The experiences and practices of Homoeopathic practitioners in the management of Rheumatoid Arthritis in KwaZulu-Natal

By

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DECLARATION

I, Sakhiwo Langalakhe Khanyile, so declare that this mini-dissertation is a representation of my own work both in conception and execution. All work used that was not mine was explicitly acknowledged within the texts.

Signature: _______________ Date: _______________

DEDICATION

This dissertation is dedicated to my family, whose unwavering support and encouragement have been fundamental to my academic journey. Thank you for standing with me during challenging times, offering both motivation and solace. This work stands as a testament to your support.

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To my parents, your sacrifices and belief in my abilities have served as the foundation of my accomplishments. Your guidance and insight have significantly influenced my development into the individual that I am now, for which I will always be deeply appreciative.

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ABSTRACT

Background

Rheumatoid arthritis (RA) is a persistent autoimmune condition marked by joint inflammation, resulting in pain, swelling, and ultimately the deterioration of the joints. Although allopathic medication and physiotherapy are used to manage this condition, little to no research has been conducted in South Africa on the holistic approach that homoeopathic practitioners use to manage this condition. Patients with RA require prolonged treatment which comes with adverse side effects due to the multiple medications that are prescribed. In addition, these medications can be quite expensive. This has been one of the reasons why patients with RA frequently seek alternative treatment that has little to no adverse effects. The aim of this study was to explore the management and treatment practices that homoeopathic practitioners in the KwaZulu-Natal use to manage RA.

Methodology

The research methodology employed a qualitative, exploratory, descriptive approach that involved semi-structured interviews with 12 homoeopathic practitioners in the KwaZulu-Natal province, focusing on their treatment and management strategies for RA. Each semi-structured interview was conducted at a location chosen by the practitioners for their convenience. The interviews were recorded, with each session lasting approximately 25 minutes and structured around the interview guide developed by the researcher. Purposive sampling was utilised. A pilot study was carried out to establish trustworthiness and also to validate the data collection tool. The researcher used qualitative thematic analysis to derive themes from the gathered data.

Findings

The findings of the study identified four themes: knowledge of rheumatoid arthritis, treatment approach used by homoeopaths in the management of rheumatoid arthritis, challenges in managing rheumatoid arthritis, and, outcomes of homoeopathic treatment. The findings of the study revealed that participants primarily use constitutional homoeopathic remedies which are chosen based on the patient's overall constitution and expression of symptoms. Adjunctive therapies employed include phytotherapy, gemmotherapy and biopuncture which contribute to inflammation reduction as well as detoxification processes. Additionally, vitamins and supplements are regularly prescribed to enhance joint health.

Conclusion

The study concluded that RA requires a multi-dimensional approach to treatment, with an emphasis on constitutional remedies tailored to individual patient symptom presentation. The incorporation of adjunctive therapies and lifestyle modifications illustrates the overall approach which focuses on alleviating symptoms and enhancing overall health.

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CHAPTER 1: INTRODUCTION

1.1 Background

Arthritis is a prevalent disease that affects the tissues around the joints and the joints themselves. It is one of the most prevalent causes of disability and has a significant impact on the patients and their lives (Koarada, 2018: 1). According to Koarada (2018: 1), rheumatoid arthritis (RA) is a chronic systemic autoimmune illness, characterised by proliferative synovitis and inflammatory arthritis with erosions. Radiographs of a patient demonstrate erosive alterations in the metacarpophalangeal and proximal interphalangeal joints, both of which are symmetrically affected by the arthritis of RA (Koarada, 2018: 2).

There is no known cause of RA. Significant contributions may be played by genetic, environmental, hormonal, immunologic, and viral variables. Lifestyle and psychological and socioeconomic factors can affect how the disease develops and progresses (Walker and Ranatunga, 2006: 539). Uncertainty surrounds the pathogenesis of RA. Theoretically, in those who are genetically predisposed, an external stimulus (such as smoking, infection or trauma) might initiate an autoimmune response, resulting in synovial enlargement and persistent joint inflammation as well as the possibility of extra-articular symptoms (Walker and Ranatunga, 2006: 539). In the end, damage of different tissues including cartilage, bone, tendons, ligaments and blood vessels results from inflammation and exuberant synovium propagation. Other tissues are also affected by RA although the articular structures are the main sites of involvement (Walker and Ranatunga, 2006: 539).

According to Smolen *et al.* (2016: 968), non-steroidal anti-inflammatory drugs, disease-modifying anti-rheumatic drugs (DMARDs), and biological agents are commonly used in the management of RA. However, a sizeable percentage of patients turn to alternative modalities like homoeopathy for various reasons. These include being discontent with the conventional approach, worries about side effects, or a desire for a more all-encompassing approach to healthcare (Tabish, 2008: V).

Homoeopathy, according to Hahnemann (1986), is a type of medicine founded on the idea that "like cures like". Homoeopathic medicines, in the form of remedies, function to change the body's out-of-balance life energy, also known as the vital force, returning it to a normal healthy state. A diseased state develops when this vital force is out of balance. The remedies are given to the patient in extremely diluted quantities that are sufficient to reduce their symptoms without causing any negative side effects (Hahnemann, 1986). According to

homoeopathic practitioners, every person's vital power is expressed through sickness. Because every person expresses the vital force in a unique way, patients are treated based on their unique symptoms rather than the typical ones associated with the condition. The reason the symptoms are important is that they help determine which remedy is best suited for the patient.

1.2 Research problem, aim and objectives

According to the World Health Organization (2021), RA affects up to 14 million people globally. It is a chronic, progressive autoimmune condition that leads to joint damage, disability, and a significant reduction in quality of life. Conventional management primarily involves long-term use of allopathic medications such as disease-modifying anti-rheumatic drugs (DMARDs), corticosteroids, and biologics, along with physiotherapy. However, these approaches are often associated with adverse effects, high costs, and limited accessibility, especially in low-and middle-income countries like South Africa (Smolen *et.al.,* 2016).

Consequently, many patients with RA seek alternative or complementary therapies, such as homoeopathy, which are perceived to be more holistic, cost-effective, and with fewer side effects. Despite the growing interest in integrative and alternative medicine, there is limited research on the experiences, treatment protocols, and perceived outcomes homoeopathic management of RA in the South African context.

This study was therefore motivated by the need to explore and document the approaches used by homoeopathic practitioners, with the aim of enhancing understanding of their role in managing rheumatoid arthritis and informing future research and clinical practice.

The aim of this study was to explore the management and treatment practices that homoeopathic practitioners in KwaZulu-Natal use to manage RA. The objectives were:

- To explore the experiences of homoeopaths in managing rheumatoid arthritis
- To describe the treatment or management protocols utilised by homoeopathic practitioners in rheumatoid arthritis.
- To explore the treatment outcomes of homoeopathic treatment for rheumatoid arthritis.
- To identify any challenges or limitations faced by homoeopaths in the management of rheumatoid arthritis

1.3 Research methodology

A qualitative, exploratory, descriptive design was used to guide this study. According to Pathak (2003), the goal of qualitative exploratory research is to comprehend a study question from a humanistic or idealistic perspective. The qualitative technique is used to comprehend as well as explore people's attitudes, interactions, behaviours, and beliefs. Moss and Shank (2002) described qualitative research as a type of systematic or methodical, empirical investigation of meaning. The authors use the term "systematic" to refer to planned, organised and open procedures that adhere to the guidelines accepted by the qualitative research community. The term "empirical" describes research that is based on actual experience.

1.4 Rationale and significance of the study

Rheumatoid arthritis affects a sizeable portion of the world's population. The aim of this study was to investigate the experiences and practices of homoeopathic practitioners in the management of RA. For the purpose of this study, “experiences” refer to the personal and professional reflections of practitioners regarding their day-to-day clinical encounters and challenges. “Practices” refer to the clinical methods and treatment approaches employed by practitioners during patient care. The study examined methods used by homoeopaths in KwaZulu-Natal to treat RA, adding to the body of knowledge already available on the subject. Gaining insight into the approach will help better understand the obstacles and challenges practitioners face when treating patients with RA.

This study is significant because it addresses a topic that has received relatively little attention in previous research, and closes a gap in the literature. Although research on homoeopathy and RA has been conducted, the majority of these studies are clinical trials with a patient-centred approach. By giving practitioners a voice, this study offers a unique perspective and understanding on how homoeopathy treats RA. The results of this study may also aid in educating and guiding emerging homoeopaths on the best ways to treat RA.

1.5 Delimitations

- Other forms of arthritis or medical disorders are not included in the study; the study is restricted to RA.
- Other healthcare providers involved in the treatment of RA were not included in the study, instead it only focuses on homoeopathic practitioners.

1.6 Assumptions

- Every participant was honest in the interview about their perceptions.
- Interviewees were amenable to receiving any kind of question and could receive real-time guidance from the researcher.

1.7 Outline of dissertation

Chapter 1:

The study's introduction and background, including background, research problem, aim and objectives, rationale, and significance of the study.

Chapter 2:

Review of literature with information from earlier scholars on RA and homoeopathy.

Chapter 3:

Information about the research methodology used.

Chapter 4:

Data representation and findings.

Chapter 5:

Discussion of results.

Chapter 6:

Suggestions and recommendations gleaned from the research for upcoming studies on a related subject.

1.8 Summary

This chapter provided the study's background, aim, objectives and rationale. The literature review which was found through a pre-determined search of the accessible resource repositories, will be presented in the next chapter, Chapter 2.

CHAPTER 2: REVIEW OF LITERATURE

2.1 Introduction

The inflammatory disease RA causes inflammation of the joints which results in excruciating pain, abnormalities of the joints and disability (Bullock *et al.*, 2019: 501). Non-steroidal anti-inflammatory medicines, and disease-modifying anti-rheumatic drugs are examples of conventional RA management strategies. However, the effectiveness, safety and adverse effects of these medicines are significant (Bullock *et al.*, 2019: 501). As a last option, surgery may occasionally be required to treat this condition, especially in older patients. To limit disease activity and avoid joint deterioration, early treatment is crucial (Köhler *et al.,* 2019: 938).

The use of complementary and alternative medicine (CAM) for the treatment of RA has gained popularity in recent years, with homoeopathy increasing in popularity. Homoeopathy is a medical approach that emphasises personalised care and uses highly diluted chemicals to activate the body's natural healing processes.

Numerous studies have looked into the effectiveness of homoeopathic medicine for patients with RA. However, a thorough investigation of the experiences and practices of homoeopathic practitioners in the management of RA is lacking. This study adds to the expanding body of data on the effectiveness and significance of homoeopathy in treating RA.

2.2 Literature search strategy

The search engines and databases used include Google, Google Scholar, the Durban University of Technology Library, EbscoHost, PubMed, the World Health Organization, JAMA Network, Science Direct, ResearchGate, the Journal of Complementary and Alternative Medicine, Taylor & Francis Online, Elsevier, Sage Journals, and THIEME.

2.3 Understanding rheumatoid arthritis

Arthritis is a prevalent disease that affects the tissues around the joints and the joints themselves. It is one of the most prevalent causes of disability and has a significant impact on patients and their lives (Koarada, 2018: 1). According to Koarada (2018: 1), RA is a chronic systemic autoimmune illness, characterised by proliferative synovitis and inflammatory arthritis with erosions. Radiographs of a patient demonstrate erosive alterations in the

metacarpophalangeal and proximal interphalangeal joints, which are both symmetrically affected by the arthritis of RA (Koarada, 2018: 1).

Beyond joint symptoms, RA can also impact other areas of the body, including the skin, eyes, heart, lungs, blood vessels, renal and nervous systems (Cojocaru *et al.,* 2010: 286). Individuals with RA may experience fatigue, weight loss, and a general feeling of malaise due to the systemic nature of the condition (World Health Organization, 2021). Although the exact cause of RA is still unknown, it is currently believed to be a multifaceted disease in which complex interactions between host and environmental factors affect the likelihood of the condition's susceptibility, persistence, and severity overall (Romão and Fonseca, 2021: 1).

According to Davis and Matteson (2012: 659), early diagnosis and intervention are crucial in managing RA. Inflammation can be controlled, the disease can advance more slowly, and joint damage can be avoided with prompt treatment with disease-modifying anti-rheumatic drugs (DMARDs) (Davis and Matteson, 2012: 659).

2.3.1 Pathophysiology of rheumatoid arthritis

Although the pathogenesis of RA is not fully known, it is thought to include dysregulated inflammation, with antigen presentation and activation of T and B cells producing autoantibodies and cytokines (Gibofsky, 2014). If untreated, the disease normally begins in the small peripheral joints, progresses to encompass proximal joints, and is frequently symmetrical (Chauhan *et al.,* 2021).

The best way to describe RA is as an immune-mediated inflammatory disease, in which several separate immunological and inflammatory mechanisms are active (Chauhan *et al.,* 2014). According to Gibofsky (2014), the synovium of the joint is the main site of inflammation, and as a result of dysregulated inflammatory processes; both cartilaginous and bony components of the joint eventually deteriorate, causing pain and impairment. Patients with RA have higher mortality due to systemic inflammation linked with RA extra-articular co-morbidities, such as cardiovascular disease (Gibofsky, 2014).

Overall, the pathophysiology of RA involves a complex cascade of events that ultimately result in chronic inflammation, joint destruction, and systemic complications. Understanding these underlying disease processes is crucial in developing targeted therapies and improving the management of this debilitating condition.

2.3.2 Classification and diagnosis of rheumatoid arthritis

The revised criteria for the classification of RA established by the American Rheumatism Association (now known as the American College of Rheumatology) in 1987 have had a profound influence on the contemporary understanding and diagnosis of RA (Arnett, 1987: 361). Aletaha *et al.* (2010) noted that these criteria created a standardised framework for the identification and classification of RA, thereby enhancing research initiatives, clinical trials and the formulation of treatment guidelines. By delineating explicit criteria grounded in clinical and laboratory parameters, the classification system has enabled clinicians to diagnose RA with greater accuracy and consistency, resulting in earlier interventions and improved patient outcomes (Muilu, 2021).

