

**Perceptions of isiZulu speaking homoeopathic
students and practitioners on the need to translate
the homoeopathic Materia medica into isiZulu in
KwaZulu-Natal**

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Dissertation submitted in partial fulfilment of the requirements for the Master
of Technology in Homoeopathy in the Faculty of Health Sciences at the
Durban University of Technology

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Date : December 2024

Declaration

This is to certify that the work is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources). The work has not previously been submitted in any form to the Durban University of Technology or to any other institution for assessment or for any other purpose.

18 June 2025

Signature of student

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Abstract

Background

Homoeopathy has been widely practiced in South Africa for a long time and is recognized as a legitimate type of Complementary and Alternative Medicine (CAM), but it remains unfamiliar to the general public. The current materia medica used in South Africa is in English. The aim of the study was to explore the perceptions of isiZulu speaking homoeopathic students and practitioners on the need to translate homoeopathic materia medica into isiZulu in KwaZulu-Natal. The majority of the population in KwaZulu-Natal communicates in isiZulu as their primary language, highlighting the crucial need to translate homoeopathic materia medica into isiZulu to enhance accessibility and comprehension.

Methodology

The study design employed in this study was qualitative, exploratory, and descriptive, with open-ended questions to elicit into participants' perceptions. The study population consisted of registered homoeopathic practitioners and students meeting specific criteria for inclusion. Sampling methods involved purposive and snowball sampling to recruit participants. The study conducted twelve semistructured interviews using Microsoft Teams with homoeopathic students and practitioners. Data saturation was reached after eight interviews, leading to four additional interviews for validation. Data collection included semi-structured interviews with consent obtained and confidentiality maintained. Data analysis followed Tesch's eight-step procedure for qualitative studies.

Findings

Four themes emerged from the thematic analysis, focusing on translation, language barriers, language-based programs and difficulties in translating medical textbooks. Participants expressed a strong desire for homoeopathy materia medica to be translated into IsiZulu to aid in patient consultations and remedy understanding. However, some participants raised concerns about potential

misuse and the complexity of translating certain medical terms. Language barriers were highlighted as a significant challenge in prescribing remedies, with participants emphasizing the importance of accurate translations for effective case taking and repertorisation. The need for translated materials was underscored by the difficulties in understanding and translating the original materia medica. Overall, the study shed light on the importance of language accessibility in homoeopathic practice and the potential benefits of translation for both practitioners and patients.

Key words

Homoeopathy, IsiZulu language, language barrier, Homoeopathic materia medica, perceptions, translation.

Dedication

I dedicate my dissertation to my daughter Inami Aqhama Msomi who was born during the course of my research. Ngelosi yami you are more than a blessing to me. I love you.

Acknowledgement

Completing my thesis has been a remarkable journey of personal and philosophical growth, as well as an academic struggle. I would like to thank the following individuals for their contributions to the completion of this dissertation:

- A heartfelt thank you to my supervisor, Professor Nokuthula Sibiyi, and co supervisor, Dr Sindile Majola, whose mentorship extended beyond academics and into personal counsel, bringing comfort and encouragement during challenging moments.
- Late grandmother, Generosa Nokugcina Msomi: uyidlozi elihle, Khulu wami.
- My parents, Bheki John Msomi and Joyce Busisiwe Msomi: Thank you so much for your prayers and support during this journey. You trusted me during a difficult period. Thank you for teaching me that I am capable of going above and beyond my abilities. I adore you.
- My daughter: Inami, thank you for being my strength. You are indeed a light of my life.
- My older brother, Ayanda Msomi: I thank God for having you in my life. Without you I would not even have made it in primary school not alone in university. You are our blessing, and I will forever appreciate you.
- My brother, Mphumeleli Msomi: No word can describe how much you have sacrificed for me to be where I am now. Thank you for your unwavering support in every aspect of my life.
- My Little brother, Sanele Msomi: Ntwana yami, thank you for providing not just mental reassurance, but also critical financial assistance when unforeseen personal issues emerged. Your unconditional love and sacrifice have served as the foundation for my strength and success.
- My baby sister Amahle Msomi: thank you so much Sis for all the prayers and love. I appreciate you.
- To Anele Nkomo, it has been a challenging journey, with restless nights and I appreciate your encouragement to conduct research when I wanted to give up. I know I am a stubborn person to deal with, but your endless patience

and understanding, especially during the most difficult moments of my research, have been my anchor.

- To my childhood friend, Londekile Philile Majola, thank you for the advice and encouraging moments.
- To all my friends Nothando Hlabisa (bummy), Mzwandile Lushaba, Mzamo Miya, Zanele Hadebe, Adhieman Adande, Nqobile Mbatha and Ayanda Dlamini- Thank you for providing distractions when necessary and encouragement when it seems difficult to persevere.
- I would like to express my heartfelt gratitude to the participants who took the time to contribute their valuable ideas and opinions during the study.

Table of contents

Table of contents	Page
Declaration	i
Abstract	ii
Dedication	iv
Acknowledgements	v
Table of contents	vii
List of tables	xi
List of figures	xii
Appendices	xiii
Glossary of terms	xiv
List of acronyms	xv
CHAPTER 1: OVERVIEW OF THE STUDY	1
1.1 BACKGROUND	1
1.2 PROBLEM STATEMENT	2
1.3 AIM OF THE STUDY	3
1.4 STUDY QUESTION	3
1.5 OBJECTIVES OF THE SUDY	3
1.6 SIGNIFICANCEOF THE STUDY	4
1.7 STRUCTURE OF THE DISSERTATION	4
1.8 SUMMARY OF THE CHAPTER	5
CHAPTER 2: LITERATURE REVIEW	6
2.1 INTRODUCTION	6
2.2 DEVELOPEMNT OF HOMOEOPATHY	6
2.3 HOMOEOPATHIC MATERIA MEDICA	8

2.4 HOMOEOPATHY IN AFRICA	9
2.5 HOMOEOPATHY IN SOUTH AFRICA	9
2.6 ALLIED HEALTH PROFESSION COUNCIL OF SOUTH AFRICA (AHPCSA)	10
2.7 HOMOEOPATHY TRAINING IN SOUTH AFRICA	10
2.8 HOMOEOPATHY PROGRAMMES AT DUT	10
2.9 HOMOEOPATHY SATELLITE CLINICS	12
2.10 HOMOEOPATHY SCOPE OF PRACTICE	12
2.11 HEALTH SYSTEM IN SOUTH AFRICA	12
2.12 LANGUAGE BARRIER IN HEALTHCARE	13
2.13 TRANSLATION OF MEDICAL BOOKS	14
2.14 THE DIFFICULTIES OF TRANSLATING MEDICAL TEXTBOOKS	15
2.15 SUMMARY OF THE CHAPTER	16
CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY	17
3.1 INTRODUCTION	17
3.2 STUDY DESIGN	17
3.2.1 QUALITATIVE APPROACH	17
3.2.2 EXPLORATORY DESIGN	18
3.2.3 DESCRIPTIVE DESIGN	18
3.3 STUDY SETTING	19
3.4 STUDY POPULATION	19
3.4.1 INCLUSION CRITERIA	19
3.4.2 EXCLUSION CRITERIA	20
3.5 SAMPLING PROCESS	20
3.6 DATA COLLECTION	21

3.7 DATA ANALYSIS	22
3.8 TRUSTWORTHINESS	23
3.8.1 CREDIBILITY	23
3.8.2 DEPENDABILITY	23
3.8.3 CONFIRMABILITY	24
3.8.4 TRANSFERABILITY	24
3.9 DATA MANAGEMENT AND STORAGE	24
3.10 ETHICAL CONSIDERATION	25
3.11 SUMMARY OF THE CHAPTER	25
CHAPTER 4: PRESENTATION OF THE RESULTS	26
4.1 INTRODUCTION	26
4.2 SAMPLE SIZE AND DEMOGRAPHIC CHARACTERISTICS	26
4.3 PARTICIPANT DEMOGRAPHICS	27
4.3.1 GENDER OF THE PARTICIPANTS	27
4.3.2 AGE OF THE PARTICIPANTS	28
4.3.3 RACE OF THE PARTICIPANTS	29
4.4 OVERVIEW OF THE THEMES	30
4.5 PRESENTATION OF THE FINDINGS	30
4.5.1 TRANSLATION	30
4.5.2 LANGUAGE BARRIER	35
4.5.3 LANGUAGE BASED PROGRAMME	37
4.5.4 THE DIFFICULTIES OF TRANSLATING MEDICAL TEXTBOOK	38
4.6 SUMMARY OF THE CHAPTER	39
CHAPTER 5: DISCUSSION OF THE RESULTS	40
5.1 INTRODUCTION	40

5.2 TRANSLATION	40
5.3 LANGUAGE BARRIER	41
5.4 LANGUAGE BASE PROGRAMMES	42
5.5 THE DIFFICULTIES OF TRANSLATING MEDICAL TEXTBOOKS	43
CHAPTER 6: RECOMMENDATIONS AND CONCLUSION OF THE STUDY	44
6.1 INTRODUCTION	44
6.2 RECOMMENDATION	44
6.3 CONCLUSION	44
REFERENCES	47
APPENDICES	57

List of tables

Table of contents	Page
Table 2.1: Homoeopathy department enrolment in DUT 1	11
Table 2.2: Homoeopathy department enrolment in DUT 2	11
Table 4.1: Presents sample realisation based on the description of participants and the number of interviews	27
Table 4.4: Demographic details of the participants	29

List of figures

Table of contents	Page
Figure 4.1: Gender of population	27
Figure 4.2: Age of population	28
Figure 4.3: Race of population	29

Appendices

Appendices	Page
Appendix 1a: Letter to the Gatekeeper Permission Committee	58
Appendix 1b: Approval letter from the Gatekeeper Permission Committee	59
Appendix 2a: Letter to the HoD: Homoeopathy	60
Appendix 2b: Approval letter from the HoD: Homoeopathy	61
Appendix 3: Consent form	62
Appendix 4: Letter of Information	64
Appendix 5: DUT ethical clearance certificate	66
Appendix 6a: Demographic data of participants	67
Appendix 6b: Interview Guide	69
Appendix 7: A sample of a transcript	70
Appendix 8: Certificate from the professional editor	76
Appendix 9: Turnitin Report	77

Glossary of terms

Allied Health Professions Council of South Africa (AHPCSA) is a legislative health agency that governs all allied or complementary health professions. AHPCSA was established under the Allied Health Professions Act, 63 of 1982 (AHPCSA 2018).

Complementary and alternative medicine (CAM) includes a wide range of medical techniques and therapies that are not included in Western medical practices. These methods are frequently used in combination with traditional medicine or as an alternative for conventional treatments (Tabish 2008: 5).

Homoeopathy is a therapeutic medical approach founded on a finding that substances that can cause physical or mental disorders in healthy individuals can also be used in diluted form as remedies to treat the same disorder in sick individuals (Homoeopathic Association of South Africa 2022).

Language is a system of traditional spoken, manual (signed), or written symbols by which humans communicate themselves (Crystal and Robins 2024).

Homoeopathic materia medica is a book that explains the medicinal characteristics and clinical uses of several homoeopathic medications. It is a crucial reference for homoeopathic practitioners, containing thorough information on the symptoms, properties, and indications of each remedy (Patil 2006; Boericke 2007).

Perception refers to one's views or impressions of something (Collins Dictionary 2019).

Translation involves the method of transforming a text from one language into another for a variety of objectives (Dlamini 2016:21).

Acronyms

Acronym	Full word/sentence
AHPCSA	Allied Health Profession Council of South Africa
BHS	Bachelor of Health Sciences
CAM	Complementary Alternative Medicine
DUT	Durban University of Technology
ECP	Extended Curriculum Programme
HAS	Homoeopathic Association of South Africa
KZN	KwaZulu-Natal
SL	Source Language
Stats SA	Statistic South Africa
TL	Target Language
UJ	University of Johannesburg
UKZN	University of KwaZulu-Natal
UNHC	Ukuba Nesibindi Health Centre
WHO	World Health Organization

CHAPTER 1: ORIENTATION TO THE STUDY

1.1 BACKGROUND OF THE STUDY

In this chapter, the background of homoeopathic materia medica as well as language barriers are discussed in detail. The study problem, aim, objectives, study questions and significance of the study are clarified. The Allied Health Professions Council of South Africa (AHPSCSA) states that homoeopathy is a type of Complementary Alternative Medicine (CAM) that was established by a German physician and chemist, Dr Samuel Hahnemann (1755–1843) (AHPSCSA 2018: 1). Homoeopathy was introduced to South Africa in the 1820s by missionaries from Europe (Gower 2013: 1). Though homoeopathy has been practised for many decades in South Africa, many studies have shown that it is still unknown by the public at large (Lamula 2010, de Villiers 2006 and Majola 2015). This type of CAM is based on the idea that a substance that can cause a specific set of symptoms when consumed by a healthy person can treat someone with an illness or condition that has comparable symptoms. This philosophy is popularly known as the Law of Similars “*Similia similibus curentur*” (AHPSCSA 2018: 1). Hundreds of thousands of observations were gathered over a period of two centuries and documented in the homoeopathic materia medica.

