A SURVEY TO DETERMINE THE PERCEPTIONS OF VETERINARIANS TOWARDS HOMOEOPATHY AND THE UTILIZATION OF HOMOEOPATHY BY VETERINARIANS IN KWAZULU-NATAL

by:

TARYN-LEE TURNER

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I, Taryn-Lee Turner, declare that this mini-dissertation represents my own work both in conception and execution.

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Approved for final submission

Supervisor:__ _____ Date: 30-09-05

Dr R. Steele B.A., H.D.E., M. Tech (Hom)

Durban

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DEDICATION

I dedicate this dissertation to my husband, Samuel Turner, and to my children Ch'ien and Toine, for their love and support through this process, and for giving meaning to my life.

To my mother, for her guidance and love, and the rest of my family for their support.

To my friends, Nadine and Mandy, for the light they bring to my life, for encouragement and upliftment.

Every heart that has beat strongly
and cheerfully has left a hopeful
impulse behind it in the world,
and bettered the tradition of mankind.

-- Robert Louis Stevenson

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ABSTRACT

In order to determine the perceptions of veterinarians towards homoeopathy and the utilization of homoeopathy by veterinarians in KwaZulu-Natal, a survey was sent out to 128 veterinarians practicing in the area. The questionnaire consisted of 6 demographic and 26 veterinary related questions. In most cases the respondents had to tick off a pre-printed answer, but a few of the questions had open-ended answers. The questionnaire was completed and returned by 63 (49,2%) veterinarians. The data was analysed by the SPSS software and the statistical methods used were frequency tables and chi-square tests.

The response by the veterinarians was very positive and the sample well distributed in terms of age, type of practice, area of practice and type of animal treated. The study showed that 60.3% of respondents use homoeopathy, with the majority of these using homoeopathy for less than 10 years. Veterinarians who treat small animals were more likely to use homoeopathy than those treating large animals. The reasons for using homoeopathy were mainly as an alternative treatment, and because the treatment has less (no) side effects. Most veterinarians use homoeopathy on few patients, with only one veterinarian using it on all patients. All the veterinarians currently using homoeopathy expressed a wish to continue using homoeopathy.

The main limitation of using homoeopathy was clearly lack of knowledge,

followed by lack of confidence in the method and lack of confidence in application. Veterinarians expressed a need for clinical trials and proof of efficacy in order to accept homoeopathy as a valid modality. 76% of veterinarians who do not use homoeopathy said that they may use homoeopathy in the future.

It seems that veterinarians are far more likely to treat a condition homoeopathically if there is a commercially available product for that condition and that homoeopathy has become more popular amongst veterinarians since the introduction of a specific veterinary range of medicines, namely EcoVet.

From the study, it seems that the future of veterinary homoeopathy is positive as 79,4% of veterinarians think that homoeopathy has a role to play in veterinary medicine and 80% of respondents showed interest in attending a short course.

TABLE OF CONTENTS **Page**

LIST OF FIGURES

LIST OF TABLES

DEFINITION OF TERMS

Homoeopathy

"Homoeopathy is a therapeutic method which clinically applies the law of similars and which uses medicinal substances in weak or infinitesimal doses. The law of similars... [is the] similarity between the toxicological action of a substance and its therapeutic action... The same things which cause the disease cure it." (Jouanny, 1993:11-12)

CHAPTER 1

INTRODUCTION

For the past eight years, I have been involved in animal rescue work, specifically working with cats and kittens (see Appendix D). Through this work, I have had close contact with a number of veterinarians in KwaZulu-Natal. Over the years, I have seen an increased openness to the use of complementary modalities by veterinarians, especially to homoeopathy. I noted this trend when a range of homoeopathic complexes aimed at animals was introduced to the market in 1998. Veterinarians also started stocking a few complexes made by a Durban homoeopathic veterinarian, Dr Jane Fraser. Thus, the idea for this research study arose from the combination of my interest in animal welfare and my study of homoeopathy.

Kayne (1992) states that in Britain there has been an increase in the demand for homoeopathic treatment in veterinary practice. Possible reasons for this include a perception of reduced risk, due to an absence of side effects with homoeopathic medicines, dissatisfaction with the treatment given by conventional practitioners and finding conventional medicines ineffective. This demand has been reflected in more requests for homoeopathic veterinary and agricultural products.