The diagnosis of RA employs a comprehensive strategy that incorporates imaging studies, serological analyses and clinical evaluations. As noted by Smolen *et al.* (2018), the primary clinical feature of RA is ongoing synovitis, predominantly impacting small joints, and is characterised by morning stiffness that endures for more than 30 minutes. The role of serological testing is crucial; the detection of anti-cyclic citrullinated peptide (anti-CCP) and rheumatoid factor antibodies, particularly when found in elevated amounts, offers substantial diagnostic support (Aletaha *et al.*, 2010). Imaging techniques such as X-rays, MRI and ultrasound are utilised to identify joint damage, with initial signs of RA including soft tissue swelling and bone erosions (van der Heijde, 2000).

2.3.3 Prevalence of rheumatoid arthritis

According to the World Health Organization (2021), RA affects up to 14 million people globally. Numerous studies have calculated the global prevalence of RA (Otón, 2019). The prevalence of RA was estimated to be 0.24% globally in the first decade of the twenty-first century, with no appreciable variation between 1990 and 2010 (Otón, 2019). In KwaZulu-Natal there are few epidemiological statistics on the prevalence of RA. Nonetheless, a study carried out in a regional hospital in KwaZulu-Natal discovered that 110 adult patients with RA reported depressive symptoms, with a prevalence ranging from 14.8% to 38.8% (Mabusela *et al.,* 2022: 1702).

According to a systematic review and a meta-analysis on the prevalence of RA in Africa, the condition was found to be generally more common in urban settings, with prevalence rates in urban settings ranging from 0.1% in Algeria to 2.5% in South Africa, and from 0.07% in South Africa to 0.4% in Lesotho in rural settings (Usenbo *et al.,* 2015: 1). Nearly 80% of people in

South Africa, Algeria and Kenya have positive rheumatoid factor blood test results, compared to only 34.7% and 38.7% in the Democratic Republic of Congo (Adelowo *et al.*, 2021: 367).

In summary, studies reveal that the prevalence of RA in South Africa ranges from 0.91% to 5.71%, despite the fact that there is little information on the condition especially in KwaZulu-Natal (Usenbo *et al.,* 2015: 9).

2.3.4 Rheumatoid arthritis clinical presentation

The hands and feet are the primary sites of persistent symmetrical polyarthritis (synovitis), while any joint covered by a synovial membrane may be affected (Smith, 2022). The joints that are affected exhibit oedema, soreness, warmth and inflammation along with a reduction in range of motion (Smith, 2022). If left untreated, it normally begins in tiny peripheral joints, proceeds to involve proximal joints and is frequently symmetrical (Chauhan *et al.,* 2021). Stiffness, soreness, and pain when moving are some of the signs of symmetrical joint involvement (Guo *et al.,* 2018: 1). Although the severity of RA may change over time, chronic RA typically leads to a major reduction in functional status, deformity, and a progressive development of various degrees of joint deterioration. The interosseous muscles of the hands are frequently atrophied (Chauhan *et al.,* 2021).

2.4 Current treatment of rheumatoid arthritis

The treatment includes drugs, lifestyle changes, and surgery. These can lessen discomfort and swelling while also slowing or halting joint deterioration (Majithia and Geraci, 2007). According to Köhler *et al.* (2019: 1), controlling disease activity and preventing joint degeneration require early treatment. Today, a variety of medication classes with various mechanisms of action are available to manage inflammation and establish remission (Köhler *et al.,* 2019: 1).

2.4.1 Pharmacological treatment

Pharmacological drugs available to treat symptoms of RA are predominantly disease-modifying anti-rheumatic drugs (DMARDs) and non-steroidal anti-inflammatory drugs (NSAIDs). These drugs are used in conjunction with glucocorticoids to minimise the severity despite the possibility that they could have significant long-term adverse effects.

- Conventional disease-modifying anti-rheumatic drugs

  According to Hill and Frey (2021: 32), conventional disease-modifying anti-rheumatic drugs (csDMARDS) are often used as a first-line treatment for RA, and

can be used alone or in combination with other medications. Some examples of csDMARDS are methotrexate, sulfasalazine, hydroxychloroquine and leflunomide (Cohen and Canella, 2019). Side effects include cardiovascular disturbances, hepatotoxicity, gastrointestinal disturbances, leukopaenia, mouth sores, and an increased risk of cancer and infections (Jung *et al.*, 2018).

- Biological DMARDs

Biological DMARDs (bDMARDs) are medicines that specifically target immune system molecules that cause joint injury and inflammation (Benjamin, Goyal and Lappin, 2018). They are often prescribed when csDMARDS fail to provide adequate relief. They are usually administered through injections or infusions and lessen discomfort, stiffness and joint swelling (Kelly *et al.,* 2018: 529). According to Köhler *et al.* (2019: 5) active or latent tuberculosis or hepatitis must be ruled out prior to beginning bDMARDS medication. Prior to starting treatment, blood cell counts as well as liver and kidney function must be assessed (Köhler *et al.,* 2019: 5). Side effects include increased risk of bacterial, fungal and viral infections, congestive cardiac failure, hepatitis B or C, reactivation of tuberculosis, drug-induced lupus, gastrointestinal perforation and lower intestinal perforation (Kelly *et al.*, 2018; Sepriano *et al.*, 2020: 760).

- Targeted synthetic DMARDs: Janus-Kinase inhibitors

The Janus-Kinase (JAK) inhibitors are a novel class of medications for the treatment of RA (Köhler *et al.,* 2019: 9). These specific synthetic DMARDs work to reduce inflammation by inhibiting tyrosine kinase inside the cells (Köhler *et al.,* 2019: 9). They are normally used in conjunction with methotrexate. Side effects include pneumonia, nasopharyngitis, urinary tract infections, cellulitis and herpes zoster (Adas *et.al.,* 2022: 253; Hiragi, 2019: i35).

- Analgesics

Patients with RA may occasionally be advised to take painkillers such as paracetamol or co-codamol, which contains both paracetamol and codeine (Seideman, 1993). These drugs do not address joint inflammation, but they might aid with pain management (Seideman, 1993). Side effects include gastrointestinal disturbances, hallucinations, poor coordination, and urinary retention (Villars *et al.,* 2007: 67).

- Non-steroidal anti-inflammatory drugs and Glucocoticoids

    Radu and Bungau (2021: 15) state that NSAIDs and glucocorticoids are the main drugs used to manage the symptoms of RA, but after a thorough evaluation of the benefit-risk ratio, mild opioid analgesics may also be explored for the short-term management of pain. In the acute phase, NSAIDs such as naproxen, ibuprofen, and coxibs, are used to lessen pain by reducing inflammation (Radu and Bungau, 2021: 15). Cyclo-oxygenase (COX), particularly COX-2, which is elevated during inflammation, is inhibited by NSAIDs to produce their desired pharmacological effects (Radu and Bungau, 2021: 15). Side effects include dyspepsia, gastrointestinal bleeding, gastroduodenal ulcers, hypertension myocardial infarction, stroke, and nephrotoxicity (Wongrakpanich *et al.,* 2018: 143).

Although the above-mentioned conventional pharmacological treatments for RA have proven to be effective in managing the condition, they are not without drawbacks and long-term risks. The pursuit of optimal patient outcomes is persistently obstructed by challenges such as drug resistance, significant adverse effects and the frequent necessity for combination therapy (Singh *et al.*, 2016). These challenges emphasise the importance of exploring alternative modalities, such as homoeopathy, which seek to address both the fundamental imbalances contributing to the disease's advancement and its visible symptoms. Homoeopathy offers an additional or alternative strategy that may improve patient outcomes while lowering side effects. This lays the foundation for an investigation of homoeopathic practices for treating RA.

2.4.2 Non-pharmacological and supportive treatment

Non-pharmacological interventions, including physiotherapy, exercise therapy, psychological support, and nutritional modifications, have been shown to alleviate symptoms and improve the overall quality of life for patients. In more severe cases, surgical options such as arthroscopy and joint replacement may be employed to address considerable pain and joint deterioration. Each of these therapeutic approaches plays an essential role in managing the complexities of RA and enhancing patient outcomes.

- Physiotherapy
  Physiotherapy is a non-pharmacological method for managing RA that has been researched and confirmed to be effective (Majnik *et al.,* 2022: 03). Physiotherapy interventions can help improve pain, joint mobility and physical function in patients with RA (Cunningham and Kashikar-Zuck, 2013: 2).

- Exercise therapy

  A review of various non-pharmacologic treatment modalities for RA by Majnik *et al.* (2022: 02) concluded that only physical activity seemed to be effective in lowering the overall impact of this condition and increasing the quality of life in patients. This is in line with well documented beneficial effects of exercise in inflammatory rheumatic diseases. Older, more inflammatory and less fit patients with this condition appear to benefit from exercise training regimens the most.
- Psychological intervention

  Majnik *et al.* (2022: 03) state that the incidence of many psychological issues such as anxiety and depression is significant in patients with RA. Pain and depression appear to be related in a bidirectional manner, with depression being two to three times more common in patients with RA and being one of the most common co-morbidities of RA.
- Dietary interventions

  According to Majnik *et al.* (2022: 04), inflammatory rheumatic disorders have been examined in relation to various diets and nutritional supplements. Although some results were seen in RA patients with lower disease activity, the Mediterranean diet, particularly when paired with physical activity, had some influence on the quality of life. Vitamin D supplementation is advantageous for RA patients, with favourable effects on disease activity and co-morbidities including osteoporosis.
- Arthroscopy

  Arthroscopic synovectomy is a minimally invasive surgical technique that is recommended in the early stages of RA for pain alleviation and functional rehabilitation (Kim and Jung, 2007: 244). Studies have demonstrated that arthroscopy is a successful method of managing chronic joint swelling associated with RA (Klug, Wittmann and Weseloh*,* 2000).
- Joint replacement

  Patients with RA who have severe joint deterioration and discomfort that cannot be controlled with medicine or physical therapy frequently turn to joint replacement surgery as a last-resort treatment option (Jämsen *et al.,* 2013: 332).

2.4.3 Polypharmacy in rheumatoid arthritis

Rheumatoid arthritis patients frequently have co-morbidities as a result of polypharmacy. Polypharmacy raises the possibility of negative pharmacological effects including falls and cognitive impairment, hazardous drug interactions and drug-disease interactions, in which treatment used to treat one ailment aggravates another or results in the development of a new one.

According to Treharne *et al.* (2007: 175), RA patients frequently have comorbid conditions that come with accompanying disabilities and demanding medication schedules. There is not much information in the literature about why people with RA take so many medications, but it makes sense to assume that this has something to do with getting older, having the disease for longer, being more active, having a worse functional disability, and having more comorbid conditions (Treharne *et al.,* 2007: 178).

According to Bechman *et al.* (2019), combination therapy should be started early in the treatment of RA, starting with DMARDs. Polypharmacy is more severe due to the daily usage of additional drugs to treat side effects and control pain (Bechman *et al.,* 2019: 1767). The prognosis for RA has dramatically improved, yet morbidity is still significant. This is a result of the burden of comorbidity, which has grown significantly in recent decades due to a rise in the prevalence of cardiovascular disease, infections, cancer, and mental illness (Bechman *et al.,* 2019: 1767). Comorbidities are a confounder in the analysis of clinical outcomes in RA and are linked to lower quality of life and functional status (Bechman *et al.,* 2019: 1768).

Patients with RA require prolonged treatment which comes with adverse effects due to the multiple medications they are prescribed. This has been one of the reasons why patients with RA frequently seek alternative treatment to manage their illness (Park and Ernst, 2005: 705).

2.4.4 Complementary and alternative medicine

A wide range of therapies and practices are included in CAM, which is utilised in place of or in addition to mainstream, conventional therapies. Integrative medicine refers to the practice of combining various methods of treatment. The Allied Health Professions Council of South Africa (AHPCSA) regulates various forms of complementary and alternative medicine, including homoeopathy, chiropractic, reflexology, acupuncture, osteopathy and more (Allied Health Professions Council of South Africa, 2022). According to estimates, 70% of people will seek CAM treatment before going the conventional route (Shaik and Hatcher, 2005). The rest of the globe and South Africa are opening up to CAM's holistic and healing therapies.

Homoeopaths, chiropractors and acupuncturists are three CAM specialists frequently used for RA (Taibi and Bourguignon, 2003: 48). Research conducted by Taibi and Bourguignon (2003) states that CAM use is widespread among individuals with RA and other rheumatic disorders. They found that people with RA use CAM to manage pain, much like other arthritis sufferers do (Taibi and Bourguignon, 2003: 44).

This study concentrated on homoeopathy as a CAM modality, examining its principles and effectiveness in treating RA.

2.5 Homoeopathy

2.5.1 Background

Homoeopathy was founded by a German physician, Samuel Friedrich Hahnemann (1755-1843), in 1796 (Fisher, 2012: 1669). Homoeopathy is often regarded as a form of CAM due to its distinctive approach to healing and its emphasis on holistic wellness, an approach that considers the mental, emotional, general and physical aspects of a patient (Kayne, 2006). The purpose of a homoeopathic consultation is to determine the patient's unique constitution so that the appropriate homoeopathic remedy can be prescribed (Tiwari, 2002). According to Tiwari (2002), the constitution in homoeopathy is a person's physical, mental and emotional nature. It is revealed through the patients' physical build, characteristic desires, behaviours, fears, anxieties and food likes (Tiwari, 2002). When prescribing a homoeopathic remedy to a patient, the symptomatology of the remedy administered must coincide with the constitution of the patient (Bellavite and Signorini, 2002: 9).

The practice of homoeopathy involves the use of highly diluted remedies from plant, mineral or animal extracts (Kayne, 2006). The remedies are prepared through a process of serial dilutions and potentisation, where the original substance is diluted with alcohol or water and then vigorously shaken (Kayne, 2006). This process is believed to enhance the potency of the remedy while minimising any potential toxic effects (Kayne, 2006).

