulthood. Although adolescence and young adulthood are recognizable phases of life, an exact age limit is not easily defined and varies depending on the individual patient (Hardin and Hackell 2017).

Potentization

(see dynamization).

Repertory

A list, index or a catalogue of symptoms (listed very specifically) along with the homoeopathic remedies that exhibit that symptom that can be used to cure them. The object of a repertory is to find which remedy covers most of the patient's symptoms. In order to do this, one must look up each symptom and write down the list of remedies for each symptom. The remedy that is most common among all the symptoms will be the selected remedy. If more than one remedy fits most of the symptoms then the remedy with most emphasis in the repertory is given (Schmukler 2006).

Succussion

This is a crucial factor in homoeopathic remedy preparation. It involves vigorous shaking at each dilution. It allows a homeopathic remedy to remain potent past the point where none of the original molecules of the substance remain in the dilution. The purely chemical effect of a substance is lost as it is diluted more and more, but the homeopathic effects are released, as long as each dilution is shaken. With succussion, the homeopathic remedy gets stronger and longer lasting with each successive dilution (Reichenberg-Ullman 2019).

CHAPTER ONE

INTRODUCTION TO THE STUDY

This chapter includes the background of the study, the research aim, objectives and problem as well as an outline of the chapters to follow.

1.1 INTRODUCTION

1.1.1 Background of the study

Complementary and Alternative Medicine (CAM) refers to a collection of healthcare practices that are not integrated into the dominant healthcare system. Other terms to describe CAM practices are: 'natural medicine', 'non-conventional medicine', 'holistic medicine' and 'traditional medicine' (Barnes and Bloom 2008). In South Africa, these practices are governed by the Allied Health Practitioners Council of South Africa (AHPCSA). The AHPSCA lists the following disciplines under their governance: Ayurveda; Chinese Medicine and Acupuncture; Unani-Tibb; Chiropractic; Osteopathy; Homoeopathy; Naturopathy; Phytotherapy; Therapeutic Aromatherapy; Therapeutic Massage Therapy; and Therapeutic Reflexology (AHPCSA 2018).

Complementary and Alternative Medicine is widely sought after and used throughout the world (Ashraf *et al*. 2010; Kemper, Vohra and Walls 2008; Robinson *et al*. 2007; Bondurant *et al*. 2005). There are many proposed reasons for an increased interest and use of CAM practitioners, including a lack of faith in mainstream medicine (Bhalerao 2012; Robinson *et al*. 2007; Bondurant *et al*. 2005; Moore *et al*.1985), and the failure of mainstream medicine (Bhalerao 2012; Ekins-Daukes *et al*. 2004; Vincent and Furnham 1996). Other reasons proposed are the rejection of reliance on invasive techniques as well as the toxicity and side-effects of many pharmaceutical interventions (James *et al*. 2018; Ullman 2017; Bhalerao 2012; Du and Knopf 2009; von Bardeleben 2009; Robinson *et al*. 2007; Bondurant *et al*. 2005; Ekins-Daukes *et al*. 2004; Cuzzolin *et al*. 2003). Additionally, the inclusion of the emotional aspects of illness are not seen in orthodox medicine, and the desire to play an active role in the treatment process (Ullman 2017; Ekins-Daukes *et al*. 2004; Vincent and Furnham 1996).

Homoeopathy is a system of medicine that was founded in 1790 by Samuel Hahnemann, a German physician (Jonas, Kaptchuk and Linde 2003). He believed that the signs and symptoms of an illness were in fact attempts by the body to try and heal itself; therefore, when a substance with the capabilities of producing a similar pattern of signs and symptoms to that of the disease is used, the body is strengthened in order to overcome to disease (Hammond 1995). Which brings us to one of homoeopathy's most famous principles; the principle of similars. This is often referred to as 'like cures like', whereby a substance that causes an ailment can be used to cure that same ailment; in order to achieve this, the substance must be potentized, i.e. it must undergo repeated processes of dilutions and vigorous shakings at each step of the dilutions (Jonas, Kaptchuk and Linde 2003).

Homoeopathy is achieving greater recognition nowadays globally, particularly for its use in children. This is as a result of parents seeking out treatments which they believe to be more tailored for children and "natural" (Vincent and Furnham 1996). Paediatric homoeopathic has many benefits over allopathic paediatric care; they have natural properties, use low doses, are generally risk-free and are specific to individuals (i.e. homoeopathy aims to treat the person as

a whole and not merely the disease) (Du and Knopf 2009). The literature shows that homoeopathic medication is prescribed only for paediatric conditions that are common, mild and self-limiting in nature (Ekins-Daukes *et al.* 2004). Bhalerao (2012) has reported paediatric homoeopathic care for the following areas: respiratory (asthma, rhinitis, bronchitis, allergies and pharyngitis); gastrointestinal (diarrhoea); skin (allergies, dermatitis); and psychiatric (ADHD, autism and intellectual disability).

In general there is a lack of data about CAM use in South Africa. Although some studies suggested a general decline in CAM use over the past decade with a fairly wide variation in CAM use (Pillay 2013; Peltzer 2009; Von Bardeleben 2009), however, this does not necessitate a decrease in popularity but perhaps a decrease in the amount of available research, which is where local studies such as this one fit in to the gap of current research. A recent study by James *et al*. (2018) which investigated the use of CAM in Sub-Saharan Africa in the past two decades reported a relatively high use of CAM alone or in conjunction with allopathic medicine. Other studies indicated that CAM plays an important role in healthcare in South Africa, covering a wide range of conditions from chronic conditions, complexity of supernatural or psychosocial problems, acute conditions, generalized pain, HIV (Human Immunodeficiency Virus) and other sexually transmitted infections (Tangkiatkumjai, Boardman and Walker 2020; James *et al*. 2018; Pillay 2013; Peltzer 2009; Von Bardeleben 2009). One cannot mention South African healthcare without speaking specifically to HIV. In 2021, there was an estimate of 8.2 million South African citizen infected with HIV (Stats SA 2021); when you compare this to global statistics, 37.7 million were estimated to be infected with HIV at the end of the 2020 year (WHO 2021): this means that South Africa roughly accounts for 22% of the global HIV infections. When considering CAM use in HIV patients, it is a popular choice for patients to help cope with the symptoms of the virus as well as the side effects of the allopathic medication; patients also report that CAM assists in allowing them to take control of their own health and improve their quality of life (Lorenc and Robinson 2013; Littlewood and Vanable 2008). According to 2010 World Health Organization (WHO) (2019) estimates, there is a wide variation (between 1-19%) in the use of CAM in South Africa with there being a total of 3289 registered practitioners, 574 of which were homoeopaths. When we consider the total population of South Africa for the year of 2010, if each citizen were to gain access to a CAM practitioner, each practitioner would need to see roughly 15200 individuals (Stats SA 2010). There is clearly a shortage in the amount of CAM practitioners in South Africa.

The WHO (2019) stated that CAM is an important and often underestimated health resource with many applications to a wide pool of health needs from the population. They also noted that there is a current resurgence in the CAM world in the 21st century with there being a greater acceptance and recognition in CAM in many countries worldwide in the past two decades. Studies abroad suggest that between a third and a half of the adult population have used complementary medicine at some time (Meyer *et al*. 2013), and a third of the population have self-medicated with homoeopathic and herbal remedies (Fisher and Ward 1994; Sharma 1992). In the United Kingdom, it is estimated that between 20-39% of the population use herbal medication (WHO 2019). In the United States of America more visits are made to CAM providers than to primary care physicians (i.e. general practitioners) (Eisenberg *et al*. 1993). Despite there being positive results shown in various community health centres and private practice in a South African context, these results are not well documented and do not add to an ongoing body of evidence. Therefore, in order for the profession to progress, genuine

homoeopathic paediatric research needs to be documented and published (Bhalerao 2012; Du and Knopf 2009).

1.2 RESEARCH AIM, OBJECTIVES AND PROBLEM

1.2.1 Research aim

The aim of the study is to investigate the perceptions and experiences of parents and legal guardians regarding paediatric homoeopathic care received from homoeopaths in the eThekwini Municipality.

1.2.2 Research objectives

- Objective one: to determine the understanding of homoeopathy by the parents/legal guardians.
- Objective two: to explore the perceptions of paediatric homoeopathy from the perspective of the parents/legal guardians.
- Objective three: to explore the experiences of homoeopathic care for paediatrics from the perspective of the parents/legal guardians.

1.2.3 Research problem

Homoeopathy was included as a discipline of the AHPCSA in 1982 and later, in 1987, homoeopathy's first qualification at Technikon Natal (now known as the Durban University of Technology (DUT) was available (Prinsloo Inc. 2010). Despite there being over 30 years since homoeopathy was first made available at DUT, little is known about how the public perceives homoeopathy, in particular paediatric homoeopathy. This lack of understanding can impede future growth of paediatric homoeopathy and restrict the development of the relevant curriculum. Research such as this mini-dissertation allows for additions and changes (if necessary) to the current body of knowledge which forms the basis for the homoeopathic curriculum taught at tertiary institutions. If there is stagnation in the growth of research the curriculum can become outdated and no longer relevant at a certain point. Currently, paediatric homoeopathy falls under 'Clinical Paediatrics', a module that is taught at the fifth year level of the Master's programme at DUT (DUT 2022). Therefore, understanding the perceptions and experiences of paediatric homoeopathy from the view of parents/legal guardians is necessary to assess homoeopathy's integration to the public as a viable option for paediatric care. This understanding will also aid in building the body of knowledge in this field and for application to the current curriculum at tertiary institutions for appropriate updates to be made, if deemed necessary.

1.3 RATIONALE

Complementary and Alternative Medicine refers to a collection of healthcare practices that are not integrated into the dominant healthcare system; CAM is widely sought after and used throughout the world (Ashraf *et al*. 2010; Kemper, Vohra and Walls 2008; Robinson *et al*. 2007; Bondurant *et al*. 2005). Over the past two decades in industrialised countries, there has been an increase in parents/legal guardians seeking CAM therapy for their children (Meyer *et al.* 2013). Among CAM therapies, homoeopathy is one of the most popular options. This can be linked to a dissatisfaction with conventional medicine (Robinson *et al.* 2007; Bondurant *et al*. 2005; Vincent and Furnham 1996; Moore *et al.* 1985); a lower risk of associated side-effects; it is fairly inexpensive; the inclusion of the emotional aspects of illness which is not seen in orthodox medicine and the desire to play an active role in the treatment process, as well as positive reports from friends and family (Beer *et al.* 2015; Meyer *et al.* 2013; Robinson *et al.* 2007; Bondurant *et al.* 2005; Jordan 2005; Cuzzolin *et al.* 2003; Vincent and Furnham 1996). Despite there being evidence of an overall global mindset shift to CAM therapies there are distinct differences between countries, and overseas trends cannot be extrapolated to a South African population (Beer *et al.* 2015).

Currently in the existing literature, little is known about what knowledge parents/legal guardians have of paediatric homoeopathy nor their perceptions or experiences of it. In addition, there is a need for local research to be conducted so that appropriate trends are noted and the potential role of CAM therapy in paediatrics is appropriately assessed (Meyer *et al*. 2013). Therefore, this study will be able to investigate these factors as well as to be able to make recommendations to the DUT Homoeopathy Community Health Centers, to other public homoeopathic health centers, and to private homoeopathic practitioners. This will ensure that the Homoeopathic community can understand how to approach the public and how to be better equipped at offering their services to the public.

1.4 DELIMITATIONS OF THE STUDY

1.4.1 Internal and External validity

Internal validity is whereby the conclusions of the study are in keeping with the data obtained and follow from the appropriate use of the tool/procedures; external validity is whereby the results of the study can be extrapolated to other populations (Blanche and Durrheim 1999). Qualitative designs seek out to find relationships and patterns via the passive observation of variables; therefore, it is easier to obtain high levels of external validity with these designs as opposed to experimental designs (Blanche and Durrheim 1999). However, caution still needs to be exercised so as to not affect generalisability.

This study was limited to parents and/or guardians of paediatric homoeopathic patients in the eThekwini Municipality. By contacting a large pool of homoeopaths in the eThekwini Municipality (i.e. not limiting it to suburb, place of study, classical versus modern type of homoeopathic practice etc.), there was potential for greater diversity in the data collected.

1.5 FLOW OF THE DISSERTATION

Chapter one has presented the background to the study, along with the study aim, objectives and research problem and a rationale for the research: CAM therapy has a wide variation in use globally and locally, however the benefits of its use and its demand by the public deem for it to be better accepted into the healthcare system. Chapter two will present the relevant literature as well as the factors pertaining to the perceptions and attitudes, paediatric homoeopathy and healthcare in the eThekwini Municipality. Chapter three will outline the research methodology: this research utilised twelve semi-structured interviews (conducted either in person or over Zoom meetings) to gain qualitative data about parents perceptions and experiences for their child/children from homoeopaths in the eThekwini Municipality. Chapter four will present the results of the thematic analysis with relevance to the current literature; the three themes that were identified were perceptions of homoeopathy, experiences of homoeopathy and challenges to homoeopathy and their possible solutions. Chapter five will discuss the emergent theme (Motherhood: The power of the matriarch) with relevance to the current literature. Lastly, Chapter six will present the conclusions and recommendations to the study: this study found that participants overall had positive experiences with their homoeopaths, they were highly satisfied with the holistic approach to their children as well as the empathy and reliability of the practitioner.

CHAPTER TWO

A REVIEW OF THE LITERATURE

This chapter includes the definitions of perception and experience and the various factors that influence them, the difference between an adult and a paediatric patient in homoeopathy, as well as paediatric conditions that are treated using homoeopathy.

2.1 INTRODUCTION

In research, specifically that of healthcare, there seems to be a vast number of quantitative studies. Quantitative research focuses on statistics and allows for a level of generalizability from the results obtained; although this research has value, it can often be impersonal and does not take into consideration that of personal experience and this where qualitative research (such as this study) has power (Hammarberg, Kirkman and de Lacey 2016; Blanche and Durrheim 1999). Qualitative research explores the attitudes, behaviour and experiences of individuals in order to understand phenomena; the data that is obtained is detailed and allows us to understand a phenomenon in its entirety (Neubauer, Witkop and Varpio 2019; Mapp 2008; Blanche and Durrheim 1999).

The field of homoeopathy was founded over two centuries ago by Dr Samuel Hahnemann; it is a system of medicine which aims to promote health by reinforcing the body's natural healing capabilities (Hammond 1995). Research in paediatric homoeopathy (both overseas and locally) has been found to be a popular healthcare option for parents for their children as it is considered a more "natural" option, it has quick results and is effective. There is a push away from allopathic healthcare as a result of the risk of side-effects of conventional medication and the holism associated with it (Tangkiatkumjai, Boardman and Walker 2020; Ullman 2017; Beer *et al*. 2016; Love 2016).

Despite there being studies that show the validity and popularity of homoeopathy for paediatrics, it still remains a very small representation of the great pool that is paediatric healthcare. There are only two tertiary institutes in Africa that offer homoeopathy at a degree level, and homoeopathy is not integrated in public healthcare. With there being such limitations on the profession, parents still actively seek it out; it is this study's role is to uncover parents perceptions and experiences of this profession for their children.

2.2 PERCEPTION

2.2.1 Introduction

Perception can be defined as the process of selection, organisation and interpretation of stimuli from the environment (Given 2008). This process allows for individuals to create their own truths about what they experience (Given 2008). Therefore, perceptions assist individuals in recognising phenomena and extracting meaningful information for their own use and benefit from it (Bergh *et al*. 1999).

The perceptual process, described by Pickens (2005), involves a four-step process whereby an individual encounters a phenomenon:

- Stimulation: initially, the stimulus is picked up by one of/a combination of the senses.
- Registration: the stimulus is registered by the senses as relevant.
- Organisation: the stimulus is categorised and labelled according to previous experiences and/or principles.
- Interpretation: the stimulus is interpreted with the understanding of the previous experiences and/or principles.

It is important to know that not all stimuli go through the above-mentioned process; those stimuli that are not deemed significant by the individual are merely neglected.Perceptions may be pre-conceived and arise from the circumstances of an individual; these individual circumstances can amalgamate to form a global collective of perception, which in turn has the ability to influence an individual's perception (Bergh *et al.* 1999). The Neiss classification of perception can be used to describe the influences of perception (Bergh *et al*. 1999): factors that affect the perceiver, the characteristics of the perceived object, and the context or environment in which the perceived object exists. When applying the above-mentioned classification to this study the perceived object is paediatric homoeopathy; the perceivers are the parents/legal guardians of the paediatric patients; and the context is healthcare in a developing country, specifically the eThekwini Municipality. Figure 1 shows the application of the Neiss classification model to this study:

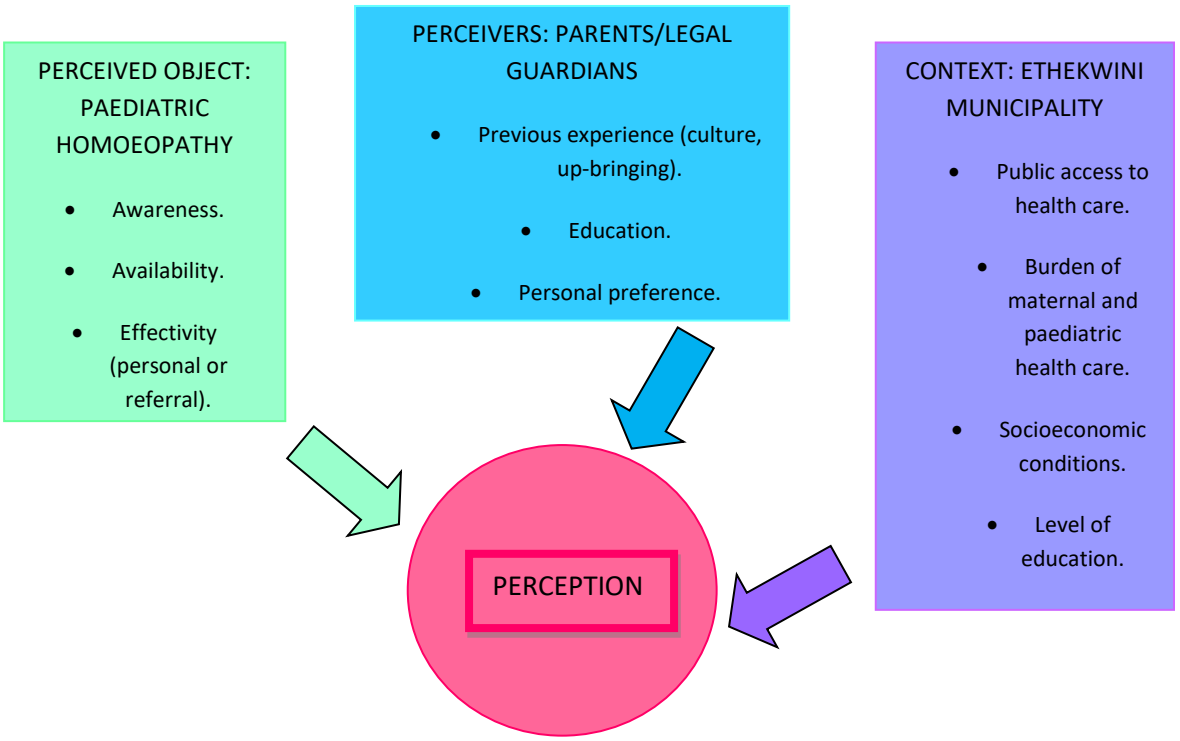

Figure 1 Factors affecting the perceptions of parent/guardians using the Neiss classification model (Bergh *et al*. 1999)

2.2.2 Factors that influence perception

The factors within the perceiver that may influence perception include attitudes, experiences and expectations. These three factors do not operate independently, rather, the three factors play a role with in each which overall influence the perceiver (Bergh *et al*. 1999). Robbins and Junge (2014) described attitudes as the favourable or unfavourable evaluative statements that individuals make about objects, people or experience. Attitudes and perceptions can often be mistakenly used as interchangeable words; however, they are separate entities that have the ability to influence each other (Kruger *et al*. 2015; Greenburg and Baron 2008; Pickens 2005). Attitudes can be sub-divided into three components (Kruger *et al*. 2015; Greenburg and Baron 2008; Pickens 2005):

- Emotional – these are the feelings that an individual has towards a stimulus, which involves a reaction in the central nervous system of the brain. The simple terms to illustrate this component is “like” and “dislike”. When an attitude is based on a strong emotional reaction, it can remain even if facts that confirm the attitude is false are present.

- Cognitive – these are the subjective values and beliefs of an individual; they may or may not be factual beliefs (i.e. confirmed by some sort of empirical/scientific verification). Attitudes that are based more on cognition (i.e. facts or evidence) than emotion are more/less likely to be subjective to the individual’s values.

- Behavioural – these are the observable manifestations of the attitude. It is possible for the emotional and cognitive components not to match the behavioural component; this is cognitive dissonance which has been defined by Festinger (1957) as any inconsistency that an individual perceives between two or more of one’s attitudes or between one’s behaviour and attitudes. When cognitive dissonance occurs, there are four outcomes that may result in order for the individual to reduce the dissonance (Kruger *et al*. 2015):

    - A change in the thoughts (cognitive) which may rationalise the behaviour displayed.

    - A change in attitudes (emotional and cognitive) which will allow for correspondence with the behaviour; this involves self-persuasion.