Kayne and McGuire (1993) postulated that this increase in demand is probably part of a broad upsurge of public interest in 'green' issues and

'natural' treatments, but lack of food residues and lower financial costs are also important considerations for farmers. The growing demand for natural source medicines for humans has been identified by doctors and community pharmacists, and a similar demand is likely to be identified by the veterinary profession.

Coulter has reviewed some of the early history of veterinary homoeopathy and suggests that it reached its greatest popularity during the final years of the 19th century in both the United Kingdom and the United States of America (Kayne, 1992).

This increased demand has prompted researchers to conduct studies into homoeopathic veterinary practice. Kayne and McGuire conducted a study in 1993 to determine the attitudes of a sample of veterinary surgeons with respect to the use of homoeopathic medicines using a questionnaire. Some information was also obtained from those who did not use homoeopathy, about the likelihood of its introduction in the future. The questionnaire was sent out to 132 veterinary practices throughout the United Kingdom. 52 questionnaires were returned, completed in full. The results indicated that veterinary surgeons were broadly favourable to the use of homoeopathic medicines, with 59% of the sample either using them or believing they have a role to play in modern veterinary medicine. For those veterinarians in favour of homoeopathy but not using it in practice, knowledge and time were the main constraints. These were the same constraints preventing existing practitioners from expanding their use of homoeopathy. In the group of 15 veterinarians

who indicated that they did not believe in homoeopathy, almost all of the respondents indicated that scientific proof of efficacy would encourage them to think again.

Kayne (1992) also conducted a survey to identify the six homoeopathic medicines most widely used by a small sample of veterinarians, and the conditions that could be treated. Some guidance could then be offered to potential prescribers based on colleagues' experience. As a secondary aim, some information was obtained on the length of time the sample of homoeopathic veterinarians had been practicing, and the likelihood of extending their homoeopathic activities, so that an estimation could be made as to whether veterinary homoeopathy was increasing in popularity. The average length of time that they had used homoeopathy for was 6 years, which represented, on average, 30% of the time that they had been qualified for. Nearly all the veterinarians wanted to increase their homoeopathic prescribing, despite a variety of problems being experienced. Kayne concluded that the field of veterinary homoeopathy looked set to widen in the future.

In South Africa, a homoeopathy student, Wortmann (1997), conducted a study to determine the perceptions of veterinary surgeons to the role of acupuncture and homoeopathy in veterinary medicine. Information was gathered from 251 questionnaires returned by veterinarians from all parts of South Africa. Homoeopathy was used by 26% of the respondents, most of which had been using it for less than 5 years. The same limitations of lack of time and

knowledge were cited by respondents in the South African study. The veterinarians stressed a need for clinical trials and proof of efficacy of therapies before they would think of the therapies as safe and beneficial for their patients. Those using homoeopathy wished to continue doing so, and 72% of those not using homoeopathy said that they might do so in the future. 76% of the respondents said that homoeopathy had a role to play in veterinary medicine.

Many journal articles have been written on the various applications of homoeopathy in veterinary practice. Rakow (1984) states that homoeopathic medicines used in the treatment of bladder and kidney disease in small animals have proved effective, replacing antibiotics and spasmolytics. He says that in veterinary homoeopathy, it is a relatively straightforward matter to establish the drug picture on the basis of history, observation, physical examination and urinalysis, although the subjective feelings and sensations are inaccessible to us. With animals, where one cannot speak of placebo effects or suggestion, homoeopathic treatment at the same time yields demonstrable proof as to the efficacy of homoeopathy.

Macleod (1968) describes various cases that illustrated the bearing homoeopathic treatment can have on the economy of a farm, turning what could be losses into economic gains. The use of homoeopathy in veterinary practice is not limited to physical ailments, as Edwards (1995) describes the treatment of behavioural and mental disturbances in small animals.

The benefits of this study are that the current perceptions and practices of veterinarians in KwaZulu-Natal, regarding homoeopathy, are better known and the desire for further education in homoeopathy has been demonstrated. In addition, the findings can be used as a basis for further research and development of homoeopathic products for animals.