2.5.2 Principles of homoeopathy

The fundamental guidelines or principles for practicing homoeopathy are presented below

2.5.2.1 The law of similars

According to O'Reilly (2001), Hahnemann founded homoeopathy on the basis of the principle of 'similia similibus curentur' or 'like cures like'. Homoeopathic remedies function to change the body's out-of-balance vital force and restore it to a normal, healthy state. This basically means that in order to cure an individual who is healthy, the prescribed remedy must be able to elicit symptoms that are similar to those of the illness (de Schepper, 2006). Homoeopathic practitioners depend on the patient's constitution in order to prescribe a remedy. This is significant in conditions such as RA where the cause is unknown and the homoeopath can only treat the patient based on the presentation of their symptoms.

2.5.2.2 Similimum

The homoeopathic similimum is that one remedy whose description adequately captures the full spectrum of the patient's symptoms or constitution. It is also known as the constitutional remedy. The similimum is found by examining the patient's condition, taking careful note of the mental, emotional, physical and distinctive symptoms, and grading them according to the degree to which they manifest (O'Reilly, 2001).

2.5.2.3 Minimum dose

According to Reichenberg and Ullman (1995), this law posits that the curative power of a homoeopathic remedy is enhanced when it is prepared and administered in a diluted form. Homoeopathic remedies are prepared through a process of serial dilution and succussion (i.e., vigorous shaking) (Reichenberg and Ullman, 1995). The remedies are administered to stimulate the body's innate healing abilities.

2.5.2.4 Hering's law

This law is named after Constantine Hering who was a prominent homoeopathic practitioner in the 19th century. It states that healing occurs from the inside out, from the top to down, from more important to less important organs and in reverse order of appearance of symptoms (Bell, 2020: 43). This helps practitioners monitor improvement in the patient's health after taking a remedy.

2.5.2.5 Individualisation

The individualised treatment approach of homoeopathy is a central tenet of this holistic healing system (Swayne, 1998). Homoeopathic practitioners believe that each person is unique and that their experience of illness is influenced by a multitude of physical, emotional, and mental factors (de Schepper, 2006). Therefore, homoeopathy seeks to tailor treatment plans to the specific needs of the individual rather than applying a one-size-fits-all approach (Hammond, 1995). During a comprehensive consultation, the homoeopath gathers detailed information about the patient's symptoms, medical history, personality traits, lifestyle, and emotional state. This thorough assessment helps the practitioner identify the underlying causes of the patient's health issues and select a homoeopathic remedy that matches the person's unique symptom profile and constitution (Hammond, 1995).

2.5.2.6 Remedy proving

De Schepper (2006) states that this law looks into whether a remedy has the ability to cause an illness. It is performed on healthy individuals, and the information gained helps to effectively treat a group of symptoms that are comparable. The remedy given to the individual has the ability to heal. In order to demonstrate the characteristic and therapeutic effectiveness of homoeopathic remedies, they are given to healthy individuals or provers in successive dosages (Swayne, 1998).

2.5.3 Homoeopathic styles of prescription

Ernst published a book in 2016 called 'Homoeopathy: The Undiluted Facts'. The author describes the various forms of homoeopathic prescription in the book's introduction; these are enumerated and discussed below (Ernst, 2016: 36):

- **Auto-isopathy:** This is a therapeutic approach that uses potentised homoeopathic treatments created from the patient's own bodily substances. One instance is the creation of a homoeopathic remedy using a patient's pus to treat his or her illness.
- **Classical homoeopathy:** This practice is fully compliant with Hahnemann's guidelines, and treats each patient based on their unique set of symptoms, clinical indicators and personal traits.
- **Complex homoeopathy:** Treatment using a combination of remedies that include different homoeopathic remedies. The combination is selected in a way that aligns with clinical homoeopathic principles and covers the most likely remedies for a particular disease.
- **Isopathy:** Using remedies created by increasing the potency of the causative agent. An example would be using a particular allergen like grass pollen to treat an allergic condition such as hay fever.

2.5.4 Homoeopathic remedies and approaches to rheumatoid arthritis

According to Aphale and Sharma (2023), homoeopathic remedies are tailored to each patient's unique symptoms, and their holistic approach to treatment focuses on treating the patient as a whole rather than simply the ailment. Below are some of the key remedies that are used for RA (Aphale and Sharma, 2023):

- ***Rhus toxicodendron* (*Rhus tox*):** This remedy is frequently used for stiffness and soreness in the joints that gets worse with movement first, but gets better with continued activity.

- ***Bryonia alba*:** Often considered when there is severe joint pain and inflammation that is aggravated with movement of any kind. Resting and applying pressure to the sore part may help bring relief to the patient.
- ***Apis mellifica*:** Apis is used when the joints are heated, swollen and red. It is recommended in patients experiencing burning or stinging sensations in the joints.
- ***Arnica montana*:** For general pain and soreness, *Arnica* may be indicated, particularly following physical damage or overexertion.
- ***Causticum*:** This is recommended in cases of stiffness, tearing pain in joints and weakness of the muscles.
- ***Actaea spicata***: Indicated for pain in the wrist and swelling. The wrist may be red and hot, with pain worsening from motion. It is also helpful for pain and swelling in small joints like the fingers, toes, and ankles.
- ***Caulophyllum*:** Used for arthritis affecting small joints, causing pain and stiffness in the fingers, toes, ankles, and wrists. Pain often shifts quickly from one joint to another, and nodes may form on finger joints.

In addition, the authors mention *Ledum palustre*, *Colchicum autumnale*, *Kalmia latifolia*, *Pulsatilla*, and *Calcarea carbonica* amongst others as remedies that are used for RA.

2.5.4.1 Experiences, treatment protocols, outcomes, and challenges faced by homoeopaths in the management of rheumatoid arthritis

Homoeopaths manage RA using a holistic and individualized approach that considers the patients physical, emotional, and mental symptoms. Their clinical experiences are shaped by factors such as disease severity, patient expectations, and their own confidence in treating autoimmune conditions. While some practitioners report a sense of fulfilment when patients show holistic improvement, others face frustration-especially when treatment is delayed or public understanding of homoeopathy is limited (Naude 2012; Frei, 2009; Swayne, 2012).

Treatment protocols vary widely. Homoeopaths utilize constitutional prescribing to treat the whole person or clinical prescribing to focus on specific symptoms (Vithoulkas, 2002). Commonly prescribed remedies such as Rhus toxicodendron, Bryonia alba, and Arnica Montana (Banerji and Banerji, 2008), often supported by adjunctive therapies such as dietary changes, herbal supplements, gut health strategies, and lifestyle counselling (Kayne, 2010).

Outcomes reported in literature range from improved joint mobility and reduced pain to better quality of life and patient empowerment. (Bell *et.al.,* 2004; Oberbaum *et.al.,* 2001). However findings are mixed due to methodological limitations in studies. Although homoeopathy is often

used as a complementary therapy, further rigorous research is needed to substantiate long-term efficacy (Mathie *et.al.,* 2014).

Practitioners face several challenges, including the chronic nature of RA, difficulty in objectively measuring outcomes, limited access to diagnostic tools, and poor integration with conventional healthcare. Public scepticism, regulatory restrictions, and limited research funding also hinder practice (De Schepper, 2006). Moreover, delayed referrals and unrealistic patient expectations add to the complexity of care.

2.5.4.2 Adjuvant therapies for rheumatoid arthritis

Homoeopaths often employ an array of adjunctive therapies such as herbal/phytotherapeutic remedies and biopuncture, alongside homoeopathic remedies.

2.5.4.2.1 Phytotherapeutic remedies

Below are some of the phytotherapeutic remedies that are effective in managing RA.

***Curcuma longa* (turmeric)**

Turmeric is a perennial herb classified under the genus *Curcuma* within the Zingerberaceae family, and is notable for its primary chemical constituent, curcumin (Kou *et al.,* 2023). This compound is recognised for its various pharmacological properties, including antioxidant, anti-inflammatory, and anti-tumour effects, all of which are achieved with minimal adverse effects (Kou *et al.,* 2023). *Curcumin* has demonstrated significant efficacy in suppressing inflammatory responses and mitigating associated symptoms, including pain and swelling (Kou *et al.,* 2023). *Curcumin* may also provide relief for certain symptoms with associated disorders such as RA and inflammatory bowel disease (Kou *et al.,* 2023).

Boswellia serrata

According to Etzel (1996), *Boswellia serrata* is recognised for its anti-inflammatory effects, which are beneficial in alleviating the symptoms associated with RA. It is thought to aid in diminishing inflammation and enhancing the functionality of the joints (Etzel, 1996).

***Zingiber officinale* (ginger)**

Al-Nahain, Jahan and Rahmatullah (2014) state that *Zingiber officinale* possesses anti-inflammatory and analgesic characteristics that may contribute to the reduction of joint pain and inflammation in RA, making it a beneficial adjunctive therapy.

Willow bark

A study conducted by Vlachojannis, Cameron and Chrubasik (2009) presents a comprehensive review regarding the efficacy of willow bark in alleviating musculoskeletal pain, particularly in cases of rheumatic arthritis. The review emphasises that willow bark may provide moderate alleviation of pain linked to rheumatic disorders (Vlachojannis, Cameron and Chrubasik, 2009).

2.5.4.2.2 Biopuncture

Some homoeopaths use a therapy known as biopuncture that assists in the pain management of joints that are inflamed. The ingredients comprise many remedies, so is regarded as a form of complex homoeopathy. The homoeopathic remedies all address the same clinical manifestation. An example of biopuncture treatment is Traumeel, which is an injectable. This has been reviewed a number of times from as early as 1996 up to 2017. A study conducted in 2013 indicated that the injection was effective in decreasing pain and increasing joint mobility (González de Vega *et.al* 2013). These findings were confirmed later by Muders *et al.* (2017) who found that Tr14 (Traumeel) stimulated the recovery of joints of the participants and reduced inflammation by regulating the immune system.

Another popular homoeopathic biopuncture injectable is Lymphomysot which is used for inflammation and swelling (Keim *et al.* 2013). Keim *et al.*'s (2013) study showed that it was effective for modulating microphage infiltration of swollen tissue. There were limited studies for this injectable. The company known as Heel was established in 1936 by Dr Hans-Heinrich Reckeweg, and is one of the biggest biopuncture manufacturers (Heel Belgium Para 1 line 1). This company also produces an injectable known as Zeel. Zeel is manufactured with the purpose of being anti-arthritic and its effectiveness was studied by Beyers (2002).

While the existing literature provides a broad overview of the management and treatment practices employed by homoeopathic practitioners in rheumatoid arthritis, much of this information is generalized and does not specifically address the unique contextual factors present in KwaZulu-Natal. For instance, regional variations in practitioner approaches, patient demographics, and access to resources may significantly impact treatment modalities in ways that are not captured by broader studies. This gap highlights the need for focused research to explore how homoeopathic practitioners in this province tailor their management of

rheumatoid arthritis, thereby providing a more nuanced understanding that can inform both practice and policy locally. Thus, this study seeks to fill this gap by directly investigating the experiences and practices of KwaZulu-Natal based practitioners, contributing valuable insights that extend beyond the general discourse.

2.6 Studies conducted on homoeopathy and rheumatoid arthritis

Gibson *et al.* (1980) conducted a double blind clinical trial to test the efficacy of homoeopathic therapy in RA. The researchers found that homoeopathic treatment was effective in the control of patients with RA. Patients in the active remedy groups showed significant improvement in their pain scores, stiffness, grip strength and functional index compared to those in the placebo group. In a retrospective study conducted by Kundu *et al.* (2011), the researchers found that the homoeopathic constitutional remedy or similimum improved the quality of life in patients with RA by reducing intensity of pain, limiting disability and reducing disease activity, thus causing improvement in general and the disease condition in particular. It also limited the need for NSAIDs and DMARDs.

A study conducted by Fisher and Scott (2001) to determine the efficacy of homoeopathy in lowering joint inflammation in RA found that there were significant decreases in the mean pain scores, articular indices and erythrocyte sedimentation rate of the participants.

A patient satisfaction qualitative study carried out by Brien, Leydon and Lewith (2012) comparing the benefits of between conventional and homoeopathic consultations in patients with RA concluded that homoeopathic consultations enabled patients with RA to cope better with their condition, compared to conventional consultations.

An open observational trial conducted by Kundu *et al.* (2019) to determine changes in severity of symptoms and quality of life in order to assess the potential impact of homoeopathic on RA observed statistically significant decreases in both the disease activity score (DAS28) and the RA disease activity index (RADAI) in participants on individualised homoeopathic treatment.

Overall, the research above points to homoeopathy as a beneficial adjuvant therapy for RA. It may help lessen discomfort, stiffness and inflammation which will enhance joint health and general quality of life. However, more studies on the experiences and practices of homoeopaths need to be conducted to establish the efficacy of homoeopathic practices in the management of RA.

2.7 Summary

Rheumatoid arthritis is a disease that has long-term effects on its sufferers. It is important to evaluate the current status of homoeopathic treatment as a CAM modality with regards to RA, and have a deeper understanding of what is available for patients. As the condition progresses and more medication is prescribed this can have an economic impact on patients as the medicines are expensive. This is one of the reasons that patients seek natural, alternative therapies to supplement and enhance their current treatment regimen. Homoeopathy works on the concept of holism and will support the patient on a mental, emotional and physical level. This research study explored the treatment protocols that homoeopathic practitioners use in RA and the information will be shared to help patients manage this chronic ailment with alternative therapy. It will also help emerging homoeopaths to know how to better approach this chronic ailment.

CHAPTER 3: METHODOLOGY

3.1 Introduction

This chapter presents a detailed description of the methodology employed in the research study. It encompasses an overview of the study, the process of participant recruitment, the procedures for data collection, and the ethical considerations. The details presented emphasise and outline the study's design.