    - Obtaining new information which helps to improve emotions about the behaviour.

    - Decreasing the importance of the dissonance.

With regard to the behavioural component of attitude, it can be argued that attitudes influence behaviour (for example, a positive attitude would predispose one to being more compliant; a counter argument would propose that attitudes stem from behaviour) (Robbins and Junge 2014). Another inference of the relationship between attitudes and experience is when an attitude may arise out of a personal experience an individual has had (Robbins and Junge 2014). It can be deduced from the above that we can expect the attitudes of the parents/legal guardians to be influenced (to some degree) by the personal experiences they have had with homoeopaths in the eThekwini Municipality.

In healthcare, there is a need for different kinds of research that is specifically generated by qualitative research; experience cannot be counted and measured, and it is here that phenomenology exists (Hammarberg, Kirkman and de Lacey 2016). Phenomenology is a form of qualitative research that focuses on the individual's lived experience; it is a powerful tool to discover the meaning of experience (Neubauer, Witkop and Varpio 2019; Mapp 2008). This kind of research allows us to broaden our understanding of complex phenomena and derive new meanings, which can be utilised to form or even reform how we understand that experience (Neubauer, Witkop and Varpio 2019). The relevance of experience and meaning in research is widely accepted; in order to understand a phenomenon, you must include the experience of the individual who lives the phenomenon (Daher *et al.* 2017; Oeberst, Kimmerle and Cress 2016). Human experience is fully understood by immediate experience and accumulated experience; both must be included, as an individual not only lives in a ceaseless flow of experience but is also capable of attributing meaning to their experience in order to make sense of their life (Daher *et al.* 2017). There is a constant and co-ordinated flow of immediate experience and meaning-construction from experience; when understanding is reached, attention is directed to what has occurred and the experience is translated into knowledge (Daher *et al*. 2017). In many cases, particularly in cases of intense emotion, we do not have the capacity to characterise an experience at the time it is occurring, instead we acquire a background of a given type of lived experience which we can refer to when a familiar experience occurs in the future (Stanford Encyclopedia of Philosophy 2013). Therefore, it is clear that experiences are varied and specific to the person who lives them (Daher *et al*. 2017). This is why my study is important as it considers the perceptions and experiences of paediatric homoeopathy of parents directly from the parents themselves. This kind of data can be used to give the healthcare industry valuable insight and allow necessary amendments to be made so that what is needed by parents, with regards to their child's healthcare, mirrors that which is available.

2.3 HOMOEOPATHY

2.3.1 Background

Homoeopathy was founded over 200 years ago by Dr Samuel Hahnemann (1755-1843), a German physician, who believed that the signs and symptoms of disease were actually attempts by the body to heal itself, and in order to completely cure an individual of a disease all aspects (i.e. emotional, mental and physical) must be considered (Hammond 1995; Vithoulkas 1980). The end-goal of a homoeopathic consult is to arrive at a patient's individual constitution in order to prescribe the correct homoeopathic remedy (Tiwari 2002). A constitution can be described as a person's physical and mental make-up which is revealed through his physical build, his characteristic desires, aversions and reactions as well as emotional and intellectual attributes (Tiwari 2002). Therefore, when prescribing a homoeopathic remedy for a patient, the symptoms of the remedy given must match those of the patient constitution (Bellavite and Signorini 2002).

Substances used in homoeopathy are prepared by means of a process of serial dilution and succussion aimed at endowing the solutions with a greater therapeutic effect; these substances are derived from biologically highly potent/toxic compounds such as mineral elements, organic and inorganic chemical poisons and animal or plant poisons (Bellavite and Signorini 2002). The raw materials used for remedies are extracted by solubilization in alcohol containing various percentages of water, or, if insoluble, they are initially pulverized and triturated with lactose and then diluted in a water-alcohol solution (Bellavite and Signorini

2002). The initial solutions, containing the maximum concentrations of active ingredients are called mother tinctures; successive dilutions are then performed, followed by vigorous shaking (Bellavite and Signorini 2002).

2.3.2 Principles of homoeopathy

Hahnemann formulated the laws and principles upon which homoeopathy is based, which practitioners still utilise today (De Schepper 2001).

2.3.2.1 The law of similars

This law forms the foundation of homoeopathic principles, "*similia similibus curentur*" or let "like cure like". This is whereby any substance that can produce a set pattern of symptoms of disease in a healthy person when given in a large dose, can cure those with the same symptoms in a sick person when diluted and given in small doses (Tiwari 2002).

2.3.2.2 Single remedy

The use of a single remedy when prescribing homoeopathic medication to a person is utilised in classical homoeopathy; the benefit of this is that the effects of the remedy on the person (whether helpful or harmful, in the case of adverse effects) can be easily monitored once the remedy is administered (Vithoulkas 1998). The reasoning behind the use of a single remedy is that the practitioner should be able to identify which remedy best suits the signs and symptoms of the patient's condition and match it to the corresponding remedy; there should be a stimulation of the vital force in order to allow the body to heal itself; by using multiple remedies, the vital force may be confused (De Schepper 2001). This idea of using a single remedy is termed "classical" homoeopathy, whereby a practitioner attempts to identify the remedy that "covers" the entire patient picture (i.e. the patient's constitution) (Vickers and Zollman 1999).

However, in modern day homoeopathic practice, it is not uncommon to use different remedies at different times (i.e. one remedy at night, one remedy in the morning; or one remedy daily and a different remedy at the start of the week for four weeks etc.). The selection of homoeopathic remedies will be based on the evaluation of the patient's totality of symptoms, for example: an intercurrent prescription will be utilised to "clear" any acute disease that may be present and it is usually used when a well-indicated remedy fails to resolve the condition (Das 2015). Another example of where using more than a single remedy is seen is in the use of complexes; a complex is where a practitioner prescribes combinations of remedies on the basis of the condition that they are treating (Vickers and Zollman 1999).

2.3.2.3 Provings

These are the primary experiments conducted to identify what therapeutic capabilities a substance possesses, once made homoeopathically; these experiments are huge undertakings and the information procured from them will join the body of knowledge of the already accepted remedies through inclusion in the materia medica (Noveille 2015; De Schepper 2001; Swayne

1998; Ullman 1991). These experiments are conducted on healthy volunteers (known as provers) who take repeated doses of the homoeopathic substance and are then monitored and their symptoms recorded in order to gain vast information about the remedy and its effects. It is important to note that not only physical effects are noted but also the effects on the emotions, mentality and energy levels (De Schepper 2001).

2.3.2.4 Minimum dose

To cure without causing harm using the least amount of medicine/energy necessary in order to produce a curative action (Schmukler 2006).

Homoeopathic remedies are minute potencies of crude substance prepared through a series of dilution, succusion and trituration; at the end of this process, they have almost none of the original substance in them (Schmukler 2006; Swayne 1998; Ullman and Reichenberg-Ullman 1995). This series of dilution, succusion and trituration is what gives homoeopathic remedies their powerful ability to cure but, at the same time, renders them virtually harmless. When given correctly, the remedies that are dispensed to individuals are extremely diluted and are safe to use (Ullman and Reichenberg-Ullman 1995). This can be further explained by Tiwari (2002): not all of the cells of the body are sick, the remedy will go past the healthy cells because they have no affiliation for it, the sick cells have less resistance and are more responsive to stimuli and a reaction is stimulated.

2.3.2.5 Hering's Law

This law assists homoeopaths in gauging the progress of chronic disease states with which patients may present; the law is described whereby the direction of cure has four axes/planes (Calabrese 2012; Saine 1988):

- From the most important organs to least important organs.
- From the inside out.
- From the top to the bottom.
- Disappearance of symptoms in the reverse order of their appearance; symptoms that disappear in this way are reversed permanently.

2.3.2.6 Individualisation

The accuracy of homoeopathic prescribing is dependent upon the similarity of the properties of the medicine and the signs and symptoms of the patient's illness; therefore, homoeopathic prescriptions are individualised to the patient (Swayne 1998). A homoeopath must study the totality of a patient's symptoms in order to get a full picture of their disease so that they can prescribe the correct remedy; often it is the peculiar and rare symptoms that are most valuable to the practitioner, for they give the disease its own character and therefore suggest which remedy is suited to the individual (Hammond 1995). In this way, homoeopathic remedies are

prescribed to the individual and not the disease entity: two individuals with a similar set of flu-like symptoms will not necessarily get the same remedy.

2.3.3 Homoeopathic training and practice in South Africa

Homoeopathy is a legally recognised profession and is becoming progressively important in South African healthcare context (DUT 2022a). As a primary-contact practitioner, a homoeopath treats all aspects of a patients' healthcare, including diagnosis and management, as well as referral to other healthcare professionals when required (DUT 2022a).

Homoeopathy is currently offered at two tertiary institutions in South Africa, the Durban University of Technology (DUT) and the University of Johannesburg (UJ) (AHPCSA 2018). The following is an excerpt from the DUT Homoeopathy handbook (DUT 2022b) which explains the current academic structure and procedures in order to qualify as a homoeopath in South Africa:

> The current academic programme extends over a five-year period, providing the student with a grounding in medicine and an emphasis in practical application of homoeopathic, herbal and naturopathic principles, including aspects such as preventative medicine, community health care, and nutrition. The Bachelor of Health Sciences: Homoeopathy will be awarded after successful completion of the requirements of the four-year degree, this will allow the candidate to exit and find employment in industry or the public sector, but in order for the candidate to be able to practice as a qualified Homoeopathic practitioner in private practice, registered with the AHPCSA, the candidate will have to enrol into the Master of Health Sciences Homoeopathy (minimum 1 year; maximum 2 years). As of June 2020, the Allied Health Practitioners Council of South Africa AHPCSA has instituted the compulsory internship programme for the Master's Degree students and graduates which requires the completion of additional academic and practical components. A graduate, on successful completion of the qualification, and who has satisfied the requirements of the Professional Board for Homoeopathy, Naturopathy and Phytotherapy (PBHNP) may register as a homoeopath with the AHPCSA upon completion of the internship programme prescribed by the Professional Board. In section 19(2) (b) and 19(4) of the Allied Health Professions Act, 1982 (Act 63 of 1982) the Act stipulates the completion of an internship prior to registration of any individual to the register of Homeopathy as a practitioner. From August 2005, it became compulsory for homoeopaths who dispense their own medication to obtain a Compounding and Dispensing Certificate issued by the Pharmacy Council of South Africa, and then obtain a relevant license from the Department of Health.

2.4 PAEDIATRIC HOMOEOPATHY – THE PERCEIVED OBJECT

2.4.1 Introduction

Paediatrics is a complex specialty that covers children's physical, psychosocial, developmental and mental health; care may begin peri-conceptionally and continue through gestation, infancy, childhood, adolescence, and young adulthood. Although adolescence and young adulthood are recognizable phases of life, an exact age limit is not easily defined and varies depending on the individual patient (Hardin and Hackell 2017). A child will be affected by gender, genes, physical health, temperament and development (Lissauer and Clayden 2007). It will also vary with age; an infant's life will largely be determined by their home environment, and by their school environment and friends, and a teenager's life will not only be determined by their local environment (such as school, extra-mural activities, family etc.) but also by international events

(e.g.: music, fashion, sport etc.) (Lissauer and Clayden 2007). Paediatric doctors, whether in biomedical or CAM practices, need to be able to work across the childhood spectrum, which in itself is dynamic and fast growing in humans.

2.4.2 Growth and development

Growth and development of the human body occurs from birth; this development can be traced according to predictable trends (also known as growth charts) using WHO growth standards (Anon 2020; Goodway, Ozmun and Gallahue 2020). The body's organs and tissue undergo slower, uniform growth periods and multiple periods of rapid growth (known as growth spurts); some examples of these growths include (Goodway, Ozmun and Gallahue 2020; Huelke 1998):

- Body weight-> the body weight of a newborn is about 5% of its adult weight.
- Head-> head circumference increases rapidly during the first year. The 'soft spots' (also known as fontanelles) in the skull only close entirely by the seventeenth month.
- Brain volume-> at birth, the brain is approximately 25% of its adult size. Half of the post-natal growth of brain volume occurs during a child's first year of life; by the end of the second year, the brain attains approximately 75% of its adult size.
- Thorax-> the thoracic walls are thinner and the ribs are more elastic in children than in adults. The location of the heart at birth is midway between the top of the head and the buttocks; only at the end of the fourth year of life, does the heart shift downwards to lie at the fifth intercostal space.
- Cardiovascular system-> major changes in this system occur post-birth, including, but not limited to, closure of the foetal shunts, the left ventricle becomes stronger than the right, and decrease in heart rate.
- Respiratory system-> respiration must begin at birth in order for the child to survive; the first breaths outside the womb allow for the alveoli to expand which initiates gaseous exchange. As the child matures, so does the respiratory system; as the amount of alveoli increases, the respiratory rate slows.
- Abdomen-> there is an abdominal bulge in the newborn as a result of the weak muscle wall of the abdomen. The liver of a newborn comprises approximately 4% of their total birth weight; by puberty the newborn weighs ten times as much. Many of the abdominal organs (spleen, kidneys, urinary bladder) have a downward migration by the time they have reached adolescence.
- Gastrointestinal system-> this system is immature and infants have poor digestive processes until approximately three months of age. The stomach has a limited capacity and rapid emptying after birth, which requires them to have regular feeds.
- Urinary system-> this system is immature at birth; the kidneys reach maturity at approximately six months of age.
- Genitalia-> genital organs develop very slowly, and only reach their adult size during the second decade of life.

During infancy, there are rapid organ system changes to protect against diseases; growth slows down during early childhood as most organ systems have reached maturity at this point (Goodway, Ozmun and Gallahue 2020). In middle to late childhood, when children usually begin attending school, strong peer relationships develop; during late childhood through to adolescence, there is the development of secondary sex characteristics and major growth spurts and body changes (Goodway, Ozmun and Gallahue 2020).

2.4.3 Statistics and common ailments

The most recent paediatrics statistics in South African report that the number of under five years of age deaths and infant mortality rates have declined in the past decade (Bamford *et al.* 2018). Despite the drop in rates, the numbers are still high and of concern, with sub-Saharan Africa being one of the regions with the highest mortality rate; a child born in sub-Saharan Africa was 10 times more likely to due in the first month than a child born in a high-income country (Unicef 2020). It is estimated that under five years of age mortality is at 32.2 deaths per 1000 live births and an infant mortality rate of 26 deaths per 100 live births (Unicef 2020). Outside of the newborn period, pneumonia, diarrhoea and non-natural deaths are the leading causes of neonatal mortality (Bamford *et al.* 2018). These are diseases that could have been easily detected and thus the deaths prevented. The most common paediatric conditions can be listed according to affected body area/s (Department of Health 2020; Western Cape Government 2020; Latham 2012):

- Respiratory: wheeze, cough, bronchiolitis, asthma, tuberculosis, pneumonia.
- Ear: ear pain, acute otitis media, otitis externa.
- Skin: rashes, impetigo, herpes, ringworm, scabies, drug reaction, allergy, seborrhoeic dermatitis, atopic eczema.
- Gastrointestinal: diarrhoea, vomiting, infections.
- Viral: meningitis, HIV/AIDS, measles.
- General: malnutrition.

2.4.4 Paediatrics and Homoeopathy

Within the last two decades there has been a shift in developed countries in children's health away from acute disease management towards multi-system issues; this necessitates a multi-disciplinary and holistic approach of care (Lissauer and Clayden 2007). There has been a global increase in parents/legal guardians seeking CAM therapy for their children (Meyer *et al*. 2013). Among CAM therapies, homoeopathy is one of the most popular options (Stampini *et al.* 2019; Beer *et al*. 2016; Meyer *et al*. 2013; Oshikoya *et al.* 2008; Jordan 2005). Despite there being evidence of an overall global mindset shift to CAM therapies there are distinct differences between countries, with more developed countries (such as the United Kingdom and Australia) having a more substantial shift than others, therefore the data obtained from one country cannot simply be extrapolated to another (Beer *et al*. 2016; Meyer *et al*. 2013).

Homoeopathy has been proven to be an extremely popular healthcare option for parents; reasoning for parents seeking out homoeopathic care for their children over the past two decades is as follows (but not limited to):

- A more "natural" treatment option (Beer *et al*. 2016; Love 2016; Harripershad 2009).
- A quick and effective treatment option (Tangkiatkumjai, Boardman and Walker 2020; Love 2016).
- An overall dissatisfaction with conventional medicine (Tangkiatkumjai, Boardman and Walker 2020; Khumalo 2015; Bhalerao 2012; Harripershad 2009).
- A treatment option for their children without the side effects of orthodox medicines (Tangkiatkumjai, Boardman and Walker 2020; Beer *et al*. 2016; van Wassenhoven *et al*. 2014; Bhalerao 2012; Harripershad 2009).
- A lack of improvement when utilising orthodox medication (Beer et al. 2016; van Wassenhoven *et al*. 2014).
- A more holistic approach (Love 2016; Khumalo 2015; Bhalerao 2012; Eyles *et al.* 2011).
- Longer time spent in consult with the practitioner (Khumalo 2015; Pillay 2013; Bhalerao 2012; Eyles *et al.* 2011).
- Empathy and good rapport with the practitioner (Love 2016; Khumalo 2015; Eyles *et al*. 2011).
- A good personal recommendation from a friend/relative (Khumalo 2015; Harripershad 2009; von Bardeleben 2009; Macquet 2007).

Human beings have the innate ability to heal themselves. The body's immunity is able to keep many infectious and dangerous agents at bay; in certain instances (such as chronic illness) the body is unable to heal itself and this is where homoeopathy can be implemented (Kusse 2010). The organ systems of a child are still developing and beginning to integrate with each other, which can render the child fragile, particularly during the first few years of life; this is why using homoeopathic medication for children is a safer and preferred option (Ullman 2017). Homoeopathy works so well for children as their immune system is responsive and, generally, they are not worn down by stress, chronically poor diet choices or too many allopathic drugs (Lockie and Geddes 1995). When children become ill, it has the potential to do so at a rapid rate, however, they also have the ability to recover rapidly; this may be due to their high energy levels and unencumbered vital force (Hammond 1995). Homoeopathic remedies stimulate the self-healing power of body; this self-healing power is often greater for children than adults, which is why homoeopathy is particularly well-suited for children (Kusse 2010).

Children are often easier to prescribe for than adults when it comes to homoeopathy, as they exhibit very clear remedy states (Hammond 1995). Despite any homoeopathic remedy being applicable to a child should that remedy's symptoms fit the child's constitution, there are some notably "child-specific" constitutions which should always be considered. For example, the Pulsatilla Pratensis (a homoeopathic plant-based remedy) child tends to fuss and demand instant gratification and if they are deprived, they will cry until the demands are met (Phatak

2016; Herscu 1991). These constitutions have been studied and documented by many homeopathic practitioners and are useful when prescribing a remedy to a paediatric patient (Kusse 2010, Guernsey 2005, Herscu 1991).

The main difference between the consultation of a child and an adult is that the child has to be considered against a background of the norms for that child's particular age; unlike an adult, the norms of a child change considerable from infancy to puberty (Foubister 1990). In addition, depending of the age of the patient, the child may be unable to articulate and therefore cannot express themselves (Master 2016). Paediatric consultations have been described as a skill set that needs constant re-invention (i.e. incorporating new techniques, reading new case studies, studying different approaches etc.), as well as repetition on the part of the practitioner in order to become competent in it (Kulkarni n.d.). The practitioner must be patient, skilful in his/her questioning, conduct thorough observations of the child (Master 2006; Kulkarni n.d.). The practitioner must be well educated in the normal physical, social, emotional and intellectual developments and be able to interpret the acts and behaviours of the child and be able to distinguish any deviations of the above for that which would be considered abnormal for the particular age and development of the child in question (Master 2006; Kulkarni n.d.).

It has been suggested that a homoeopathic paediatric case history should collect data in the following order (Master 2006; Foubister 1990; Murphy 1983; Kulkarni n.d.): kind of case (emergency, acute, chronic); main complaints; present illness; associated complaints; history of previous illnesses; prenatal history; history post-birth; feeding history; routine (food, sleep, play); development history (milestones, musculoskeletal development, learning to walk and talk); immunisation history; family history; social history; generals (diet, sleep, weather preferences, food cravings and aversions, thirst, emotional and mental state); and fears (monsters, ghosts, animals, dark). In addition, an important consideration in homoeopathic case taking is that of passive case witnessing, which has been explained by Chauhan (2014) as an open-ended discussion in which the child is given open attention by the practitioner; in this process, the child is allowed to express him/herself with minimal to no interruption from the homoeopath. The homoeopath notes any verbal and non-verbal expressions that are out of the "norm" and any peculiarities that are brought up by the child. This forms valuable aids in helping to identify the most appropriate homoeopathic remedy for the child in addition to acquiring information that may not have come up during the more close-ended question part of the consultation (Chauhan 2014).