Homoeopathic materia medica comprises clinical observations of potentised drugs as well as observations of potentised medicines' effects on healthy individuals (Block 2019). The original homoeopathic materia medica was written in Latin. However, as homoeopathy gained popularity throughout the world, there was a need for it to be translated into different languages that could be understood by many (Ullman 1991: 3). Hence, it was eventually translated into English. According to (Patel and Jain 2008), English is important in our educational system and everyday lives. Albeit it being recognised as an international language, it has resulted in barriers, which have had a negative impact on people's lives (Tayem *et*

al. 2020). Hence, there is a need for healthcare professionals to learn the dominant language that is being used in their area of practice, in order to communicate with patients that do not understand English (Al Shamsi *et al.* 2020: 122). This could result in better outcomes for the patients.

Homoeopathic students at the Durban University of Technology (DUT) consult with patients in the DUT Homoeopathic Day Clinic as well as various satellite homoeopathic clinics, as part of their practical training (Watson 2015). According to Dube (2015), 80% of the patients that visited one of the homoeopathic satellite clinics run by 4th and 5th year students called Ukuba Nesibindi Health Centre (UNHC) were isiZulu speaking patients and only 20% Understood English. Based on these findings, translation of homoeopathic materia medica will possibly reduce the language barrier at this Homoeopathic satellite clinic in the province of KwaZulu-Natal (KZN) and might increase patients' satisfaction.

1.2 PROBLEM STATEMENT

South Africa has eleven official languages. Anecdotal evidence suggests that most healthcare professionals in South Africa only speak one or two of these official languages. Language barriers are usually linked to lower levels of patient satisfaction, fewer follow-up visits, and worsening adherence to medications like antiretroviral therapy (Schlemmer and Mash 2006: 1084). Being a good communicator is a basic quality that all healthcare professionals must possess to ensure high quality outcomes and patients need. Practitioners need to understand what is being ask of them in order to give the most accurate answers (Matthews 2013). The bulk of the population in KZN (about 7.9 million people) speaks isiZulu as their first language, with more than 11.5 million people speaking it as their first language across South Africa (Lehohla 2011). Translation of homoeopathic materia medica into isiZulu must be investigated as it might benefit the public at large, creating flexibility between this type of CAM and South Africans. In addition,

translation could potentially contribute to the conversations about incorporating homoeopathy into the public healthcare system in KZN.

According to Maharaj (2019), the racial composition of students enrolled in Department of Homoeopathy at DUT has transitioned from predominantly white to a majority of African students. Thus, the need to investigate translating the materia medica into isiZulu. Translation of homoeopathic materia medica will afford isiZulu speaking homoeopathic students a choice to study materia medica in their language. This could help increase the passing rate in DUT Homoeopathic Department.

1.3 AIM OF THE STUDY

The aim of the study was to explore the perceptions of isiZulu speaking homoeopathic students and practitioners on the need to translate homoeopathic materia medica into isiZulu in KZN.

1.4 STUDY QUESTION

What are your perceptions with regards to the translation of Materia Medica into isiZulu?

1.5 OBJECTIVES OF THE STUDY

The objectives of the study were to:

- Explore the perceptions of isiZulu speaking homoeopathic students on the need to translate the Materia Medica into isiZulu in KZN.
- Explore the perceptions of isiZulu speaking homoeopathic practitioners on the need to translate the Materia Medica into IsiZulu in KZN.

- Explore the perceptions of isiZulu speaking homoeopathic students on whether language barriers influence academic achievements.
- Explore the perceptions of isiZulu speaking homoeopathic practitioners on whether language barriers influence their progress in practice.
- Explore the role that an isiZulu Materia Medica can play in integration of homoeopathy in the public healthcare system.

1.6 SIGNIFICANCE OF THE STUDY

In South Africa, there is barely any research conducted in homoeopathic materia medica translated from English to any of the eleven official South African languages. The researcher believes that one of the ways in which this type of CAM can be reintroduced to the South African population is through the translation of homoeopathic materia medica into the various indigenous languages. Thus, the need for this study. Exploring this research phenomenon, will also add to the conversations about incorporating homeopathy into the public healthcare system in KZN.

1.7 STRUCTURE OF THE DISSERTATION

CHAPTER 1 – OVERVIEW OF THE STUDY

This chapter presents an overview of the research study. It encompasses the study's background, the problem statement, the study's objectives, the aims of the research, and its significance.

CHAPTER 2 – LITERATURE REVIEW

This chapter introduces a comprehensive review of the available literature related to the research topic. It discusses relevant theories, models, and previous studies that are pertinent to this research.

CHAPTER 3 – RESEARCH DESIGN AND METHODOLOGY

This chapter discusses the research design and specific methodologies employed to carry out the study, data collection techniques, sample method, and data analysis techniques.

CHAPTER 4 – PRESENTATION OF THE RESULTS

This chapter presents the findings of the research study. It includes the analysis of the data collected and the presentation of the results in a clear and organised manner. Tables, figures, and other visual aids are utilised to present study findings.

CHAPTER 5 – DISCUSSION OF THE RESULTS

In this chapter, the researcher interprets and discusses the findings presented in the previous chapter. The discussion typically includes an analysis of the results in relation to the research objectives, the existing literature, and the theoretical framework.

CHAPTER 6 – RECOMMENDATIONS AND CONCLUSION

The final chapter provides a summary of the key findings and conclusions of the study. It also includes recommendations for future research, as well as practical implications and applications of the research findings.

1.8 SUMMARY OF THE STUDY

Chapter 1 offered a summary of the rationale for translating homoeopathic materia medica into isiZulu. It also clarified the research problem, outlined the study's aim and objectives, posed the study questions, and discussed the significance of the research. The following chapter will delve into the literature that has been reviewed for this study.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

This chapter discussed literature relating to the study. The review of related literature attempted to point out the gaps that had to be filled through the conduction of the study. Literature relating to homoeopathic materia medica, language barriers and translation was explored in-depth. The language barrier between healthcare practitioners and patients have been recognized as one of the issues that prevent successful healthcare delivery in South Africa (Kumar and Maskara 2016). Removing such barriers from the healthcare system can provide high-quality treatment and ensure patient safety (Al Shamsi *et al.* 2020: 122). Consequently, this could achieve high degrees of satisfaction between healthcare practitioners and patients. The translation of homoeopathic materia medica into isiZulu is an unexplored topic. This study aimed to explore the perceptions homoeopathic students and practitioners on the need to translate homoeopathic materia medica into isiZulu in KZN. Despite the well-documented challenges of language barriers in healthcare (Al Shamsi *et al.* 2020; Kumar and Maskara 2016), there remains a lack of empirical studies that explore the perceptions of homoeopathic students and practitioners regarding the linguistic accessibility of core texts like the materia medica. While some literature discusses the importance of translation in broader health communication (Dlamini 2016; Ndlovu 2013), very few studies critically engage with the professional and pedagogical implications of translating such specialised texts. This study therefore aims to fill this gap by exploring perceptions of isiZulu-speaking homoeopaths—a dimension that has not been addressed in the existing body of knowledge.

2.2 DEVELOPMENT OF HOMOEOPATHY

The core principle of "let like cure like" has historically formed the foundation of homeopathic practice. This concept was articulated by German physician Samuel Hahnemann, who coined the term '*homoeopathy*' to refer to treatments

based on similarity. Hahnemann had temporarily abandoned conventional medicine due to his deep dissatisfaction with the prevalent practice of excessive bloodletting and 'heroic' doses, which involved administering the largest amounts a patient could tolerate. While translating a materia medica from English to German, he realized he disagreed with the rationale behind the effectiveness of Cinchona bark (the source of quinine) in treating intermittent fever, especially since malaria was prevalent in Europe at that time. Hahnemann ingested the Cinchona, after taking a dose of Cinchona, Hahnemann experienced a fever that was strikingly like the ones that the drug was intended to treat (Fisher 1995: 170).

Fisher (1995: 170) further discussed Hahnemann's first work on homoeopathy, which he published in 1796. The work published was influenced by Hahnemann's personal experience. Knowing the effect of substances on the human body allowed Hahnemann to employ medication based on similarities. This led to the creation of the "*proving*" approach, where substances of interest are given to healthy participants, who subsequently document their symptoms. With the help of his team of provers, which included many interested doctors, Hahnemann was able to demonstrate a variety of chemicals. Hahnemann's *Materia Medica Pura* was published between 1825 and 1833. It contained the first compilation of 70 *provings* for a variety of chemicals, from the dangerous arsenic to the commonplace taraxacum (dandelion).

Fisher (2012: 1670) states that homoeopathy began to gain traction in the early 19th century, largely due to its introduction to the United States by German immigrants. A key figure in this movement was Dr. Constantin Hering (1800–1880), who arrived in Philadelphia, Pennsylvania, in 1833. In India, homoeopathy was first practiced by Dr. John Martin Honigberger (1795–1869), who served as the physician to Maharaja Ranjit Singhji of Punjab, starting in 1839. Homoeopathy was first introduced to Brazil by the Frenchman Benoit Mure (1809–1858), who established the Instituto Homeopático do Brasil in Rio de Janeiro in 1843. Mure also brought homoeopathy to Egypt.

2.3 HOMOEOPATHIC MATERIA MEDICA

Homoeopathic materia medica is diverse (Patil 2006). It is a drug encyclopaedia with a focus on medicinal properties. The homoeopathic materia medica and repertories are an essential tool to homoeopathic practitioners' daily practice (Lilley 2008 cited in Smillie 2010: 10). Materia medica contains a wealth of homoeopathic knowledge, knowledge that can be used to dispel the negative criticisms towards homoeopathy. Hence, translation of homoeopathic materia medica into various Indigenous languages cannot be overlooked. There are a variety of homoeopathic materia medica written and organised in various approaches and it is important to study each one in a systematic manner to get as much knowledge as possible (Patil 2006).

In 1805, Hahnemann released his earlier research on the impact of remedies on healthy people (drug proving) in Latin. Dr Hahnemann published two volumes titled *Fragment de viribus medica mentorum positivis sive in sano corpore humano obrevatis*, the first volume offered a detailed list of the symptoms brought on by twenty-seven different drugs. The whole list of symptoms is included in the second volume in alphabetical order (National Health Portal 2015).

According to Prathibha (2013), the current 'Materia Medica Pura' was translated by Dr R.E. Dudgeon from the most recent German edition. The six different volumes were created to resemble two volumes of the same size. The drugs are arranged in alphabetical order. Six volumes of essays were split into two parts, with each introduction included in a separate volume. Dr Hempel attempted an unsatisfactory first translation of Materia Medica Pura into English in 1846. He left out many medications. He did not arrange his symptoms according to Hahnemannian Theory (Prathibha 2013).

Dr Quin later translated homoeopathic materia medica. The first book was finished and printed but was lost in a printing press fire. In the library of the British Homoeopathic Society is the only copy that has been preserved. It lacks

even a title page and a preface. The second edition's first volume has been translated. The medications it includes, however, do not entirely match the original. The pattern of the symptoms does not match Hahnemann's work. He put all the symptoms mentioned by Hahnemann and his followers in a separate list together with those he had learned about from traditional medical sources (Prathibha 2013 and National Health Portal 2015).

2.4 HOMOEOPATHY IN AFRICA

According to Pitty (2016: 17), homoeopathy has not been widely accepted outside of South Africa in any nation in sub-Saharan Africa. There are well-established projects in many nations, but none where homeopathy is officially taught in medical schools or acknowledged by governments. Homoeopathy was introduced to India during the colonial era and has since flourished there, but nothing comparable occurred in Africa. Although organisations and individuals have started a few homoeopathic projects in various nations, the system of homoeopathy has not yet been widely accepted as an effective and acceptable form of medicine. No literature has been done on translation of Homoeopathy materia medica into African languages.