This chapter outlines the methodologies used in the qualitative research study, encompassing the steps utilised for data collection and analysis, as well as purposive sampling of participants. The study included a sample group of 12 people who were all homoeopathic practitioners. Data collection was conducted through semi-structured interviews, and the analysis was performed utilising Tesch's eight-step framework for qualitative data analysis. The data collection instrument was evaluated and validated through a pilot study, during which the feedback provided by participants of the pilot study was highly valued.

3.2 Research design

A qualitative, exploratory, descriptive design was used to guide this study. According to Pathak (2003), the goal of qualitative exploratory research is to comprehend a study question from a humanistic or idealistic perspective. The qualitative technique is used to comprehend as well as explore people's attitudes, interactions, behaviours, and beliefs. Moss and Shank (2002) describe qualitative research as a type of systematic or methodical, empirical investigation of meaning. The authors use the term "systematic" to refer to planned, organised and open procedures that adhere to the guidelines accepted by the qualitative research community. The term "empirical" describes research that is based on actual experience. This methodology was selected due to the exploratory nature of the research, which seeks to understand human perspectives and experiences, along with the practices used by homoeopathic practitioners in the management of RA.

3.3 Research setting

The study was conducted in KwaZulu-Natal, where homoeopathy is delivered almost exclusively through private practices. Participating practitioners, therefore, meet rheumatoid arthritis patients in their own consulting rooms. Data regarding the participants were obtained from recognised professional councils such as the AHPCSA and the Homoeopathic Association of South Africa (HSA). In South Africa, it is a statutory requirement that all

practising homoeopaths are registered with the AHPCSA. Membership of the HSA is voluntary and its register partially overlaps with the AHPCSA roll, but only AHPCSA registration confers the legal right to practise. Each participant received a personal email invitation (Appendix A), to engage in the study, which could be conducted online via Zoom or at a location of their choosing.

3.4 Study population

The study population comprised registered homoeopathic practitioners who hold a Master's degree in Homoeopathy, as this is the minimum qualification required for professional registration and practice in South Africa. These practitioners were required to have been practicing for a minimum of two years to ensure adequate clinical experience in the management of patients.

3.5 Sampling

According to Bhardwaj (2019), sampling is the process of choosing a portion of the target population for a research project. A smaller group is used to collect data in the great majority of research projects because it is impossible to recruit the involvement of the full population of interest. Instead of attempting to contact every person in the community, sampling from the population is frequently more realistic and enables data to be obtained faster and at a lesser cost. Purposive sampling was utilised. Etikan *et al.* (2016) define the purposive sampling technique as a deliberate choice of choosing a participant and does not need underlying theories. This approach is employed when the depth and specificity of information are essential to the study's results, aiming to collect focused and pertinent data. This was appropriate for the study as it aimed to explore the experiences and practices of homoeopathic practitioners with sufficient clinical exposure and expertise. The purposive characteristics targeted included having a minimum of two years of clinical experience and actively practicing in the KwaZulu-Natal province.

A minimum of 12 participants were chosen for this study, with no upper limit on the sample size, as this can be established through the concept of data saturation. Data saturation refers to the phenomenon of information redundancy, occurring when the collection of data no longer produces new insights, codes, or themes (Braun and Clarke, 2021: 201). Prior studies have indicated that qualitative research necessitates a minimum sample size of no less than 12 participants in order to achieve data saturation (Braun and Clark, 2013; Guest and Johnson, 2006).

3.5.1 Inclusion criteria

- Homoeopathic practitioners registered with the AHPCSA and HSA (HSA registration welcomed, but not required).
- Practitioners who have been in practice for at least a period of two years.
- Practitioners working within KwaZulu-Natal.

3.5.2 Exclusion criteria

- Homoeopathic practitioners outside of the KwaZulu-Natal province.
- Practitioners who were part of the pilot study.
- Practitioners with less than two years of experience.
- Homoeopathic practitioners not registered with the AHPCSA.

3.6 Recruitment and interview procedure

In order to acquire the necessary contact details of practitioners for the study, the researcher accessed the websites of the AHPCSA and HSA to get a sample of homoeopathic practitioners in KwaZulu-Natal. The researcher then selected 40 practitioners (20 from each website), to account for the possibility of withdrawals or retractions in participation. Practitioner locations were confirmed by manually checking the practice address on each AHPCSA profile, whereas the HSA website provided a built-in province filter to list only KwaZulu-Natal practitioners. Each profile was screened for KZN practice, and only those meeting this requirement were emailed and re-confirmed in their replies. An email (Appendix A) was sent to the potential participants with a letter of information (Appendix B) informing them about the intended study. Interested participants then indicated their interest in participating and whether they wanted to have the interview in-person or virtually via Zoom. Each interview was no longer than 20 minutes. The semi-structured interviews conducted were facilitated by an interview guide (Appendix D) formulated by the researcher. Semi-structured interviews are one of the most useful data collection methods for studying a wide range of information behaviours (Luo, 2009). Individual interviews were preferred as they give the researcher insight into the practitioner's perceptions, understanding and experience in treating patients with RA.

3.7 Pilot study

According to In (2017), a pilot study determines whether something is possible, whether it should be pursued by the researcher, and if so, how. The purpose of the pilot study is to evaluate the validity of the research methodology in obtaining pertinent data for the study. In

this study it helped evaluate the interview guide to determine whether the questions were relevant, useful, or needed any modification. The pilot study was conducted on four practitioners, chosen via purposive sampling, in the Department of Homoeopathy at DUT who met the inclusion criteria. They were contacted via email (Appendix A) and sent a letter of information (Appendix B) and informed consent (Appendix C). The pilot study took place as an hour-long focus group discussion. During the discussion, the interview guide was scrutinised; and suggested changes were made at this time.

3.8 Data collection

The semi-structured interviews were conducted virtually or at the healthcare centres of the homoeopathic practitioners (consulting rooms). The practitioners were given a consent form (Appendix C) stating the terms and conditions of participation, which they signed before the researcher continued with the interviews. Practitioners who were interviewed virtually completed the consent forms and returned them via email before the interview. Each interview was recorded, and the practitioners were allocated codes to ensure confidentiality. In-person interviews were recorded using a phone recorder. Those that were held virtually were Zoom recorded. Both these recordings were transcribed verbatim by the researcher for analysis. A total of nine participants opted for interviews conducted virtually, whereas the other three were interviewed at their respective practices situated in different areas of Durban, including the Bluff, Overport, and the Durban Central Business District (CBD).

3.9 Data analysis

Once all the interviews were conducted, the researcher collated the data, transcribed and analysed the data. The researcher did a thorough proofreading of the transcribed data to make sure that all the information was accurate. The Tesch's 8 steps of data analysis (Tesch, 1990) used to guide the coding and analysis of the data were as follows:

- Step 1: Preparation of data. All data collected was transcribed before being analysed. Observations made during the interview process were also transcribed.
- Step 2: Defining the theme of analysis. Data collected was put into themes, such as treatment approaches used by homoeopaths in the management of RA.
- Step 3: Developing coding plans and categories. Codes and sub-categories were created for the data collected. These categories were created using the data gathered from interviews, commonalities in RA management, and notes taken throughout each interview.
- Step 4: Carrying out a preliminary test of coding plans on a sample. A sample of the existing data was coded to ensure consistency.

- Step 5: Coding all the text. Coding process was applied to all data once consistent.
- Step 6: Assessing the stability of the coding used. The trustworthiness of the coded data was checked.
- Step 7: Drawing a conclusion based on the coding of themes. After gathering the data from each category, an analysis was performed.
- Step 8: Presentation of results.

In order to provide interpretations based on the data acquired, the researcher analysed the data, grouped it into overlapping categories, and prepared the data. Together with the research supervisors, these interpretations were examined to make sure that they were accurate and reasonable.

3.10 Data management

Data collected was stored in a way which guaranteed that participant confidentiality was upheld during the study. No interviews, field notes or audio recordings contained any of the participants' private information. As soon as participants agreed to be interviewed and had signed the informed consent form, they were allocated a code. The researcher used a flash drive that is password-protected to store all recorded interviews. The flash drive and transcribed data were stored in the Department of Homoeopathy at the Durban University of Technology. After five years, the flash drive will be reformatted, and transcribed data will be destroyed using a paper shredder.

3.11 Trustworthiness

According to the qualitative research paradigm described by Guba and Lincoln (1994), credibility, dependability, conformability, and transferability are the four key components of trustworthiness. These will be used to ensure the validity of the investigation.

3.11.1 Credibility

Credibility refers to the extent of trust that can be assigned to the accuracy of research findings, ensuring that these findings authentically reflect the perspectives and experiences of the participants involved (Shenton, 2004: 64). By beginning the transcription after each interview and listening to each recorded interview again, the researcher accounted for this.

3.11.2 Dependability

Dependability is described as the consistency of data over time under different circumstances, allowing for the equivalent conclusions to be drawn if the same subjects were being examined

in the same environment (Shenton, 2004: 71). Member checks were used to account for this; participants were asked to confirm that the researcher's interpretations of what they said were in fact what they intended.

3.11.3 Conformability

According to Shenton (2004: 72), conformability refers to the degree to which the conclusions of a study can be corroborated or substantiated by others. It emphasises that findings should be primarily influenced by the participants and data collected, rather than by the biases of the researcher or external factors (Shenton, 2004: 72). This was accomplished by meticulous recording during the research process and by looking for corroborating evidence throughout the analysis phase. The analysis of the data was also supported or contested by literature.

3.11.4 Transferability

Transferability is defined as the degree to which research findings can be applied to other contexts or settings (Shenton, 2004: 69). This was ensured by reaching data saturation, using vivid descriptions in the writing in order to allow for clear descriptions, and giving a thorough justification for why specific study participants were chosen.

3.12 Ethical considerations

- Beneficence: According to the Belmont Report, beneficence is the duty of the researcher to protect the well-being of research subjects by ensuring that the potential benefits of the research outweigh any risks involved. This principle underscores the importance of considering both the psychological and physical health of participants during the planning and execution of research studies (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). This study caused no harm to the participants.
- Anonymity: Anonymity refers to the condition in which an individual is not identifiable or recognised by others (Zimmer, 2020). It involves the deliberate masking of an individual's identity to preserve confidentiality and privacy across various contexts, including research. Participants were not required to identify themselves (Zimmer, 2020).
- Voluntary participation: According to Wendler (2000), the idea of voluntary participation asserts that individuals ought to have the autonomy to choose whether to engage in research activities, free from any form of undue influence, coercion or pressure. Participants were sent a letter information explaining the purpose of this study and decided in free will whether to participate in this study.

- Informed consent: According to Corrigan (2003: 768), informed consent is a fundamental ethical instrument for protecting individuals from explicit coercion. Participants were fully informed about the procedures of this study.
- Justice: Justice ensures the fair selection of participants and equitable distribution of research benefits and burdens (CIOMS, 2016). In this study, practitioners were selected based on relevant criteria, with all give equal opportunity to participate voluntarily.
- Non-maleficence: Non-maleficence obliges researchers to avoid causing harm and to minimize any potential risks to participants (Beauchamp and Childress, 2019). In thiss study, the interview procedures were designed to be brief, voluntary, and confidential, ensuring no physical or psychological harm to practitioners.
- Ethical clearance: Ethical clearance for this study was granted by the Durban University of Technology (reference 172/23).
- All data collected is stored safely at the Department of Homoeopathy at the Durban University of Technology, and Technology and will be destroyed after a period of five years. Transcribed data will be destroyed using a paper shredder, and the flash drive containing recordings will be reformatted.

3.13 Summary

This chapter presents the study's methodology and ethical considerations.

CHAPTER 4: FINDINGS

4.1 Introduction

This chapter details the findings from the semi-structured interviews conducted with homoeopathic practitioners in the KwaZulu-Natal province, South Africa. To recap, the aim of this study was to explore the management and treatment practices that homoeopathic practitioners in the KwaZulu-Natal use to manage RA. The data collected was analysed using a thematic analysis process, with four major themes emerging. This chapter begins with the demographic details of the participants.

4.2 Demographic information

This section provides an account of the participants' socio-demographic information.

4.2.1 Age

The participants in this study were primarily in the early to middle stages of adulthood. Most were individuals in their thirties and early forties, actively engaged in clinical practice, bringing them a balance of youthful energy and growing professional experience. A few participants were older, in their late forties to early fifties, and represented a seasoned group with many years of experience in the field. Together, this mix of age groups contributed to a nuanced and generationally diverse understanding of homoeopathic management strategies for rheumatoid arthritis.

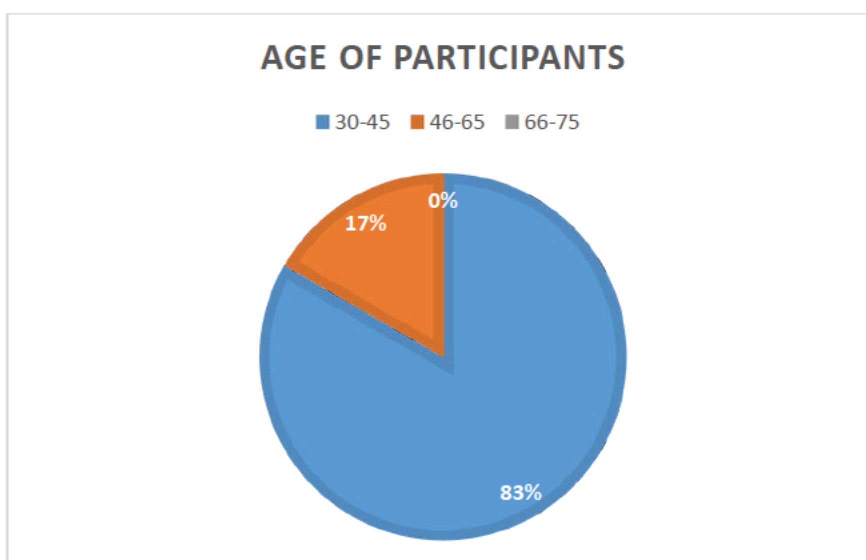

Figure 4.1: Age distribution

4.2.2 Gender

The participant group was predominantly female, with only a few male practitioners included. This gender distribution reflect the broader trend of female representation within the field of homoeopathy and may have influenced the perspectives shared in the study.