A paediatric consultation may require the practitioner to utilise more of their observational skills, as they may be too young to be able to speak (Master 2006; Hammond 1995). Paediatric patients are the most difficult to observe; the child must be observed for not only obvious facial expressions and gestures and behaviours but subtleties such as type of crying, reaction of the child to various noises and/or involuntary movements (Master 2006). A homoeopath may be able to prescribe a homoeopathic remedy purely based on their observations (e.g.: a child that is uncomfortable in the mother's lap requires the homoeopathic remedy, Thuja occidentalis (Master 2006; Foubister 1990)). Simple observations in the child's position, alertness, odour, gait, face and facial expressions, skin and hands may give valuable insight into any underlying health issues (e.g.: an autistic child generally does not make eye contact with the practitioner, an asthmatic child will prefer to sit on the edge of their chair with body leaning forward and hunched shoulders etc.) (Master 2006). When considering the physical examination of a

paediatric patient, the homoeopath must be friendly and playful in order to gain the trust and co-operation of the child (Master 2006). A full medical physical examination should be done from head to toe during a homoeopathic consultation and should include all the relevant systems (temperature, blood pressure, head, respiration, mouth, neck, cardiovascular, abdominal, skin, musculoskeletal, central and peripheral nervous systems etc.) (Master 2006).

In addition to the case history, observations and physical examination of the child, the practitioner must include a thorough history of the parents, in particular, the mother; a child's life is partly determined by his/her parents' genes (Herscu 1991). Mothers in particular have a significant effect on their children during pregnancy, as a baby experiences a strong influence from the mother whilst in the womb and these influences remain for the first few years post-birth (Timmermann 2010; Herscu 1991). Most illnesses seen in the first few years of a child's life are linked to the physical and emotional states of the mother during conception, pregnancy and labour (Master 2016). This is why there is major emphasis on the mother's history during a homoeopathic paediatric consultation, including that of the intention on becoming pregnant; a description about the conditions at the time of conception; the state during pregnancy and delivery; her feeling and state of mind during the pregnancy; socioeconomic and cultural background, etc. (Master 2006; Foubister 1990; Kulkarni n.d).

Furthermore, a noteworthy consideration is the capability of paediatric patients to sufficiently articulate and/or express themselves during a consultation. Since a paediatric patient may be too young to speak, a practitioner is reliant on the observations and information provided by the parent (Master 2006; Hammond 1995). Foubister (1990) noted that a parent or someone with intimate knowledge of the child is the best person to give the history in infancy and early childhood; even up to puberty, a child is not able to objectively look at him/herself. Therefore, we can see the validity of this study as the parent plays a significant role in their child's homoeopathic consultation.

There are no real limitations as to what homoeopathy can be used to treat; the literature shows that homoeopathic care is effective for many childhood ailments including, but not limited to:

- Respiratory disorders: asthma, rhinitis, bronchitis, allergies and pharngitis (Beer *et al*. 2016; Sharma, Narula and Manchandra 2015; Pillay 2013; Bhalerao 2012; Ramchandani 2010; Rossi *et al.* 2009; Harripershad 2009; Steinsbekk *et al.* 2005; Trichard, Chaufferin and Nicoloyannis 2005; Ekins-Daukes *et al*. 2004; Riley *et al.* 2001).
- Ear disorders: otitis media (Bhalerao 2012; Ekins-Daukes *et al*. 2004; Harrison, Fixsen and Vickers 1999).
- Gastrointestinal issues: diarrhoea (Bhalerao 2012; Harripershad 2009; Ekins-Daukes *et al*. 2004; Jacobs *et al.* 2000).
- Skin disorders: atopic dermatitis, eczema, allergy-related, scabies (Pillay 2013; Bhalerao 2012; Rossi *et al*. 2012; von Bardeleben 2009; Harripershad 2009; Ekins-Daukes *et al.* 2004).
- Psychiatric disorders: ADHD behavioural problems, mental disabilities, autism spectrum disorder (Barvalia 2014; Dhawale *et al.* 2014; Bhalerao 2012; Ghosh *et al.* 2009;

Harripershad 2009; Frei, von Ammon and Thurneysen 2006; Ekins-Daukes *et al*. 2004; Frei and Thurneysen 2001).

- Infantile colic (Raak *et al*. 2019; Beer *et al*. 2016; Ekins-Daukes *et al.* 2004).
- Teething (Beer *et al.* 2016; Thompson, Bishop and Northstone 2010; Jordan 2005; Ekins-Daukes *et al.* 2004).

2.5 PARENTS/LEGAL GUARDIANS – THE PERCEIVERS

Parents/guardians play an active role in determining to which healthcare their children gain access; this selection of which provider/providers they utilise may even predate the conception period. One merely has to browse the amount of child health-related literature in a bookshop or the tumultuous advice on social media, to become overwhelmed with the daunting task of raising a child. So where and how do parents/guardians hone in on selected information that will form the basis for their child's healthcare?

Robinson *et al.* (2007) noted that if a parent had utilised complementary medicine (CM) themselves they would be likely to apply this to their children, as they would be previously informed about this branch of medicine. There would also be a pre-existing level of trust with the CM practitioner and this trust would translate to their use with their children (Ashraf *et al.* 2010; Sanders *et al.* 2003). Beer *et al*. (2016) reported that parents who "proactively discussed natural remedies" with their physician ensured a greater likelihood of these remedies being utilised in their child's treatment. Therefore, parents play a major driving role in dictating what type of care their child receives.

Gender has a role in the selection of CM use; this is because females are more likely to actively seek out healthcare and, in particular, orthodox healthcare than their male counterparts (Bishop and Lewith 2008; Oshikoya *et al*. 2008; Vincent and Furnham 1996). Harripershad (2009) confirmed the role of gender but attributed it to the fact that females are in most cases the gender responsible for bearing, raising and attending to children. When considering ethnicity as a factor in determining the use of CM, there is conflicting evidence overseas; some studies note that there are no differences between the different ethnic groups, whereas others note a discrepancy (Bishop and Lewith 2008; Hsiao *et al.* 2006). Harripershad (2009) noted that there is a link between geographical location and ethnicity; if a rural area is targeted, there is more likely to be higher representation from the African population and this needs to be taken into consideration when doing research in a developing country. When investigating the knowledge of homoeopathy amongst the African ethnic group, it was found to be exceedingly low, which may be attributed to its lack of integration in public healthcare making it inaccessible to the majority of the population (Lamula 2010; Macquet 2007). Other socio-economic factors such as level of education of the parent as well as their average income showed to have correlation to CM use. Education may be linked to higher income in order to cover the cost of CM, as this branch of medicine is often not well integrated into basic healthcare, thus parents are burdened with the costs of this themselves (Bishop and Lewith 2008; Robinson *et al*. 2007; Hsiao *et al.* 2006; Vincent and Furnham 1996). This result was mirrored by Ashraf *et al.* (2010) who found that CM use was higher in mothers with a graduate or higher level of education.

A lack of access to public healthcare and restricted choice of type of public healthcare facilities needs to be taken into account when researching in South Africa. There is a lack of accessibility to CAMS practitioners in the current health system and this can be explained by the following: private medical schemes determine what they will pay for (if at all) for CAM and this is usually only partially or minimally covered by the medical schemes; CAM practitioners are not part of the public health care system and thus are only able to address the health needs of South Africans through private practice only; CAM practitioners are usually "forced" to practice in urban areas as this is where the profession is known and their services can be paid for by the individual; CAM professions have no representation at the Departments of Health, National or Provincial, or at Parliamentary level; South African public tertiary institutions only provide for the education of six of the eight diagnostic professions that fall under the AHPCSA (AHPCSA 2014). Therefore, the data obtained by research in South Africa about CAM usage can be biased as there may be an under-reporting of it usage, although this could be as result of its underrepresentation and thus is not a true reflection of how it is perceived by the public. This is why there is a need for qualitative research on the matter, such as this study, as statistical evidence may draw incorrect inferences but data direct from the source is less likely to do so.

2.6 THE ETHEKWINI MUNICIPALITY – THE CONTEXT

2.6.1 Introduction

The eThekwini Municipality is a Category A municipality (meaning there is exclusive municipal executive and legislative authority in its area) found in the Southern African province of KwaZulu-Natal; it is the largest city in this province and the third-largest city in the country measuring 2556 square kilometres (South African Government 2022; eThekwini Metropolitan KZN 2020). According to recent statistics, the municipality is home to some 3987648 citizens with just under a third (29.5%) of the population being under the age of 15 years (eThekwini Metropolitan KZN 2020). The Black African population makes up the majority of the population at 74% (eThekwini Metropolitan KZN 2020). When considering the level of education, just over half (53.6%) of the population have achieved a Matric qualification and under a tenth (8%) of the population has achieved some form of post-Matric education (eThekwini Metropolitan KZN 2020). More than half of the population lives below the upper bound poverty line of R1227 per person per month (eThekwini Metropolitan KZN 2020).

Paediatric healthcare in South Africa is in a poor state, which has been proposed as due to the lack of alignment between the healthcare needs of children and the training received by the practitioners servicing them (Swingler *et al.* 2012). It has been suggested that healthcare needs to be specific to the region in which it is in, as theoretical frameworks taught at educational institutions do not match up practically with what is actually present in the community and this is why there has been little impact on child health outcomes (Swingler *et al.* 2012). When assessing children's health in developing countries, the main problems are infection, malnutrition, poverty, sanitation, water supply, food hygiene, housing and education, availability and quality of health care, high birth rate and war (Lissauer and Clayden 2007). When considering the three main causes of mortality in the eThekwini Municipality, we see the prevalence of the following preventable diseases: TB (21.0%), diarrhoeal disease (8.7%), and HIV (8.6%) (Department of Health 2015). Child health remains a concern, with there being a large increase in infant mortality in the past few years (4.6 deaths per 1000 in 2011/2012 versus 18.1 deaths per 1000 in 2013/2014) (Department of Health 2015). Diarrhoeal disease and malnutrition remain a challenge to combat in the population (Department of Health 2015). These

statistics can be linked to the overall poor access to health care in the area. There are no satellite clinics in the eThekwini Municipality; the overall population to public health facility ratio shows that all public facilities in eThekwini cater for large populations (well beyond the approximation of 10 000:1 that is recommended); and there is an inadequate distribution of facilities resulting in poor referral patterns (Department of Health 2015).

2.6.2 Homoeopathic healthcare in the eThekwini Municipality

In an overseas context, Homoeopathy is one of the most popular and rapidly growing systems. According to the WHO, homoeopathy is seen as the second largest medicine system in the world, showing an annual growth of 20-25% (Tierney, McPhee and Papadakis 2004). However, when it comes to health care in a South African context the homoeopathy sector has seen very gradual growth (Bhalerao 2012; Prinsloo Inc. 2010). Previous perception studies conducted locally have noted that there is a very poor awareness and knowledge of homoeopathy among the public (Love 2016; Khumalo 2015; Harripershard 2009; Peltzer 2009; Paruk 2006; Small 2004; Singh, Raidoo and Harries 2004). In addition to the lack of public knowledge about the homoeopathic profession, there seems to be a mirrored lack of knowledge in the medical profession as well. This prevents inter-professional referral and a lack of faith in allopathic medicine from the public, as their primary care physicians are not recommending them (Mbutho, Gqaleni and Korporaal 2012; Allopi 2008; Naicker 2008; Thorvaldsen 2007; Maharajh 2005). Prior exposure to a new form of health care treatment has been shown to predispose health care professionals to being more receptive to that form of treatment (Beer *et al*. 2016; Mbutho, Gqaleni and Korporaal 2012). Prior exposure to or a better understanding of homoeopathy may impact the perceptions that patients or other health care professionals have towards homoeopathy.

Currently, there is very limited access to public homoeopathy health care, as private practice is the dominant sector available to the public. There are various DUT Homoeopathy Community Health Centers which allow for public access to homoeopathy. These include:

- DUT Homoeopathic Community Health Centre; address: 1st Floor New Clinic Building, Ritson Campus, Durban University of Technology, Corner of Steve Biko and Ritson Roads, Berea, Durban.
- Ukuba Nesibindi Homoeopathic Community Health Centre; address: 23 Stratford Road, Warwick Junction.
- Kenneth Gardens Homoeopathic Community Health Centre; address: Sphiwe Zuma Avenue, Umbilo, Durban.
- Redhill Community Health Centre; address: Firwood Road, Redhill, Durban.

The above-mentioned clinics utilise final year students who are supervised by a qualified homoeopath presiding as a clinician. Another example of public access to homoeopathic care in KZN is that of the Khula Natural Health Centre in Khula Village. This is a non-profit project that works closely with the local community in order to provide primary health care to the community and surrounding areas, utilising both qualified homoeopaths and final year students who are supervised by the qualified homoeopaths (Khula Natural Health Centre 2022). Other than the DUT Homoeopathic Community Health Centres and the Khula Natural Health Centre there is no public access to homoeopathy, which is the main route of healthcare access for most South Africans.

Currently, in the existing literature, little is known about what knowledge parents/legal guardians have of paediatric homoeopathy nor their perceptions or experiences of it. It is the aim of this study to investigate these factors to be able to make recommendations to the DUT Homoeopathy Community Health Centers, to other public homoeopathic health centers and to private homoeopathic practitioners.

2.7 CONCLUSION

Overall, it can be concluded that parents profess to needing a more holistic approach when it comes to their children's healthcare, thus homoeopathy has a valuable place in children's healthcare but there are many barriers (lack of public awareness and knowledge, poor to no integration into public healthcare, poor inter-professional relationships etc.) that prevent it from being an easily accessed primary healthcare option for parents.

Homoeopathy is perceived to be a quick and effective treatment option and is often utilised where allopathy has failed. In general, allopathy does not take into consideration an individual's quality of life, nor does it prioritise patient-doctor trust (which has proven to be a key factor in determining healthcare preferences and even affects the experience of said healthcare), and allopathic medication is more of a burden and the risk of side effects often outweigh its benefits. Similar conclusions have been mirrored in local studies that utilised parents of children, however the studies showed that there seemed to be a lack of overall awareness and/or misconceptions about homoeopathy. However, it is clear that parents want to see homoeopathy as a primary healthcare option instead of an adjunct to their children's healthcare. Nonetheless, there is still a lack of knowledge about homoeopathy and a change in the current healthcare system in South Africa would be required in addition to education (to the public as well as other healthcare professionals), as the the best way forward to allow for parents to make informed decisions regarding their children's healthcare.

To date, no local studies have been conducted on parents who are already utilising homoeopathy and thus this study fills this literature gap. We will be able to source information on parents' perceptions, knowledge and experiences of homoeopathy from those using it first-hand instead of making suggested inferences from parents who have not used it before, and some who have even not heard of it. In this way, we will have insight into what parent's value in their child's healthcare professionals, if (and how) homoeopathy covers this, and where the profession needs to apply itself in order to obtain better public awareness.

CHAPTER THREE

MATERIALS AND METHODS

This chapter describes the study design, collection of data, the research methodology utilised, and the method of analysis.

3.1 INTRODUCTION AND RE-SHAPING OF THIS RESEARCH

Initially, when this research was formulated in 2019, it was meant to be conducted only in person and utilising the DUT Homoeopathic Day Clinics to gain access to parents of paediatric patients. However, after the advent of the COVID-19 pandemic in 2020 there was subsequent closure of the activities on DUT campuses, including that of the clinics. Thus, re-conceptualisation had to be done in order to enable the research to continue. The research setting was changed to that of private homoeopathic practitioners, with the option of online Zoom interviews being given to participants should they feel that in-person interviews were too risky given the current pandemic. The online option was given in order to adhere to government restrictions and minimise the health risks posed to participants and the researcher. Out of the twelve interviews conducted, three were done in person and the remainder done via Zoom. It is important to state that even when done in-person, all COVID-19 protocols were adhered to (i.e. social distancing, sanitising, mask wearing etc.). In some of these Zoom interviews, the participants had chosen no to put their video on and thus the researcher was unable to read social cues and body language. Even when the video was on, there were issues in the overlap of speech, blurring or delay of the image due to dips in signal, which all posed difficulties within the interview process. Therefore, COVID-19 definitely had an impact on the research and data collection. This chapter will also outline some of the weaknesses and strengths of this. Despite these shifts in interview techniques this study was able to obtain rich qualitative data to answer the research questions.

3.2 STUDY DESIGN

Qualitative research focuses on aspects such as meaning, experience and understanding; it collects data in the form of written or spoken language or in the form of observations which are recorded and thereafter analysed by the identification and description of themes (Blanche and Durrheim 1999). A qualitative study design allows the researcher to ask questions that cannot be answered within a quantitative design, including being able to ask in-depth questions, explore topics that are not well-known, and explore topics that investigate the details of individual perspectives (Denzin and Lincoln 2008; Blanche and Durrheim 1999).

Qualitative research recognises various approaches; they include (but are not limited to): phenomenology, ethnography, grounded theory, action research, exploratory-descriptive (Hunter, McCallum and Howes 2019). Exploratory research can be used to illuminate the relationships of a phenomenon, particularly where there is a paucity of information on said phenomenon in order to uncover the meaning people make of it; this ensures the development of new information in a particular area (Polit and Beck 2012; Reid-Searl and Happell 2012; Stebbins 2001). Exploratory research has been defined as "a broad-ranging, purposive, systematic, prearranged undertaking designed to maximize the discovery of generalizations

leading to description and understanding of an area of social or psychological life." (Vogt 1999, p.105). An exploratory descriptive qualitative design was utilised as it allows for the researcher to provide an in-depth analysis of the relationship between phenomena (Hunter, McCallum and Howes 2019). The sampling approach utilised in exploratory-descriptive qualitative research is purposeful sampling; this type of sampling ensures representativeness of the population (Stebbins 2001; Sandelowski 2000). Purposeful sampling is where the researcher seeks out participants who are able to provide information on the phenomenon being studied (Stebbins 2001; Sandelowski 2000). An exploratory-descriptive qualitative design is beneficial to this study as the intention of this research was to gain a narrative of the parents/legal guardians who had experienced paediatric homoeopathic care at one of the homoeopaths in the eThekwini Municipality, by using semi-structured interviews.

3.3 STUDY POPULATION AND RESEARCH SETTING

The participants of this study were the parents/legal guardians of paediatric patients who had sought care at one of the homoeopaths in the eThekwini Municipality. A list of practicing homoeopaths is made freely available for access by utilising the Homoeopathic Association of South Africa's website (HSA 2021). This a public domain which anyone can utilise to find a practitioner in close proximity to them or whether a practitioner has a special interest with regard to the treatment of certain diseases/disorders. Permission was initially obtained by the DUT Institutional Research Ethics Committee (IREC) (Appendix A). Thereafter, homoeopaths in the eThekwini Municipality were contacted via email explaining the research procedure and asking for their interest in participating in the research, and also given a letter of gatekeeper permission (Appendix B). Those who were interested invited their patients to participate in the research, which comprised of online interviews conducted and recorded as private meetings on Zoom.

3.4 SAMPLING

3.4.1 Introduction

Purposive sampling was used to identify participants on the basis of their interaction with one of the homoeopaths in the eThekwini Municipality, specifically for paediatric care. As outlined in the previous chapter, paediatrics is a complex specialty that covers children’s physical, psychosocial, developmental and mental health; care may begin peri-conceptionally and continue through gestation, infancy, childhood, adolescence, and young adulthood. Although adolescence and young adulthood are recognizable phases of life, an exact age limit is not easily defined and varies depending on the individual patient (Hardin and Hackell 2017). For the purposes of this study, a paediatric patient is a patient five years of age and under.

3.4.2 Size

The sample size was not predetermined; the researcher conducted interviews until the point of data saturation was reached, which is the point where no new information emerged from the interviews (Fusch and Ness 2015; Guest, Bunce and Johnson 2006). This was ensured by the researcher through listening to the interviews during the process of transcribing in data analysis. In total, four interviews were conducted in the pilot study and twelve interviews were conducted for the main study to reach the point of data saturation.

3.5 SAMPLE CHARACTERISTICS

An interesting sample characteristic to note in this study is that all the participants of the interviews were mothers. The researcher was in contact with both mothers and fathers during recruitment, however, the fathers chose to pass the role of interviewee onto the mothers.

To participate in the study, the participants were required to meet all of the inclusion and exclusion criteria.

3.5.1 Inclusion criteria

All participants must:

1. Be a parent/legal guardian of a paediatric patient of one of the homoeopaths in the eThekwini Municipality.

2. Have had care received within a one year of recruitment. This is due to memory recall.

3. Read, agreed and signed to the Letter of Information and Consent (Appendix C/D and E/F).

4. Agreed to be interviewed and voice recorded; confirmed by the Letter of Consent as well as noted on the recording of the interview.

5. Be fluent in English or, should they only be able to speak IsiZulu, be allowed to utilise a single translator with them who is fluent in English.

3.5.2 Exclusion criteria

A participant was excluded if:

1. A participant had not read and agreed to the Letter of Information (Appendix C/D).

2. A participant had not signed the Letter of Consent (Appendix E/F)

3. A participant was unable to understand and speak English, or who had not utilised a translator with himself/herself if they are IsiZulu speaking.

3.6 DATA COLLECTION

3.6.1 Introduction

The study utilised semi-structured interviews (with the assistance of an interview guide (Appendix G)), which are interviews that have a basic guideline but are not too constrained as to impose the interviewer's frame of reference onto the interviewee. The questions utilised in the interview made allowance for deviation from the set questions which enabled for more organic responses to emerge (Flick 1999). The interviews were conducted in English and one-on-one with each of the participants; no IsiZulu participants requested the need for a translator. The interviews were conducted and captured electronically via Zoom meetings. The voice recording of the interviews was then transcribed *verbatim* into a text document and then used for analysis.