2.5 HOMOEOPATHY IN SOUTH AFRICA

Homoeopathy was brought to South Africa by European missionaries in the late 1820's and it was practiced by several missionaries, doctors as well as immigrants (Gower 2013: 1). In 1972, a homoeopathic ordinance was approved in South Africa, even though there was no legal organisation to regulate its practice at that time (Kidd 2011). The government developed a registration mechanism for individuals already practicing in 1974, but it restricted new practitioners' admittance. According to Kidd (2011), the Allied Health Services Professions Act (Act 63 of 1982) was signed into law in 1982. The registry was re-opened three years later, established new homoeopathic practitioners, as well as other allied health professionals (Majola 2015). With the re-opening of the register in 1985, it was officially revived. Following that, educational programmes were launched. The only two academic institutions that provide a

master's degree programme in homoeopathy are University of Johannesburg (UJ) and DUT (Solomon 2014).

2.6 ALLIED HEALTH PROFESSION COUNCIL OF SOUTH AFRICA (AHPCSA)

The Allied Health Services Professions Act, 63 of 1982 (the Act) established the AHPCSA as a lawful health organisation to oversee all allied or complementary health professions, such as chiropractic, homoeopathy, naturopathy, osteopathic, phytotherapy, reflexology, therapeutic massage therapy, therapeutic reflexology, aromatherapy, Ayurveda, Chinese medicine, and acupuncture (AHPCSA 2018). Act 63 of 1982 states that the AHPCSA's goals are to safeguard and advance public health; oversee, manage, and establish policies for professions that are registered with the organisation; look into complaints regarding the professional behaviour of practitioners, interns, and students; oversee the registration of individuals under its authority, and create guidelines for the instruction and training of aspiring practitioners (Gwala 2020).

2.7 HOMOEOPATHY TRAINING IN SOUTH AFRICA

According to the Homoeopathic Association of South Africa (2022), homoeopathic education consists of a five-year full-time degree that is exclusively available at the UJ and DUT. The AHPCSA requires graduates to register after they have completed their academic and legislative requirements. While coursework prepares homoeopathy students for their future roles as practitioners, no modules provide major training in African languages or cultures to prepare student in terms of language barriers experienced in health facilities (Blackwell *et al.* 2021:3).

2.8 HOMOEOPATHY PROGRAMME AT DUT

The old and new curriculum programs in homoeopathy are now available at DUT. The former program is divided into four categories (Table 2.1). Before the master's in technology: Homoeopathy, there was no way out. The first three

qualifications do not lead to graduation, but they are essential and aid in the fulfilment of the M.Tech: Homoeopathy (Table 2.1). This is in conformity with the statutory board, the AHPCSA's, minimal requirement, (Gwala 2020).

Table 2.1: Student enrolment in the Department of Homoeopathy in DUT 1

Qualification	Duration	Teach out date
National Diploma in Homoeopathy	1 – 3 years	2020
National Diploma in Homoeopathy (Extended Curriculum Programme) (ECP)	1 – 4 years	2021
Bachelor's degree in technology in Homoeopathy	4 years	2023
Master's degree in technology in Homoeopathy	5 years	2025

Source: Adapted from DUT Homoeopathy Handbook (2021)

The new program is divided into three levels (Table 2.2). Students who finish the Bachelor of Health Sciences in Homoeopathy (BHSc) or the Bachelor of Health Sciences in Homoeopathy: Extended Curriculum Programme (BHSc ECP) are eligible to graduate from this homoeopathic program. To register with the AHPCSA and practice as homoeopaths, students must also complete the Master of Health Sciences in Homoeopathy, which was introduced in 2019.

Table 2.2: Student enrolment in the Department of Homoeopathy in DUT 2

Qualification	Duration	Date of commencement
Bachelor of Health Sciences: Homoeopathy (BHSc)	1 – 4 years	2015
Bachelor of Health of Sciences: Homoeopathy: Extended Curriculum Programme (BHSc) (ECP)	1 – 5 years	2015
Master of Health Sciences: Homoeopathy	5 years	2019

Source: Adapted from DUT Homoeopathy Handbook (2021)

2.9 HOMOEOPATHIC SATELLITE CLINICS

According to Khumalo (2015) and Gwala (2020), DUT community satellite clinics are Redhill Community Clinic, Kenneth Gardens Community Clinic and Cato Ridge Community Clinic and UNHC. The Redhill Clinic was founded in 2005-2006. It is in a well-established neighbourhood and has garnered positive feedback. Fifth-year homoeopathic students provide free treatment to patients while being supervised by a registered homoeopathic practitioner (Pillay 2013). In 2012, the DUT Department of Homoeopathy established the Kenneth Gardens Community Homoeopathic Clinic in partnership with the Community Development Department of UKZN. The clinic provides 4th and 5th year student homoeopathic services under the guidance of a registered homoeopath practitioner (Erwin, Marks and Couchman 2014). The UNHC was established in 2004 and is managed by homoeopathic students in their fourth and fifth years, who work under the guidance of qualified homoeopathic practitioners. It offers complimentary homoeopathic treatment to the surrounding community (Smillie 2010).

2.10 HOMOEOPATHIC SCOPE OF PRACTICE

In South Africa, homoeopathic practitioners are classified as primary healthcare (PHC) providers by the Allied Health Professions Act of 1982 (Act 63 of 1982). They are qualified to diagnose, treat, and prevent both physical and mental disorders due to their area of practice. As part of their profession, homoeopaths are also authorized to prescribe and administer medications (Gwala 2020).

2.11 HEALTHCARE SYSTEM IN SOUTH AFRICA

While public healthcare in South Africa is funded by the government and accessible to all citizens, it faces numerous challenges, such as extended wait times, hurried consultations, antiquated infrastructure, and poor disease control and prevention procedures (Young 2016). Citizens have the option to purchase private health insurance, allowing them to receive treatment at private hospitals and clinics. The private healthcare sector provides various benefits compared

to public healthcare, such as reduced wait times, more thorough appointments, superior facilities, and effective disease management and prevention strategies (Gray *et al.* 2016). '*The right of access to healthcare services*' was included in South Africa's post-apartheid Constitution, but with a key exception. Within the restrictions of available resources, this essential socioeconomic right will be achieved gradually. The fall of apartheid in 1994 marked a watershed moment in South African healthcare. After 1994, the emphasis shifted to ensuring that everyone has equal access to resources. A shift toward PHC services, as indicated by the construction of new PHC clinics in rural and underserved areas, was a significant mechanism for ensuring that all South Africans had access to healthcare.

2.12 LANGUAGE BARRIER IN HEALTHCARE

Language is a vital tool for humans to interact with one another. Communication is critical in the health professions for building trust and collaboration between the caregiver as well as the person being cared for (Patel and Jain 2008). South Africa presents various healthcare issues, resulting in severely underserved areas in several rural regions. When doctors are unable to interact with their patients, these issues are exacerbated (Kumar and Maskara 2016). Most people in KZN speak isiZulu. Patients who are older or from remote rural areas frequently present as monolingual isiZulu speakers (Ndlovu 2009). Communication, which has been designated as a core competency for doctors, emphasizes the need for and capacity to speak an Indigenous language (Matthews and Van Wyk 2016). The advantages of language-concordant healthcare have been established, and policies at the national, regional, and institutional levels accommodate language diversity (Matthews and Van Wyk 2016). Hence, medical students who speak English as their first language must be taught how to speak isiZulu.

Gwala (2020) stated that Smillie (2010) used a retrospective, explanatory and descriptive design to conduct a clinical audit at UNHC. The goal of the research was to find out about patient demographics and the prevalence of diseases, along with identifying and detailing the different homoeopathic treatment

options that are available. Between 2004 and 2008, a total of 862 patients were treated, as stated in the findings. Since the establishment of UNHC, over 80% of patients have been African, while 20% have been Coloured or Indian, with no white patients attending the clinic. Additionally, the data revealed that the majority of patients were African women aged 40 to 60 who were unemployed. The research also indicated that isiZulu was predominantly used for communication, confirming that most patients at UNHC were Africans.

2.13 TRANSLATION OF MEDICAL BOOKS

Dlamini (2016: 21) defines translation as a method of converting a text from one language to another for numerous purposes. The source language (SL) and the target language (TL) are the two languages used in translation. In this study, English serves as the SL, while isiZulu is the TL. Molina and Hurtado Albir (2002: 509) outlined that translation techniques are utilised in a functional and dynamic manner, influenced by factors such as the category of the text, the type and mode of translation, the translation's purpose, the traits of the target audience, and the selected method.

Nine African languages were acknowledged as official languages of South Africa by the democratic government that took office in 1994, suggesting that these languages will be utilised in all facets of daily life. Through the primary function of translating texts from English into the TLs, government agencies, nongovernmental organisations, and the corporate sector all benefited from the opportunity to engaged with their customers in their native tongues. Ndlovu (2013) stated that isiZulu and the other eight African languages are still in their initial stages of development, and translators of health materials from English to isiZulu sometimes run into issues with a lack of corresponding words/terms in the TL. According to Newmark (1988: 83), one of the techniques to deal with untranslatable word is the use of a borrowed term or a loan word plus explanation, a paraphrase, omission of a word or expression in specific instances, and the use of an illustration. However, Kruger (2010: 150–166) stated that translators need to be cautious about depending excessively on

English loanwords in a text to guarantee that the message is accurately conveyed.

2.14 THE DIFFICULTIES OF TRANSLATING MEDICAL TEXTBOOK

Medical translation is one of the most complex and costly types of work done by translation agencies throughout the world, and for good reason—it has its own characteristics and can provide considerable challenges for a translator. According to Cronin (2003: 47), the transfer of information and technology between languages is subject to numerous constraints due to the unique characteristics of each language, including grammatical and lexical features, as well as cultural elements. These differences pose challenges for both translators and readers of the texts. According to Ndlovu (2013: 161), the translation of terminology associated with diseases, treatments, and various medical concepts is one of the most common translation issues faced by translators of isiZulu health texts. Other problematic terms in isiZulu include those that have not yet been lexicalised. The isiZulu translators frequently employed a variety of techniques to address translation challenges, including paraphrasing, paraphrasing with omissions, paraphrasing combined with transference or "pure" loanwords, transference alone, paraphrasing with indigenized loanwords, transference accompanied by explanations, using only indigenized loanwords, and employing familiar terms.

Translation scholars like Newmark (1988: 83) and Baker (1992: 20-43) promote standard tactics that can be utilised to engage with non-equivalence issues, including the use of a more general word (superordinate), the use of a more neutral/less expressive word (using a culture-free word for cultural words), translation by cultural substitution (substituting a culture-specific item or expression with a target-language cultural item or expression that is likely to have a comparable influence on the intended audience) and omitting a word or expression in some contexts. Argeg (2015: 37) conducted a study to address the issues with medical terminology translation from English to Arabic. The aim of the study was to demonstrate the difficulties involved in translating medical terminology and how postgraduate students, who were proficient in medical

translation, along with qualified Arabic translators working in the medical field, managed to overcome these challenges. Argeg (2015:37) further stated that one of the key challenges faced by translators is the evolving nature of languages over time. This evolution means that some words can be substituted by similar or different terms, new words are constantly being added to the language, and certain words may take on altered or additional meanings. Consequently, many terms may become less commonly used or even obsolete.

2.15 SUMMARY OF THE CHAPTER

This Chapter explored in-depth the literature relating to homoeopathic materia medica, language barriers and translation. The next chapter will provide an overview of the collection process, the sample selection process and the data analysis procedures that were used in this study.

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

This chapter will outline the research methodology, explain sample selection, detail the data collection procedure, and explain the data analysis techniques employed. The study was conducted by a qualitative, exploratory, and descriptive approach. Purposive and snowballing sampling techniques were utilised to select the study participants. The sample consisted of isiZulu speaking homoeopathic practitioners and students. Through a semi-structured interview, the researcher explored the participants' perceptions of homoeopathic students and practitioners on the need to translate homoeopathic materia medica into isiZulu. The sample size consisted of 12 participants. However, data collection was guided by data saturation (Fusch and Ness 2015). The data collected was analysed following Tesch's eight steps of data analysis process (Creswell 1994: 32).

3.2 STUDY DESIGN

According to Grove, Burns and Gray (2013:195), a research design is a comprehensive plan that outlines how the research will be carried out. This study was guided by a qualitative, exploratory, and descriptive design.

3.2.1 Qualitative approach

Grove, Burns and Gray (2013: 195) state that the purpose of qualitative research is to explore and understand the significance that individuals attribute to a phenomenon, as well as how they interpret it within their own perspectives and experiences. Qualitative research is valuable for gathering detailed insights into the values, opinions, behaviours, and social contexts of specific populations. The qualitative methodological framework is ideal for establishing participants' perceptions of a particular subject. According to Creswell (2009: 36), qualitative studies delve into and comprehend the significance that individuals or groups assign to a social or human issue. This study employed qualitative design to explore the perceptions of isiZulu speaking homoeopathic

students and practitioners on the need to translate the homoeopathic materia medica. This study method also provides rich, contextual data to better understand this underexplored topic.