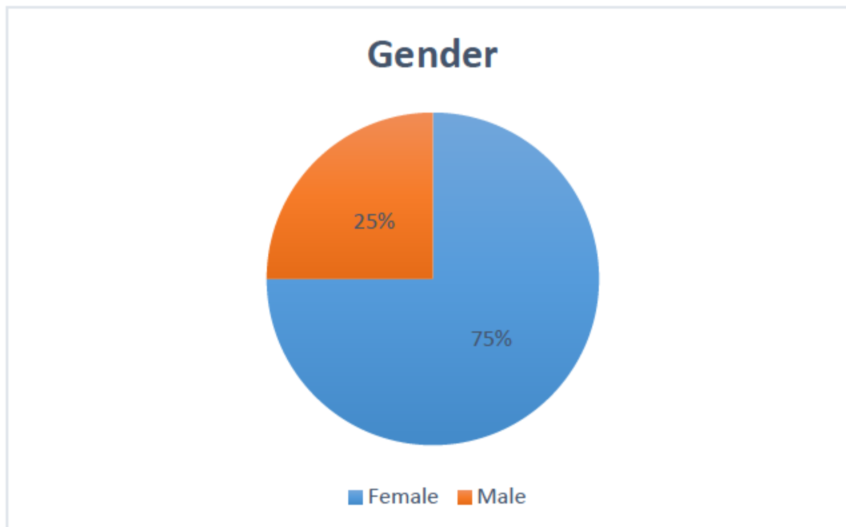

Figure 4.2: Gender distribution

4.2.3 Ethnicity

The participants reflected a diverse mix of ethnic backgrounds, including African, Indian, Coloured, and White practitioners.

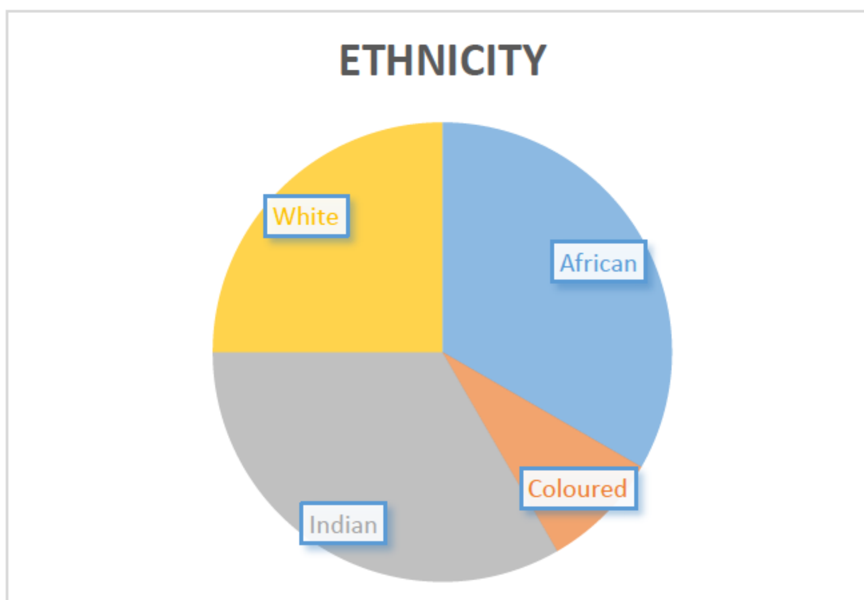

Figure 4.3: Ethnic group distribution

4.2.4 Nationality

Most participants were South African, with one participant identifying as non-South African.

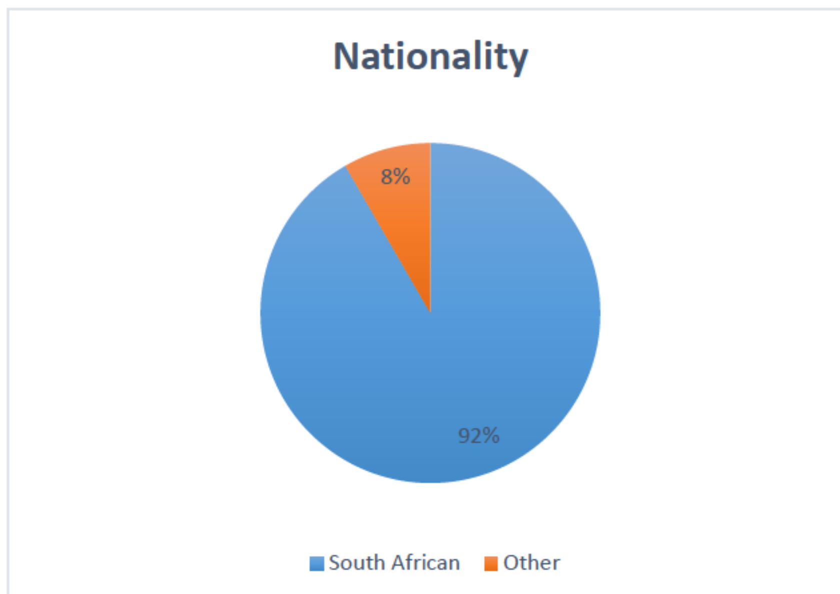

Figure 4.4: Nationality distribution

4.2.5 Years of experience in practice

The participants had varying levels of experience in homoeopathic practice, ranging from early career practitioners with just a few years in practice to those with over a decade and up to two decades of clinical experience. This range allowed for a blend of fresh perspectives and well-established clinical insights.

Figure 4.5: Years of experience in practice

4.3 Emerging themes and subthemes from the participants semi-structured interviews

The data was analysed using a thematic analysis process, with four major themes emerging. Descriptive coding was applied in order to derive the themes. According to Elliot (2018), descriptive coding is one of the fundamental techniques in qualitative analysis that enables researchers to methodically distil large amounts of data into digestible units that capture the essence of the source material. By giving the data codes and deriving themes from these codes, thematic analysis entails methodically finding and analysing themes in qualitative data (Waeraas, 2022: 155). Moreover, thematic analysis frequently entails creating themes from coded values through the classification of synonyms, value types, or semantic meaning. The stages involved in thematic analysis include getting acquainted with the data, creating preliminary codes, finding themes, examining themes and creating graphic aids for codes and themes (Braun and Clarke, 2013).

Table 4.1 shows the main themes and subthemes. Each major theme was made up of many codes representing different concepts that came up in each interview.

Table 4.1: Identification of themes and subthemes

Major themes	**Subthemes**
Knowledge of RA	- Understanding RA and its clinical manifestation - Demographics of patients - Diagnosing Rheumatoid Arthritis
Treatment approach used by homoeopaths in management of RA	- Constitutional vs clinical prescribing by homoeopathic practitioners - Adjunctive therapies for RA in homoeopathic treatment: phytotherapy, gemmotherapy, vitamins, supplements, and biopuncture - Gut health and lifestyle modifications in managing RA
Challenges in managing RA	- Patient compliance to medication and relapses
Outcomes of homoeopathic treatment	- Outcomes of homoeopathic treatment

4.3.1 Theme 1: Knowledge of rheumatoid arthritis

The results of the study shed light on various facets of RA management, as reported by participants. The findings indicate that all participants had an understanding of what RA is. Additionally, all of the participants highlighted the clinical manifestations of RA, demographics of patients affected by RA and lastly how they go about diagnosing a patient with RA.

4.3.1.1 Subtheme 1: Understanding rheumatoid arthritis and its clinical manifestation

Insights from participants in the study on RA described that RA is a chronic condition causing joint inflammation, pain, and restricted movement, with additional symptoms like heart problems discussed. This was evident in these extracts:

> *Rheumatoid arthritis is an inflammatory disease of the joints that can be autoimmune. I've seen a lot of patients especially with rheumatoid arthritis of the wrist and the fingers. So those are the main patients that I've seen and treated when it comes to rheumatoid. It can present the swelling of the joints especially of the fingers, the small joints and the wrists. I've seen cases also seen cases also of the elbows where they actually have rheumatoid arthritis of the elbows and as well as the toes.* -HP1

> *Rheumatoid arthritis is an autoimmune condition. We look at cardinal signs, the articular processes from our experience, the wrist and ankle pain, patient experiences generalised fibromyalgia type of pain, they can display extra-articular symptoms like cardiac symptoms, butterfly rash, certain types of rheumatoid bony outgrowths like Heberdens nodes, but very unusual.* -HP3

4.3.1.2 Demographics of patients

The participants indicated that their patients with RA were predominantly Indian individuals, especially women in menopause. Women in their early 50s are also significantly affected, notably within the black community. While RA typically appears later in life for men, it is predominantly observed in females. The following was mentioned by the participants in the study:

> *I would say mainly female, 35 onwards, 60 menopausal, like menopausal women, so like 55, 60 suffering with a menopause, uhm, I see quite a lot of those women suffering the more of the joint issues.* -HP6

> *Age, I'll say majority are over the age of 40, demographically most of them are Indian and all of them are female, yeah*. -HP8

> *It's more females, more like African females and most of them above the age of 50.* -HP5

4.3.1.3 Subtheme 2: Diagnosing rheumatoid arthritis

Participants in this study emphasised the importance of precise diagnosis in handling RA. They pointed out that blood tests like RA factor, complete blood count, and C-reactive protein are crucial for confirming RA and distinguishing it from similar conditions like gout. They also highlighted the need for thorough autoimmune profiles to check for other autoimmune diseases. Even though many patients had already been diagnosed before seeking help, participants stressed the importance of blood tests to confirm and improve RA diagnoses, especially when referrals were needed for more investigation. The following was mentioned by the participants of the study:

> *So the bloods that I would send the patients for would be the rheumatoid arthritis factor to find out if the patient actually has rheumatoid arthritis or not. Because at times it can be a different disease that mimics rheumatoid arthritis, such as gout. So you want to be accurate in your diagnosis and make sure that the patient really has rheumatoid arthritis. -HP1*

> *I did have one patient that I had to investigate for rheumatoid arthritis and what I do there is I send for full blood tests so complete blood count, so I check C-reactive protein that tells us the inflammatory levels, and I also check for rheumatoid factor and if the rheumatoid factor is obviously high or its positive then it would indicate they have rheumatoid arthritis, but there also I notice that it is good to do a full autoimmune profile, there is a blood test called an autoimmune profile that helps to determine if it is just rheumatoid arthritis or we are dealing with other things as well.* -HP10

> *So we do full blood count, with ESR, ESR is generally raised, C-reactive protein (CRP) is raised and then rheumatoid factor is positive, it doesn't necessarily has to have that. We can have rheumatoid arthritis existing with other conditions, so we'll have positive AnF, hla-b1s, and the enzymes will be high and we can do anti-DNA/ antibodies can also be raised. So you can have autoimmune condition, where the body is attacking itself, which separates it from osteoarthritis, which is the normal wear and tear situation … From physical examination as I said, rheumatoid factor, ESR, C-reactive protein (CRP), positive globulins on the liver function tests, we'll also assess other factors and stuff. We find that you can even do genetic testing, there's genetic tests that also pre-disposes you ... autoimmune antibodies, anti-DNA antibodies and HLA -b1. That's most of the blood tests I look for in diagnosing rheumatoid arthritis.* -HP3

Participants also added that most of the patients were already diagnosed before they come to them.

> *Majority have already been pre-diagnosed and I have myself diagnosed only 1 patient that I have, obviously diagnosis via symptomatics and blood.* -HP8

> *There were 1 or 2 patients that were pre-diagnosed, and they've been diagnosed probably by specialists, or they've been in hospital for something else and they pick up that they have rheumatoid arthritis …* -HP10

4.3.2 Theme 2: Treatment approach

There were a few subthemes that emerged for the treatment approach of RA.

All participants emphasised the fundamental role of homoeopathic treatment in providing personalised care for patients. They employed both constitutional and clinical remedies to effectively address symptoms, considering emotional and familial triggers. According to Leeser (2011), a homoeopathic constitutional remedy is one that is chosen after thorough assessment of a patient's physical, emotional and mental symptoms. On the other hand, clinical remedies are those that are symptom oriented and focus on specific diseases or symptoms presented by a patient (Abermann, 2017).

Adjunctive therapies play a crucial role in complementing homoeopathic approaches to relieve RA symptoms. Participants indicated that they use stress-reduction techniques, such as meditation and yoga, to help shift patients from sympathetic to parasympathetic nervous system responses.

Additionally, dietary changes and lifestyle changes, including anti-inflammatory diets and personalised plans, are recommended alongside referrals to dieticians and genetic testing services. For lifestyle changes, modifications like massage therapy and yoga enhance joint support and stability. Below is the first subtheme that describes how all participants started their treatment with their patients.

4.3.2.1.1 Subtheme 1: Constitutional versus clinical prescribing by homoeopathic practitioners

This part of the study focuses on presenting a comparison between constitutional versus clinical prescribing used by participants in the study. The following was mentioned by the participants of the study:

4.3.2.1.2 Constitutional prescribing

So homoeopathically we look at constitutional treatment, we take a constitutional case, look at the aetiology of the rheumatoid arthritis. In most cases of, we find emotional trauma can trigger this off, family history of it, so you will see miasmatically, uhm, from my understanding it's a type of syco-syphilitic type of condition and we seek the root cause of it or the triggering factor of that condition. From my understanding, from the patients that have autoimmune conditions, a lot of childhood trauma, either abuse, sexual/physical abuse, a lot of gaslighting from the parent, you know strong parenting, dictatorial type of parents. So we treat that trauma ... -HP3

I'll treat with the constitutional remedy which we know that is very beneficial in managing any form of autoimmune disease, an inflammatory disease, so I do treat constitutionally and over and above that I do treat it from a dietary point of view. -HP8

So my treatment approach would be obviously first from a constitutional perspective, so trying to figure out their constitutional remedy, but also sometimes in acute cases where they have a flare-up I have to go in from a clinical perspective first. -HP7

4.3.2.1.3 Clinical prescribing

There were two participants who prescribe clinically and also use low doses, although the remedies that they use are different:

Homoeopathic approach, I try as much to go for the simillimum or constitutional remedy depending on the symptomatic picture of the patient, and then for acute cases I go for clinical remedies. I use Calcarea carbonica a lot, a low potency, that's my most commonly used remedy. -HP9

So one of the others that I like to follow is that for rheumatoid arthritis, let's say a patient presents with stiffness of the joints and you are looking at Bryonia, I would go with the lower potencies instead of going for 30/200CH, I would often prescribe the remedy in a 6CH potency because it's a more functional potency and works on the physical level of the body, and its action is much more faster. So regardless of what homoeopathic remedy that I plan on prescribing, the patient is going to be definitely low and works on the physical level of the body ... So for rheumatoid arthritis, for example, Ledum palustre is a very good one, especially for the small joints. Ruta as well is also a very good one. -HP1

Some participants mentioned the use of *Rhus tox* as a clinically indicated remedy for RA, but other remedies were used as well.