CHAPTER 2

LITERATURE REVIEW

People are turning more and more towards alternative medicine, and veterinarians who are disillusioned by the limitations of conventional medicines, are finding that homoeopathy offers a plethora of therapeutics beyond 'modern' medicine's abilities (Elliott, 1996). Elliott claims that homoeopathy is the only system that really offers a chance of cure in chronic disease, with cure being defined as the return to health of mind and body without reliance on continual drug or other therapy.

There are many and varied veterinary applications of homoeopathy (Kayne, 1992), and the need for veterinary homoeopathy has been demonstrated with the formation of the International Association of Veterinary Homoeopathy in 1986 (Day, 1992).

Homoeopathy has been used in veterinary practice in the UK and USA for many years, reaching its greatest popularity in the latter part of the 19th century (Coulter, 1979). Homoeopathy was used at this time for horse, cow, hog, sheep and dog diseases. It was claimed to be superior to other medicines for animals because:

- Small doses of medicine were more effectual than larger ones, leading to a significant financial saving;
- The animals recovered sooner and could resume work earlier;

- Animals were treated 'kindly', with no diminution in their strength and therefore ability to work;
- Many diseases such as pleuro-pneumonia and milk fever in cattle often would not respond to conventional 19th century medicines but could be cured by homoeopathy.

(Kayne, 1992.)

2.1 HISTORY OF HOMOEOPATHY

The principle of 'like can cure like' – that is, an illness can be treated by a substance capable of producing similar symptoms to those being suffered by the patient – is the basis of homoeopathy. This principle dates back to the Greek physician Hippocrates in the 5th century BC. Central to his beliefs was the idea that careful observation of the symptoms specific to an individual and also that a person's reaction to disease should be taken into account before reaching a diagnosis. He also believed that a patient's own powers of healing were essential to choosing an appropriate cure and should be encouraged. (Lockie and Geddes, 1995.)

The homoeopathic system of medicine was developed at the end of the eighteenth century by a German medical doctor, Samuel Hahnemann. At the time of its introduction, homoeopathy was a radical breakaway from the way in which medicine had been practised in Europe for hundreds of years. Hahnemann was so appalled by the dubious methods used by his profession that he abandoned his work as a doctor. In 1790, whilst working as a medical translator, he articulated the homoeopathic principle that like should be

treated by like. Hahnemann continued to test his hypothesis extensively and in 20 years he tested 67 substances on himself, family, friends and medical student volunteers. The results of the physical and emotional changes were compiled into the Materia Medica. (Day, 1992.)

In circa 1813, in Leipzig, Hahnemann lectured on the use of homoeopathy in animals (at the *Leipziger Ökonomischen Gesellschaft*, of which he was a member). He stated that the principles and application in animals were broadly similar to those in humans. (History and Development of Homoeopathy, 2005). Wilhelm Lux was the first homeopathic veterinary surgeon. He had employed Homoeopathy in veterinary practice since 1820 but later branched into 'isopathy'. Having expected too much with the deficient provings he was dissatisfied with the results. He presupposed that every contagious disease carried in its contagium the means of its cure and therefore as a remedy against anthrax he diluted up to the 30^{th} potency a drop of the blood from an animal afflicted with the same disease. He very soon proceeded in like manner with a series of pathological products. (Bradford, 2002.)

2.2 PRINCIPLES OF HOMOEOPATHY

The key to homoeopathy is that no two people suffer the same disease. We each have our own highly individual ways of reacting to the stresses of life and maintaining our inner harmony. Symptoms of disease are outward indications of the inward healing and balancing processes, so it logically

follows that a medicine should be given that is capable of bringing about that same process. (Hammond, 1995.)

Day (1992) states that homoeopathy not only works on the principle of like cures like, but also on the principle of potentisation. Through his studies, Hahnemann found that the more dilute the remedy was, the more effective it became. The process of dilution and succussion which evolved from that was called potentisation. (Day, 1992.)

Hahnemann continued to experiment with diluting medicines throughout his life, gradually using weaker and weaker solutions, which paradoxically became increasingly potent. The medicines became so dilute that they no longer contained a single molecule of the original substance used to make the, yet they remained extremely effective. (Lockie and Geddes, 1995.)