3.2.2 Exploratory design

Exploratory design explores the dimensions of a phenomenon in order to better understand the context within which an intervention would unfold. Exploratory design sheds light on the various ways in which a phenomenon is manifested and on underlying processes (Grove, Burns, and Gray 2013: 196). Nengovhela (2022) further argues that an exploratory study design is used for investigating phenomena that have not been effectively explained previously. The exploratory design illuminates the various manifestations of a phenomenon, and the underlying processes involved (Grove, Burns, and Gray 2013: 196). In this study, the researcher employed an exploratory design to gain insights into the perceptions, needs, and experiences of isiZulu-speaking homoeopathic students and practitioners concerning the translation of the homoeopathic materia medica, which have not been explored in detail.

3.2.3 Descriptive design

A descriptive study design provides an in-depth description of participants' experiences in a narrative type description (Grove *et al.* 2013: 26). This design represents the most extensive category of research methodologies. In a descriptive study, the researcher does not alter or modify any variables. Instead, they focus on observing and analysing them. A descriptive research design offers a precise account of the attributes of a specific group in actual settings. The purpose is to describe what exists, determine the frequency of occurrences, and categorize information (Grove *et al.* 2013: 26). In this study, the descriptive design was used to obtain extensive and detailed description of participants' experiences and perceptions related to the phenomenon under study, as well as the identification of meanings and interpretation of the described experiences. In this way, the researcher was able to simplify complex issues into easily comprehended reflections of the subject of the research.

3.3 STUDY SETTING

According to Given (2008: 788), the environment in which the study is being conducted—physical, social, and cultural—is referred to as the research setting. Creswell (2014: 173) further indicates that the researchers intentionally select sites for the purpose of obtaining the necessary and required information. Therefore, the researchers should select the settings that will provide the relevant information. The primary objective of qualitative research is to create meaning, and participants are observed in their natural environments. The study was conducted in KZN. According to Statistics South Africa (2016: 24), in 2016, isiZulu was the first language spoken by 82.5% of people in KZN, compared to 12.5% who did the same for English.

3.4 STUDY POPULATION

A population is a complete set of persons or objects which share specific characteristics of interest to the researcher (Grove *et al.* 2013: 26). In this research, the population comprised legally registered homoeopathic practitioners and homoeopathic students who fulfilled the study's inclusion criteria.

3.4.1 Inclusion criteria

The following criteria were set for participation, for practitioners:

- AHPCSA registered homoeopathic practitioners.
- Participants who understood either or both isiZulu and English.
- Participants based in the KZN province.

The following criteria were set for participation, for students:

- AHPCSA registered homoeopathic students.
- Participants who understood either or both isiZulu and English.
- Participants based in the KZN province.
- Participants enrolled at DUT.

3.4.2 Exclusion criteria

The following exclusion criteria were set for participation, for practitioners:

- Homoeopathic Practitioners that were not registered AHPCSA.
- Participants who did not understand either or both isiZulu and English.
- Participants who were not based in the KZN province.

The following exclusion criteria were set for participation, for students:

- Homoeopathic students who were not registered AHPCSA.
- Participants who did not understand either or both isiZulu and English.
- Participants who were not based in the KZN province.
- Participants not enrolled at DUT.

3.5 SAMPLING PROCESS

Sampling is the method of choosing a subset from a larger population for the purpose of studying it, with the aim of estimating the overall size of the population (Thompson 2012: 1). The study took place in KZN in the eThekweni region, and the researcher identified participants in this region through purposive and snowball sampling. Burger and Silima (2006: 663) define purposive sampling as a form of non-probability sampling where the researcher identifies participants who are deemed representative of the population based on their professional judgment and expertise. Unlike random sampling, this method involves the intentional choice of participants who have specific traits or meet particular criteria that are pertinent to the study. The overall idea was to identify significant sources of variation in the population before selecting a sample that represents that variation. Snowball sampling design employs a chain referral approach and this sampling was used to recruit the participants, by speaking to one participant and ask the participant to refer the researcher to other participants that meet the research criteria (Burger and Silima 2006: 663).

Based on the sampling methods that guided this study, participants that appeared to meet the inclusion criterion were approached through electronic communication. The internet was used as a practical tool to source potential

participants by locating AHPCSA-registered homoeopathic practitioners through official directories, practice websites, and social media platforms, allowing the researcher to reach out via professional contact details such as email and phone calls. The participants were screened if they meet the inclusion criteria for the study. The participants were then requested to partake in the study. Appendix 1a was used to obtain gatekeeper permission, to approach homoeopathic students.

3.6 DATA COLLECTION

Prior to the semi-structured interview, consent forms and letters of information (Appendices 3 and 4) were shared with the potential participants. Each participant was required to give written consent (Appendix 3). All information was treated with confidentiality and each participant was assigned a code that only the researcher, supervisor and co-supervisor knew. A demographic data tool (Appendix 6a) was utilised to gather participants' demographic information. Salkind (2010) defines demographic data as a study tool that provides essential information about research participants. This information is crucial for assessing whether the participants in a study represent a sample of the target population, which is necessary for generalising about broader trends and characteristics. By analysing demographic data, researchers can better understand the composition of their sample and ensure that their findings are applicable to the larger population.

An interview guide was used to conduct the semi-structured interviews (Appendix 6b). Creating an interview guide is essential for getting data that will support the study's goals and objectives (Baumbusch 2010). The study interview guide comprises of one grand tour question, three probing questions for the homoeopathic practitioners and three probing questions for the homoeopathic students. According to (Longhurst 2003), semi-structured interview is a verbal interaction where the interviewer asks questions to gather information from another individual. While the interviewer has a prepared set of questions, the format resembles a conversation, enabling participants to delve into topics that matter to them. The researcher in this study explored the

participants' perceptions of homoeopathic students and practitioners on the need to translate homoeopathic materia medica into isiZulu.

The semi-structured interviews were audio-recorded as to preserve the words of the participants. The semi-structured interviews took no more than 60 minutes. The semi-structured interviews were conducted using the same set of questions for each participant, and completing the interview was required of each participant. When the participant wished not to complete the semi-structured interviews, their wish was respected. The information collected from an incomplete interview was kept in storage along with the rest of the information, but they were not utilised in the final dissertation. In the event of the above occurring, a replacement participant who satisfied the inclusion criteria was interviewed. The semi-structured interviews were recorded and were scheduled to be retained in the Homoeopathy department for a period of five years before being disposed. Once the data collected began to show repetition and the research phenomenon was comprehensively examined, a point of saturation was achieved, leading to the decision to cease further interviews (Fusch and Ness 2015). Tesch's eight steps of data analysis were employed to analyse the data collected (Creswell 2014: 198).

3.7 DATA ANALYSIS

Tesch's eight-step procedure was used to analyse data (Khumalo 2015). This procedure is usually used in qualitative studies to analyse the data collected during the interviews (Ntshingila *et al.* 2016). As per Tesch's eight-step procedure, the following was done (Creswell 2014:198):

- The researcher completely transcribed the interviews and analysed them.
- The transcripts were read and compared to the audiotaped interviews by the researcher.
- To determine the underlying meaning, the researcher read the transcript for the second time.

- The most relevant and insightful interview was chosen by the researcher, and comments were put in the margins of the transcribed interview.
- Under themes, similar issues were grouped together.
- The researcher created themes and sub-themes from the topics.
- The data was analysed individually by a qualitative research expert, who then proposed topics that were discussed with the researcher.
- Verification based on literature review.

These steps ensured not only methodological rigour but also the authenticity of participants' voices and ethical integrity of the findings, in alignment with the study's approved ethical standards.

3.8 TRUSTWORTHINESS

Lincoln and Guba (1985: 290-297) state that the trustworthiness of a research study is essential in determining its significance and relevance. Trustworthiness criteria consist of credibility, dependability, confirmability, and transferability.

3.8.1 Credibility

Cope (2014: 89) describes credibility as the precision of the data and participant viewpoint, along with how the researcher interprets and presents them. To ensure the credibility of this study, the researcher consulted with a supervisor who possessed expertise in the subject matter and offered valuable insights regarding the variables of interest. For data collection, the researcher utilised a voice recorder and field notes. The collected data was transcribed, and the researcher verified that the transcriptions accurately reflected the participants' perceptions. To establish confidence in the truth of the findings, during report writing voice recordings were replayed repeatedly to ensure that all the information was transcribed.

3.8.2 Dependability

Dependability pertains to the reliability of data to remain consistent across similar conditions (Cope 2014: 89). In this study, an audit trail was kept by

storing the unprocessed data from each interview. This raw data was saved for potential future use and reference.

3.8.3 Confirmability

The ability of the researcher to show that the data accurately represent the participants' responses, rather than the researcher's biases or views, is known as confirmability (Cope 2014: 89). The notes were reviewed by the participants in order to ensure that their perspectives on the experiences were appropriately recorded. Although the researcher coded the interviews herself, the data and analysis were checked for discrepancies scrutinised by the research supervisors who acted as independent coders.

3.8.4 Transferability

According to Cope (2014:89), transferability means the degree to which qualitative research results can be adapted or applied to different contexts or settings. The researcher facilitated this transferability by providing a comprehensive and understandable explanation of the background, participant selection, data collection methods, and data analysis processes.

3.9 DATA MANAGEMENT AND STORAGE

Participants' confidentiality was maintained throughout the study by collecting and storing data in a secure manner. Personal information about the participants was not captured during the interviews, field notes, or audio recordings. Participants were given numbers at the start of the trial. Only the researcher had a log of the names of each participant along with their allocated codes. For the length of the study, the collected data was maintained in a secure location to ensure its safety and prevent unauthorized access. The collected data is securely stored in a locked office at the Department of Homoeopathy at DUT for the duration of the research study. After five years, the data will be appropriately destroyed. Only the researcher and supervisors have access to the stored data. Strict measures were taken to maintain

participant confidentiality and ensure no identifying information is ever revealed.

3.10 ETHICAL CONSIDERATIONS

The research was carried out following the approved DUT protocol and standards. Data collection began only after receiving complete ethics approval (Appendix 5) from the DUT Institutional Research Ethics Committee and obtaining Gatekeeper permission (Appendix 1b) from the Research and Postgraduate Support Department. The researcher also received gatekeeper permission from the HoD of homoeopathy (Appendix 2b). Obtaining written consent from the study participants to partake in the study was of utmost importance (Appendix 3). Participants were allowed ample time to read, understand and ask questions (clarity-seeking) related to the consent form before granting personal consent to partake in the study. Prior to signing the consent, participants were provided with a letter of information, which highlighted detailed information on what the study was all about, confidentiality, anonymity/privacy and the duration of the interview session (Appendix 4). Participation in the study was voluntary and the participants were also assured that participation in the study would not in any manner affect their lives in their current settings. The participants could withdraw from the study at any time with no adverse consequences.

3.11 SUMMARY OF THE CHAPTER

The purpose of this chapter was to outline the research methodology utilised in the study, including how participants were selected, the process of data collection, and the techniques employed to analyse the collected data. Chapter 4 will provide the data collection results, and Chapter 5 will discuss the outcomes.

CHAPTER 4: PRESENTATION OF RESULTS

4.1 INTRODUCTION

This chapter presents the findings from the qualitative data collection process, which involved conducting in-depth semi-structured interviews with homoeopathic students and practitioners via Microsoft teams meeting. The themes presented in this chapter were derived using Tesch's eight-step data analysis method, as described in Chapter 3. This process involved a systematic review and coding of the transcribed interview data, followed by categorization of similar ideas and concepts. Through this rigorous qualitative approach, four main themes emerged: (i) translation, (ii) language barriers, (iii) language-based programmes in the institution, and (iv) difficulties in translating medical texts.

4.2 SAMPLE SIZE AND DEMOGRAPHIC CHARACTERISTICS

Over the course of three weeks, 12 semi-structured interviews were conducted. Every single one of the 12 semi-structured interviews were comprehensive. Microsoft Team was used to conduct these semi-structured interviews. Homoeopathic students in their first to last years and practitioners of homoeopathy with at least two years of experience were interviewed. The participants ranged in age and gender. After conducting eight semi-structured interviews, the researcher achieved the data saturation point. To validate the data saturation, the researcher conducted four further interviews.

Table 4.1: Presents sample realisation based on the description of participants and the number of interviews

Participant description	Number of the interviews
Students	6
Practitioners	6
Total	12

4.3 PARTICIPANT DEMOGRAPHICS

4.3.1 Gender of participants

The sample included six males and six females in the study population as demonstrated below by Figure 4.1.