> *I can also prescribe in acute cases where I put together Rhus tox, Ruta, Bryonia and Arnica as clinical remedies.* -HP11

> *So clinically we can use like Arnica, Symphytim, Rhus tox, Ruta, Bryonia you know, so that gives them like a natural anti-inflammatory, so they can take it when and if they feel the pain.* -HP3

> *There isn't one set clinical approach that I have found to be effective, yes I do use the general remedies like Rhus tox, your Bryonia's, but Staphysagria seems to be quite a good one even the Lac caninum seems to be a very good remedy for rheumatoid.-HP7*

4.3.2.2 Subtheme 2: Adjunctive therapies for rheumatoid arthritis in homoeopathic treatment: phytotherapy, gemmotherapy, vitamins, supplements, and biopuncture

The findings reveal that participants are integrating additional therapies alongside homoeopathy to manage RA. Participants emphasised the effectiveness of these supplementary interventions in reducing pain and inflammation associated with RA. Participants used various methods for management of this condition. Some participants recognised biopuncture (injectables) as valuable supplementary therapies for targeted relief, while others focused on the use of vitamins, gemmotherapies and phytotherapies. These results emphasise the comprehensive approach participants take to address the diverse symptoms of RA, aiming to improve patient well-being and quality of life.

4.3.2.2.1 Phytotherapy and gemmotherapy

Participants note that phytotherapy and gemmotherapy contribute to managing pain and improving overall comfort in RA. They emphasise its role in reducing inflammation thus making pain more manageable.

Most of the participants mentioned that they use *Curcumin* and *Boswellia* as a phytotherapy when treating RA. The following was mentioned by the participants of the study:

> *Curcumin has been quite effective as well with dropping down the inflammatory markers.* -HP7

Alternatives, we would use phytotherapy like Curcumin which is a potent anti-inflammatory…. -HP3

… uhm I really love MediHerb, there's a Boswellia complex that is anti-inflammatory … -HP6

Another participant mentioned that they use gemmotherapies such as *Ribes nigrum* and *Rubus fruticosus* alongside phytotherapy:

Then I'll also use gemmotherapies, so the two main ones that I use is Ribes nigrum and I use Rubus fruticosus, the Ribes is for the inflammation and the Rubus is for the arthritic pain … -HP10

4.3.2.2.2 Vitamins and supplements

Participants mentioned using a variety of vitamins and supplements such as MSM powder, glucosamine chondroitin, and essential vitamins like D and calcium and magnesium for their patients when it comes to RA pain management.

I also use supplements such as MSM for pains, glucosamine chondroitin, vitamin D, magnesium, calcium ... -HP12

Adjuncts would be your vitamins, things like MSM powder, I know there is magnesium, calcium, those sort of supplements have been quite effective as well with dropping down the inflammatory markers … -HP7

I always get my patients with rheumatoid arthritis on magnesium, calcium and vitamin D, collagen … -HP4

4.3.2.2.3 Biopuncture

Biopuncture is a term given for any therapeutic intervention that involves injecting biotherapeutics into particular spots or areas (Kersschot, 2004:14). Participants mentioned the use of Traumeel, Lymphomysot and Zeel in the form of an injectables to assist patients that are experiencing pains. This is evident in the following extracts:

… then I also use biopuncture injectables such as Traumeel, Lymphomyosot or Zeel. -HP12

Biopuncture whether it is Lymphomyosot, Traumeel, those are the things I would highly recommend ... -HP8

We also use biopuncture, it's one of our modalities so when the patient is in an extreme amount of pain, we can use biopuncture to give them that relief. -HP3

The notable similarities in the treatment protocols utilised by homoeopathic practitioners in the study for the management of rheumatoid are encapsulated in Table 4.2. This indicates a prevailing pattern among practitioners, emphasising the use of a constitutional homoeopathic remedy as a basis for treatment, supplemented by various adjunctive therapies and lifestyle changes.

4.3.2.3 Subtheme 3: Gut health and lifestyle modifications in managing rheumatoid arthritis

Participants used stress management methods and lifestyle changes such as dietary modifications and exercise, yoga and Pilates as extra treatments to help manage RA. They fund that reducing stress through exercise can help ease autoimmune reactions. They also said that eating anti-inflammatory foods and healthy meals is important. Additionally, participants mentioned that having a healthy gut is important, so they prioritised treating the gut to reduce inflammation and improve the immune system. The following was mentioned by participants in the study:

I would send them to a dietician, I have sent few patients to do genetic testing, and to a dietician for them to work specifically on a diet that would be best for them. So I think perhaps more dietician than anyone else. I think lifestyle modifications also, following an anti-inflammatory diet and that it is a diet that is based on whole foods, unprocessed foods, consuming the rainbow you know I keep on saying this to everyone, and having a nice balance of when it comes especially to your anti-inflammatory oils, so your omega 3s, making sure that you're consuming omega 6s which is anti-inflammatory, and just having a good lifestyle when it comes to stress management as well, making sure there is a form of meditation, yoga, gentle form of exercising that won't increase cortisol levels and create a stress response … -HP8

Diet, like they must be on an anti-inflammatory diet, and also Pilates which helps the patients gain their dynamic strength which helps them with better support and some stability for their joints. -HP4

Some participants saw the gut microbiome as a starting point for treating RA

I would look at toning the liver and gut microbiome. I think the liver is a very important one … With the gut microbiome, introducing some probiotics to help reduce

inflammation … It's almost like they're making the wine because also some good studies show that lot of the autoimmune conditions actually stem from the gut microbiome. So when we're able to actually balance that, you know, things actually become better because the immune system is boosted through the gut microbiome. -HP1

I usually always start with gut protocol, so I put them on an anti-inflammatory gut diet, I remove triggers like major triggers such as dairy, caffeine, alcohol, gluten, sugar so start there. -HP6

4.3.2.4 Commonalities in treatment protocols used by participants in the management of rheumatoid arthritis

Table 4.2 provides a summary of the treatment and management protocols adopted by the participants in the management of rheumatoid arthritis (RA), highlighting the commonly used approaches and outlining shared therapeutic strategies.

Table 4.2: Commonalities in treatment approach for rheumatoid arthritis among participants

Treatment Approach	Similarities Among Participants
Constitutional homoeopathic remedy	The main treatment used by all participants is a constitutional remedy, which is selected according to the patients overall constitution and symptoms.
Adjunctive therapy	
1. Phytotherapy	Participants mentioned often using phytotherapy as an adjunct to assist with bringing down inflammatory markers in patients. *Curcumin longa* and *Boswellia serrata* were the most common phytotherapeutic herbs that practitioners used.
2. Gemmotherapy	Other participants mentioned using gemmotherapies, which are plant bud extracts, such as *Ribes nigrum* and *Rubus fructicosus* which act as anti-inflammatory and assist in detoxification.
3. Vitamins and supplements	Participants mentioned prescribing essential vitamins like D and supplements such as MSM powder, glucosamine chondroitin, calcium and magnesium to support joint health.
4. Biopuncture	Some participants mentioned biopuncture injections such as Lymphomysot, Traumeel and Zeel to reduce inflammation and pain in affected joints.
Lifestyle modifications	
1. Anti-inflammatory diet	Participants mentioned recommending an anti-inflammatory diet to their patients, putting emphasis on whole foods, minimising processed foods and staying away from recognised inflammatory triggers.
2. Gentle exercising and Pilates	Participants mentioned encouraging their patients to do gentle workouts and Pilates in order to preserve muscle strength and joint mobility, and also to increase flexibility.
3. Meditation and yoga	Participants mentioned frequently advising their patients on stress-reduction practices because stress can trigger inflammation for example, yoga and meditation to enhance general well-being.

Gut health	Some participants mentioned supporting the gut microbiome in order to improve immune function and help bring down inflammation.

Among the participants, the predominant approach to RA is the application of constitutional homoeopathic remedies. This approach is preferred because of its customisation to the individual patient's overall constitution and particular symptoms, reflecting the personalised principles inherent in homoeopathy. By choosing a remedy that matches the distinct characteristics of each patient, practitioners aim to tackle the physical and psychological dimensions of RA, resulting in effective treatment.

4.3.3 Theme 3: Challenges in managing rheumatoid arthritis

Participants in the study shared insights into the challenges of managing RA, especially regarding patient adherence and the possibility of relapses during follow-up care. They stressed the crucial role of patients sticking to treatment plans and keeping scheduled appointments to achieve the best results.

However, they also acknowledged the difficulty in maintaining consistent adherence, which can greatly affect the effectiveness of treatments aimed at reducing RA symptoms. Additionally, they highlighted the importance of careful monitoring and proactive management strategies to prevent relapses. This introduction sets the stage for exploring participants' views on the complexities of patient adherence, follow-up practices, and managing potential relapses in RA treatment.

4.3.3.1 Subtheme 1: Patient compliance to medication and relapses

Participants in the study underlined that patient compliance with prescribed treatment and attending follow up consults are crucial for managing RA and they also note that flare-ups and relapse of symptoms have a substantial impact on treatment outcomes. Furthermore, patients who attempt to go off drugs too rapidly once they start feeling better are frequently experience flares. In order to minimise symptom relapse, the participants emphasised the significance of educating patients about these flare-ups and advising against the need for needless steroid use. The following was mentioned by participants in the study:

> *I would say compliance. Patients who comply with the instructions show great improvement compared to those that don't.* -HP7

> *Some of the challenges is that the patients do not adhere to the instructions when taking the medicines.* -HP2

Consistence in following treatment plans and attending appointments was highlighted as essential for achieving sustained improvement.

> *I've noticed that being consistent with follow ups and treatment you achieve better results. What I've seen is that when patients get well they don't come back or maybe it's because of financial constraints, I don't know, they don't come back. They will come back only when they have a flare-up which can be avoided, so it is much easier to treat someone who is consistent with their follow ups than someone who will come back to you when their problems return because it is almost as if you're starting to treat the patient all over again.* -HP12

Participants observe that patients who are active, consistent, and attend follow-up appointments showed notable improvement in their condition.

> *I've noticed that patients that are active and consistent, and do come for follow ups are the ones that have improvement in their condition.* -HP11

> *I would say that most of the time the most patients do relapse, if I'm being honest, you know they become better for four months and then they come back again and the pains have started all over again.* -HP1

4.3.4 Theme 4: Outcomes of treatment

This theme explores the views of the participants on the outcomes of the homoeopathic treatment for RA.

4.3.4.1 Subtheme 1: Outcomes of homoeopathic treatment

Participants emphasised that homoeopathy effectively manages RA, citing cases of long-term remission and improved quality of life. For example, Participant 3 mentioned that

> *homoeopathy can put the RA into remission without a doubt, I've seen that many times over. Patients can be in remission for 5 years, 10 years, some of them most of their lives. In my 20 years of practice I can tell you I've had good success rates, we have 1 or 2 that have been 10-15 years into remission.*

Participants reported that homoeopathic treatment for RA produces positive results, with patients experiencing significant improvements after starting treatment. This is evident in the following extracts:

I think there's very good outcomes if you're using an all-inclusive approach, like using homoeopathy together with phytotherapy and nutrient therapy. Like most patients have said I feel so much better after starting my treatment. -HP4

I'd say in about 70% of my cases there is great improvement to the point where some of them want to come off methotrexate, but of course we would have to do that with the supervision of a rheumatologist. -HP7

Follow-up appointments consistently showed less pain and slower disease progression, confirming the effectiveness of homoeopathic treatments. This is evident in the following extracts:

I would say it's very effective, like when a patient comes back for a follow up, when you taking a case and asking the patient about their pain and ask them to rate their pain on a scale of 0-10 they will rate the pain and whenever they come back you ask them to rate it again and then you see that the remedy has worked if the rating of pain has decreased. -HP12

4.4 Summary

This chapter provided various facets of RA through the practitioner's perceptions, encompassing demographic profiles, treatment modalities, and management challenges. Participants emphasised the predominance of Indian females aged 40 and above, with joint issues prevalent among menopausal women and those with a family history of RA. Treatment strategies ranged from individualised homoeopathic remedies to adjunctive therapies, dietary modifications, and stress management techniques. Challenges such as patient compliance, follow-up consistency, and relapse risks were also highlighted. These findings are further discussed in the subsequent chapter, providing comprehensive insights into RA management strategies and their implications for patient care.

CHAPTER 5: DISCUSSION

5.1 Introduction

This chapter examines and interprets the themes while analysing the research findings in the context of existing literature on RA and the knowledge available regarding the use of homoeopathy for this condition. However, it is important to note that there is a scarcity of related literature, as comprehensive studies on the application and effectiveness of homoeopathy in treating RA are lacking.

This chapter discusses the four major themes that emerged in Chapter 4.

5.2 Demographics

The demographic characteristics of the participants offer valuable context for understanding how they approach the management of RA using homoeopathy. These attributes help to frame their strategies, providing deeper insights into how personal factors influence their treatment methods and overall experience.