3.6.2 Interview method

The researcher began with a 'grand tour' question where the interviewee was asked to give a virtual tour of a phenomenon which was intended to allow the interviewee to share their knowledge on the subject matter unencumbered by the interviewer's frame of mind (Leech 2002). This was then followed by several probing questions to assist in addressing the main research problem. The questions utilised were open-ended questions with the intention of enabling the interviewee to set the pace of the conversation, and allowing them to construct their responses on the basis of their own experience (Silverman 2013).

3.6.3 Interview questions

Grand tour question – "Please explain your thoughts on homoeopathy as a good health care option for your child?".

Probing questions that followed the grand tour question are tabulated below:

Table 1: The various probing questions utilised in this study.

Knowledge	Attitudes/ Perceptions
• What do you know about homoeopathy? • What do you know of the homoeopathy with regards to the care of children? • How did you come to know about this homoeopath? • How did you come to know about homoeopathy as a treatment option?	• What has your experience been of the homoeopathic care for your child at this practice? • What is your opinion of Homoeopathy as a treatment option? • What was your expectation of homoeopathic care? • Describe your view of having homoeopathy as a primary care option for your child?

3.7 STUDY PROCEDURE

Prior to the main study, a pilot study was conducted using four participants who were excluded from the main study. These participants were as close to the inclusion criteria as possible and were subjected to the same procedures as those of the main study. The pilot study ensured that the formulated questions accurately answer the research aims and objectives. Once the pilot study was completed, the main study commenced. From the pilot study, additional probing questions regarding the use of other modalities of healthcare including that of CAM, parents' experiences with allopathic practitioners, as well as if they had noticed any difference between the practitioners their child/children went to, were added.

Once permission was granted from the relevant gatekeepers, the researcher then began contacting the practicing homoeopaths in the eThekwini Municipality. The homoeopaths were given a letter of gatekeeper's permission (Appendix B), a brief explanation of the study (confirming how their patients' anonymity would be ensured), and were provided with copies of the letter of information (Appendix C/D) and informed consent (Appendix E/F), as well as the IREC approved PG2 research document. Out of the pool of homoeopaths contacted, only two confirmed their willingness to assist in the research. The homoeopaths then provided the potential patients with the relevant information about the study, and willing participants contacted the researcher for more information (if they required it) and to set up an appropriate date and time for the interview.

Potential participants were given letters of information (Appendix C/D) and informed consent (Appendix E/F) to inform them about the study and what would be required of them in order to allow them to make an informed choice regarding whether or not they wished to participate. The researcher was available for any questions if the potential participants required any clarification. If they were happy to participate and fell under the inclusion criteria, an interview date and time was confirmed and the researcher scheduled a private Zoom; this is a Zoom meeting that requires a password for participants on entrance to the meeting and cannot be accessed by anyone other than those invited to the meeting.

On the day of the interview, the signed letter of consent was provided to the researcher prior to the start of the interview. At the start of the interview, the researcher explained what the interview would entail and then the interviews commenced with the 'recording' option turned on. The researcher began each interview explaining that the recording was for transcribing purposes and confirming the participant consented to it, followed by confirmation of receiving and signing the letters of information and consent. The researcher then allowed for any last questions or otherwise to proceed with the interview should there be no questions. The grand tour question was asked, followed by probing questions where necessary. The interviews lasted ten to twenty minutes on average and twelve interviews were conducted altogether. Throughout the interviews as well as during the research process, the researcher made reflective notes, which are useful for documenting personal perspectives, opinions and observations (Ortlipp 2008; Blanche and Durrheim 1999). Once each interview was completed, the researcher allowed for any final comments/questions, thanked the participant and then listened to the recording and made preparations for the next interview.

3.8 DATA ANALYSIS

In qualitative research there is no clear point where data collection stops and analysis begins, instead there is a gradual phasing in of the one and out of the other so that you initially start by purely collecting data and towards the end of the process you are mainly analysing it (Blanche and Durrheim 1999). In this study, after the researcher had transcribed all the interviews into written transcripts in a Microsoft Word document, the data was then analysed using Tesch's 8-step approach to qualitative research (Tesch 1990):

- Step one: The researcher reads the entire transcript carefully to obtain a sense of the whole interview and to jot down some ideas.

- Step two: The researcher selects one case, asks “What is this about?” and thinks about the underlying meaning in the information. The researcher writes down his/her thoughts.
- Step three: The researcher makes a list of all the themes or topics; similar themes or topics are clustered together.
- Step four: The researcher applies the list of themes or topics to the data. The themes or topics are abbreviated as codes, which are written next to the appropriate segments of the transcripts. The researcher tries out this preliminary organising scheme to see whether new categories and codes emerge.
- Step five: The researcher finds the most descriptive wording for the themes or topics and categorises them. Lines are drawn between categories to show the relationships.
- Step six: The researcher makes a final decision on the abbreviation for each category and alphabetises the codes. These interpretations are reviewed with the supervisor and co-supervisor to ensure fair and acceptable interpretations are rendered.
- Step seven: The data material belonging to each category is assembled and a preliminary analysis is performed.
- Step eight: The researcher recodes existing material if necessary.

Therefore, the researcher analysed the data, condensed it into overlapping categories and prepared interpretations based on this data. These interpretations were reviewed with the research supervisors to ensure that the interpretations that were identified were accurate and reasonable.

3.9 VALIDITY AND RELIABILITY

Validity and reliability have been described as traditions of quantitative enquiry to ensure trustworthiness whereas credibility, dependability and transferability are better suited to ensure trustworthiness in qualitative approaches (Graneheim and Lundman 2004). Guba and Lincoln (1994) described five important factors to ensure trustworthiness from a qualitative paradigm: credibility, dependability, conformability, transferability and authenticity. Trustworthiness in this study was ensured by drawing from this framework. The five above-mentioned factors include (Graneheim and Lundman 2004; Guba and Lincoln 1994):

- Credibility is defined as the confidence in the truth and interpretation of the data, which was ensured by the use of a reflective journal throughout the research process (whereby the researcher noted thoughts, feelings and actions). In addition, a second strategy employed to ensure credibility was that of striving to data saturation; this is the point whereby no new data emerged from the interviews. The researcher made allowance for this by starting to transcribe after each interview and re-listening to each recorded interview.

- Dependability is defined as the stability of data over time and in various conditions where similar conclusions would be reached if similar people were to be studied in a similar setting. Allowance was made for this by conducting member checks (i.e. asking the participants to verify that the researcher`s interpretation of what they were saying is in fact what they meant).

- Conformability is defined as the potential for congruence between two or more people to confirm data, which was ensured by careful documentation throughout the research

process as well as searching for confirming evidence during the analysis phase. In addition, literature was used to support or refute findings from the analysis of the data.

- Transferability is described as the extent to which findings can be transferred or applied to other groups, which was ensured by reaching data saturation and by the use of thick, vivid descriptions in the write up in order to allow for clear descriptions and reflections, as well as providing an exhaustive reasoning behind the reasons for selecting the particular participants of the study.

- Lastly, authenticity is the extent to which the findings faithfully and accurately represent the actual activities on the ground, which was ensured by audio-taping and transcribing *verbatim*, as well as the use of cross-checking of themes with the supervisor and co-supervisor during analysis.

3.10 ETHICAL CONSIDERATIONS

Ethical clearance was given by the DUT IREC (Appendix A). This clearance indicates that the study was approved and complied with the principles outlined in the Declarations of Helsinki, Nuremburg and Belmont of 1975. Each homoeopath in the eThekwini Municipality who responded to the researcher's email displaying interest in participating, confirmed their permission by accessing potential participants from their pool of patients. All participants were required to read a letter of information (Appendix C/D) and to sign a letter of informed consent (Appendix E/F). Participants had the right to withdraw from the research at any time. All knowledge of the research (including but not limited to the signed letters of consent, recordings and transcripts) were kept strictly confidential and access to this was limited strictly to the researcher and the supervisors. The interviews were coded and any mention of the participant or patient's name was removed to ensure anonymity and confidentiality.

Participant autonomy was maintained by the use of letters of information (Appendix C/D), given to each potential participant, which explained the purpose of the study, risks and benefits, methods to ensure confidentiality, the voluntary nature of the study and the right of the participant to withdraw from the study at any point during the research process without penalty. These letters were made available prior to any of the interviews and were also made available to the homoeopaths in the eThekwini Municipality in order to ensure transparency. Each participant was required to sign a letter of informed consent (Appendix E/F) with the assurance that the names of each participant would not be used in any resultant reports or publications. Each participant was assigned a unique identifier during transcribing to ensure non-maleficence. Non-maleficence was further ensured by keeping the interview recordings and transcripts on a password protected laptop to which only the researcher had access. Justice was taken into consideration as there was no discrimination in terms of age, gender or ethnicity in participant recruitment, in addition, accommodations were made for non-English speaking participants. All homoeopaths in the eThekwini Municipality and, by extension, the catchment of homoeopathic paediatric patients who fulfilled the inclusion criteria, had a fair and equal chance to participate if they wished to do so.

On completion of the study, participants will have access to the results of the study in the form of a dissertation (available online and in the DUT library) and possibly as an article published in an appropriate journal. The results of this study will assist the homoeopathy profession as a whole (including but not limited to the DUT Homoeopathy department as well as qualified

homoeopaths) on how paediatric homoeopathy is being perceived by the public and what steps should be taken to further its place in the South African medical field, thereby ensuring beneficence. The transcriptions and all other relevant research documentation will be stored in the Homoeopathic department in a secure environment with limited access for a period of five years and subsequently destroyed as appropriate at that time; any e-data will be kept (under password protection) until such time and thereafter will be securely deleted.

3.11 REFLECTIONS

The data obtained noted some very interesting findings, with even an emergent theme that had not yet been properly discussed. However, it does have some weaknesses. All the interviews that were conducted come from the mother of the paediatric patient. Would we have obtained the same data if interviews conducted were from the fathers? An important note is that all the interviews came from two homoeopathic practitioners. The researcher is grateful to have received even this level of support during the pandemic, but this may present a limitation in the variety of the perceptions and experiences achieved. This can be seen as a lack of variety in the style of homoeopathy utilised by the practitioner (i.e. classical homoeopathy, including the use of adjunctive therapies etc.) or the lack of variety in socio-demographic characteristics of the participants (i.e. it can be assumed that a person will utilise a practitioner in close proximity to them, therefore, the participants of this study will be limited to smaller amount of suburbs in the eThekwini Municipality, as opposed to if multiple practitioners in different areas were utilised), Thus there may be shortfalls in this research, due to the constraints and the ever-changing environment of the pandemic. A last noteworthy weakness was that of having to do online interviews. This posed an actual barrier to connection with participants in addition to the limited ability to reading social cues and body language.

Despite all the above-mentioned weaknesses, the data obtained was relevant, valid and strong. Clearly the flow of the questions utilised in the interview was good as the participants gave rich accounts of experiences; even with the above-mentioned barriers, the participants were able to open up and even communicate difficult experiences. Interviews can often be awkward and daunting and yet there were many instances of laughing and joking in them, even with participants who had never participated in an interview before, and after some interviews, the researcher and participants even had casual discussions about themselves. Despite the structure and the seriousness of the interviews, there was still a time for "relaxing" and I believe this was important in allowing participants to feel safe to open up and gave the interview an overall good flow. The themes extracted from the data were able to confirm homoeopathy's place in paediatric healthcare and give much needed information to practitioners on what parents require from their practitioner, showing that the data obtained was not compromised despite obvious restraints.

CHAPTER FOUR

RESULTS AND DISCUSSION

This chapter will present the themes identified with reference to the interviews, as well as a discussion of the themes with relation to relevant literature. Three themes were identified: perceptions of homoeopathy; the experiences of homoeopathy; and homoeopathy versus allopathy, challenges and opportunities.

4.1 THEME ONE: PERCEPTIONS OF HOMOEOPATHY

4.1.1 What is homoeopathy?

In this study, all the participants' perceptions of homoeopathy were of varying degrees; those who had a more direct "link" to the profession (a close relative/partner/friend) tended to have a more detailed perception. For example, Participant I, who has a partner who is involved in homoeopathy, was able to explain the law of similars as well as the minimum dose in fairly good detail. *O*verall, there were a few uniform perceptions which alluded to homoeopathic principles that were shared by the participants:

Homoeopathy is a *"natural"* form of medicine/homoeopathic remedies are made from natural/organic products (Bellavite and Signorini 2002). This perception was very popular among the participants with 8 of the participants emulating this statement:

"... it helps your body to work naturally." - Participant B

"...natural products, natural ingredients ... the most natural way of, of treating anything..." - Participant H

"I've tried to go as natural as possible ... I know I like natural. I'm all about the natural I'm as natural as possible. From everything I do for here has been natural." - Participant I

It is encouraging to note that not a single participant confirmed the myth that homoeopathy is a form of herbalism. This myth had been proven previously by a similar demographic of participants (Khumalo 2015; Harripershad 2009; von Bardeleben 2009; Paruk 2006). It is encouraging as the public has clearly had an improvement in education as it is able to distinguish homoeopathy from herbalism.

Homoeopathic treatment has a *"gentle"* action on the body of the patient; it works without there being a large demand placed on the body to process the remedy and stimulate healing (Ullman and Reichenberg-Ullman 1995). Hahnemann's first and second aphorisms state that "the sole mission of the physician is to cure rapidly, gently, permanently" (Hahnemann 2017, pg. xlviii); just under half of the participants included a reference to being "gentle" in its action:

"... it's nothing forced. It's gentle." - Participant E

"...treated with very little invasion to their bodies or anything ... least invasive..." - Participant F

"It's not as invasive or hectic..." - Participant L

Participants alluded to the homoeopathic law of similars and the principle of the *minimum dose*. Let "*like cure like" e*xplains that a substance that can produce a pattern of diseased symptoms in a healthy person when taken in a large dose can be used in a small dose to cure the same pattern of symptoms in a diseased person (Tiwari 2002). The minimum dose is whereby total restoration is achieved without causing harm by using the least amount of medicine required (Schmukler 2006). The fact that participants in this study were able to allude to principles of homoeopathy (namely the law of similars and the minimum dose) shows that there has potentially been an improvement in homoeopathic knowledge in those that utilise it. This could be as result of an explanation on the part of the practitioner which would form the basis of an introduction to homoeopathy, particularly in the initial consult in which the practitioner would establish the current knowledge that the parent has and build on this. Parents who understand the process of homoeopathy would be more compliant with said process and thus this explanation would be beneficial to include. It could also be as a result of there being knowledge imparted from the person who referred the parent to the homoeopath; as discussed later in great detail under Chapter six, most parents were recommended to a homoeopath by a family member or friend and thus there would have been some explanation of homoeopathy with this referral. Last to consider would be a combination of the easier access to information (i.e. via the internet and social media) as well as a drive on the part of the parent to have an active role in their child's healthcare. Previous studies (Harripershad 2009; Paruk 2006) reported that only a minor portion of the study population has knowledge of homoeopathic principles. Examples of this improvement include:

"...with new medicine, it's like, okay, well, you've got a bug in your body, we're going to give you an antibiotic. That's the opposite to try and fight it whereas homoeopathy is like with like..." - Participant A

"...in smaller doses to help the immune system fight harder." - Participant C

"...mirrors the virus ... it like mirrors, their ailments..." - Participant E

"...tiny doses of the actual disease or the actual cause..." - Participant G

"...the word similar comes to mind. There you go. So you basically treat with similar product for a condition, if I can simplify to its upmost simplicity. Basically, homoeopathy is treating patients in a very diluted form of a substance..." - Participant I

Homoeopathic remedies are prescribed *individualistically*; a homoeopath must get a full disease picture of the patient in order to prescribe the correct remedy (Swayne 1998). In this way homoeopathic remedies are prescribed to the individual and not just the disease, therefore, we are *treating the cause of the disease* and not merely "covering up" the symptoms of said disease (Hammond 1995). Eight out of twelve of the participants included a description of the holism of homoeopathy:

"...root cause ... I trust that the homoeopathy gets to the root cause and helps that process be worked through with just the way it should be, not suppressing and making things worse."- Participant D

"... homoeopathy treats the patient, rather than the cause of what rather than, you know, the symptoms that the patient is experiencing..." - Participant F

"...more holistic approach." - Participant G

"Treating not only the symptoms, but the cause ... rather than just a generic symptom, symptomatic treatment." - Participant L

Homoeopathic remedies stimulate an individuals' vital force in order to *allow the body to heal itself;* a spiritual power (i.e. the vital force) resides in the body and ensures that there is homoeostasis in the body so that the individual can function optimally (Hahnemann 2017; De Schepper 2001; Vithoulkas 1980). Therefore, the power does not actually reside in the homoeopathic remedies but actually in the vital force; the homoeopathic remedies assist with the restoration of the vital force, which has become deranged by the disease (Hahnemann 2017; Vithoulkas 1980). Just under half (N=5) of the participants alluded to the presence of the vital force and believed that homoeopathy would assist the body in healing itself:

"...my body cells to work the normal way...because my body is actually in a way it is repairing itself through homoeopathy." - Participant B

"...our body is our best doctor, your body has the potential to actually heal itself ... so that you can allow, you just need some sort of assistance every now and again just to help your body to heal." - Participant F

"...I just believe in the body, healing itself through food, and with the help of the medication that we get...the body could heal itself...our bodies can heal itself in more of a natural way." " - Participant H

From the above, we can see that the perceptions and knowledge of homoeopathy are similar in this study to other studies (both local and international) which noted that paediatric homoeopathic care is a "natural" treatment option, a more holistic approach and has a lower risk of side effects (Ullman 2017; Love 2016; Beer *et al*. 2015; Khumalo 2015; Bhalerao 2012; Eyles *et al.* 2011; Ashraf *et al.* 2010; Brien *et al.* 2011; Harripershad 2009; von Bardeleben 2009; Oshikoya *et al*. 2008; Robinson *et al*. 2007; Macquet 2007; Sanders *et al*. 2003; Cuzzolin *et al*. 2003; Vincent and Furnham 1996; Lockie and Geddes 1995).

4.1.2 Homoeopathic medication and its uses.

In this study participants showed both a high level of knowledge about homoeopathic medicine, and more specifically the uses of homoeopathic medicine, how it works on the body as well as the particular dosing of homoeopathic medicine. However, there were also some misunderstandings about how it works in conjunction with other modalities of healthcare, such as allopathic medicine. This misunderstanding can be explained by the lack of knowledge and acceptance of homoeopathy from mainstream medicine, as well as a lack of inter-professional communication between homoeopaths and allopathic practitioners.

In this study, homoeopaths were found capable of diagnosing and treating a wide array of conditions:

Table 2: The various areas and conditions that participants have experienced with homoeopathic care.

System/Area of treatment	Condition treated (amount of participants who confirmed this)	Examples of supporting evidence from interviews
Ear, nose and throat	Colds and Flus (N=4)	*"...any sort of infection, right from common cold..." - Participant F*
		"So when I first started, it was for the odd snotty nose or, you know, any type of flu like symptoms..." - Participant L
	Infection (N=4)	*"...sore throat...her tonsils... tonsillitis..." - Participant I*
		"...ear infection, burst eardrum..." - Participant L
	Other (N=1)	*"...ear issue...for menieres disease..." - Participant J*
Respiratory	Infection (N=3)	*"... cough..." - Participant C*
		"...croup..." - Participant D
		"...lung infections..." - Participant F
Mental, emotional and behavioural	ADHD (N=1)	*"...ADHD." - Participant E and K*
	Sleep disturbances (N=3)	*"Um, and then like, night terrors, trouble sleeping... homoeopathic remedy to balance this so that they feel happier and I feel happier." - Participant E*
		"...sleeping is not well..." - Participant H
	Stress/Anxiety (N=4)	*So from an emotional side of/point of view as well... homoeopathy in general had a massive impact on my son, because she was able to give him natural remedies to keep him calm, and just get his, you know, conduct, just get them aligned again." - Participant A*
		"...anxiety...he has bad separation anxiety..." - Participant H

		"...anxious, he's an anxious child. So for me, I needed to get him to be less anxious, more confident of himself. And the homoeopathy worked so brilliantly for that..." - Participant J
Gastrointestinal Tract (GIT)	Gastro-oesophageal reflux disease (N=1)	*"...reflux..." - Participant E*
	Other (N=2)	*"...leaky gut..." - Participant E*
		"...tummy bugs..." - Participant L
Skin	Eczema (N=2)	*"...full body eczema..." - Participant E*
	Allergy-related (N=1)	*"...skin allergies..." - Participant E*
General	Fever (N=4)	*"...right up to you know, fevers of nearly 40 degrees." - Participant A*
	Allergies (N=2)	*"...allergies..." - Participant E and F*
Musculoskeletal	Sprains and Strains (N=1)	*"So I mean, they would go to our homoeopath for a simple pain as well, you know, muscular pain..." - Participant F*
Common childhood conditions	Teething (N=2)	*"...I must say the medication for the teething...nothing can work like that for me to be honest." - Participant B*
		"...teething..." - Participant C and L
	Colic (N=2)	*"...colic in babies and all of those things." - Participant F*
Childhood illnesses	Chickenpox (N=1)	*"...chickenpox..." - Participant E*
Maintenance care/Check-ups	General health/well-being (N=1)	*"...we go to him for regular checkups." - Participant H*

The above tabulated results are in keeping with a previous study by Harripershad (2009), who reported that her participants had a good awareness of the applicability of homoeopathy in various conditions, including abdominal problems; behavioural problems; bone and musculoskeletal problems; childhood complaint; developmental disorders; infections; mental disorders; respiratory problems; and skin conditions. Other studies have also confirmed that the public believed homoeopathy to treat a wide variety of conditions, including that of mental/emotional ailments; this conveys that the public appreciate that homoeopathy is able to assist more than mere physical complaints (Pillay 2013; Macquet 2007). A qualitative study which accessed the experiences of participants receiving homoeopathic care at a homoeopathic clinic mirrored the above perception (Khumalo 2015). This study reported

homoeopathic intervention for infertility, arthritis, digestive issues, sinus-related issues and even chronic conditions such as diabetes. It is encouraging to note that the above-mentioned experiences of homoeopathic treatment for a wide variety of conditions is similar to the vast amount of research conducted overseas (Raak *et al*. 2019; Dhawale *et al*. 2016; Beer *et al*. 2015; Sharma, Narula and Manchandra 2015; Barvalia 2014; Bhalerao 2012; Rossi *et al.* 2012; Ramchandani 2010; Thompson, Bishop and Northstone 2010).