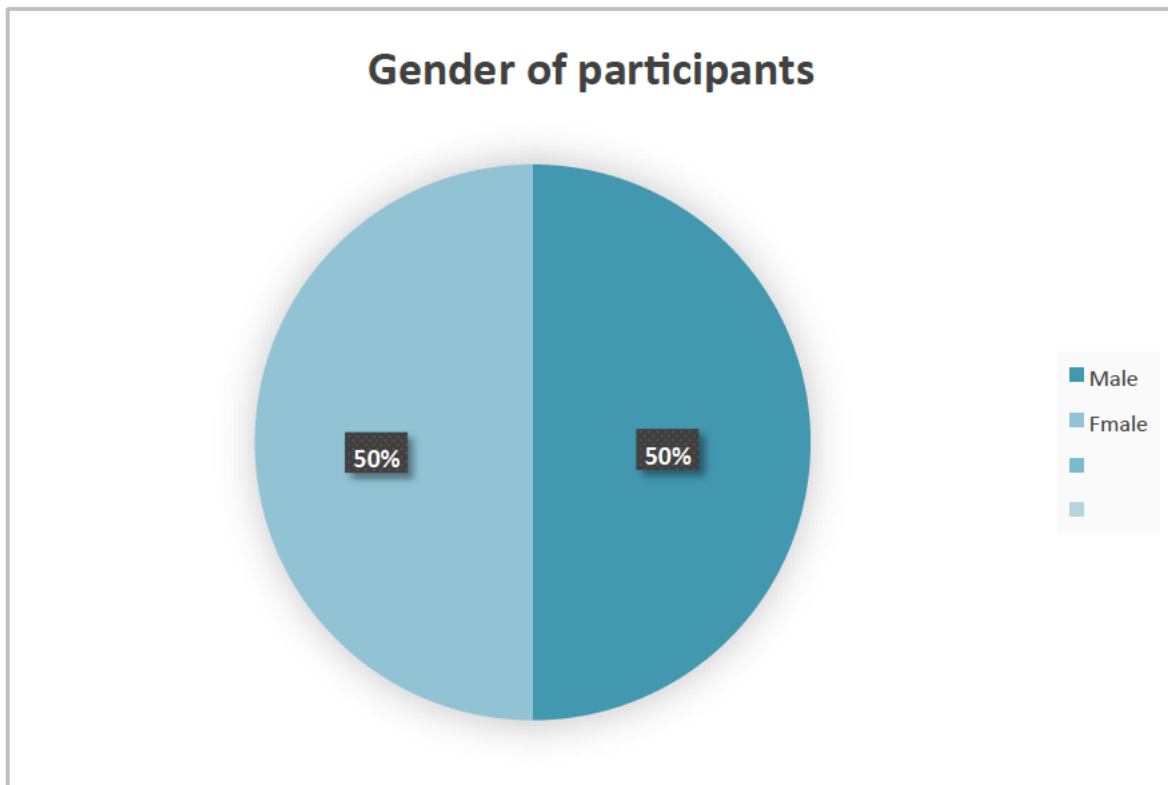


Figure 4.1: Gender of population

4.3.2 Age groups of participants

Figure 4.2 below shows that most of the age group is 25–34 (66%).

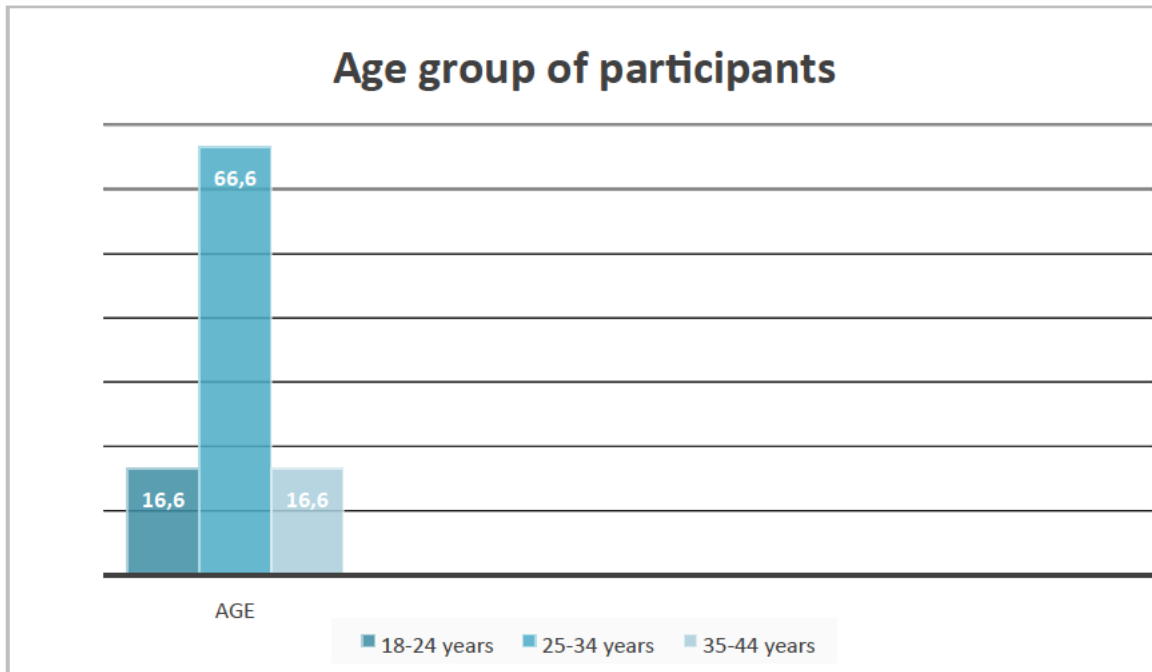


Figure 4.2: Age group of participants

4.3.3 Race of participants

Figure 4.3 below shows that the race of participants on this study is 100% African.

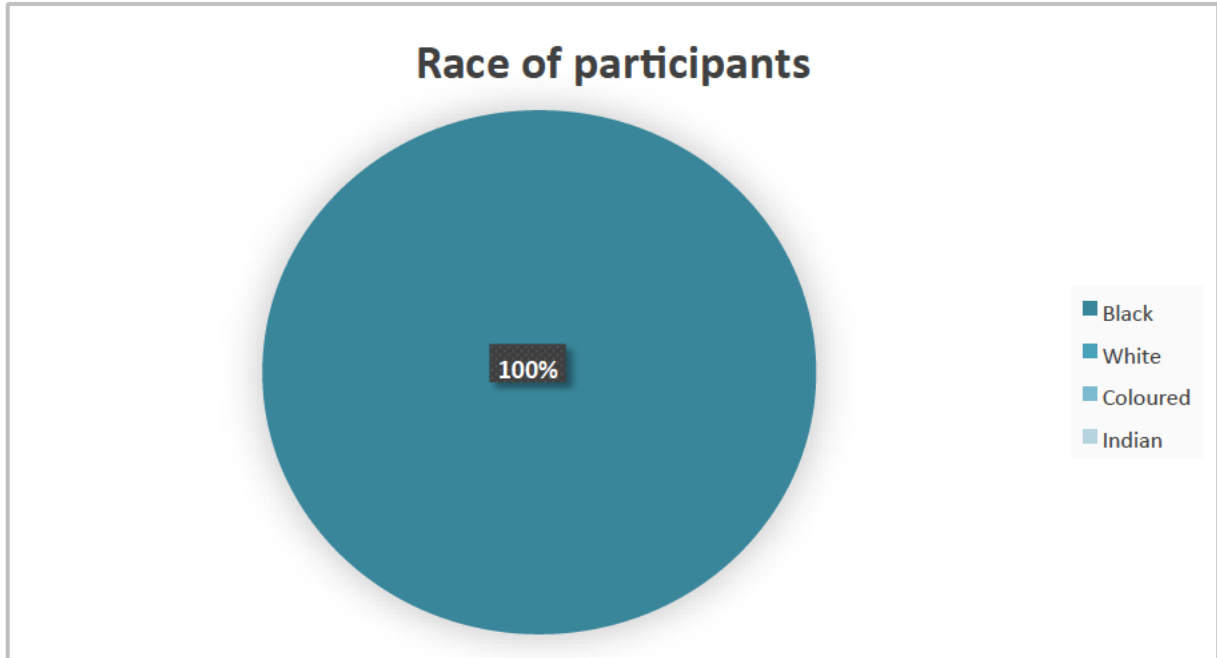


Figure 4.3: Race of participants

Table 4.4: Demographic details of the participants

Participant	Gender	Race	Participant Category
1	Female	Black	Practitioner
2	Female	Black	Practitioner
3	Female	Black	Practitioner
4	Male	Black	Practitioner
5	Male	Black	Practitioner
6	Female	Black	Student
7	Male	Black	Student
8	Male	Black	Student
9	Male	Black	Student
10	Female	Black	Student
11	Female	Black	Student
12	Male	Black	Practitioner

4.4 OVERVIEW OF THE THEMES

Four themes emerged from the thematic analysis approach used to analyse the data. Each theme was made up of different concepts that came up in each interaction. The themes were:

- Translation.
- Language barriers.
- Language based programmes in the Institution.
- The difficulties of translating medical textbook.

4.5 PRESENTATION OF THE FINDINGS

The grand question of this study was structured to find out the perceptions of each participant with regards to translations of homoeopathy materia medica. The study's findings were presented in this chapter. These results revealed different perspectives on each theme.

4.5.1 Translation

A total of eight of the participants agreed for homoeopathy materia medica to be translated. This is what they had to say:

Practitioner Participant 3

“Well, it would help a lot if the homoeopathy materia medica was translated. It will help to get the correct remedy for the patients. Sometimes in materia medica, the language it (sic) is very hard, especially when consulting with patients. When consulting with patients, we need to translate and have a direct translation”. (Practitioner participant 3, 04 April 2024)

Practitioner participant 5

“I think that it would be nice if you could have it in isiZulu, because most of the patients that I am currently seeing do speak isiZulu, and sometimes they can speak deep isiZulu. you cannot really translate that unless you speak the very same indigenous language. So, if we have the materia medica in the language

that most of the patients are speaking in KZN, could simplify things for practitioners like me (sic)". Translation of materia medica can also assist by making our community aware of this alternative medicine". (Practitioner Participant 5, 13 April 2024)

Student Participant 6

"Our traditional heals use almost the same herbs used in homoeopathy, so I think having IsiZulu homoeopathy can make our community relate and accept homoeopathy. When I am reading the materia medica, I have to kind translate it for my understanding. So, if there was an isiZulu translated, materia medica, it would just be straight to the point. It would also help in terms of studying materia medica, especially with signs and symptoms and the indications of a remedy. It would be really easy to understand remedies. If they were written in isiZulu because it will be in the language that I completely understand that I do not need translation for". (Student Participant 6, 04 June 2024)

Student Participant 8

"OK, I think it would be a good idea and on top of that, I think non-Zulu speakers who wish to open their practices here in KwaZulu-Natal. Should utilise those Zulu translated books for the benefits of their patient, since we have a high percentage of isiZulu speakers in the province. This will minimize language barrier to their patients during consultations". People are not aware about homoeopathy, so I think translation will make people more aware and relate to homoeopathy". (Student Participant 8, 04 June 2024)

Student Participant 10

"OK, as someone who went to public schools. So sometimes English is even harder to understand. The language used in homoeopathy, sometimes it is not even English. I do not know what it is. I think it would help somehow somewhere for students understanding more, better, and easily. Reason being that when we look at the books for homoeopathic materia medica, it does not really explain a lot. It would give you a word after then a bit of explanation and it is done". (Student Participant 10, 05 June 2024)

Student Participant 11

“I think it is a good idea or it is a good transition, and it is welcoming homoeopathy in South Africa especially in KZN. Translation of materia medica can make people aware of homoeopathy and make people understand that it is not for Indians or other race, but Zulu people can also practice homoeopathy. There are other similarities In the materia medica with our culture, so translating homoeopathic materia medica into isiZulu would be a very good thing”. (Student Participant 11, 05 June 2024).

Practitioner Participant 12

“I have not really thought about it that deeply, but I think it would be a good practise. Looking at how the language gives access to demographics, so we know that with Hahnemann it was in German originally and it was translated to English, so that people who want to practise homoeopathy, who are English or who are in Anglophone countries, can also do practices homoeopathy”.