5.2.1 Age and gender distribution

A significant amount of the participants fell within the age range of 30 to 45 years, suggesting that the cohort is predominantly young and potentially at an important stage of their careers, which could make them more open to embracing new methodologies. Furthermore, the fact that most participants were female indicates a gender disparity that may influence treatment approaches and interactions with patients, mirroring broader patterns seen in the health sciences field.

5.2.2 Ethnicity

The ethnic diversity of the practitioners – African, Indian, Coloured, and White - reflect the multicultural environment in which these practitioners work.

5.2.3 Experience

Participants' had varying years of experience in treating and managing RA. Some had between 16 and 20 years of experience, with the others having between 2 and 15 years. This diversity in experience ensures a mix of both fresh and seasoned perspectives, offering a balanced view of current homoeopathic management practices for RA.

5.3 Knowledge of rheumatoid arthritis

5.3.1 Understanding rheumatoid arthritis and the clinical manifestation

All the participants of the study described RA as a chronic inflammatory condition of the autoimmune-induced joints. This correlates with the definitions that have been provided by other scholars (Chauhan *et al.*, 2021). The aetiology of the condition has been linked to various causes, but participants noted that a blood test of the rheumatoid factor was the primary diagnosis indicator among others. Researchers agree that the exact cause of RA is not yet fully understood (Deane *et al.*, 2017; Singh, 2019; Romão and Fonseca, 2021). Radu and Bungau (2021) mention that history of bacterial or viral infection may contribute to the risk of an individual having RA, mentioning *Staphylococcus aureus*, *Neisseria gonorrhoea*, complications of Lyme disease, *Parvovirus*, *Enterovirus* as possible causative agents. Lin (2020) states that these infections can lead to RA development by the mechanism of molecular mimicry. The participants of the study did not mention any link between RA and previous history of infection but it was mentioned by the participants that the gut microbiome (discussed below) has a link with the immune system.

Participants described the clinical manifestation of the condition as affecting the small joints with swelling leading to the patients having a limited range of motion, as correlated by Bullock *et al.* (2019), Köhler *et al.* (2019), and Kundu *et al.* (2019). The results indicated that the participants were indeed treating RA and were knowledgeable in the condition, because the signs and symptoms mentioned by participants were exactly the same as the ones expressed by scholars who have conducted research on RA.

5.3.2 Diagnosis of rheumatoid arthritis

The literature review in Chapter 2 indicated that diagnosis has modified over time due to the ever-changing presentation of the condition. Although that might be the case, the clinical manifestation is the first thing that practitioners are able to identify with the condition, in accordance with the American College of Rheumatology (ACR) and the European League Against Rheumatism (EULAR) criteria (Muilu, 2021). The signs and symptoms of the condition as indicated by participants of the study included stiffness, soreness of the joints with inflammation and limited range of motion (Smith, 2022).

For a healthcare practitioner to make a diagnosis in conditions like diabetes or RA, blood tests need to be done and this was a prominent theme among participants as they indicated that tests such as ESR and CRP are important in the diagnosis of this condition (Pietschmann *et*

al. 2022). They added that the rheumatoid factor is the most important element in the diagnosis of RA.

According to Ingegnoli *et.al* (2013), a rheumatoid factor test measures the level of rheumatoid factor present in the blood. Rheumatoid factors are proteins produced by the immune system that can mistakenly attack healthy tissues in the body. Elevated levels of rheumatoid factor most commonly associated with autoimmune diseases like RA and Sjogren's syndrome (Ingegnoli *et.al,* 2013).

Participants did not mention the anti-cyclic citrullinated peptide (anti-CCP) test, which is a test that detects the presence of anti-CCP antibodies in the blood. These antibodies target cyclic citrullinated peptides, which are proteins that can trigger an autoimmune response in the body and are particularly useful in the diagnosis of RA (Lin, Anzaghe and Schülke, 2020).

5.4 Treatment approach

This theme attempts to address the objectives of the treatment or management protocols utilised by homoeopathic practitioners for RA. It provides insights into constitutional prescribing.

5.4.1 Constitutional versus clinical prescribing by homoeopathic practitioners

Homoeopaths are known for constitutional prescribing which is a method of prescribing that became popular through Dr Kent (Sharma and Mishkra, 2024). The principle of constitutional prescribing is based on individualisation. Central to Kentian homoeopathy is the principle of individualisation, tailoring treatment to the unique characteristics and needs of each patient (Sharma and Mishra, 2024).

Kent (2002) believed that the whole individual should be treated rather than just the symptoms or diseased organs. Kent (2002) prioritised general characteristics of the patient and emphasised that constitutions vary based on unique combinations of symptoms. Mental symptoms, reflecting the patient's psychological state, are key for individualisation. The overall psychophysical personality, including personal history, emotions, and habits, forms a comprehensive picture of the chronic disease, aiding in selecting the appropriate remedy (Kent, 2002). This method is ideal given that participants indicated that some of the patients had been triggered by some kind of emotional or psychological factor to develop symptoms and hence the management need to address the root cause of the RA as presented by these patients.

Participants mentioned a few clinical prescriptions for RA. These include *Arnica*, *Rhus toxicodendron*, *Bryonia*, *Ruta*, *Ledum palustre*, *Calcarea carbonica*, *Staphysagria* and *Lac caninum.*

The results confirm what was mentioned in the literature review by the Banerji Protocol (2013) and Aphale and Sharma (2023). Clinical prescribing tends to follow in the path of allopathic treatment of managing symptoms that patient presents with. Ernst (2016) explained that this is non-individualised treatment. The homoeopathic remedy can be chosen based on the diagnosis of the patient and what it is known to be effective, for example, *Bryonia* for stiffness of the joints worse upon slightest movement.

5.4.2 Adjunctive therapies for rheumatoid arthritis in homoeopathic treatment: phytotherapy, gemmotherapy, vitamins, supplements, and biopuncture

All of the participants mentioned some kind of adjunctive therapy and supplement that accompanied homoeopathic treatment. The objective of the study was to understand treatment approach of homoeopaths and this study shows that this does usually include adjunctive therapies.

Practitioners highlight the use of phytotherapies, which are treatments derived from medicinal plants or herbs (Wachtel-Galor and Benzie, 2012). One of the most frequently mentioned is curcumin, a natural compound from turmeric roots. As a prominent component of polyphenolic curcuminoids, curcumin is valued for its therapeutic properties (Kou *et al*., 2023). Its popularity among practitioners stems from its potential benefits in managing conditions like inflammation and RA, making it a significant topic of discussion in complementary medicine.

A study by Pourhabibi-Zarandi, Shojaei-Zarghani and Rafraf (2021) found that *Curcumin* can improve symptoms and delay disease progression in RA patients by inhibiting key pathways, including the mitogen-activated protein kinase family, extracellular signal-regulated kinase, activator protein-1, and nuclear factor κB. Similarly, Yang, Akbar, and Mohan (2019, cited in Kou *et al.,* 2023) concluded that *Curcumin* supplementation enhances the anti-inflammatory capacity of the eicosanoid pathway in RA patients by normalising serum lipid levels. These findings support curcumin's potential as an effective adjunct in RA treatment.

Boswellia serrata is the second most mentioned phytotherapy. One participant noted they "always" use it for RA patients. Kumar *et al.* (2019) argued that patients are dissatisfied with the side effects of new drugs, while *Boswellia* shows promise in RA management. Its popularity in Ayurvedic and Chinese traditional medicine stems from its use in treating RA

(Siddiqui, 2011). *Boswellia* is known to preserve joint matrix proteins by inhibiting enzymes that degrade them, thereby combating RA (Majeed *et al*., 2021).

Another adjunctive therapy that is highlighted is biopuncture. Biopuncture is injection therapy that uses complex homoeopathic medications. Participants mentioned that they use Traumeel, Zeel and Lymphomysot, and this was indicated in the literature review. Traumeel and Zeel have been studied for reducing and assisting joint mobility and recovery and preventing degeneration of joint tissue (Muders *et al.*, 2017). Lymphomysot has been studied for chronic diseases and its management in reducing swelling in tissues; Keim *et al.* (2013) and Birnesser and Stolt (2007) found that it reduced swelling of joints. Unfortunately there are not a lot of studies on biopuncture and its effectiveness, but majority of the practitioners mentioned the use of biopuncture as an effective add-on to the treatment of RA.

Participants mentioned the use of supplements and herbs specifically those that were anti-inflammatory. Omega 3 is mentioned for its anti-inflammatory purposes and these are widely used and studied supplements. Their method of reducing inflammation occurs through modulation of GLA which results in cytokine inhibition (Karen, 2004; Cameron *et.al,* 2009). The use of omega 3 supplements to lower inflammation in RA was studied by Efthimiou and Kukar (2010) who studied the effect of foods that contain omega 3. Although Ernst and Posadzki (2011) argued that CAM effectiveness was still unclear, participants explained that they had seen the condition improve with the introduction of supplements or herbs or gemmotherapies (Singh, 2019).

A minority of the participants of this study used fish oils combined with vitamin D as per Zhao *et al.* (2017) who found this combination were important for osteoporosis and RA. Therefore, this should be considered for the elderly because practitioners in the current study indicated that that majority of people that suffered from RA in their practice were the elderly.

The majority of the participants mentioned supplements such as MSM, glucosamine, magnesium and calcium. Unfortunately there are not a lot of studies on these supplements and their mechanism of action regarding management of RA. Further studies on these supplements would have to be done to conclude their effectiveness in the role of management of RA.

5.4.3 Gut health and lifestyle modifications in managing rheumatoid arthritis

Participants indicated that there were underlying stress factors affecting episodes of this condition. One participant described this as follows

So often an autoimmune is coming from an underlying stress response that's happened to them and to try and take their nervous system from that sympathetic fight-or-flight space, you know freeze, fright, even shut down, back to the parasympathetic, back into the calm nervous system response.

This participants assessed that sometimes patients are in a state of fight-or-flight; this makes sense considering that RA is an autoimmune condition and the body is constantly attacking itself. Therefore, it is becomes essential to treat this condition from a holistic perspective, that it is not just a "joint" problem, but is an immune system disease.

Participants indicated the importance of eating healthily, with some participants referring their patients to dietitians. This aligns with what was mentioned above pertaining to eating anti-inflammatory foods and rejuvenating to the body. This also aligns with the fact that the gut microbiome is linked to the immune system. There was no study in the literature review that researched this point, although more and more research is being conducted to understand the role of the gut microbiome to other systems of the body.

Participants also mentioned exercise, yoga and meditation as forms of stress management. Although these are vital things, not many studies have been conducted to understand how they impact individuals living with RA. A study that is closest to understanding the power of stress management might be the one conducted by Brien, Leydon and Lewith (2011), because it implied that having the patients talk about what they were going through initiated the healing process.

5.5 Challenges in managing rheumatoid arthritis

5.5.1 Patient compliance to medication and relapses

The study results indicated that all participants mentioned the issue of patient compliance with treatment. They explained that patients who showed compliance with taking their medication became better. According to Cramer *et al*. (2008) medication compliance (also known as adherence) refers to how closely a patient follows the healthcare provider's recommendations for daily treatment, including the timing, dosage, and frequency of medication. De Klerk *et al.* (2003) conducted a study to investigate how patients who were taking RA medication complied as instructed over time; the results showed a decline in compliance. While (2020) states that non-adherence results in increased costs for the patients and increased ill health. This opposite is also true, that patients that are adherent to taking their medication improve (Hesari *et al.*, 2023).

Participants indicated that patients sometimes do not understand how to take their medication. While (2020) states that a lack of understanding can result in patients not taking their medication properly, hence educating them is important. This was also confirmed by the participants.

The participants indicated that patients who came for follow ups and were consistent had improvements in their condition because the healthcare provider could assist them through every phase of their recovery journey. There are not a lot studies conducted on follow up appointments but a study on burn patient follow up indicated that a lot of factors contributed to patients not coming for their follow up. These factors included their socioeconomic status, employment status, severe food insecurity and/or had functional disability (Mabusela *et al*., 2022; Solomon *et al*., 2023). Patients would have relapses but they are not always able to make it back to the doctor because of the aforementioned factors.

The insights shared by participants underscored the influence of non-compliance and early cessation of treatment, with relapses and aggravations frequently occurring as a result. Furthermore, financial limitations were identified as a potential barrier that could hinder patients' capacity to regularly attend follow up appointments. These observations align with the study's aim to raise the challenges faced by homoeopaths in providing effective and continuous care for individuals suffering from RA.

5.6 Outcomes of treatment

Participants indicated that patients seen in their practice who had a lack of understanding of how to take homoeopathic medication resulted in patients not being able to gain improvement at the rate they expected. While (2020) concurs that lack of knowledge on how to take medication is an issue. Cukaci *et al*. (2020) aver that the use of homoeopathy is gradually increasing but it is still not well understood which is why there is still some difficulty on gaining acceptance. The results also indicate that when patients understand how to take their medications the outcomes are positive.

It is observed that homoeopathy sometimes takes time to provide improvement in chronic conditions, as indicated in the current study and by Ernst (2016). Masiello and Loike (2017) notes that Dr Samuel Hahnemann, wrote that chronic cases take a minimum of two years to be "cured". This is something that is known by homoeopathic practitioners, that with chronic conditions it takes time to see a difference – as indicated by the participants, sometimes the symptoms are masked by the drugs.

The participants indicated that patients improve in their symptoms after taking homoeopathic medicines but sometimes experience flare-ups. Patients that are on allopathic medication sometimes experiences relapses (Nagafuchi *et al.*, 2021). Most patients have a relapse within the first year and as determined by the fibroblast-like synoviocytes (FLSs) which contribute to inflammation and joint damage (Meng *et al.*, 2024).

A study by Matsuo *et al.* (2022: 3) revealed that flare-ups were not common among patients but that they did occur, and some patients would go into remission. Participants mentioned that sometimes patients would disappear for some years because they had experienced amelioration and come back only after a few years.