Past studies have shown that the public believes homoeopathy has a place in "common", less severe conditions (such as coughs, colds and allergies etc.) but not such a valid place in debilitating conditions (such as diabetes, AIDS and cancer etc.) (Macquet 2007; Paruk 2006). Von Bardeleben (2009) conducted a survey on parents in Durban who ranked a list of conditions according to what they believe homoeopathy was able to assist with; the most common conditions for which parents would seek out a homoeopath was allergies, then hay fever and thereafter eczema. In comparison to other studies such as Berdeleben's, the results of this study show that there is a much expanded list as to what parents think homoeopaths can treat. It is interesting to note that despite there being acknowledgement of the wide variety of conditions that a homoeopath is able to treat, not even the majority of parents were able to unanimously agree on a single condition. Allergies, which was the condition that parents agreed the most on, only achieved 43.5%.

Almost half of the participants were unsure if homoeopathy could be applied to acute and chronic conditions. This is similar to Pillay's (2013) study that showed a lack of knowledge in patients about whether or not homoeopathy is applicable to both acute and chronic conditions. A single participant in this study, Participant J, noted that homoeopathy was capable of treating both acute and chronic conditions:

"So I've had a mixture of both mental, physical, acute cases as well. And now he's got a chronic issue, and that's being treating homoeopathically as well." - Participant J

When comparing this lack of knowledge about whether or not homoeopathy is applicable to both acute and chronic conditions, there is a similarity to Pillay (2013), whereby almost half of the study population were unsure if homoeopathy could be applied to acute or chronic conditions.

Whilst speaking about homoeopathic remedies, the participants had the same perceptions that the remedies were made from natural sources and there were no side-effects (short- or long-term) to taking homoeopathic remedies. This lack of side-effects proves to be a strong driving force as it seems not only to impel people to alternatives but also away from allopathic medication. This is explored in greater detail in 5.3.2. Both this study and a study by Khumalo (2015) reported participants being able to articulate that homoeopathy was "natural", "holistic", and having few to no side-effects:

"...And you can't really overdose with homoeopathy medication, which is always good to have that around the house when you're a parent ... And then this (i.e. homoeopathy) here is natural, and there's no side effects…" - Participant A

"...no negative side effects ... There's no harm, there's no risk..." - Participant E

"The side effects, if any, would be very little or nothing." - Participant F

There was a collective understanding that the action of homoeopathic remedies had the potential to be drawn out, i.e. the desired effect happened but often took longer than what was expected, therefore, parents needed to have patience when using them and also needed to be active in monitoring their child's signs and symptoms. Despite this difficulty, parents were still happy to use homoeopathy. A third of the participants in this study noted that homoeopathic remedies required a longer time than anticipated to work:

"... aware it takes longer, the medicine...a huge thing as a mother is to now sit your child unwell and have to like ride it out…you are going to have to be patient, which means it's really hard, much harder... " - Participant C

"It took a little bit longer. But in saying that the allopathic medicines weren't doing anything for more than a three-month period. So I think people expect it to happen overnight but it doesn't always ... homoeopathy takes a little bit longer for it to work. " - Participant J

"It takes longer to get used to your system ... Maybe a month? Because I think like I said, you know, the homoeopathic medication. It's going to take a while for it to actually settle into your body ... You just have to have patience. I think. We don't expect miracles to happen overnight. So I think if you are patient and you just wait for it to work, and it would work. That that's my opinion ... it will take a while for the medication to adjust to our bodies." - Participant K

However, there were also reports of homoeopathic remedies working exceedingly quickly in restoring their child's health, which justifies that homoeopathy has a place in acute relief of symptoms as well as chronic conditions. A majority (N=8) of the participants had situations where the homoeopathic remedies provided quick relief of the ailment/s:

"...which was treated, I was very surprised, by the minute he got his remedy from the homoeopath, how quickly it actually stopped and went away...always been amazingly quick..." - Participant D

"...excellent quick turnaround times in healing."- Participant F

"...within one day, she's...she's healed from it ... Very fast reaction." - Participant I

"... acute infections are easy to treat...my daughter, who is ten, and I had a consult with a homoeopathic beginning this year, and within the first three powders she was a different child." - Participant L

One participant was able to identify that homoeopathy's timeframe for healing was dependent on the individual (i.e. their overall constitution and power of their vital force) as well as the condition they were presenting with:

"... it just depends on the child, depends on the situation." - Participant L

Half of the participants in this study noted that using homoeopathy was not a once off "quick fix" but rather a journey whereby the practitioner needed to get through "layers of understanding and observation" in order to get to the core of the issue. This can often be a frustration and this necessitates patience and trust from the parent:

"...becomes more of a way of life...persevere..." - Participant A

"...I don't think I understood at the time, the length of the journey and the requirements of the support...Like it's frustrating, like at the moment, I feel like we're not quite getting to what's going on with him." - Participant C

"But often when you working on homoeopathy, homoeopathic remedies in a state like that, it's like an onion and you peeling layers off..." - Participant E

"...sometimes the emotional ones take, take, you know, one or two goes. And again, depending on the child. But it's the more specific personality items or molehills that we sometimes take a while..." - Participant L

Other studies support the belief that homoeopathy can take a long duration of time before seeing results in comparison to allopathic medication (Von Bardeleben 2009; Macquet 2007). However, the results of this study whereby they acknowledge a long-term relationship with their homoeopath with regards to their child's health is new information that has not been obtained by other studies in a South African context. One of the forerunners of homoeopathy, Vithoulkas (1980), has eluded to this relationship and given reasons why there would be this delay in progress:

- A lack of overall satisfaction in one's life: even if a patient's presenting complaints are relatively minor, if there is a restriction on the ability to live a happy life, there are strong predispositions to chronic disease.
- Strong and predominant mental/emotional symptoms: there is a relatively poor prognosis as these patients often move towards healing very slowly and with much difficulty. The deeper to the core (involving the mental and emotional sphere) that the cause of the ailment is, the harder it is to recover.
- Hypersensitivity: individuals who react fairly easily to stimuli (e.g. catch a cold easily, react strongly to rejection etc.) and are unable to maintain homoeostasis in their body, have their body's defence mechanism often being triggered in order to restore homoeostasis.
- History: patients with a personal history of serious disease, or who have had a significant amount of "suppressive" therapy (i.e. any kind of anti-treatment), or a family history of deeper issues (relatives with chronic disease, mental disturbances in the family etc.), can expect there to be difficulties during their homoeopathic treatment.

This conflict of action of homoeopathic remedies was not explored by other studies; this is the strength of qualitative studies, where one can get information that could not be obtained from quantitative studies. None of the other local studies noted the above conflict. One qualitative study did have participants reporting on the improvement of their symptoms, however, there was no mention of an exact timeline of healing (Khumalo 2015).

What was interesting to note was that there was misinformation about using homoeopathy with other treatment modalities. This would imply that there is a deficit in the knowledge of homoeopathic remedies and this would need to be addressed by practitioners through educating the public so that they are more knowledgeable and can make more informed decisions:

"No, I wouldn't use them together although, there is maybe one or two medications that the homoeopath, if I say it as this, "you could also try this medication". Like, for example, one medication...I forgot the name of...but there is a way but you saying no, we can close with homoeopathy and just get her better off this, you know, it has been easier. But to use them both? Uh uh. No, I stick to one doctor." - Participant B

No, I wouldn't want to mix them up." - Participant K

One participant, who has a stronger link to the profession (and thus is likely to be better educated about it), knew that using homoeopathy with other modalities was not contra-indicated and, rather, using more than one modality would actually be beneficial:

"Always together. Yeah, if I choose I choose allopathic at any time, I usually use them together. I don't ever use allopathic on its own weirdly enough. Just because I've seen homoeopathy working with them from the time they were born." - Participant J

The above result was also reported by von Bardeleben (2009), who noted a misinformation from participants when asked if homoeopathy could be used in conjunction with orthodox medicine; almost half of the participants were uncertain that the two could be used together. James *et al.* (2018) noted that patients who utilised CAM and allopathy would often not tell the allopath that he/she was using it for fear of the negative attitude of the allopath about CAM, fear that they would not receive proper care for not disclosing that they were using CAM and/or for fear of a lack of knowledge on the part of the allopath about CAM. This is of great concern as there could be safety issues at play in relation to interactions between the different modalities (e.g. a herb-drug interaction that could lead to serious adverse effects) (James *et al.* 2018). Kalaichandran *et al.* (2018) concluded that CAM has a high self-perceived efficacy and therefore, physicians should review its use with their patients in an open and non-judgemental manner. Fries (2008) noted that even in developed countries such as Canada physicians attributed little effectiveness towards CAM, including that of homoeopathy. This shows that there is still a need for education on the basics of homoeopathy (i.e. what it is, how it works etc.) by the public and mainstream medicine professionals. Whilst we may not be able to substantiate this, this lack of knowledge may be as a result of a broader understanding that the two areas do not mix. An interesting, albeit a reductive view, of this lack of harmony between two worlds can be explained by the idiom "monkey see, monkey do": because the public is not exposed to the two fields working together there is an unspoken belief that the two in fact are not to be used concurrently. This can be further explained by the paucity of CAM in the curriculum of mainstream medicine schools and it is possible that this lack of harmony between the mainstream and complementary fields gets filtered down to the public (Chitindingu, George and Gow 2014).

A final perception that was shared by many participants was with regard to the actual regimen/dosing of the homoeopathic remedies; there was a uniform perception that the regimen was very difficult to adhere to and this may present a challenge in terms of being compliant with it:

"...it is quite hard to remember because homoeopathy has many more like every half hour every three hours. You want a homoeopathic clock to like, take that remedy and shoot for the next one...you need to get sambucus and given every 15 minutes until it calms down." - Participant C

"...using homoeopathy through the night." - Participant D

"Sometimes the difficulty is that you have to be consistent and regular and keep the dosing ... I think that's half the issue if you having to take something every fifth 15 minutes or every hour. It's...it's very difficult. But um, yeah, we've managed with whatever her guidance we've managed to be able to stick with the protocols..." - Participant G

In this study, two solutions that emerged to this challenge of compliance with the homoeopathic process are that of thorough patient education and the accessibility of homoeopathy at home. With regard to patient education, the participants requested a handbook of sorts that would be able to explain and give reasons for the journey with homoeopathy, as well as a set of instructions of how to use homoeopathic remedies:

"...it should be a pamphlet, that isn't, on what homoeopathy is, what to expect...these are the things I wish I had known earlier. I didn't have a background. I feel like that will be useful to anyone that's stepping into homoeopathy to have a, like a pamphlet of like, I've also been told and I don't know how true it is.... you shouldn't be treating kids with Vicks and the homoeopathy because the eucalyptus is so strong it overrides the subtlety. Like things like that should be mass, mass, massly, known widely? Well, it's just also like understanding again, I don't know, I seem to pick it up here and there so I'm even not sure myself. Is that like sugar is not ideal. It also works against a homoeopathic remedy. I definitely have not clearly been told that. So I think those kinds of things, if you're going to do it, you want to do everything...as a homoeopathic patient, you need to be empowered and educated because it is a lot about taking care of yourself as much as getting the help from the homoeopath." - Participant C

"I wanted to learn and understand the disease..." - Participant H

"I don't know how we would educate the people. Yeah, like how do we go about educating people? And I do it. I mean, I'm one if I'm, if I know if I like to promote people, not people, but I like to promote homoeopathy..." - Participant I

This additional guide to using homoeopathy would assist in ensuring that parents are compliant with their (often complex and tricky) child's homoeopathic remedy regimen overall boosting compliance, as remembering the specifics about dosages can be challenging (e.g.: *every half an hour or every three hours - Participant C*). In essence, this manual would serve as a guide to assuage any uncertainties (about dosage instructions, signs and symptoms to look out for, storage instructions for remedies etc.) that parents would have once they had left the homoeopaths office. Such kinds of manuals are often utilised in mainstream medicine, the most popular example in a paediatric setting would be that of the "Road to Health" card that is issued to all parents when they present their newborn to a health care provider for the first time post-

birth; it provides a convenient and practical tool to parents in terms of monitoring a child's health (Department of Health 2018). To combine the challenge of acceptance from mainstream medicine and that of patient education into a single solution, would be the awareness of allied healthcare (such as homoeopathy) to new parents via advertising in the "Road to Health" card and the integration of allied healthcare into mainstream, whereby not only is it common practice for a newborn to go to a paediatrician for a check-up but also a homoeopath as well.

With regard to the home use of homoeopathic medicine, participants accredited a lot of their education about homoeopathy with being able to use it at home:

"So they these are all complexes/mixes, and they're very comprehensive in what's in it. So this is also helped a lot in my education...But it definitely for me, this has made a big difference. Because effectively you've got a first aid treatment kit... So but it makes a huge difference to have something..." - Participant C

"...so when I get my medication from her, it doesn't just last me that one time that she takes it I can use it once or twice afterwards... have you got any leftover of the last time? I'll say yes. And they'll give it to her." - Participant I

This access to homoeopathy at home allows for knowledgeable parents to observe and assess their children's signs and symptoms and give a corresponding low potency homoeopathic remedy to alleviate minor ailments. This will not replace going to a homoeopath, just as over-the-counter (OTC) medication does not replace going to a general practitioner; this serves to give parents access to homoeopathic remedies. The benefits of OTC homoeopathic remedies was noted by Broughton (2008): advertising of the profession, promotion of homoeopathy, a cheaper form of homoeopathic medication and easier accessibility for home usage, public awareness of homoeopathy, public openness to homoeopathic medicines and their uses, exposure of the general public to homoeopathy and promotion of the accessibility of homoeopathy to all members of society. However, to implement a homoeopathic first aid kit would require approval from the AHPCSA as it is currently out of a homoeopath's scope of practice. This will take large avocation and effort from the profession as well as evidence to support its use and safety.

4.2 THEME TWO: EXPERIENCES OF HOMOEOPATHY

4.2.1 The consult (case taking, diagnostics, length of consult, covering all aspects of the patient).

Homoeopathic consultations tend to be quite long in duration, due to the thoroughness of the consultation itself. Harripershad (2009) reported that a majority of the participants perceived that their homoeopathic consultation lasted 30-60 minutes; a similar result was seen by Pillay (2013), whereby a two-thirds of participants believed a homoeopathic consult lasted between 30-60 minutes. All participants in this study also specifically mentioned the longer consultation times for homoeopathic visits, in some cases from 45 minutes to an hour (Participant G). In some cases, such as Participant L these are also compared to the short consultation times of allopathic doctors "*where you're in and out in 10/15 minutes with a script" (Participant L).*

This increase in duration is as a result of the extensive case-taking in homoeopathy, which not only considers the presenting complaint/s of the patient but also their emotional state, sleep, energy levels, sexual functioning, appetite and food likes and aversions, past trauma and illnesses etc. This is in order to get a full picture of the patient so that the practitioner can select the correct remedy to prescribe to the patient. It is often the peculiar, queer, rare and strange (PQRS) symptoms that are of the most valuable to the practitioner as they give the disease its own particular character which makes remedy selection easier (Eyles *et al*. 2011; Hammond 1995). For example, there are a multitude of remedies that can be used for skin conditions that have an itching quality to them, however, Sulphur is the "great unwashed", and it is in this remedy that we find individuals have a particular worsening of their skin condition after bathing (Phatak 2016). Therefore, homoeopathic practitioners must gain a wealth of information in order to be able to prescribe the correct remedy.

The above-mentioned, detailed questioning that is accustomed to a homoeopathic consult was not only noted by the participants of this study, but this level of depth and attention was appreciated by the parents. For a majority of the participants (N=8) the time and care taken to get to understand their child, to "*can get into the deeper aspects and the wellness" (Participant G)* equated to a sense of security during the consultation. Participant L explains how this feels:

"Oh the case taking was far more thorough with homoeopath...Yeah. They ask questions that are even unrelated. About the sleeping, the eating, the fears, the tendencies, hot or cold water, sweet or sour taste, you know, all things like that, which would to a GP, be very unrelated and would not be of interest to them. To homoeopathy it is, so definitely the case taking is very different ... I always just felt more heard. And yeah, just far more in depth...it's more thorough, it's not as generic... It's more authentic..."

This satisfaction with the depth and length of the consultation was also seen by Khumalo (2015), whose participants noted that they received a thorough examination, their consultation was not in any way rushed and they felt free to discuss any and all issue/s they were experiencing. Participant J in this study appreciated that this meant their child is looked at "*as a whole individual and not as a lung infection or a throat infection".* In addition to finding out more about the patient, an allowance for more time during the consultation makes the patient feel respected and valued (Eyles *et al.* 2011; McIntosh and Ogunbanjo 2008). Homoeopaths will also want to understand aspects about the parents as well in paediatric treatments; this would assist the practitioner in gaining a full picture of the patient. For example:

"...was very in depth, like our consultation with...He's got a full history of baby. And he, he, he just made everything makes so much sense...It was about my son holistically it was about his total health, you know, the way he was his, his, you know, his birth story. His... all about me..." - Participant H

However, many participants' experience was that a homoeopathic practitioner will include the child in the consult. For some this is different from allopathic consultations, Participant J explains how at her homoeopath *"they speak to my child, which is different to when I go to a paediatrician, because most times they are only speaking to me".* Tates and Meeuwesen (2001) also noticed this lack of the role of the child in their own consultation and noted that by restricting the child we move further away from allowing them to be an active participant in their healthcare as well as the development of the patient-centred approach to healthcare. With the increased

demand of collective involvement in decision-making and informed consent, children should be involved in the decisions about their own healthcare and their role in the consultation should be equally as important as their parents (Tates and Meeuwesen 2001). Not only will this approach align with the patient-centred approach, but it is actually what parents prefer being done in paediatric healthcare (Rise and Steinsbekk 2009).

The inclusion of a child in the consultation process can often be tricky and would obviously have to depend on the child's language capabilities (the homoeopath may have to rely on observation more than conversation). However, children tend to display very clear remedy pictures and by allowing them to participate in their own treatment, the practitioner is able to prescribe the most applicable remedy (Master 2006; Hammond 1995). Parents in this study also recognised communicating with the child directly as a positive, such as when Participant I explained:

"...our homoeopath does talk to her, which I think is so important, because that's why we are there, it's for her. So she does talk to my daughter and asks her the questions and she has for a long time." - Participant I

4.2.2 Genuine empathy and concern of the practitioner, and the availability and reliability of the practitioner.

Participants found that the personal relationship they had with their homoeopath was key; there was a comparison made with this relationship to other health care providers in order to convey what they felt was lacking in one and what was provided by the other, in this particular aspect. A majority of the participants (N=7) stated that they would seek out a practitioner who had the same values as they did. If they had encountered a practitioner who did not have these same values, regardless of the practitioner's skill, they would leave this practitioner and look for one where there was "...*aligned values..." (Participant C).* A quote that supports the above consideration: *"I think you gravitate towards the doctors that resonate with what how you want to treat your kids and support you. And you avoid the ones that that don't." - Participant E.* This search of the "right practitioner" does not only occur between the mainstream and CAM field, but also in the CAM field itself. Participants noted the success of homoeopathy *"... depends on the homoeopath that you consult with..." - Participant H.* Participant C further elaborated on this:

"*So I do think a huge part of treating a child homoeopathically is having a practitioner who's available and able to offer the kind of quality care that our homoeopath does. So even though I think personally my previous homoeopath was as good or better than our current homoeopath. Without the continuous care, he's redundant...Specifically for paediatrics...*"

Another interesting aspect was that homoeopathy seemed to have broken the invisible barrier between patient and doctor and instead had a very unique and open partnership with the homoeopath. Participants in this study spoke of their homoeopath as a friend who had invested time and compassion into them and their situation:

"With all the doctors I have had, I have never had a relationship, like a doctor-patient relationship, like with my homoeopath, you don't even feel that she is your doctor." - Participant B

"...feels more like a friend than a doctor at the end of the day." - Participant G

This relationship is not so easily seen in mainstream medicine where patients may feel reduced, compartmentalised and labelled by their practitioner (McIntosh and Ogunbanjo 2008). This was also seen in this study:

"...I was very I wasn't at ease, or what word am looking for. I wasn't happy with the way they approached it because it kind of like labelled your child as being maybe like, you know, like he has a disability, I think, which I wasn't too happy. And I guess you know, being a mom, you would know what your child is capable of." - Participant K

Ultimately, a parents' choice of practitioner was not solely based on skill; they sought out practitioners whom they felt took their beliefs and values into consideration, listened to their concerns and made them feel heard and also included them in the decision-making with regards to their child's healthcare.