Practitioner Participant 12 also mentioned that “It will make sense looking at how the demographic in South Africa, so about 10 million or so people as are IsiZulu speaking. Translation could provide more people to have basically access about homoeopathy and for people who want to practise homoeopathy or just increase in the public knowledge of humanity in this context. Yeah, I think it would be a good practise. Obviously a very challenging one, but I think it would be very useful.” (Practitioner Participant 12, 25 April 2024)

In contrast, three of the participants did not want the homoeopathic materia medica to be translated into IsiZulu and these participants stated variety perceptions on why the homoeopathy materia medica should not be translated.

Practitioner Participant 2

According to Practitioner Participant 2, homoeopathy materia medica should be kept from the public to avoid misused and if Materia medica is to be translated only specific part should be translated. This is noted in excerpt below:

“I think because the whole context of materia medica is only being understood by the students and the lecturers. I think it needs to be confined for the educational purposes rather than opening it to the public. Without the formal education, they might end up using it to fulfil their own things. At the same time people may end up misusing it or misquoting what the book is trying to translate or what the book is trying to convey to them.

So, we do not want to put ourselves or the profession in jeopardy because people will start using the plants for the wrong reasons and that will in a way, jeopardise the nature of the of homoeopathy in that sense”. (Practitioner Participant 2, 27 March 2024)

Practitioner participant 4

As noted in the excerpt below, participant 4 mentioned there are IsiZulu words that can never be translated.

“So, let us say now we are translating the materia medica into isiZulu. There might be an issue there because for some words you cannot describe some words in isiZulu, especially when it comes to describing the pain.

Example, when someone is saying that the pain is throbbing so, sometimes there are ways that are used in isiZulu, but they are not like original isiZulu words, but they are village language. So, there might be an issue there, so English is OK. I think English is OK because most of us in we can understand English.

If we translate into isiZulu and then we get used to isiZulu, when you go and practise in Eastern Cape. So, in Eastern Cape you are expecting someone to speak IsiZulu? because you will be using a repertory which is in isiZulu. Then it becomes a problem for you, however if it is in English then you can prescribe easily”. (Practitioner Participant 4, 10 April 2024)

Student Participant 9

Participant 9 mentioned that isiZulu is divided into two categories, IsiZulu home language and isiZulu first additional language.

'My perceptions of homoeopathy materia medica being translated into isiZulu. Most of us have not been exposed to IsiZulu home language because when you compare IsiZulu home language and IsiZulu first additional language is totally different. I remember in high school, maybe from like Grade 8 onwards, I realised that this is home language is much harder than then first additional language. In that way, we can have students who do not understand isiZulu.

Those students that were doing home language are the ones that would not have any problems when we translate the homoeopathic materia medica into isiZulu. They would not have a problem because they are used to isiZulu or they speak strong isiZulu and then us, who were doing English home language and IsiZulu first additional language there are certain words that we would not be able to pronounce and understand. We may think we know isiZulu, but we do not know isiZulu.

It is going to be worse when it is translated isiZulu. There may be words that may come out, which we do not realise that we do not understand them".
(Student Participant 9, 04 June 2024)

It was also noted that one of the participants had conflicted perception and was not sure whether they wanted materia medica to be translated on or not. This is what the participant had to say:

Student Participant 7

"60% of that, I would agree for materia medica to be translated into isiZulu because for me, and not only for me, but some of my colleagues as well have been finding this barrier issue in terms of understanding the language in materia medica. It has been quite a difficult journey for me in terms of understanding material medical. My colleagues are a bit struggling with understanding materia

medica into depth in a sense that we do not want to say that it is hard to understand the language. The materia medica seems like it is more like a Latin language. The homoeopathy materia medica is not exactly English that we can all understand. So, it quite that challenging to us as isiZulu speaking students. Translating homoeopathic materia medica into isiZulu to that into this is it would be very beneficial". (Student Participant 7, 04 June 2024)

4.5.2 Language barrier

It has been noted that most participants wanted the materia medica to be translated because of the language barrier and the language barrier comes from not understanding the materia medica, thus the need for the translation of materia medica. This is what these participants had to say:

Practitioner Participant 1

"Language barrier has a great effect when prescribing a remedy because when we take a case, we must then repertory and in repertory you must use a correct term in order to get a correct remedy. So, if you did not get accurate information in your case taking, then it will be hard for you to actually repertory that case and get the good remedy". (Practitioner participant 1, 21 March 2024)

Practitioner Participant 3

"Well, it would help a lot. If the homoeopathy materia medica was translated. It will help to get the correct remedy for the patients. Sometimes in materia medica the language It is very hard. especially when consulting with patients. When consulting with patients, we need to translate and have a direct translation". (Practitioner participant 3, 04 April 2024)

Practitioner Participant 5

"Yes, I do experience language barriers. Being in a place where you roughly see 1000 patients a year, and most of them speak isiZulu, like pure isiZulu, and then you must translate that into English. It becomes very difficult even if you are looking for the symptoms in the repertory, sometimes you might translate something incorrectly.

For example, most patients would come and say that they have a knee pain and the pain “lyankenketha” that would be aching for some other people could be knocking pain like knocking sensation, right for others it could be mean a hitting sensation, so it becomes very difficult to differentiate between the three. Another patient might come and say that they have maybe a cramp, but it is hard to differentiate a cramp from a spasm or for a contraction of a muscle, especially when they sit in this room. So, those language barriers become very difficult, especially in deciding the right medication you're supposed to dispense to the person, given that in homoeopathy we look at the individualising the patient. So, yes, it would be nice to break that language barrier. It would be nice”. (Practitioner participant 5, 13 April 2024)

Practitioner Participant 6

“Let us make an example, a person describes the pain has... ‘kuyaqaqamba’. It becomes very tricky to identify a remedy that is indicated for ‘Ukuqaqamba’ because it can mean so many words in English. It can mean aching, or it can mean throbbing. So now it becomes a challenge when one has to decide which one it indicated for. Where else, if there was like a materia medica that is indicated for ‘Ukuqaqamba’. It would make things easier”. (Student Participant 6, 04 June 2024)

Student Participant 7

“Me, and not only for me, but some of my colleagues as well have been finding this barrier issue in terms of understanding the language in materia medica. It has been quite a difficult journey for me in terms of understanding material medical. My colleagues are a bit struggling with understanding materia medica into depth in a sense that we do not want to say that it is hard to understand the language. The materia medica seems like it is more like a Latin language”. (Student Participant 7, 04 June 2024)

Student Participant 8

“Yes, I do, especially the Latin names of the remedies. For example, Apis malefica which is basically your honeybee and so the use of old school English.

Another example, the word loquacity, that is seen in one of our remedies, which is like a Lachesis. This word, 'loquacity' basically means being talkative. I feel some kind of language barrier in that sense". (Student Participant 8, 04 June 2024)

Practitioner Participant 12

"I have not really thought about it that deeply, but I think it would be a good practise. Looking at how the language gives access to demographics, so we know that with Hahnemann it was in German originally and it was translated to English, so that people who want to practise homoeopathy, who are English or who are in Anglophone countries, can also do practices (sic) homoeopathy". (Practitioner Participant 12, 25 April 2024)

4.5.3 Language based programmes

The participants highlighted the importance of implementing language programs, particularly for homoeopaths to enhance their ability to communicate with patients who speak isiZulu.

Participant Practitioner 3

"I know that UKZN medical students, do have isiZulu programmes. They normally do exams like OSCEs in IsiZulu. So, that would be nice implemented for homoeopaths and chiropractors. Actually, it should be implemented to the entire allied health in terms all of them to know how you communicate with the IsiZulu speaking people because remember that isiZulu is the language that is well known In South Africa". Practitioner participant 3, 04 April 2024)

Student Participant 10

"There is a programme in DUT. I think it is called language or something which is for students. When we are doing first year, we were told that we can go there to improving our English for whether our own understanding or when we are doing research. This was to help us to write proper tertiary level English and also to improve our marks. So, I think we need a similar programme in

homoeopathy because we have this language which is deeper than English".
(Student Participant (10, 04 June 2024)

4.5.4 The difficulties of translating medical textbook

Most of the participants believed that there would be challenges when translating the homoeopathic materia medica. Participants also shared different Ideas to overcome these challenges.

Practitioner Participant 1

"If homoeopathic materia medica was to be translated then we need someone who is more like a language practitioner. If I can put it like that to see that the translation goes correctly so that we do not lose the essence of the materia medica". (Practitioner participant 1, 21 March 2024)

Practitioner Participant 2

"I think having to translate the French words, or the Greek words used in materia medica into isiZulu would be the most challenging thing. Other than that, I think it is doable". (Practitioner participant 2, 27 March 2024)

Practitioner Participant 5

"I think that like any medical translation or any work that is being translated the main thing is to be able to find the words that mean the same thing without losing the core message. I think some information can be lost when you are trying to translate the materia medica. Artificial intelligence cannot translate precisely. You need someone that is medically trained and also that person should have a PhD in language practise in order to translate correctly and to avoid losing vital information". (Practitioner participant 5, 13 April 2024)

Practitioner Participant 12

"There is a lot of work, in terms of developing our own language. Then there will be the resources in terms of translators and different types of resources and regulations and other different things that you must do to effectively translate. I

think to translate we need things like leveraging AI, which is an enabler. Google Translate is not perfect. Technology is helping to breach those language barriers and using technology might just beat up the process significantly with regards to translation". (Practitioner Participant 12, 25 April 2024)

Participant 8 believed that there would be no challenges and this is what the participant had to say:

"You know, I do not think there would be barriers or challenges per say, but I do believe that Google translate can really help to translate the materia medica. People that can translate from English to isiZulu can also be a great help in translation." (Student Participant 8, 04 June 2024)

4.6 SUMMARY OF THE CHAPTER

In summary, the study findings reveal that a considerable majority of participants stated their support for the translation of homoeopathy materia medica into isiZulu. Concerns were raised by a minority of participants. The possible obstacles and hazards of translation can be avoided by putting in place suitable precautions such as enlisting language experts and offering comprehensive training.

CHAPTER 5: DISCUSSION OF FINDINGS

5.1 INTRODUCTION

This chapter discussed and interpreted the research findings in light of the available literature. However, there was a limited amount of related literature because there were no research investigating perceptions of IsiZulu speaking homoeopathic students and practitioners on the need to translate homoeopathic materia medica into isiZulu in KZN. It is clear that the translation of homoeopathic materia medica into IsiZulu has never been explored. This chapter discusses the four key concepts that emerged from Chapter 4. These themes are discussed as follows:

- Translation.
- Language barriers.
- Language based programmes in the Institution.
- The difficulties of translating medical textbook.

5.2 TRANSLATION

The study literature explained in depth about the history of homoeopathy materia medica translation. During the semi-structured interviews, participants mentioned that the homoeopathic materia medica was not originally written in English, and Chakma (2014:177) confirmed by stating that Hahnemann's first homoeopathic materia medica, "*Fragmenta de viribus medicamentorum*" was originally composed in Latin. Prathibha (2013) also states that Dr. R.E. Dudgeon translated the present "*Materia Medica Pura*" from the most recent German edition to English.

Participants express optimism about translating homoeopathic materia medica into isiZulu, viewing it as a vital step towards enhancing awareness, accessibility, and cultural relevance of homoeopathy within the Zulu community. This initiative is seen as a pathway to effectively integrate alternative medicine into the public health sector.

Translating homoeopathy materia medica into isiZulu not only promotes understanding and acceptance but also paves the way for broader integration into South Africa's public health system. As more individuals engage with this form of medicine, it can lead to significant improvements in community health and recognition from governmental bodies, ultimately enhancing the overall healthcare landscape. Majola (2019:26) stated that integration of homoeopathy into mainstream healthcare systems represents a promising avenue for creating more sustainable and patient-oriented healthcare models. Its broad applicability, minimal side effects, efficacy across various conditions, cost-effectiveness, and holistic approach collectively highlight its potential role in improving health outcomes and enhancing patient experiences. As healthcare continues to evolve towards more inclusive practices, the collaboration between homoeopathic practitioners and conventional healthcare providers will be essential in maximizing the benefits of both approaches for patient care.

5.3 LANGUAGE BARRIER

South Africa has 11 official languages. Anecdotal evidence suggests that most healthcare professionals in South Africa only speak one or two of these official languages. Language barriers are usually linked to lower levels of patient satisfaction, fewer follow-up visits, and worsening adherence to medications like antiretroviral therapy (Schlemmer and Mash 2006: 1084). Being a good communicator is a basic quality that all healthcare professionals must possess to ensure high quality outcomes and patients need. Practitioners need to understand what is being asked of them in order to give the most accurate answers (Matthews 2013).