The homoeopathic preparation of ultra high dilutions includes stepwise decimal (1:9) centesimal (1:99) or quinquagenimillesimal (1:50 000) serial dilution with succussion at every step. Succussion is a process of vigorous shaking with impact (Kayne, 1997:49). The solvent used is distilled water or ethanol. Insoluble substances are first triturated with lactose powder to the level of a 4CH upon which they become soluble. Quinquagenimillesimal dilutions use lactose as the vehicle to convey the representative proportion from the previous dilution to the next. (Kayne, 1997:49-50). Avagadro's dilution limit is reached in the process of homoeopathic centesimal serial dilution at 12CH (10^{-24}). In homoeopathic dilutions higher than this, therefore,

not a single molecule of the original base substance or mother tincture is expected to remain (Gaier, 1991:47-48).

Homoeopathic medicines help to hasten recovery by stimulating the vital force (the force or energy responsible for the healthy running of the body), which although temporarily depressed, is more than capable of bouncing back. The medicines energize the vital force to rid the body of disease, helping it to return to its healthy state. (Lockie and Geddes, 1995.)

2.3 WHY HOMOEOPATHY IS USED

Golovatiouk, Seith, Heger, Baas, Biolchini, Jansen, and Leckridge (2001), state that the upsurge in the use of homoeopathic treatment options is due largely to the increasing dissatisfaction with conventional treatment. However, the desire for natural therapies with as few side effects as possible, and the hope for a better, more trusting communication with homoeopathic physicians also plays a role. Jones (1996), a veterinarian, confirms this, saying that the main reason for her assistance being required is because conventional medicine has no more to offer, and what it does offer often produces undesirable side effects. Day (1992) concurs, further stating that homoeopathic medicines cause no suppression of symptoms, which may lead to vicious reappearance of those same symptoms, as the body is stimulated to heal itself. There is also no dependence on a diagnosis and there is an allowance for patient individuality. Another positive attribute is that the

treatment leaves no residues in the animal products which makes for more profitable farming.

2.4 VETERINARY CASES

A review of both Homoeopathic and veterinary journals reveals a number of articles concerning case studies of the veterinary application of homoeopathy. The scope of these cases is not limited to family pets seen in private practice, but is extended to farm animals and even wildlife.

Rakow (1984) writes about the use of homoeopathy in veterinary practice, specifically the treatment of bladder and kidney disease. He says that homoeopathic medicines have proved effective not only in dogs, but in other animals species, replacing antibiotics and spasmolytics. In veterinary medicines, it is a relatively straightforward matter to establish the homoeopathic drug required on the basis of the history, observations, physical examination and urinalysis, although the subjective feelings and sensations are not accessible to us. Rakow has treated 150 – 200 cats and dogs with kidney and bladder disease with homoeopathic medicine exclusively, with about 70% fully recovered within one or two weeks. With animals, where one cannot speak of placebo effect or suggestion, homoeopathic treatment yields demonstrable proof as to the efficacy of homoeopathy. (Rakow, 1984.) However, without knowing the explicit criteria for diagnosis and evaluation, and whether statistical tests were applied to analyse the data, these results should be treated with caution.

Dr George Macleod practised veterinary homoeopathy for over four decades, and is widely known as the father of veterinary homoeopathy. In a paper presented to the British Homoeopathic Congress in Glasgow, he described some of his veterinary homoeopathic cases. Most notable among these was the treatment of *Bacillus coli* in young calves. Before homoeopathic treatment was introduced, the annual loss of calves was 16.5%. After treatment in previous years with various antibiotics, which did nothing to stop the losses or rate of death, the owner had come to accept the situation as inevitable. Prescribed on the symptoms, China 30C was given to the worst cases with beneficial results. Recumbent calves would gain their feet by the end of 48 hours. In the year that he treated these calves, not one single calf died from this trouble, even though at the time of treatment, some were so near to death that the farmer thought that they were not worth treating. (Macleod, 1968.) It should be noted that these results are anecdotal, and so should be treated with caution.