Homoeopaths were found to be empathetic and genuinely interested in their patient's well-being. This approach in itself becomes a part of the therapeutic process. When the patient feels understood and valued we can see the successes of homoeopathy even more clearly. The experiences reported by the participants were not just of the amelioration of their symptoms but completely astounding results, which is why they vehemently advocate for using homoeopathy to their friends and family members and why they spoke so passionately about their experiences:

"...our homoeopath has completely changed my life." - Participant A

"It has worked wonders for me... Basically, I learned... I've learned how to identify my... I know me... I understand my body." - Participant B

"So my experience was, I want to say almost miraculous, well, was phenomenal." - Participant C

An overwhelming amount of experience from the participants was that of the concern shown by the practitioner as well as their availability after hours. Participants noted that without this level of support from the practitioner, they would not have been compliant with the homoeopathic process. Therefore, the dedication of the practitioner is as (if not more) significant than the actual homoeopathic remedies themselves, when it comes to paediatric. Excerpts from the interviews that support this are as follows:

"I was terrified so I sent her a message early in the morning and then I got some medication...And she goes out of her way that even when you need her after hours, she's available like literally anytime. Anytime. With anything actually." - Participant B

"My homoeopath's amazing, particularly because she'll let you just WhatsApp her anytime...she came in on a Sunday to see him... I've always been very impressed with her care and she's treated us." - Participant D

"I just message him or call him. And for even a simple thing, like when they even sprained their leg, and I couldn't get to him and you know, over the phone, he just told me exactly what to do

and how to treat them, etc. So and that's, that's the good thing, that we have a really good relationship with him, where we can just call him and get advice, or he tells us, yes, you need to come in, or this is what you can just do at home." - Participant F

"...then our homoeopath is good because I can message her and she'll say okay, you know ... or just get back to me tomorrow or whatever. And then when I start taking this often I will message her, have you got any left-over of the last time? I'll say yes. And they'll give it to her and then she's like message me tomorrow, so I message her tomorrow. And then I message her tomorrow to say it's so cool. I won't be coming in because it has resolved." - Participant I

This availability "after hours" as well as the practitioner following-up with the parent, gives the parent the support that they require and have been seeking in their children's healthcare (McIntosh and Ogunbanjo 2008). This level of compassion and concern reported by the participants of this study was also reported by Khumalo (2015) whose participants stated that the practitioners were sympathetic, attentive, were willing to assist, were easy to communicate with, were passionate, and gave undivided attention. It is these kinds of comments that establish that homoeopathic practitioners' attempt to build a very special relationship with their patients. Future research to investigate how practitioners manage the additional work that comes with the management of paediatric patients would prove valuable, in particular managing the concerns and the support required from the parents. Chapter five in this thesis on the role of mothers and explores some of these findings further.

4.3 THEME THREE: HOMOEOPATHY VERSUS ALLOPATHY, CHALLENGES AND OPPORTUNITIES

When we compare the two systems, we get a better understanding of where there is overlap and how they can interact with each other optimally.

4.3.1 Holistic care in homoeopathy; reduction of an individual to symptoms in allopathy.

A common recurrence from the participants of this study (N=5) was there was reference to how homoeopathy aimed to treat the root cause, whereas allopathy only addressed the presenting symptoms:

"...taking a drug would obviously suppress symptoms, and that's not healthy." - Participant D

"It's never just about the symptoms. It's always the bigger picture." - Participant E

"Treating not only the symptoms, but the cause, according to the child and their constitution and how they're presenting, rather than just a generic symptom, symptomatic treatment." - Participant L

Homoeopathy was also holistic in the way it considers all aspects of a patient, which is covered thoroughly in their consultation. In this way patients receive care that is comprehensive and considers each aspect of their well-being, not just their physical ailments. More than half of the participants (N=7) noted that an allopathic doctor worked in a reductionist manner whereby the main concern was the presenting symptoms of the child, whereas a homoeopathic approach

"...would *treat them on more than one level. Yeah. Physically, emotionally, mentally...Health is it is a multifaceted complex system if I can call it that, and it doesn't just involve one thing. So I think where homoeopathy is so beneficial is that it looks at the bigger picture. And whereas other doctors, even if they are progressive and holistic doctors, don't look that deeply or widely into things...It's deeper, it works on so many different levels." - Participant L.* This "*bigger picture." (Participant E)* approach proved to be very important to parents as the human body is "*interconnected...a mental state, physical state...the whole state (Participant C)* and each facet interacts with the others in order to allow for the body to function. *"Homoeopathy is more of an understanding of the child." (Participant B)* whereas allopathy seems to treat "...*the body like a machine." (Participant C).* This holistic approach seen in homoeopathy is more in line with what parents perceive to be an ideal consultation for their children (Rise and Steinsbekk 2009).

Homoeopathy does not only have a place in the treatment of ailments, it has also been found to have effects on overall well-being and improvement in immunity as well as a vital role in the growth and development of a child:

"...very strong constitution. He's 11 years old now, and he rarely...rarely gets sick...I feel he has a strong constitution because of that, because we've managed to avoid chemical/new medicine as much as possible." - Participant A

"And although we did use homoeopathy for his health to boost his immune system..." - Participant G

"I think every child should see a homoeopath, from the start of any issues that they may have, because it actually helps them grow their mind as well...So I've chosen for their longevity and quality of life for the alternative because I could see what it did to me..." - Participant J

This role in immune support was also mirrored in other studies (Pillay 2013; Harripershad 2009; von Bardeleben 2009; Paruk 2006), where homoeopathy was perceived to have a role in preventative and supportive medicine. Therefore, not only is this an idea founded on the experiences of parents but it is also supported by members of the public and even other medical professionals as well.

4.3.2 Allopathic medication (side-effects, over-prescription, long-term effects)

Ten out of twelve of the participants mentioned that a large driving force behind a parent's decision to utilise homoeopathy was the mistrust in the pharmaceuticals given by allopathic doctors. They had personal experiences of the side-effects of these medications, incidences where the incorrect medication was given with detrimental effects, the ease and frequency at which medications are prescribed, the over-use of medication when other options should be provided, and the long-term consequences of allopathic medications. Violent words such as "*pumped*" (*Participant A*), "*shoved*" (*Participant F*) and "*whacked"* (*Participant G*) were attached to their description of allopathic medication. Parents would actively *"...try and avoid all the side effects of chemical medication... " (Participant A),* some would even be given a script from a allopathic practitioner as part of their consultation and not collect the medication. There was a belief that the pharmaceutical world's goal was that of "*...capitalization there is a lot of, you know, let's just make as much money as possible..." (Participant A),* there was a lack of trust *("I*

just don't trust pharmaceutical, the pharmaceutical industry..." - Participant H), and parents did not *"...feel like the mainstream medication is here to make us better..." (Participant I).*

A big concern for parents was the side-effects of allopathic medication. A single medication had *"...huge amounts of them... (Participant E)*. One participant mentioned a bad reaction in which her child "*...couldn't even finish the course. And she had to end up going back to our homoeopath, for treatment to get fixed up..." (Participant F)*, another expressed concern of the fact that repeat scripts were easily given (*…So if I was taking her to the doctor every time and putting on an antibiotic every time, and I can't imagine what you know, ya what that's doing to their system..." - Participant I*), the incorrect medication was given (*Participant A and E*) or there was *"over-medicating" - Participant A* (i.e. too much medication given or medication given when the situation did not call for it), and a few parents stated that they were concerned about the potential long-term side effects of chronic drugs (*Participant H, J and K*).

Some participants reported that they felt that an allopathic practitioner was not necessarily concerned about the side-effects of the medication they were prescribing. Participant C explains that "...*I don't think the hospitals or the doctors are that good in actually going through side effects, they don't do that you need to go through all the documents and check what the potential side effects are..."*, which would compromise their relationship with an allopathic practitioner as there would be a lack of trust. Parents believed that their children's bodies were still developing and thus "*...sensitive to what it's been given*" (*Participant D*), thus a lot of the medication that was recommended by the allopathic practitioner was not actually beneficial for the child.

Parents also perceived that some of the medication recommended to them was inappropriate for children, with regards to the scheduling of medication. Two participants described incidences whereby their children were given a scheduled medication, one of them was a misdiagnosis and resulted in distressing side-effects:

"...all the side effects...there are side effects and huge amounts of them...gave him a medical syrup. I can't remember the name of it turns out it was a, what do you call it? Like a psychotic, they give it to loony people. And he was five years old. He was hallucinating things in the room. Uhm and that was just a misdiagnosis, that was severe consequences thereafter. Uhm whereas homoeopathy, you're never going to have that. If you give the wrong remedy, it's going to do no harm. You just got to try another one again, whereas with modern medicine, you can seriously stuff up someone's life. It's scary." - Participant E

"...recommended other well-known schedule four medication or five, whatever it's called. And I'm not keen to go down that road until it's absolutely necessary..." - Participant G

Overall, parents did feel like allopathic medicine has its place however *"...there for a reason, but it should be used in the right way" (Participant A).* It was interesting to note that a consultation with an allopathic practitioner always came with a script; there wasn't a single positive experience from an allopathic consult where diet and/or lifestyle advice was emphasised instead of medication, and that it seemed as if an allopathic practitioner's role was to link a condition to the corresponding medication:

"...with mainstream GP or paed, if it's not a clear-cut case of a specific condition that they can treat with a pill, then you cannot be treated." - Participant L

Participants of this study recognised that *"...a lot of the time children don't need the medicine that they are given." - Participant D* and that this may be done in order to allow the patient *"...to make you feel like you've been addressed..." (Participant G).* One participant suggested that with the advent of the "over-use" of allopathic medication in paediatrics has resulting in making their bodies less capable of dealing with disease:

"...there's a lot of immune illness emerging, people suggest some of it may come from children being knocking the fevers so then the immune system never gets to weight lift anything so those things for me are big for little kids because you depending on their lifetime health on... I said to someone the other day you think it's important they play in the dirt and they learn to speak or whatever or their immune system has to also be doing weightlifting, climbing stairs and doing whatever and that's no longer allowed... trying to avoid allopathic because I think it's generally has long term costs that aren't worth taking and unless it's for a serious cause." - Participant C.

Therefore, parents were well aware that allopathic medication was a necessity but should only be used where necessary as the medication has multiple side-effects and potential long-term effects which could affect their child's overall growth and development.

This unanimous perception about allopathic medication was not seen in previous local studies. Harripershad (2009) only reported a small number of participants (5.67%) who believed that healthcare providers prescribe medication too easily. Macquet (2007) reported two-thirds of the participants were unsure whether taking allopathic medication had a greater risk of side-effects in comparison to homoeopathic medication. Whereas studies done overseas reported that parents utilised homoeopathy as it is a treatment option for their children without the side effects of orthodox medicines, they have experiences a lack of improvement when utilising orthodox medication, and they believe that there is an over-prescription of orthodox medicine (multiple powerful drugs that are dispensed far too easily and frequently) (Ullman 2017; Beer *et al*. 2015; Bhalerao 2012; Eyles *et al.* 2011; Ashraf *et al.* 2010; Brien *et al.* 2011; Oshikoya *et al.* 2008; Robinson *et al.* 2008; Sanders *et al.* 2003; Cuzzolin *et al.* 2003; Vincent and Furnham 1996; Lockie and Geddes 1995).

4.3.3 Room for both, or even more?

Despite being strong advocates for homoeopathy, the participants of this study still believe that allopathic medicine still has a place in their child's healthcare but they get to decide when and where to go to either:

"...we do believe that there's a place for chemical medication or new medicine...needs to be a balance...be able to try new things before we just go straight into, you know, let's use this that can affect, you know, the kidneys or this or that, and the next thing ... And I'm happy to use both. But there has to be a balance and you have to use, I feel, the right type of medication for the situation that you're in." - Participant A

A majority of the participants (N=10) believed that homoeopathy should be the first-line of care and it should be used for overall wellness, whereas allopathic medicine has a large role to play in emergency care (due to its fast action, for short-term usage), chronic conditions as well as surgical interventions:

"...allopathic medicine, is for trauma and crisis. For wellness, I don't...I totally have no faith. I don't think they educate them well enough, they spend less than three weeks on nutrition, like there is no understanding, in my opinion of the full body...I just don't trust medicine for wellness. I trust medicine for saving lives, or treating a serious illness that can't be treated another way, but on a day to day basis, not allopathic medicine." - Participant C

Participants also felt that practitioners should advise them on whether they believed the other was necessary, and thus relied on the practitioners to guide them on inter-professional referrals:

"... I think you can go to a homoeopath first and then the homoeopath can guide you to say, okay, I think you need to go and see a medical doctor now..." - Participant D

"...go to the homoeopath first and if need be, he would refer them..." - Participant G

The above perception was supported in varying degrees by previous studies. The majority of respondents confirmed that homoeopathy was not well validated in emergencies (e.g. appendicitis) and all respondents agreed that it could not be used to treat conditions that required surgical intervention (Naicker 2008; Macquet 2007). Harripershad (2009), supported the use of homoeopathy for non-threatening conditions (e.g. skin rashes, common cold) and reiterated that homoeopathy had no place in emergency or life-threatening conditions. There were two studies that contradicted the fact that homoeopathic intervention for chronic conditions was not applicable; in these studies, homoeopathy was preferred as it often worked better and did not have the many side-effects that allopathic medications do for chronic conditions (Harripershad 2009; von Bardeleben 2009). Ostermaier, Barth and Linde (2020) interestingly noted that allopathic practitioners would include CAM in even serious chronic conditions such as cancer, in addition to the chemotherapy, radiotherapy and/or surgery, where applicable. This study also noted the just the inclusion of CAM in their management would establish trust and confidence with their patients.

There was a desire for all possible options to be made know and available, that both allopathic and CAM practitioners would work together to offer *"...integrated medicine." (Participant F)* so that parents could utilise multiple options of paediatric healthcare. There was a hope for inter-professional collaboration and referral and in that way, holistic care would be accessible to all parents so that their children live longer and healthier lives:

"*And that more people will start to engage with natural medication and homoeopathy, kinesiology, chiropractors, to try and actually add longevity to their lives..." - Participant A*

"... in combination with general practitioners and specialist...I need both...Some medication or something that's my experience with and then always have the homoeopathic remedies in the background still going." - Participant G

An inter-professional relationship would allow for referral between different practitioners (both allopathic and CAM) in order to optimise the management of paediatric patients. Only a single participant in this study was referred from an allopathic practitioner *("psychologist referred the*

homoeopath." - Participant C), and a small number of participants were made aware of homoeopathy from the referral by other allied health practitioners. One participant noted that once you started utilising CAM therapies, it opened the door to others and you were made aware of other types of therapies of which you were not previously aware *(Participant A).*

This confirms that awareness (and later, the acceptance) of homoeopathy from other healthcare providers is poor. This is not an uncommon finding; a recent study that investigated the perceptions of homoeopathy by nurses reported that only 6% of the study population believed that homoeopathy was a valid form of medicine and the majority (56%) were unsure of the duration of study to qualify as a homoeopath (Pillay 2013). Other studies in this area confirmed a poor awareness: a study investigating the perceptions of homoeopathy by medical practitioners reported that almost 50% of medical professionals felt as if they did not have enough information on homoeopathy and that there was poor communication and interaction between the medical and homoeopathic profession (Naicker 2008). The study concluded that an improved knowledge of homoeopathy by medical practitioners would improve the referral of their patients to a homoeopath. This shows that medical professionals are generally misinformed about homoeopathy and this misinformation prohibits homoeopathy from being recognised as a legitimate form of medicine.

There is a demand by the public for their physicians to be more knowledgeable and accepting of CAM (Ireland-Coetser 2017). Studies that have assessed the amount of CAM that forms part of the allopathic medicine curriculum have noted an extremely low (and in some cases, none) level. By incorporating CAM into the allopathic medicine curriculum, the students would have knowledge of CAM and its demands by the public and thus would be able to identify when to refer to it/incorporate it into their own patient management. This would assist in addressing the current lack of knowledge and referral of CAM by the allopathic medical profession (Ireland-Coetser 2017*;* Chitindingu, George and Gow 2014; Lie and Boker 2006). The authors further confirmed that allopathic faculties who teach or integrate CAM into their curriculum have significantly more positive attitudes and use CAM more frequently. The study concluded that if students had more knowledge of CAM (in their residency in particular) they would be able to advise their patients on its use more appropriately. The incorporation of CAM by allopathy has been done overseas and has been shown to be done without any internal conflicts of differing professional ideals (Ostermaier, Barth and Linde 2020). These allopathic practitioners advocated for this inclusion for a number of reasons: as it supplemented their own medicine; evidence and science can leave many problems in healthcare unanswered; their main goal was to help the patient and the addition of CAM gave the practitioner a broader means of achieving this goal; and there is power in placebo so even if they are not convinced by the efficacy of CAM, the fact that their patients were showing signs of improvement were good enough (Ostermaier, Barth and Linde 2020). Ping (2015) noted some similarities to the above when identifying the reasons for the growing interest in CAM. These include a recognition of the potential benefits of CAM therapies; limitations and side effects of orthodox treatment approaches; an increasing expectation for a more holistic approach in healthcare; improving control in the treatment process; patients' expectations of better communication between professions; and the adoption of healing systems that are compatible with specific cultural backgrounds.

Two excerpts from this study showed that when the medical profession invites homoeopathy into the greater scheme of healthcare, this shows acceptance of homoeopathy from the medical profession which ultimately legitimises it: *"...access it on your medical aid" (Participant A)* and *"...for some people still it's not a solid scientific system... If medical aid will pay it clearly works..." (Participant C).* Participants in this study even sought out a medical practitioner who would be accepting of including allied health care as a modality:

"And we found a brilliant paediatrician who is very, sort of, I won't say anti-antibiotics and anti-medication, she's a doctor, for goodness sake, and nobody should anti-medicine, medicine is there for a reason. But um, she thinks differently also prefers to try and help us with the natural approach where she can..." - Participant A

"...GP/homoeopath, so she's a doctor, but she also did homoeopathy...I've got an amazing GP who is natural minded." - Participant E

"...we had to see a paediatrician most of the time, but one that our homoeopath recommended so they could work side by side." - Participant G

Lastly, another method of gaining acceptance from the allopathic profession would be that of providing more research to show CAMs use and efficacy (e.g. clinical trials, systematic reviews etc.) which would scientifically substantiate CAMs role (Meyer *et al*. 2013). However, parents have reported a self-perceived effectiveness of CAM therapies, therefore, effectiveness may not always be correlated to the current available evidence (Kalaichandran *et al*. 2018). In addition, it can be argued that the quality of evidence in allopathy can sometimes be thin and there are often gaps in knowledge (e.g. the mechanisms of action of allopathic drugs may not be fully understood) (Ostermaier, Barth and Linde 2020).

Therefore, if other medical professions were better informed about homoeopathy this could lead to better inter-professional interactions and referrals which would lead to a multi-disciplinary management of patients. If relationships with allopathic doctors (who have more holistic approaches and are open to the idea of utilising CAM alongside allopathy) are important to parents then this builds trust and support for the parent. This also confirms that parents play a major role in deciding what type of care their child receives; patients are no longer passive in their health care, but instead actively seek out the health care that aligns with their beliefs and values (Meyer *et al.* 2013): *"But you know what, it all depends on me. Not the medication, not the homoeopathic medication." (Participant K).*

It is a commonly accepted fact that healthcare in South Africa is a great burden to the government. There is often poor access to healthcare, an insufficient practitioner to patient ratio, and an inadequate distribution of healthcare facilities (South African Government 2022; Department of Health 2015). Therefore, the integration of homoeopathy into public health would have positive effects on public healthcare. Two local studies which investigated the perceptions of nurses, believed that if homoeopathy were integrated that there would be an alleviation of the current workload on the public healthcare professionals which would reduce overcrowding in clinics (Pillay 2013; Allopi 2008). Allopi stated the following benefits of the inclusion of homoeopathy into public healthcare:

- Offer alternative treatment options to patients.

- Homoeopathy is a more economical form of treatment.
- Ensure greater accessibility.
- Inter-professional co-operation whereby all the professions learnt from each other.
- Complementing medications and remedies to ensure optimal benefit of the patient.

They concluded positively that there was place for homoeopathy in public healthcare (Pillay 2013; Allopi 2008).

Some of the literature supports combining homoeopathy with allopathy for a wide array of conditions from acute to chronic, from physical to mental, from preventative to palliative (von Bardeleben 2009; Naicker 2008); others noted confusion in the literature as to whether or not homoeopathic medication could be used in conjunction with allopathic medication. Overall, there seems to be controversy with regard to where exactly homoeopathy can fit in with both public healthcare and care in general. This needs to be addressed by education and awareness on the uses of homoeopathy as well as its integration alongside allopathic medicine; a multi-disciplinary practice with inter-profession referrals would ensure an easy transition of this.