Participants mentioned that the language barrier had bad effects during consultation, and Patel and Jain (2008) confirmed that communication is essential in the health professions to encourage cooperation and trust between the caregiver and the patient. Prousky (2018:1) stated that the most important part of the consultation procedure for any patient seeking care from a homoeopathic clinician is actually taking their case. The fundamental components of case taking are described by Sankaran (1996:208) as follows:

(1) documenting *"precisely the picture of suffering of each individual patient in such a way that the indications for the similitum emerge out of it"* and (2) *"recording the medical history, including the primary complaint, present signs and symptoms, prior history, personal history, and family history, along with the abnormal findings on physical examination, and an overview of the previous treatments taken and their outcomes"*.

5.4 LANGUAGE BASED PROGRAMMES

Participants mentioned that language-based programmes are one of the interventions that needed to be implemented to manage language barrier in institutions. Xulu-Gama and Hadebe (2022: 294) Described access in the institution, access is divided into two categories. The first is formal (institutional) access, which comprises meeting the requirements to get admitted, having a means of transportation to the school, and having the money to enrol and cover tuition once admitted. The second is Epistemological access, or having access to the knowledge that the institution disseminates. Xulu-Gama and Hadebe (2022: 294) also stated that in South African higher education in general and DUT in particular, language plays a crucial role in addressing concerns of Epistemological access. It is time for the institution to experience a *"deep linguistic change"*.

According one of the participants, UKZN has implemented IsiZulu based programmes whereby students are taught in IsiZulu and Ndimande-Hlongwa *et al.* (2010: 347) stated that, using the National Language Policy for Higher Education of 2002 as a foundation, the University of KwaZulu-Natal (UKZN) established its bilingual language policy in 2006. Aiming to fulfil the recommendations of the Ministerial Committee report, which examined the emergence of indigenous African languages as media of instruction in higher education, the guiding principles of this policy propose that the university expand its use of isiZulu as a language of instruction and communication.

5.5 THE DIFFICULTIES OF TRANSLATING MEDICAL TEXTBOOK

Translation of medical textbook is challenging, and some medical information can be lost in the process of translation. Medical translation is one of the most complex and costly types of work done by translation agencies throughout the world, and for good reason—it has its own characteristics and can provide considerable challenges for a translator. According to Cronin (2003: 47), many constraints exist in the transfer of information and technology from one language to another because each language has distinct qualities such as grammatical and lexical properties, as well as cultural aspects that create difficulties for translators and readers of those texts. According to Ndlovu (2013: 161), the translation of terms relating to illnesses, medications, and other medical concepts is one of the most common translation issues faced by translators of isiZulu health texts. Other problematic terms in isiZulu include those that have not yet been lexicalised. The isiZulu translators frequently employed a variety of techniques, including paraphrasing, paraphrasing plus omission, paraphrasing plus transference or "*pure*" loan words, transference only, paraphrasing plus indigenised loan words, transference plus an explanation, indigenized loan words only, and acquainted words as strategies to deal with translation issues.

CHAPTER 6: RECOMMENDATIONS AND CONCLUSION OF THE STUDY

6.1 INTRODUCTION

This final chapter summarises the important findings from the study of translating homoeopathic materia medica into isiZulu and the implications for patient care and healthcare professional education.

6.2 RECOMMENDATIONS

A research gap was identified during this study, and recommendations are proposed to address this gap and enhance future research.

- **Difficulties and resolutions in translation:** Examine the difficulties in precisely translating medical terms and remedies- suggest ways to overcome these difficulties by bringing in language specialists, offering thorough training, and making sure the original text's subtleties and meaning are maintained.
- **Effect of translation on patient care:** Examine how translating materia medica into IsiZulu can improve patient care by facilitating better communication between doctors and patients who speak the language. This can result in improved patient-doctor interactions and higher patient satisfaction.
- **Evaluating the role of homoeopathic materia medica:** Explore the importance of homoeopathic materia medica in homoeopathic practice, highlighting its use in understanding the action of remedies on healthy individuals, and its application in patient care.

6.3 CONCLUSION

In conclusion, the research results revealed that a significant number of participants indicated support for the translation of homoeopathy materia medica into IsiZulu. This support was primarily motivated by the perceived

benefits to patient care and the enhanced comprehension of treatments among both healthcare professionals and patients.

One of the most significant advantages mentioned by participants was the ability to improve patient care. Healthcare providers would be able to communicate more effectively with their patients who speak isiZulu if homoeopathic materia medica were translated into the language. This would result in greater patient-doctor interactions, more patient satisfaction, and better health outcomes.

Furthermore, participants believed that translating homoeopathic materia medica into isiZulu would help patients to better understand the remedies. Many participants in the study stated that the language barrier frequently impacted their understanding of homoeopathic materia medica, especially complex phrases and concepts. By providing homoeopathic materia medica in isiZulu, patients would have exposure to more accessible and understandable information, resulting in a better comprehension of their treatment options and potential advantages.

Translating homoeopathic materia medica into isiZulu is not only about language, but it also represents a vital effort to bridge gaps between traditional beliefs and modern medical practices. This initiative holds promise for enhancing community health, improving access to alternative medicine, and fostering a more inclusive healthcare environment in South Africa.

However, A small number of participants raised concerns about the potential for misuse and inaccuracies in translating medical terms. They emphasised the need for careful consideration and expertise in the translation process to ensure that the original text's meaning and nuances are preserved accurately. Additionally, they stressed the importance of providing clear guidelines and training to healthcare professionals to prevent misinterpretation or misapplication of the translated homoeopathic materia medica.

In summary, most participants supported translating homoeopathic materia medica into isiZulu, due to its benefits in patient care and understanding of remedies. However, it is essential to address the concerns raised by a minority of participants. By incorporating language experts and comprehensive training, the potential challenges and risks associated with translation can be minimised. Ultimately, this translation has the potential to significantly enhance healthcare outcomes and patient experiences within the homoeopathy field.

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APPENDICES

Appendix 1a: Letter to the Gatekeeper Permission Committee

P.O Box 1141
Port Shepstone
4240

The Gatekeeper Permission Committee
Durban University of Technology
PO Box 1334
Durban
4000

Request for Permission to Conduct Research

Dear Sir/ Madam

My name is Sinenhlanhla Msomi, a master's degree student at the Durban University of Technology. The research I wish to conduct for my master's degree thesis involves: "**Perceptions of isiZulu speaking homoeopathic students and practitioners on the need to translate homoeopathic materia medica into isiZulu in KwaZulu-Natal**".

I am hereby seeking your consent to interview the Durban University of Technology students from the Department of Homoeopathy regarding their perceptions on the need to translate homoeopathic materia medica into IsiZulu.

I have provided you with a copy of my proposal which includes copies of the data collection tools, letter of information and consent 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 telephonically on 083 722 6261 or via email address 21351627@dut4life.ac.za or my supervisor, Prof M.N. Sibiyi on nokuthulas@dut.ac.za

Thank you for your time and consideration in this matter.

Yours sincerely,

.....
Ms Sinenhlanhla Msomi
Durban University of Technology
Cell Number: 083 722 6261
Email: 21351627@dut4life.ac.za

Appendix 1b: Approval letter from the Gatekeeper Permission Committee



Directorate for Research and Postgraduate Support
Durban University of Technology
Open House
P.O. Box 1334, Durban 4000
Tel.: 031-3732576/7
Fax: 031-3732946

18 January 2023

Ms Sinenhlanhla Msomi
c/o Department of Homoeopathy
Faculty of Health Sciences
Durban University of Technology

Dear Ms Msomi

PERMISSION TO CONDUCT RESEARCH AT THE DUT

Your email correspondence in respect of the above refers. I am pleased to inform you that the Institutional Research and Innovation Committee (IRIC) has granted **Gatekeeper Permission** for you to conduct your research "Perceptions of isiZulu speaking homoeopathic students and practitioners on the need to translate the homoeopathic materia medica into isiZulu in KwaZulu-Natal." at the Durban University of Technology. **Kindly note that this letter must be issued to the IREC for approval before you commence data collection.**

The DUT may impose any other condition it deems appropriate in the circumstances having regard to nature and extent of access to and use of information requested.

Upon completion of your studies, you are requested to share the summary of your key research findings.

Kind regards.
Yours sincerely

DR V GOVENDER
ACTING-DIRECTOR: RESEARCH AND POSTGRADUATE SUPPORT DIRECTORATE

Appendix 2a: Letter to the HoD: Homoeopathy

P.O Box 1141
Port Shepstone
4240

The Head of Department of Homoeopathy
Durban University of Technology
PO Box 1334
Durban
4000

Request for Permission to Conduct Research

Dear Prof Ross

My name is Sinenhlanhla Msomi, a master's degree student at the Durban University of Technology. The research I wish to conduct for my master's degree thesis involves: "***Perceptions of isiZulu speaking homoeopathic students and practitioners on the need to translate homoeopathic materia medica into isiZulu in KwaZulu-Natal***".

I am hereby seeking your consent to interview the Durban University of Technology students from the Department of Homoeopathy regarding their perceptions on the need to translate homoeopathic materia medica into IsiZulu.

I have provided you with a copy of my proposal which includes copies of the data collection tools, letter of information and consent 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 telephonically on 083 722 6261 or via email address 21351627@dut4life.ac.za or my supervisor, Prof M.N. Sibiyi on nokuthulas@dut.ac.za

Thank you for your time and consideration in this matter.

Yours sincerely,

.....
Ms Sinenhlanhla Msomi
Durban University of Technology
Cell Number: 083 722 6261
Email: 21351627@dut4life.ac.za

Appendix 2b: Approval letter from the HoD: Homoeopathy



04 June 2024

Ms S Msomi
P O Box 1141
Port Shepstone
4240

Dear Ms Msomi

REQUEST FOR GATEKEEPER PERMISSION: PERCEPTIONS OF ISIZULU-SPEAKING HOMOEOPATHIC STUDENTS AND PRACTITIONERS ON THE NEED TO TRANSLATE HOMOEOPATHIC MATERIA MEDICA INTO ISIZULU IN KWAZULU-NATAL

You are hereby granted permission to interview students from the Department of Homoeopathy regarding their perceptions on the value of having an isiZulu translation of materia medica. The University will not allow provision of names and contact details of students for research purposes, but you are able to be provided with dut4life email address of registered students. I have spoken with staff in the MIS Department, and understand that you may make a direct email request to kistenp@dut.ac.za. Such email request needs to include the IREC Approval letter, and have me, as HOD, in cc.

As a tangentially-related comment, I would suggest that the 'in KwaZulu-Natal' in your research title be moved to a more grammatically correct position: "*Perceptions of isiZulu-speaking homoeopathic students and practitioners in KwaZulu-Natal on the need to translate homoeopathic materia medica into isiZulu*", since the students and practitioners are in KZN, not the Materia Medica nor the language of translation.

Sincerely,

PROF. ASHLEY H A ROSS
HOD: Homoeopathy

Appendix 3: Consent



Full Title of the Study: Perceptions of isiZulu speaking homoeopathic students and practitioners on the need to translate the homoeopathic materia medica into isiZulu in KwaZulu-Natal.

Names of Researcher/s: Ms Sinenhlanhla Msomi

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, Sinenhlanhla Msomi about the nature, conduct, benefits, and risks of this study - Research Ethics Clearance Number: _____,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerized 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 /
Thumbprint	Right		

I, Sinenhlanhla Msomi 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 4: Letter of information



Title of the Research Study: Perceptions of isiZulu speaking homoeopathic students and practitioners on the need to translate homoeopathic materia medica into isiZulu in KwaZulu-Natal.

Principal Investigator/s/researcher: Ms. Sinenhlanhla Msomi, MHS: Homoeopathy Candidate.

Co-Investigator/s/supervisor/s: Professor M.N. Sibiya, D. Tech: Nursing (Supervisor) and Dr S.F Majola, PhD: Health Sciences (Co-supervisor).

Brief Introduction and Purpose of the Study: The aim of the study is to establish whether there is a need to translate homoeopathic materia medica into isiZulu, in KwaZuluNatal. Study is conducted to explore the implications to manage the language barrier between Homoeopathy students, practitioners and patients. It is also conducted to explore the role that an isiZulu materia media can play in the integration of Homoeopathy in the public healthcare system.

Greeting: Hello, Good morning, Good Day. How are you?

Introduce yourself to the participant: I am a DUT student currently doing research for my Masters in Homoeopathy.

Invitation to the potential participant I would like to invite you to participate in the research.

What is Research: Research is a systematic search or enquiry for generalized new knowledge.