Participants indicated positive outcomes with the treatment of homoeopathy for RA. They mentioned that when using an *"all inclusive approach"* the patient got better with minimal flare-ups. They also indicated that because homoeopathy takes into consideration the entire body, when the healing starts to take place it is a "*beautiful thing*". Galande (2021) states that homoeopathy does not consider "any one part as being ill, but considers the manifestation of illness in one part in its relation to the whole person, "this allows the practitioner to treat the patient holistically".

Participants frequently highlighted the efficacy and outcomes of homoeopathy in the treatment of RA, referencing instances of sustained remission and enhanced quality of life. For example, HP3 asserted with conviction that homoeopathy can undoubtedly induce remission in RA:

> *Homoeopathy can put the RA into remission without a doubt, I've seen that many times over. Patients can be in remission for 5 years, 10 years, some of them most of their lives. In my 20 years of practice I can tell you I've had good success rates, we have 1 or 2 that have been 10 -15 years into remission.*

In a similar vein, HP7 notes that approximately 70% of their cases exhibit significant improvement, with some patients expressing a desire to cease methotrexate treatment. This perspective is reinforced by HP4 who stated that the majority of their patients experienced considerable relief after initiating homoeopathic treatment. These consistent reports of improved patient outcomes from the participants substantiates the efficacy of homoeopathic treatment in RA. This indicates that the objective of comparing treatment outcomes has been successfully met as participants consistently reported favourable results in the outcomes of treatment.

5.7 Research findings

Through the data collected from homoeopathic practitioners in KwaZulu-Natal, the research inquiries of this investigation have been examined. In order to get insight into the practitioners' conceptualisation and treatment of RA, the investigation evaluated the practitioners' perspective and knowledge about the condition. In order to provide a perspective on practitioners' experiences with RA, an investigation into their clinical practices and patient interactions was conducted. The third question concerned treatment approaches, and was answered by comparing the different management protocols that the practitioners used. This revealed a lot of commonalities in their approaches such as clinical and constitutional prescribing, adjuvant therapies and lifestyle modifications. The fourth inquiry as it pertains to the outcome of homoeopathic treatment for RA was assessed based on the practitioners observation of patient's responses to treatment. To sum up, the study's results shed light on the experiences, treatment approach as well as outcomes of homoeopathic treatment of RA.

5.8 Summary

This chapter conducted a comprehensive analysis and interpretation of the themes and findings derived from the study on the utilisation of homoeopathy in the management of RA. The investigation has uncovered that participants demonstrated a thorough understanding of RA, including pathophysiology and clinical manifestations. Furthermore, the study highlights that the integration of homoeopathic practices, particularly the approach of constitutional prescribing, offers a distinctive and potentially effective strategy for addressing this chronic condition. The data suggests that homoeopathy might provide an alternative or complementary method for RA management, which could be particularly valuable given the chronic and often refractory nature of the disease. Chapter 6 presents the recommendations and final conclusions of the study, synthesising the insights gained and suggesting potential directions for future research and clinical practice.

CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This chapter concludes the study by summarising the principal findings related to the management practices employed by homoeopathic practitioners in the treatment of RA in KwaZulu-Natal. Additionally, the chapter presents recommendations for future investigations.

6.2 Conclusion

This research study aimed to investigate the management and therapeutic strategies employed by homoeopathic practitioners in KwaZulu-Natal for the treatment of RA. The findings suggest that homoeopathy provides a personalised method for addressing chronic ailments such as RA, focusing on both the physical manifestations and the emotional traumas that may underlie them. In contrast to conventional medicine, which typically prioritises symptom management, homoeopathy endeavours to activate the body's inherent healing mechanisms, with the goal of achieving long-term remission and enhancing overall health. The application of constitutional remedies specifically designed to align with each patient's emotional and physical condition, as well as employing the various adjunctive therapies, demonstrated the potential for reducing symptoms and enhancing quality of life.

The effectiveness of homoeopathic treatment varies and is greatly affected by the practitioner's ability to identify and treat the root cause of the illness, as well as their prescribing approach, whether it is constitutional or clinical. Furthermore, the patient's adherence to the treatment regimen and their comprehension of the therapeutic process are essential for optimising outcomes. Although further investigation is necessary to comprehensively assess the role of homoeopathy in the management of RA, its holistic and patient-focused approach presents a meaningful alternative or adjunct to conventional medical treatments. Within a comprehensive treatment framework, homoeopathy has the potential to contribute to the management of chronic illnesses, especially in relation to the intricate relationship between mental and physical health.

6.3 Recommendations

Within the framework of addressing RA through homoeopathic approaches, the following recommendations aim to guide future research:

- Conduct an analysis of a particular prescribing approach for the management of RA, or compare the results of constitutional versus clinical homoeopathic prescribing in the treatment of RA.
- Examine the various factors that affect patient adherence to treatment regimens for RA and identify strategies to improve compliance.
- Evaluate the effects of homoeopathic treatments for RA on patient-reported outcomes and overall quality of life.
- Assess the effectiveness of the phytotherapeutic agents *Curcumin* and *Boswellia* in the management of RA.
- Analyse the long-term effectiveness of homoeopathic treatments for RA over extended durations.
- The research should be broadened to encompass all complementary and alternative medicine modalities such as chiropractic medicine, osteopathy, naturopathy, acupuncture and other fields recognised by the AHPCSA.
- Broaden the research to include a national perspective throughout South Africa, instead of confining it solely to the KwaZulu-Natal province.

6.4 Limitations

- Sample size: The limited sample size hinders the capacity to extrapolate the findings of this study to a larger population.
- Geographic scope: The research focused on homoeopathic practitioners in KwaZulu-Natal only, and did not encompass the varied practices and experiences of practitioners across South Africa.

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APPENDICES

Appendix A: Invitation of participants

Subject line: invitation to participate in a research project.

Dear (insert practitioners name)

My name is Sakhiwo Khanyile and I'm a 5th year Homeopathy student at the Durban University of Technology. The purpose of this email is to invite you to participate in a research study. A letter of information has been attached with this email which provides details of the purpose of this study. Participation in this study is completely voluntary. If you do agree to participate, you can withdraw from the study at any point without consequence.

Please do not hesitate to contact me if you have any questions regarding the study before agreeing to take part. Kind regards,

Sakhiwo Khanyile

067 022 4927

Appendix B: Letter of information

LETTER OF INFORMATION

Title of the Research Study: The experiences and practices of homeopathic practitioners in the management of rheumatoid arthritis in Kwa-Zulu Natal.

Principal Investigator/s/researcher:
Sakhiwo Langalakhe Khanyile (BHSc: Homoeopathy)

Co-Investigator/s/supervisor/s: Dr Khoza (PhD: Health Sciences) and Dr Majola (PhD: Health Sciences)

Brief Introduction and Purpose of the Study:
Good day Dr (insert participants name)
My name is Sakhiwo Khanyile, currently doing my masters in homeopathy. My research project is about rheumatoid arthritis and the effectiveness of homeopathy in managing this disease.
Rheumatoid arthritis is an autoimmune disorder affecting about 14 million people globally, making it the most prevalent type of autoimmune arthritis. Although the precise aetiology of rheumatoid arthritis is unknown, a person's sex, age and inherited genes are risk factors for this condition. People with this condition have complex medication regimens which results in non-adherence and adverse drug reactions. In addition to this, complex medication regimens can be quite costly to the patient.

A qualitative study will be conducted to explore the research phenomena. The aim of this qualitative research study is to explore the management and treatment practices that homoeopathic practitioners in the Kwa-Zulu Natal province use to manage rheumatoid arthritis. The information gathered in this study can also be utilized by emerging homoeopathic practitioners to enhance their approach on treating this condition in practice.

Outline of the Procedures: This study will employ qualitative research methods. Semi-structured interviews will be conducted with willing participants. Semi-structured interviews are expected to take approximately 15-25 minutes and will be recorded. The purpose of these interviews is to find what treatment and management protocols you use in patients with rheumatoid arthritis. You won't be required to identify yourself during the interview, you will be allocated a code in order to maintain confidentiality. The interview will be conducted in a location that you feel is best for you.

Risks or Discomforts to the Participant: This study will pose no risks or discomfort to the participant.

Explain to the participant the reasons he/she may be withdraw from the Study: You have the option to participate in this study or not. You have the right to withdraw from this study at any point without any consequence.

Benefits: The dissertation will be in the DUT library and made available to the public via the online repository.

Remuneration: There is no compensation for participating in this study.

Costs of the Study: The participant is not expected to cover any costs towards this study.

Confidentiality: Your responses to the questions will be kept confidential. You will be assigned a code to help ensure that your personal identity is not revealed during the analysis and write up of findings.

Results: The results of the research will be available in the dissertation and will be accessible to participants after the examination of the dissertation, I will send the link to the research, to everyone that participated in the research.

Research-related Injury: There is no expected injury for this research project.

Storage of all electronic and hard copies including tape recordings: The data will be kept safe in a room in the department for a period of 5 years and destroyed.

Persons to contact in the Event of Any Problems or Queries: Please contact the researcher Sakhiwo Khanyile on 067 022 4926, my supervisor Dr Khoza on

ThandokuhleK@dut.ac.za or co-supervisor Dr. Majola on 062 481 4432, or the DUT-Institutional Research Ethics Administrator on 031 373 2375. Complaints can be reported to the Acting Director: Research and Postgraduate Support on researchdirector@dut.ac.za.

Appendix C: Consent

CONSENT

Full Title of the Study: *"The experiences and practices of homoeopathic practitioners in the management of rheumatoid arthritis in Kwa-Zulu Natal"*

Names of Researcher/s: Sakhiwo Langalakhe Khanyile

Statement of Agreement to Participate in the Research Study:

· I hereby confirm that I have been informed (name of by the researcher, Sakhiwo Khanyile

researcher), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: ___________,

· I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.

· I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.

· In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.

· I may, at any stage, without prejudice, withdraw my consent and participation in the study.

· I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.

· I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

____________________ __________ ______ _______________

Full Name of Participant **Date** **Time** **Signature / Right Thumbprint**

I, ________________ (name of researcher) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher **Date** **Signature**

___________ ____________________

____

Full Name of Witness (If applicable) **Date** **Signature**

Appendix D: Interview guide

Demographic information

Please mark relevant option with an X

Age of practitioner:

30-45	
46-65	
66-75	

Gender:

Male / Female

Race:

African	
Coloured	
Indian	
White	

Nationality:

South African	
Other	

Years of experience in practice:

2-5	
6-10	
11-15	
16-20	
21-25	
26-30	

Grand tour questions

1. What is your understanding of rheumatoid arthritis?
2. What is your experience with rheumatoid arthritis?
3. What is your treatment approach for patients with RA?
4. What are the treatment outcomes of homoeopathic treatment for patients with RA?

Sub-questions:

- How do you diagnose rheumatoid arthritis or the patients that you see have already been pre-diagnosed?

- How many patients with rheumatoid arthritis do you see
- What are the demographics (race, age, gender) of the patient?
- How do you balance the use of homoeopathic remedies with other conventional treatments for RA such as NSAIDs and DMARDs?
- What are some of the challenges you face in managing RA with homoeopathy and how do you address them?
- How do you perceive the effectiveness of homoeopathy in treating this condition?
- Is there a treatment regimen that you follow to manage RA over the long term?
- What additional/adjunctive treatment do you recommend to RA patients in addition to the one already prescribed?
- Are there any other management strategies that you suggest for patients with RA?
- Have you noticed any trends or patterns in the outcomes of your treatment for rheumatoid arthritis over time?

Appendix E: Ethical clearance

Institutional Research Ethics Committee
Research and Postgraduate Support Directorate
2nd Floor, Berwyn Court
Gate 1, Steve Biko Campus
Durban University of Technology

P O Box 1334, Durban, South Africa, 4001

Tel: 031 373 2375
Email: lavishad@dut.ac.za
http://www.dut.ac.za/research/institutional_research_ethics

www.dut.ac.za

5 October 2023

Mr S L Khanyile
9 Siqhingi Drive
Umlazi V-Section
4066

Dear Mr Khanyile

The experiences and practices of homoeopathic practitioners in the management of rheumatoid arthritis in Kwa-Zulu Natal
Ethics Clearance Number: IREC 172/23

The DUT-Institutional Research Ethics Committee acknowledges receipt of your final data collection tool for review.

We are pleased to inform you that the data collection tool has been approved. Kindly ensure that participants used for the pilot study are not part of the main study.

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

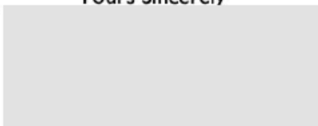
Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the DUT-IREC according to the DUT-IREC SOP's.

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

It is compulsory for a student or researcher to apply for recertification on an annual basis. The failure to do so will result in withdrawal of ethics clearance. It is the responsibility of the researcher and the supervisor to apply for recertification.

Please note that you are required to submit a Notification of Completion of Study form together with an abstract to the DUT-IREC office on completion of your study.

Yours Sincerely



Prof J K Adam
Chairperson: DUT-IREC

Appendix F: Editing certificate

DR RICHARD STEELE
BA HDE MTech(Hom)
HOMEOPATH
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Practice No. 0807524
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EDITING CERTIFICATE

Re: **Sakhiwo Langalakhe Khanyile**
DUT master's dissertation: **The Experiences and Practices of Homoeopathic Practitioners in the Management of Rheumatoid Arthritis in KwaZulu-Natal**

I confirm that I have edited this dissertation and the references for clarity and language. I returned the document to the author with track changes so correct implementation of the changes and clarifications requested in the text and references is the responsibility of the author. I am a freelance editor specialising in proofreading and editing academic documents. My original tertiary degree which I obtained at the University of Cape Town was a B.A. with English as a major and I went on to complete an H.D.E. (P.G.) Sec. with English as my teaching subject. I was a part-time lecturer in the Department of Homoeopathy at the Durban University of Technology for 13 years and supervised many master's degree dissertations during that period.

Dr Richard Steele
03 December 2024
per email