The above-mentioned system whereby there is a multidisciplinary co-management of patients is actually favoured by the public. The participants of this study commented about wanting to be able to have options so that they could decide which practitioner/combination of practitioners they would like to use:

"... at this centre now, you know, various natural remedies and natural you know, like a chiropractor, naturopath or homoeopathy and all that sort of thing in a centre. I wish there would be more of those... I really hope that we'll have more natural centres as well." - Participant A

The literature confirms that the public want more general awareness of homoeopathy, want homoeopathy offered to them and want to see homoeopathy better integrated into publically accessed medicine (i.e. clinics and hospitals) (Ireland-Coetser 2017; Khumalo 2015; Pillay 2013; Harripershad 2009; von Bardeleben 2009; Paruk 2006). One participant in this study, who only started utilising homoeopathy later in her life, commented that because she was unaware about homoeopathy and the fact that it was not made available at a basic level of paediatric health care, she felt obligated to stick to the only option (i.e. allopathic) she was aware of: *"...already started with the whole process of the clinics. I had to continue that route..." - Participant B*

It is unreasonable to expect a single practitioner to develop sufficient expertise in a subject so much so that they are the only option available to the public. Practitioners should be aware of other resources in their proximity, in which there are practitioners who provide valuable healthcare services, and be able to cultivate these professional relationships and utilise their services (Wainapel *et al.* 2015). Effective inter-professional communication will optimise patient healthcare and outcomes. Medicine should combine the best aspects of allopathic medicine (scientific, rigour, effective acute disease treatment etc.) with those of CAM (functional, mental

and spiritual well-being, effective chronic disease treatments etc.), thus enhancing the efficacy of both.

A lack of integration of homoeopathy into public healthcare makes it inaccessible to the majority of the population, despite there being a well known shortage of medical personnel in public healthcare (AHPCSA 2014; Lamula 2010; Macquet 2007). This was also supported by von Bardeleben (2009) who concluded that homoeopathy would not be affordable to the vast majority of citizens who pay for private healthcare out of pocket. If homoeopathy is included as part of public healthcare, it would be more accessible by the general public. James *et al.* (2018) confirmed that CAM use in Sub-Saharan Africa is widespread and the healthcare sector must be mindful of CAMs critical role in healthcare service delivery in these countries. The study also noted that healthcare providers should be aware of this role as their patients are likely to be utilising CAM and thus there should be an encouragement of an open communication with patients about this usage. Ireland-Coetser (2017) concluded that CM is gaining momentum locally (Gauteng, South Africa) and that there is a popular belief that it should form part of the public healthcare system.

4.4 CONCLUSION

The themes presented above are representative of the responses of the parents of paediatric homoeopathic patients given during interviews. It was found that most of the participants had a general idea of what homoeopathy was, explaining it to be a natural form of medicine which took into account the patient in his/her entirety and gave medication that had minimal to no side-effects; those that had a greater understanding were somehow integrated deeper into the field by a close relative/friend. Participants noted that using homoeopathic medication required vigilance and education, and that this was an area lacking when it came to patient education in homoeopathic management. Lastly, there was an overall consensus that the participants wanted to share their experiences of homoeopathy with their "community" and would regularly refer individuals to their homoeopath; there was a desire for homoeopathy to be better integrated into mainstream medicine.

CHAPTER FIVE

EMERGENT THEME:

MOTHERHOOD: THE POWER OF THE MATRIACH

5.1 INTRODUCTION

This chapter presents an emergent theme identified in the analysis. All the interviews outlined in this study were with the mothers of the patients. This chapter comes as a thank you and a recognition of mothers and their role in healthcare. It also explores the role of mothers in the study and some interesting points for further research in the field. This theme was not anticipated when considering the initial literature for the study. Where there was mention of the mother in paediatric research read for this study, it was reduced to demographics and health of the mother. This theme deals with how vital a mother is in deciding the healthcare for their child, even pre-conceptually, and the importance of the relationship between a practitioner and a mother in this decision-making. As such, this emergent theme presents an area of paediatric healthcare for homoeopathic doctors that requires further exploration in terms of scholarly research.

5.2 LET'S START AT THE BEGINNING

The best time to treat a paediatric patient homoeopathically is before it is conceived. Rothenberg (1997) emphasized this when she stated that a child has its own path in life but at least an element of it is determined by the phenotypic expression of its genotype. She went on to further explain that although it would be ideal to treat both parents homoeopathically prior to conception, at the very least it is important to treat the mother as a baby experiences the influence of the mother the strongest during the first nine months in the womb, and these influences remain for the next few years after birth. When a mother is treated homoeopathically we ensure that the baby has a greater chance of a healthier existence, in addition to easier and safer pregnancy and delivery (Timmermann 2010; Rothenberg 1997).

Despite there being advents in improving public awareness of the safety and uses of homoeopathy, results of research studies on knowledge of homoeopathy show ambiguous findings. For example studies such as Paruk (2006) which investigated the perceptions and experiences of homoeopathy in pregnant females noted that the majority of participants knew homoeopathy was safe to use in pregnancy and for infants. Whereas a more recent study by Pillay (2013) confirmed that there are still misconceptions about the safety of using homoeopathic remedies for children. This suggests that a majority of the population still needs education on the safety of homoeopathy. In this study, a majority of the participants confirmed the safety and efficacy of homoeopathy throughout pregnancy and for their children post-birth. When considering the perceptions of participants from this study, the majority believed that the earlier you started using homoeopathy, the better:

"And we feel that the sooner you get them on a natural route, from a young age, that's something that they will carry through into adulthood as well..." - Participant A

"So if we going to start at an early age I think that looking at the right direction in terms of healthcare for our kids." - Participant B

"And a big thing for me with homoeopathy as well was to treat early." - Participant C

"I believe that dealing with the problem from the beginning, in a full way, is the best option..." - Participant H

Other participants reported using homoeopathy fairly quickly after their child was born (*Participant E, F, G, I and L)*. Some even accredited homoeopathy with benefits for their children when used prior to birth, in addition to assisting with conception and throughout their pregnancy:

"I saw him probably four or five years prior to my son being born. And then he also helped me I was an older mom, trying to fall pregnant. So I long before I was even try to be pregnant, he helped make sure like speaking through things. And giving me remedies to ensure...and I fell pregnant very easily...he was being treated in utero." - Participant C

"...when I was pregnant, I used her for any issues I had." - Participant D

"So like during my labour I used homoeopathic remedies. Uhm, when I wanted to speed up contractions when I wanted a break if I was feeling nausea, I used it throughout my pregnancy..." - Participant E

The experience of motherhood which involves carrying a child, giving birth, and feeding and protecting a child creates a profound impact on a woman's life; her biological "objective" (i.e. the propagation of life) is fulfilled and this changes her life forever (Timmermann 2010). These changes begin from the very start of pregnancy, as soon as a woman is aware that she is pregnant; the people around her have a new attitude and the mother becomes a beacon for advice from the public - whether she wants to or not (Chauhan 2010). During pregnancy there is active communication between the mother and the foetus. They have a symbiotic relationship, whereby a slight change in the one, will affect the other: the foetus manifests his/her pure energy through the mother and the mother's state has an effect on the foetus (Chauhan 2010). The umbilical cord is a vital link between a mother and the foetus, as it bonds them not only physically but spiritually for the duration of their lives (Chauhan 2010). At birth, the intimate relationship that was previously present between mother and foetus is physically severed when the umbilical cord is cut; prior to this, this pathway has been the only source of food and oxygen for the foetus (Timmermann 2010). Amniotic fluid (in which the foetus "sits" in the uterus) contains nutrients for the foetus as well as stem cells, hormones and antibodies (Timmermann 2012). Food cravings of the mother are passed through to the foetus via the amniotic fluid (Timmermann 2012). A mother has the ability to influence her child via the above-mentioned physiological, pathological and emotional connection, however, a child's energy is stronger than that of the mother's and will find a way to express itself through the mother: the mother is a conduit for her child (Chauhan 2012; Herscu 1991). One participant even alluded to the principle of the symbiotic relationship between mother and child in the womb:

"Your pregnancy is really important, because this is a part where this is going to start influencing my son now already..." - Participant A

This participant later gave evidence to substantiate this connection even post-birth, whereby the child and mother both possessed similar emotional qualities, so similar that it could not be explained in any other way other than that it was shared between the two of them in the womb.

In addition to this, there are other physical and personal changes that happen over the course of the pregnancy, birth and post-birth which will make changes to the mother, and certain health issues can be traced back to this time (Timmermann 2010). When a woman becomes a mother, some changes that come into play can cause the resurfacing of deeper issues and mothers may need to go back into their own childhood to solve previous issues. "Bad" parenting can stem from a person not knowing how to handle or understand these changes (Timmermann 2010; Herscu 1991). It is in these particular situations where allopathy has no role, there is no drug to treat the effects on a foetus of childhood abuse in a mother; the mere mention of this might be ludicrous to some allopathic practitioners. It is in this field where homoeopathy thrives, as mothers have a space in which to explain and to ask advice on how their own experiences may relate to their children's wellbeing. This journey of development of the child has several distinct phases from infancy, whereby the child is completely dependent on the mother, to adolescence where there is a partial severance of the bonds between child and parents (Timmermann 2010). This development is connected to the quality of care they receive as well as the kind of role models that are provided to them (in the form of parents) (Timmermann 2010). In this sense parents carry an extra-ordinary responsibly in ensuring the health and wellbeing of their children. This responsibility, however, is frequently unevenly carried by mothers in comparison to fathers.

It is a well-known fact that a mother makes up only half of the genetic make-up of her child, so why is the literature so heavily based on the responsibility and the role of the mother? In an African context, a survey investigating the role of male partners in maternal healthcare in Ethiopia reported that only half (51.4%) of participants had accompanied their partner to an ante-natal consultation at least once and about a tenth of participants (11.9%) were present with their partner in an ante-natal consultation (Mohammed *et al.* 2019). There have been noted potential benefits to having a male partner's involvement in maternal healthcare, yet the frequency of their participation is minor (Mohammed *et al*. 2019). Panter-Brick *et al*. (2014) noted that the overall approach to parenting needs to be altered to that of co-parenting, instead of the uneven distribution between mothers and fathers. While this gendered dimension was not part of the study design, the role of mothers in the study emerged as a theme that does require further attention in homoeopathic research.

5.3 MOMS TALK AND THEN CONSPIRE

When considering gender and the use of CAM, females are more likely to seek out healthcare (Bishop and Lewith 2008; Oshikoya 2008; Vincent and Furnham 1996). Harripershad (2009) confirmed the role of gender in healthcare selection and attributed it to the fact that females have a larger role in bearing, raising and attending to children, and therefore have the larger role in seeking and selecting the healthcare for their children. A survey investigating paediatric

homoeopathy usage by parents reported that the majority (70%) of respondents were the mothers of the children (von Bardeleben 2009).

Supported by the results of the majority, we can deduce that mothers are the true gatekeepers of their child's healthcare. Despite this, there is literature to support the involvement of male partners. Panter-Brick *et al*. (2014) confirmed the overwhelming evidence of mother-driven child healthcare; however, when included in parenting interventions there are significant benefits for not only the child but the family unit as a whole (Panter-Brick *et al*. 2014; Lamb and Lewis 2013; McHale and Lindahl 2011; Pleck 2010; Lamb 2010). However, there need to be changes to the current parenting model. The focus on parenting needs to be more compelling to both mothers and fathers as co-parents. In this way, fathers can take responsibility in their role; cultural and gender biases need to be altered; reconceptualisation of previously labelled roles in child rearing which form constraints and expectations for those involved; and fathers need to move into their role of parenting with more vigour ignoring the above-mentioned biases which may lead them to do otherwise (Panter-Brick *et al.* 2014). Of their own accord, participants in this study alluded to the fact that they made the decision to use homoeopathy, even when their partner was not as receptive to it:

"...for me it will be a homoeopath. My husband has had to come on board. We told him we will be using a homoeopath." - Participant B

"Like my husband wasn't brought up that way. So he…it kind of... took him some time to, you know, not think I was crazy and treating my child this way." - Participant D

Look, my husband's the opposite... And so we're quite extreme (laughs) and he was brought up with antibiotics or Panado syrups and I never had that." - Participant E

An interesting observation in this study was that even when the father of a paediatric patient was contacted to request an interview, the mother of the patient is the one who participated in the interview. Therefore it is important to explore the reasons that mothers seek out homoeopathic care for their children. While there is a wealth of information on childcare in the form of books and paediatric professionals, it is important to note that mothers in this study would rather rely on the recommendations from family members and friends, which is where sources of CAM practitioners frequently came from. Most businesses, and by extension private practitioners, know the power of advertising by word-of-mouth. Referrals are the most important resources for practitioners as they confirm information, understand opinions, and reduce the time and anxiety in information searches (Dobele and Lindgreen 2011). These authors further noted there was evidence of believability when the referrer was thought to be unpaid, voluntarily offered the referral and provided the referral on the basis of experience/knowledge, when investigating the nature of word-of-mouth referral in healthcare. The most common way participants in this study became aware of homoeopathy was via word-of-mouth, whereby a friend or family member had a good experience and therefore recommended it, or homoeopathy (or a type of CAM) was utilised in their childhood by their parents. We can therefore deduce that none of the participants in this study were made knowledgeable about homoeopathy from allopathic practitioners but instead relied on the experience of others with whom they interacted. Examples of referral from friends/family members include:

"...because a colleague of mine's daughter is also using... well a late colleague of mine sorry, was using a homoeopath for her daughter." - Participant B

"...her through a friend... but then I heard through other people about her..." - Participant D

"I was referred to him by a friend." - Participant H

Two participants even reported that a matriarch in their family was the one who believed in CAM and was the reason for them seeking out a CAM practitioner such as a homoeopath:

"...I was raised by an old lady. So my grandmother always believed in natural health." - Participant B

"So I come from a family, my mother is quite alternate..." - Participant C

Once a mother had a good experience with a practitioner, she would then refer this practitioner to her "close circle"; this includes family, friends and colleagues. Participants in this study frequently stated that they would refer people to their homoeopath:

"I've even convinced friends to use it on their kids." - Participant E

"I actually sent a friend to her." - Participant I

"I do recommend it to friends..." - Participant L

This pattern of referral from a close connection was mirrored in other studies (Khumalo 2015; Harripershad 2009; von Bardeleben 2009; Macquet 2007; Paruk 2006).

Mothers have more faith in a practitioner for their child's healthcare if that practitioner was referred to them by a mother, even if they do not have a close connection to that mother (Dobele and Lindgreen 2011). Being a qualified practitioner is not enough; there must be validity from the public in order to be established and mothers take advice from everyone in their "close circle" and even further outward from their "close circle". Mothers would include minor connections and interactions to that of even strangers of which there was overheard conversations of poor successes with healthcare for their child:

"...so I listen to people around me as well. They said to me now go to this person because they're able to help you."- Participant J

"I recommend it to everybody...I've sent quite a few parents to him because of this..." - Participant K

A mother would feel a personal connection to a stranger purely based on their mutual healthcare for their children, and a need to share positive experiences that she had. One merely has to browse mother-related Facebook groups to see the power of connection between mothers: all kinds of queries reach this platform from referral of practitioners to emotional support and even legal advice.

Therefore, the exposure that homoeopathy does have in the media and via allopathy is clearly, for these participants, not a very effective method for referrals in comparison to word-of-mouth. Word-of-mouth advertising and, in particular, that of inter-mother word-of-mouth, is the predominant mode of exposure for paediatric homoeopathy. Mothers use referrals, especially

from other mothers, as a primary tool in their information searches and even in their decision-making when it comes to their children's healthcare.

5.4 THE INTEGRAL RELATIONSHIP BETWEEN PRACTITIONER AND PAEDIATRIC MOTHER

In chapter four there was mention of the need for better inter-professional relationship between CAM practitioners and allopathic practitioners; here, we see that the more important relationship in paediatric healthcare is between that of a mother and her child's practitioner. One participant stated that in order to treat a child homoeopathically, the mother must be greatly involved in the treatment process:

"...treating a child homoeopathically is like managing the mother..." - Participant C

As mentioned in 5.2, the journey of motherhood can be overwhelming and isolating, with increased demands and higher expectations from both social and cultural influences, and beyond this, the constant bombardment of social media which can serve to shame mothers for not obtaining high social standards of parenting (Borglin, Hentzel and Bohman 2015). Not only do mothers have to dodge the opinion of needing to be completely devoted to their children at all times and maintaining a smile whilst doing it, but they must also deal with the situation of choosing to return to the workforce and be judged as "abandoning their child" ('damned if they do'). The alternative is to choose to stay at home and "succumb to the olden day stay-at-home mom life and/or not contribute financially to the household" (‘damned if they don't’), or be pressured into excelling in both worlds and feeling like a failure if there isn't vast success in both (Borglin, Hentzel and Bohman 2015). When we focus solely on the range of decision-making involved in the realm of healthcare, it can be exceedingly overwhelming. From maternal healthcare and the birthing process (general practitioners, dieticians, ultrasonographers, obstetricians, pelvis floor physiotherapists, anaesthesiologists, surgeons, midwives, doulas) to later paediatric healthcare (general practitioners, paediatricians, lactation consultants). The need for a more personalised approach whereby the practitioner walks this motherhood journey with the mother is no longer a preference but instead a necessity. Participants of this study noted a close relationship to their homoeopath: they were no longer doctor and customer separated by a wooden table, they were partners who worked together and were comfortable in this shared space of healthcare. Almost like a family member or a friend instead:

"...feels more like a friend than a doctor at the end of the day." - Participant G

Healthcare professions do not only have a role in supporting the child but also supporting the parent (Borglin, Hentzel and Bohman 2015; Brooker 2010; Tates and Meeuwesen 2001). Paediatric healthcare satisfaction is actually linked to the type of support offered to parents by their chosen practitioner and not just their skill. Providing information about their child's overall health, the practitioners compassion, the willingness to answer questions, and the practitioner being able to listen to the parent, were all factors that were deemed relevant to parent satisfaction (Sigurdaradottir, Garwick and Svavarsdottir 2017; Solheim and Garratt 2013). Short *et al*. (2020) elaborated on this in mothers and found that they wanted a relationship with their practitioner that included a listening ear (this would allow for the mother to open up to their practitioner more easily) and explanations that would unlock new areas of knowledge. Mothers

reported that the more personalised approach by a practitioner gave them a sense of belonging, solidified their relationship with the practitioner, and confirmed that their child's healthcare was a priority (Short *et al.* 2020). A practitioner who listens to a mother is key; this allows the opportunity for the mother's perspectives and insight into the observations of her child, which results in the mother feeling understood, valued, and respected (Short *et al*. 2020). The above results were mirrored in this study:

"...experience of having a support team who can hold your hand as you get better at understanding how homoeopathy or actually a firsthand experience with it becomes easier, because obviously, as mothers, you are nervous with the kids..." - Participant C

In this study, the above-mentioned factors in the mother-practitioner relationship were not only required during the actual consultation but also outside of official consultations. Participants valued the ability to be able to contact their homoeopath for support at odd times of the day and on weekends. The working hours of a paediatric homoeopath would seem to extend far beyond the standard operating hours and this continuous support is valued and needed by the mothers:

"...whereas, as a mother, having a homoeopath who can say you can message at nine o'clock at night and say he's got worse. And she'll say well up this does to this and this … homoeopathically, you have to have a doctor you can get in touch with easily... So I do think a huge part of treating a child homoeopathically is having a practitioner who's available and able to offer the kind of quality care that our homoeopath does... Without the continuous care, he's redundant... Specifically for paediatrics because you are literally calming the mother... And if you can't be in coms...but she's responding to a message at 9:30pm from a mother... So actually, I'm a homoeopathic mother because our homoeopath offers the kind of support she does, she can...is really dedicated to her work, I don't think many homoeopaths can compared to that." - Participant C

"My homoeopath's amazing, particularly because she'll let you just WhatsApp her anytime...she came in on a Sunday to see him... I've always been very impressed with her care and she's treated us." - Participant D

"I just message him or call him. And for even a simple thing, like when they even sprained their leg, and I couldn't get to him and you know, over the phone, he just told me exactly what to do and how to treat them, etc. So and that's, that's the good thing, that we have a really good relationship with him, where we can just call him and get advice, or he tells us, yes, you need to come in, or this is what you can just do at home." - Participant F

Another aspect of the mother-practitioner relationship is the application of a good practitioner from self-use to paediatric use. In this study, if homoeopathy was used prior to a child's birth or soon afterwards for the mother, the transition to utilising homoeopathy throughout a child's life for all ailments was seamless. The parents have already seen the efficacy of the treatment and they have an established relationship and trust with their practitioner and will choose to transition the use of this practitioner to their child. Examples of this include:

"And so then it was kind of a natural progression, actually, to treat my child homoeopathically." - Participant C

"It felt probably because we had already been, and the relationship was already built...it's been a natural journey, because that was our choice from the start." - Participant G

"I think I've had so much success with homoeopathy with myself, before as I mentioned, a range of concerns. And for me, it was just an absolute no brainer..." - Participant L

Short *et al.* (2020) reported that mothers would take their child/children to the same practitioner for years if they had a good relationship with him/her. This study further reported that women had previously experienced judgement and thus it was critical to have a reliable relationship with a practitioner; this ideal relationship was described as "mutual, respectful and child-focused".

5.5 CONCLUSION

This emergent theme offers an important area for future study for homoeopathic students, especially those wish to enter into paediatric practices. Understanding the role of mothers and being attentive to building partnership relationships with them suggests a higher level of care and health outcomes for the child. It also indicates important findings on the rising awareness of paediatric homoeopathy. In order to further the awareness of paediatric homoeopathy, homoeopathic practitioners have to consider the mother. These matriarchs are the ones advocating for the use of homoeopathy to their partners, their friends, their family members and even the public; they are the ones monitoring their child's symptoms and attempting to adhere to the protocols of homoeopathic remedies. Without their support and involvement, making headway in paediatric homoeopathy will be redundant.