Outline of the Procedures: Participation in this study will require you to partake in a semistructured interview, in which you will be asked questions to ascertain your views on the need to translate the homoeopathic materia medica into isiZulu in KwaZulu-Natal. Prior to commencing with data collection, you will be asked to fill out a consent form. Following that, an appointment will be scheduled with you based on your availability. Semi-structure interviews will be recorded. When the data is provided in the form of a thesis at the end of the study, your personal details will be excluded in the results.

Risks or Discomforts to the Participant: There are no known risk associated with this study.

Explain to the participant the reasons he/she may be withdraw from the Study:

Participation in this study is voluntary. You can withdraw from the study at any time if you feel uncomfortable to proceed with the study. If you decide to withdraw from this study, there will be no actions taken against you.

Benefits: IsiZulu homoeopathic materia medica can potentially manage the language barriers between homoeopathic practitioners and patients. Additionally, it will also potentially elevate the awareness of the practitioner, student and patient interaction in complimentary medicine treatment.

Remuneration: You will not be paid in any way for your participation in this study.

Costs of the Study: There is no fee for participation.

Confidentiality: All data and information will be kept strictly private. The interview guide will be coded, with no names written on it. On the password-protected computer, a list of names and their corresponding research numbers will be kept. This information will only be accessible to the supervisors. The research material will be kept for five years after the study is completed, after which it will be discarded by the researcher.

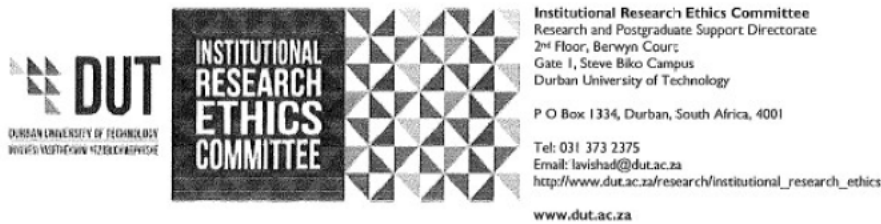
Results: A copy of dissertation will be available from the institution repository and upon request.

Research-related Injury: There are no injuries that you may be exposed to during the course of the study.

Storage of all electronic and hard copies including tape recordings All research data and papers, including case notes, consent forms, and other information that identifies participants, will be securely maintained in a research storeroom at the Department of Homoeopathy for five years before being destroyed and discarded. In the presence of the supervisor, all electronic data and audiotape material will be wiped electronically from the hard drive.

Persons to contact in the Event of Any Problems or Queries: If you have any questions, concerns or problems at any time about the study or the procedures feel free to contact the researcher, please contact the researcher Ms. Sinenhlanhla Msomi at 083 722 6261 or my supervisor Prof M.N. Sibiya at 031-373 2284) or the Institutional Research Ethics Administrator on 031-373 2375. Complaints can be reported to the Director: Research and Postgraduate Support Dr L Linganiso on 031 373 2577 or researchdirector@dut.ac.za

Appendix 5: DUT Ethics clearance



20 January 2023

Ms S Msomi
1141 Oshabeni
Port-Shepstone
4240

Dear Ms Msomi

**Perceptions of isiZulu speaking homeopathic students and practitioners on the need to translate the homeopathic materia medica into isiZulu in KwaZulu-Natal.
Ethical Clearance number IREC 258/22**

The Institutional Research Ethics Committee 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 DUT-IREC according to the DUT-IREC Standard Operating Procedures (SOP's).

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

Yours Sincerely

Prof J K Adam
Chairperson: DUT-IREC

Appendix 6a: Demographic data of participants

Date _____ Participant no:

1. Gender Female

Male

Transgender

I prefer not to say

2. Age

<18 years

18 – 24 years

25 – 34 years

35 – 44 years

45 – 54 years

55 – 64 years

>65 years

3. Race

Black African

Coloured

Indian

White African

Other

4. Practitioner or Student

5. Year of study (FOR STUDENTS ONLY) 1
year

2 years

3 years

4 years

5 years

>5 years

Appendix 6b: Interview guide

Grand tour question:

- What are your perceptions regarding the translation of homoeopathic materia medica into IsiZulu version?

Probing questions for homoeopathic practitioners:

- Do you experience language barriers in your practice?
- What other implications do you think should be implemented to manage language barriers during consultations?
- What do you perceive to be the enablers and barriers of translating homoeopathic materia medica?

Probing questions for homoeopathy students:

- Do you experience language barrier, when reading homeopathic materia medica?
- What other implications do you think should be implemented to manage language barriers in homoeopathy materia medica lectures and homoeopathic materia medica books?
- What do you perceive to be the enablers and barriers of translating homoeopathic materia medica?

Appendix 7: A sample of a transcript

Interviewer

I am Sinenhlanhla Msomi, a research candidate. I am currently doing a research interview and my research topic is the perceptions of IsiZulu or speaking homoeopathic students and practitioners on the need to translate the homoeopathic Materia medica into IsiZulu in KwaZulu-Natal.

Participant 12

Hi Sine, how are you?

Interviewer

I am Ok. How are you doing today?

Participant 12

Cannot complain.

Interviewer

Oh, that is perfect. I have four questions four for you. However, more questions might come up along the way. Is that Ok with you?

Participant 12

Yes, that is fine.

Interviewer

OK, so my first question is what your perceptions with regards to translation of homoeopathic Materia medica into IsiZulu version. So basically, what are your views or your opinion in translating of this book?

Participant 12

I have not really thought about it that deeply, but I think it would be a good practise. Looking at how the language gives access to demographics, so we know that with Hahnemann it was in German originally and it was translated to

English, so that people who want to practise homoeopathy, who are English or who are in Anglophone countries, can also do practices homoeopathy. It will make sense looking at how the demographic in South Africa, so about 10 million or so people as are IsiZulu speaking. Translation could provide more people to have basically access about homoeopathy and for people who want to practise homoeopathy or just increase in the public knowledge of humanity in this context. Yeah, I think it would be a good practise. Obviously a very challenging one, but I think it would be very useful.

Interviewer

OK, let us keep that one in mind that it will be so challenging because I have a question regarding the challenges as well. So, my other question is when you are going to the clinics now, do you experience language barrier?

Participant 12

Yes, of course. There is a lot of language barrier, maybe not for me but for most because I speak IsiZulu. So, this language barrier is not so much to me, but when I was still a student, there were language barriers that I saw with some of my colleagues and a bit on my side as well. Sometimes it is a bit challenging to translate some of the language that is used in Materia medica into Zulu. So, translation is very tough even if you are a native speaker of that language. So, there are those challenges that might make the consultation to be longer. You are coming up with or trying to find the remedy that might be fitting you would sometimes take more time especially when you are dealing with a person that is strictly IsiZulu speaking because you have to get a sense of what are they trying to communicate, especially as, you know that case history is so important for homoeopath, in order to come to the right remedy.

Interviewer

Really, I have a question for you is do you enjoy reading Materia medica?

Participant 12

It depends on how it is written. I do enjoy reading it, to a certain extent. There are some, I am sure you have seen some are written in more user-friendly language for Us as contemporary English speakers. However, you do find others that are using language listlessness and at different times of terms that our cultural context for contemporary English speakers. These are the language that is used particularly. Also, sometimes the way it is written can just appear like it is almost like a dictionary or Encyclopaedia, so It just page after page.

Perhaps there could be something that could be done or ways in which the information can be presented that is more appealing. Yes. So, it depends. Some days I do enjoy reading it, some days I do not, but then again, the responsibility or duty that I have to myself and to the people that I try to treat.

Interviewer

That is very true. What you just mentioned now brings me to another question which is what implications you think should be implemented to manage language barrier during consultations. So basically, what other things, let us say now we are not translating the homoeopathic material medical book, but what other ways we can do to manage a language barrier?

Participant 12

It is a bit challenging, I guess it depends on resources. I know what began to be adopted back then when I was a student, we would go as teams to the clinics. So, there was no translator me and my colleagues notice that the terms that we used like diabetes was confusing to the people, but they understood if you say sugar and things like that. So, they were a bit of those barrier. What they end up adopting is in that instance, having that person who is a translator to help with translation. In practise, that might not be as pragmatic. Other ways that we can try to break the language barrier is that if you are not a native, a IsiZulu speaker, or you are not proficient in Zulu. You can get a secretary or have

someone who is different, right, who speaks the language to translate for you and that could be a sort of a strategy that the person can adopt. The best strategy is that if you are practising in a particular context, it will be a good practise to try and learn the language of the people in that place. Understand the culture, because I think beyond language, culture is even a broader concept that is very relevant. In terms of understanding people's customs, people's beliefs, because even talking about diseases, **Example** in IsiZulu speaking people one of the common complaints we receive is something called *Inyongo*, right, in Zulu we have our own traditional medical systems, we have conditions or diseases or causes that we do have which are quite difficult to translate. So as a medical practitioner, perhaps we need trainings to be done to familiarise ourselves with some of the medical terms that people use. Be aware of what shapes people's thought and their beliefs in a particular culture and in this context being a Zulu culture and familiarising with the language, you could make that entire process smoother. An intervention could be having a translator, and the best Intervention can be just having a sort of a Materia medica that has both languages, which can really help ease the process.

Interviewer

OK, you raise so much valid points.

What do you perceive to be the enablers and barriers of translating homoeopathic Materia medica?

Participant 12

I think it will be challenging. Just thinking broadly within all disciplines, where engineering or science, I think one of the biggest impediments. As someone who also works in the university, they are huge language barriers. There is this research theory by one guy, which spoke about access and state that when you talk about access, there is the access to university, there are two types of access. You have formal access, so formal access when someone is trying to get into the institution includes things like money and things like getting the marks. There is also epistemological access, which is when you are in the

institution, but you cannot really access the knowledge because of barrier. The language is a big barrier because every time we listen to something, you listen to it. You must translate it in your mind, and then you must get it into your language and do that whole process again, which takes a lot of time when you are studying. IsiZulu has *Izaga* and some words which we do not have equivalence in IsiZulu. So, there is a lot of work in terms of developing our own language, then there will be the resources in terms of translators and different types of resources and regulations and other different things that you must do to effectively translate. So, I think the research constraints are a major and we will need to overcome a lot of those which honestly would take a long, long, long time. I think to translate we need things like leveraging AI which is an enabler. Google Translate is not perfect, but the technology is helping to just sort of bridge those barriers and technologies in a sense and enabler. It might just beat up the process significantly with regards to translation.

Interviewer

Thank you so much for talking about the AI. I have been seeing something about it on the Google, but I was not sure about it, so now I am going research up more about it. Since you mentioned it, it means it is a good thing to look at.

Participant 12

Yes, natural language processing specifically, which deals with the aspect of AI or cognitive computing that would help in that.

Interviewer

OK, so doctor, thank you so much for being part of my research and this brings us to the end of our interview. Thank you so much for availing yourself today.

Participant 12

It is a pleasure. I hope it helps with your research.

Interviewer

It does help a lot. You have brought up more points. Even the point that I was not aware of. So, you made me think more deeper than what I was thinking about before. Thank you so much.

Participant 12

Wow, perfect. Alright, thank you so much.

Interviewer

Ok. Thank you so much, Doctor. Bye.

Appendix 8: Certificate from the professional editor



3 Cottage Gardens
17 Payne Street
Pinetown
3610

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COPYEDITOR'S CERTIFICATE

Service: Dissertation Copyediting

Client	Sinenhlehla Msomi
Document	Dissertation
Dissertation Title	Perceptions of isiZulu speaking homoeopathic students and practitioners on the need to translate the homoeopathic Materia medica into isiZulu in KwaZulu-Natal

This serves as evidence that the document was given to the company and the abovementioned services were rendered.

Sakhile Khulekani Gumede

Language Practitioner

BT: Language Practice (DUT)

Email: sk47gumede@gmail.com

Cellphone: 071 874 5653

BE SEEN • BE HEARD • BE KNOWN

Appendix 9: Turnitin Report

Perceptions of isiZulu speaking homoeopathic students and practitioners on the need to translate the homoeopathic Materia medica into isiZulu in KwaZulu-Natal

ORIGINALITY REPORT

8%	5%	6%	2%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	openscholar.dut.ac.za Internet Source	3%
2	Manqoba Victor Ndlovu. "The translation of non-lexicalised words/terms by isiZulu health-text translators", Southern African Linguistics and Applied Language Studies, 2013 Publication	1%
3	uir.unisa.ac.za Internet Source	1%
4	Peter Fisher. "The development of research methodology in homoeopathy", Complementary Therapies in Nursing and Midwifery, 1995 Publication	<1%
5	Submitted to CTI Education Group Student Paper	<1%
6	Submitted to Mississippi College Student Paper	<1%