CHAPTER SIX

CONCLUSIONS, LIMITATIONS, RESEARCH REFLECTIONS AND RECOMMENDATIONS

This chapter provides a summary of the results of the study as well as the conclusions drawn from them, together with the limitations and recommendations for future studies.

6.1 CONCLUSIONS

This study aimed to investigate the perceptions and experiences of parents/legal guardians regarding paediatric homoeopathic care received from homoeopaths in the eThekwini Municipality. Twelve semi-structured interviews were conducted with parents, making use of an explorative descriptive qualitative design.

The results of this study found that the public had varying levels of knowledge of homoeopathy, despite them relying on this field for care for their child. Most participants knew that homoeopathy was "natural" and "safe", whereby none to limited side-effects are experienced by those that take homoeopathic medication, with particular reference to there being an "overuse" of allopathic medication by the medical profession. One participant even proffered the idea that homoeopaths provide patients with a general handbook which would include information on the basics of homoeopathy, as well how to take homoeopathic medicine and what to avoid when taking homoeopathic medicine (i.e. any potential antidotes to the homoeopathic medication). Another participant also offered the suggestion that an "at-home/" homoeopathic first aid kit" with an accompanying manual be made available, the same way that over the counter medication and non-prescription medication is made readily available to the public. In this way, patients are able to access safe, low dosed homoeopathic medication for home use.

Another positive perception was that of 'holism'. Many participants confirmed that they liked how the aim was to treat the person and not the symptoms. When treating an illness homoeopathically, unique emotional and physical traits are taken into account when prescribing the homoeopathic medication. The same diagnosis in two individuals would not necessarily warrant that they receive the same homoeopathic medication. In this way, homoeopathy takes the actual patient into account and not just their condition, and it is this unique, tailored approach that participants responded favourably to.

All of the participants reported being highly satisfied with the care received from their homoeopath; factors that impact this satisfaction range from the length and depth of the consult, availability "after hours", improvement in the condition/conditions that they were seeking care for, to the demeanour and approach of the homoeopath. Interestingly, participants also stated that a homoeopath was their preferred primary care physician to go to should their child require medical assistance. It can be extrapolated that homoeopathic care is highly effective and favoured by the public.

An interesting finding that had not been explored by other studies was the action of homoeopathic remedies. This study showed that there was conflicting evidence on the timeframe of "healing". Some participants believed that homoeopathy involved a lot of patience on the part of the parent as the results could be delayed, and other participants noted an almost instant reaction to homoeopathic medicine. Further research on this would establish homoeopathy's place in both acute and chronic conditions as the current conflict comprises its position in both.

Negative perceptions were also observed. Many wished that they had known about homoeopathy earlier, so even believe that should they have had earlier homoeopathic intervention some conditions could have been completely resolved and/or avoided entirely. They also felt like they had little to no information on homoeopathy in general; most of the participants had a referral to a homoeopath from a friend/colleague. This leads us to believe that there is little to no referral coming from other health care practitioners. This is exceedingly disappointing, as the South African health care facilities are heavily over-burdened and homoeopathy could offer great assistance to this burden. Homoeopathic remedies are able to cover a patient's symptomatology in its entirety, are relatively cost effective to make and have minimal to no side effects. Another factor limiting public knowledge of homoeopathy is that of the advertising restrictions in place on allied health professionals. In order to protect the public from canvassing and touting, allied health practitioners are limited to only certain types of public advertising whereas mainstream medicine is constantly being flashed in the public eyes. With word-of-mouth being the main modality by which the public can gain access to homoeopathy, there is a limit to how easily the uninformed members of the public will access it. This begs the question that if the homoeopathic discipline was given more relief in terms of regulations for advertising, would there be a huge influx from the public as it would be seen as accepted and valid? Despite there being the present restrictions on making allied health practitioners services known to the public, with the advent of social media there seems to be a positive drive towards educating the public about such services. The public will therefore be better informed about these professions and will have more health care options available to them that were previously unknown to them.

Another negative perception was that of the difficulty in the actual dosing of homoeopathic medicine. It is not uncommon for there to be multiple dosing in a day or multiple dosing dependant on the patient's condition (i.e. take five drops every hour until the patient's condition improves etc.). One patient humorously noted that there should be a "homoeopathic clock" in order to assist with this as they often forgot to stick to the recommended dosages. The homoeopathic remedy dosing compliancy can be difficult to maintain.

6.2 LIMITATIONS

Due to time constraints in the research process for interfacing with the homoeopaths in the eThekwini Municipality and the potential participants, the researcher was unable to have sustained interactions with potential participants as well as the participants of the main study. This study was limited to the catchment area of the eThekwini Municipality; it is not wrong to assume that if this catchment area was widened that different data could have been obtained which would alter the conclusions of the study. In addition, human error needs to be considered, as a participant may have failed to understand a question properly or have forgotten a noteworthy incident, which may have been significant in the study results.

6.3 RESEARCH REFLECTIONS

Most of the homoeopathic practitioners who were approached, were not interested in participating in the research. Some had valid reasoning (i.e. did not treat paediatric patients) whereas others simply did not respond to the researcher at all. It was disheartening to witness a lack of enthusiasm in participating in research, particularly since the profession itself is rather small and "close-knit" and there is demand for valid research from the homoeopathic community so as to receive acceptance by the medical profession and the public.

Some participants were hesitant when the researcher informed them that the interviews would be recorded, however, they did give consent to being recorded and the researcher assured them that their identity/identifying information would not be made public. Some of the participants were uncertain as to how to answer the questions; this could be attested to their hesitancy in being interviewed should they interpret the question inaccurately and give the wrong information.

6.4 RECOMMENDATIONS

These recommendations are made on the basis that the information obtained was accurate and true.

6.4.1 Recommendations for future research

- It is recommended that the research be made to include a wider catchment area, otherwise a cross-examination of multiple catchments area to ensure that the results obtained were accurate.
- It is recommended to include a quantitative research model as well, so that there can be statistical proof with regard to how effective the treatment is and what ailments patients use homoeopathy for etc. This would be valuable information in advocating for the promotion of the profession to the allopathic medicine profession.
- It is recommended to conduct interviews in-person. Due to the restrictions placed on the researcher during the COVID-19 pandemic, Zoom interview meetings were chosen by the participants due to their accessibility and safety. However, the lack of an in-person touch, not being able to identify appropriate body language etc., as well as drops in signal

which caused there to be repeats and overlaps, could result in the quality of the data being affected.

- It is recommended to include perceptions and experiences on the action of homoeopathic remedies, in particular that of timeframe, to ascertain whether or not homoeopathy has a place in both acute and chronic conditions.
- It is recommended to investigate how homoeopaths manage the additional care that is required for paediatric patients.
- It is recommended to conduct research on the emergent theme of motherhood, specifically when investigating paediatric healthcare, as the two are very intimately linked.

6.4.2 Recommendations for the Homoeopathy community

- It is recommended that homoeopaths should make public-friendly information readily available so as to educate their potential patients, as most of them have found out about homoeopathy via word-of-mouth and have limited information on it.
- It is recommended that homoeopaths should include a leaflet on how to properly take their homoeopathic medication so that there is 100% compliancy with the medication.
- It is recommended that there should be better integration into public healthcare, therefore the public will know of all the available options to them so that they can make an informed decision about their healthcare. This would not only have to come from practitioners advocating for their profession, but motivation from homoeopathic societies/companies/bodies to medical aid schemes/other medical professions.

6.4.3 Recommendations for the Homoeopathic Curriculum

- It is recommended that there be greater exposure of paediatric cases to students so that they are fully capable of treating said patients after graduation.

6.4.4 Recommendations for the Public

- It is recommended that homoeopathic training programmes/short courses be made available to parents/expectant parents so that they are knowledgeable about homoeopathy and how to use it properly for their children. In this study, the mothers of the patients were the main driving force, who then even motivated their partners to accept their chosen homoeopath as their primary care physician. Mothers were also the ones who were vigilant with monitoring their child's symptoms and reporting back to their homoeopath with their findings. They also were the ones advocating for homoeopathy's acceptance by allopathic medicine into basic medical care. If homoeopaths wish to gain better access to paediatrics it will largely come from the support from the mothers of their paediatric patients. We should therefore be focusing on educating mothers more effectively about where homoeopathy fits in in their child's healthcare, so that they can make an informed decision about it even prior to conception.

- It is recommended that homoeopathic first aid kits be made available to the public so that they are able to use low-dose homoeopathic remedies at home for everyday non-life threatening conditions.

6.4.5 Recommendations for Inter-professional interaction

- It is recommended that there is an improvement in inter-professional interaction in order to facilitate referrals and patient co-management.

- It is recommended that homoeopathic training programmes/short courses be made available to health care professionals so that they are more knowledgeable about homoeopathy, and thus know when to refer their patients to a homoeopath. This would also assist in developing inter-professional interaction.

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APPENDICES

APPENDIX A: FULL IREC ETHICAL CLEARANCE

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 November 2021

Dr T Strauss
569 Marine Drive
Bluff
4052

Dear Dr Strauss

The perceptions and experiences of parents and guardians regarding paediatric Homoeopathic care received from Durban University of Technology's Community Health Centres
Ethical Clearance number IREC 054/20

The Institutional Research Ethics Committee acknowledges receipt of your notification regarding the piloting of your data collection tool.

Kindly ensure that participants used for the pilot study are not part of the main study.

In addition, the IREC acknowledges receipt of your gatekeeper permission letter.

Please note that FULL APPROVAL is granted to your research proposal. You may proceed with data collection.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC SOP's.

Please note that any deviations from the approved proposal require the approval of the IREC as outlined in the IREC SOP's.

Yours Sincerely

Professor J R Adam
Chairperson: IREC

APPENDIX B: LETTER FOR GATEKEEPERS PERMISSION

REQUEST FOR PERMISSION
TO CONDUCT RESEARCH

To the practitioner,

My name is Tylah Strauss, a MHSc Homoeopathy student at the Durban University of Technology. The research I wish to conduct for my Masters dissertation involves "Investigating the perceptions and experiences of parents and guardians regarding paediatric Homoeopathic care received from Homoeopaths in the eThekwini Municipality.

I am hereby seeking your consent to utilize your paediatric patients' parents/guardians in order to perform my data collection. With your permission, the study will utilize the experience of said Homoeopathic care in order to identify certain group themes to help us better understand the reasons for people seeking out homoeopathic care for their children. Potential patients will be recruited on the basis of their presentation at one of the various Homoeopaths in the eThekwini Municipality; should they be fulfill the criteria and be willing to participate, they will be selected for the research. The research procedure will involve a semi-structured interview about the participants' experience in a designated interview room or via an online Zoom meeting.

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and/ or assent forms to be used in the research process, as well as a copy of the approval letter which I received from the Institutional Research Ethics Committee (IREC).

If you require any further information, please do not hesitate to contact me (strausstylah17@gmail.com). Thank you for your time and consideration in this matter.

Yours sincerely,

Tylah Strauss

Durban University of Technology

APPENDIX C: LETTER OF INFORMATION (ENGLISH)

LETTER OF INFORMATION

Title of the Research Study: Investigating the perceptions and experiences of parents and guardians regarding paediatric Homoeopathic care received from Homoeopaths in the eThekwini Municipality.
Principal researcher: Tylah Strauss (B.Tech Homoeopathy)
Supervisor: Dr. C. Hall (B.Sc, M.Tech Homoeopathy)

Dear Parent/Legal Guardian,

I am studying the perceptions and experiences of parents/guardians of children who have received Homoeopathic care at Homoeopaths in the eThekwini Municipality. With your permission, the study will utilize your experience of said Homoeopathic care in order to identify certain group themes to help us understand better the reasons for people seeking out homoeopathic care for their children. The interview will begin with a confirmation of the letter or information being read and the letter of consent being signed, followed by a brief overview on the purpose of the research and a confirmation of the inclusion criteria. Thereafter, there will be structured questions about your experience and your child's homoeopathic consult. The average time for the interview to be completed is 20-40 minutes.

Please note the following if you are willing to participate in the study:

- All participant information is confidential and will be coded so that your identity can remain anonymous; the results of the study will be used for research purposes only.
- There are no foreseeable risks, or any financial costs, for participation.
- There are also no direct benefits or remuneration for participation.
- Participant may withdraw from the study at any time and there are no adverse consequences for the participant should they choose to withdraw.
- You are entitled to be informed of any findings that are made from the study, and you are free to ask questions of an independent source. Should you wish for the findings of this study to be made available to you, please do not hesitate to contact me to express your interest; as soon as the research process has been completed, the findings will be made available to you.

If you feel unsatisfied with any area of the study please feel free to contact the Durban University of Technology Research Ethics Committee.

I would be most grateful for your time and input into the study and can be contacted on the number below.

Persons to Contact in the Event of Any Problems or Queries:
Researcher: Tylah Strauss (B.Tech Homoeopathy) (0825181885)
Supervisor: Dr. C. Hall (B.Sc, M.Tech Homoeopathy) (031-3732483)
Please contact the researcher (0825181885), my supervisor (031-3732483) 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

Thank you for your participation.

Yours faithfully,

Tylah Strauss
Researcher

Dr. C. Hall
Research supervisor

APPENDIX D: LETTER OF INFORMATION (ISIZULU)

INCWADI YOLWAZI YALABO ABAZOZIBANDAKANYA KUCWANINGO

Isihloko socwaningo: Ukuhlola imizwa nemibono novo lwabazali nabaqaphi babantwana ngendlela ababonwa nabanakekelwa ngayo abantwana kwimitholampilo yase nyuvesi yezemfundo ephakeme Odokotela beze Homoeopathy kuMasipala waseThekwini.
Ucwaningi omkhulu: Tylah Strauss (B.Tech Homoeopathy)
Umphathi hlelo womcwaningi: Dkt. C. Hall (B.Sc, M.Tech Homoeopathy)

Siyakubingelela Mzali noma mgcinimntwana,

Ngicwaninga imizwa nemibono novo lwabazali nabaqaphi babantwana ngendlela ababonwa nabanakekelwa ngayo abantwana kwimitholampilo yase nyuvesi yezemfundo ephakeme Odokotela beze Homoeopathy kuMasipala waseThekwini). Ngemvume yakho, lolucwaningo luzosebenzisa imibono yakho ngendlela owasizwa ngayo ngenkathi ulethe umntwana wakho ukuze sithole ukwazi kabanzi ukuthi kungani abazali beletha Abantwana babo kulomtholampilo. Lolucwaningo luzoba uhlelo lombuzo mpendulo oluyoqala emveni kokuba usuyifundile incwadi yokwazisa ngocwaningo, nokuvuma ukuzibandakanya kulolucwaningo ngokusayina isivumelwano, bese kulandela ukuchazwa kwesizathu salolucwaningo nokuthi ingabe uyakhona ukuba ingxenye yalolocwaningo. Emveni kwalokho, kuyoba nohla lwemibuzo mayelana nemizwa nemibono novo lwabazali nabaqaphi babantwana ngendlela ababonwa nabanakekelwa ngayo abantwana kwimitholampilo yase nyuvesi yezemfundo ephakeme yaseThekwini abizwa phecelezi (Durban University of Technology's (DUT) Health Care Centres), ukuthu umntwana wakho bamphatha bambona kanjani. Isikhathi semibuzo mpendulo siyoba imizuzu engu 20 kuya kwengu 40.

Ngiyacela uqaphele lokhu uma unesifiso sokuba ingxenye yalolucwaningo:

- Yonke imininingwane yakho yonke ayinakudalulwa, iyoba amakhodi ukuze kungazakali ukuthi izimpendulo zivele kubani ukuze kuvikelwe imininingwane yakho; imiphumela yocwaningo iyosetshenziselwa ucwanindo kuphela.
- Abukho ubungozi obulindelekile, nokulahlekelwa imali ngokuzibandakanya.
- Ayikho inkokhelo oyoyithola ngokuzibandakanya kucwaningo.
- Ungahoxa kucwaningo noma inini lapho ufisa khona, akukho okubi okuyokwehlela noma ukuphathwa kabi uma ukhetha ukuyeka ucwaningo.
- Unalo ilungelo negunya lokwaziswa ngemiphumela yocwaningo, futhi uvumelekile ukubuza imibuzo ngesingawe.

Uma ufuna imiphumela yocwaningo, ungasabi futhi ungabimanqikanqika ukungithinta mina ungazise ngesifiso sakho; uma ucwaningo seluphothuliwe, imiphumela iyodalulwa waziswe ngayo.

Uma kukhona okungakugculisi ngalolucwaningo ukhululeke uxhumane nesikhungo sezemfundo ephakeme inyuvesi yasethe Thekwini ebizwa I the Durban University of Technology.

Ikomiti elingamele ubulungiswa nenqubomgomo yezocwaningo.Ngiyothokoza kakhulu ngesikhathi sakho nangemibono yakho novo lwakho kulolucwaningo ungangithinta kulemininingwane engezansi.

Umuntu ongaxhumana naye uma kubakhona izinkinga nemibuzo:
Umncwaningi : Tylah Strauss (B.Tech Homoeopathy) (0825181885)
Umphathihlelo wocwaningo: Dr. C. Hall (B.Sc, M.Tech Homoeopathy) (031-3732483)
Uyacelwa ukuba uthinte umcwaningi (0825181885), Umphathihlelo wocwaningo lwami (031-3732483) noma Umphathi obhekelene nezocwaningo kwinyuvesi lona esimbiza phecelezi nge Institutional Research Ethics Administrator kulenombolo 031 373 2375. Izikhalazo zingadluliselwa ku DVC: Ongamele ezocwaningo, intuthuko nezobudlelwano nokuxhumana kwihhovisi le Research, Innovation and Engagement u Prof S Moyo kulenombolo 031 373 2577 noma kule imeli moyos@dut.ac.za

Ngiyabonga ngokuzibandakanya.

Yimi ozithobayo,

Tylah Strauss
Umcwaningi

Dr. C. Hall
Umphathihlelo wocwaningo

APPENDIX E: LETTER OF INFORMED CONSENT (ENGLISH)

CONSENT

Statement of Agreement to Participate in the Research Study:

☐ I hereby confirm that I have been informed by the researcher, Tylah Strauss, about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: IREC 054/20.

☐ 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, Tylah Strauss 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 F: LETTER OF INFORMED CONSENT (ISIZULU)

ISIVUMELWANO SOKUZIBANDAKANYA NOCWANINGO:

Izitatimende zokuvuma ukuba ingxenye yocwaningo:

- Ngiyavuma ukuthi umcwaningi Tylah Strauss ungichazele ngesimo, nendlela lolucwaningo elizohamba ngayo, imiphumela nobungozi balolucwaningo
- Inombolo ye-ethics clearance: IREC 054/20..
- Ngiyitholile nencwadi yemininingwane ebalulekile ngayifunda ngayizwisisa kahle.
- Ngaziswa ukuthi imiphumela yalolucwaningo, Kanye nemininingwane yami yobulili, iminyaka yami, usuku lwami lokuzalwa nokulashwa kwami kuzoba into imfihlo kuhlelo lokuqoshwa kwalolucwaningo.
- Kwizinto ezidingekayo kulolucwaningo, Ngiyavuma ukuthi imininingwane abayiqhophayo ngami kulolucwaningo linga setshenziswa kwi-computerised system uyena umcwaningi.
- Noma yinini ngaphandle kwesijeziso ngingahoxa nesivumelwano sami ngokuzibandakanya kwami kulolucwaningo.
- Ngibe nesikhathi esanele sokubuza imibuzo lapho ngingaqondi khona mayelana nalolu cwaningo ngokuzinikela kwami Ngiyavuma ngikulungele ukuzibandakanya nalolucwaningo.
- Ngiyaqonda ukuthi imiphumela emisha etholakala ngalesikhathi salolucwaningo engaphathelana ngokuzibandakanya kwami izokwenza into etholakalayo nakimina.

Igama lomuntu ozibandakanyayo _____ (amagama amakhulu)
Usuku_____ isikhathi _____ sayina _____ noma ubeke isithupha sakwesokudla.

Mina _____ (igama lomcwaningi) Ngiyavuma ukuthi lo muntu ozibandakanyayo ngenhla ngimtshelile ngesimo, nendlela lolucwaningo elizohamba ngayo nobungozi bocwaningo.
Igama lomfundi owenza Ucwaningo _____ (amagama amakhulu)

Usuku_____ isikhathi _____ sayina_____
Igama likafakazi _____ (amagama amakhulu)
Usuku_____ isikhathi_____ sayina _____
Igama Lomeli (mekhona) _____ usuku_____ sayina _____

G: INTERVIEW GUIDE

Grand Tour Question:

"Please explain your thoughts on homoeopathy as a good health care option for your child?"

Probing Questions:

Additional questions based on the responses of the participants including the following:

- Do you understand the concept of homoeopathy?
- Have you ever been to a homoeopath before?
- What were your expectations of homoeopathic care?
- How did you find out about homoeopathic care for children?
- What are your thoughts of homoeopathic care for children?
- How did you find out about this homoeopath?
- What were your experiences of homoeopathic care for your child at this centre?
- Why did you seek alternative care?
- How do you feel about the mainstream medicine versus the homoeopathic approach to the care of children?