In addition to the acute conditions demonstrated above, Jones (1996) says that a large proportion of animals are treated homoeopathically for chronic ailments such as arthritis and skin diseases. Edwards (1995) also describes the homoeopathic treatment of behavioural and mental disturbances in animals, including aggression, irritability and fear, demonstrating that homoeopathy is not limited to acute physical ailments in animals.

The homoeopathic treatment of animals is made slightly more complicated due to the fact that all remedies provings are conducted using people, not

animals, and that the repertories are a collection of proving-symptoms that were verified again in humans. Veterinarians must restrict themselves to using objective symptoms only, and exclude all subjective rubrics and sensations. Another difficulty arises due to species-specific differences due to symptoms peculiar to particular breeds. Within a species we encounter clear breed-specific variations, which result in the fact that certain symptoms are peculiar in one breed. Thus, a veterinary repertory has been developed (Bär, 2001). The aim of the Veterinary Repertory is to help the homoeopathic veterinarian. This is done in several ways, but always by adding information to the normal repertory. Thus the basis of the Veterinary repertory remains the normal and human repertory and is not a separate entity.

2.5 OTHER RESEARCH

Alton and Kayne (1992) did a pilot study of the attitudes and awareness of homoeopathy shown by patients in three Manchester, UK, pharmacies. Eighty-four customers were surveyed whilst they were waiting for their prescriptions to be dispensed. The sample was chosen at random, but the researchers acknowledged that the sampling would need to be better controlled in a full study. The questionnaire aimed to determine how people had heard about homoeopathy, and whether common medicines and their uses could be recognised. Their study showed that a large percentage of the sample had some knowledge of homoeopathic medicine and of those, 49% would give homoeopathic medicines to their pets.

Kayne (1992) also conducted a study in the UK to determine homoeopathic veterinary prescribing. He only questioned veterinarians already using homoeopathy, and found that almost all of the veterinarians wanted to increase their homoeopathic prescribing. His conclusion was that the field of veterinary homoeopathy would widen in the future. However, the questionnaire was only sent out to 35 veterinarians, and only 17 returned questionnaires could be used for analysis. Thus the sample size was very small. The questionnaire was well constructed, with questions included to determine whether the sample was well distributed with respect to degree of experience and reliability of prescribing habits. Other questions determined the degree of commitment to homoeopathy and the six most commonly prescribed homoeopathic medicines.

Kayne and McGuire (1993) conducted a study in the UK to determine the attitude to homoeopathy in a sample of 132 veterinarians. 56 questionnaires were returned, but only 55 could be used. The sample was well distributed including a wide range of experience and type of practice. It was found that veterinary surgeons were favourable to the use of homoeopathic medicines with 18% of respondents using homoeopathic medicines in practice. Of the 82% of veterinarians who did not use homoeopathic medicines in practice, 51% thought that homoeopathy had a useful role to play in modern veterinary medicine. Of this group, 47% indicated that they envisaged using homoeopathy in the future and 23% replied 'possibly'. It was also found that there was an urgent need for improving the availability of knowledge and

increasing the scientific evidence available, as 71% of veterinarians cited lack of knowledge as their reason for not using homoeopathy.

In a previous journal article, Kayne (1992) cites lack of good quality research (e.g. clinical trials) and a satisfactory explanation of the mode of action; and unusual methods of preparation as being among several limiting factors. He states that these promote scepticism and prevent a much wider acceptance of the discipline.

Similar results were found in a study done by Wortmann (1997), a student of homoeopathy at Technikon Natal (renamed Durban Institute of Technology). She surveyed the perception of veterinary surgeons in South Africa to the role of acupuncture and homoeopathy in veterinary medicine. She found that veterinarians were favourable to the use of acupuncture and homoeopathy, but that few used the modalities themselves. Most who did use homoeopathy and acupuncture had only been doing so for the last five years. Practitioners who were not using acupuncture or homoeopathy stated that the main reason for this was a lack of knowledge and a lack of confidence in the methods. Wortmann pointed out that this lack of knowledge might not be of the nature of informing veterinarians about the therapies, but that the knowledge available, in the literature, is not of the kind that the practitioner can use in practice. This was deduced from the fact that the majority of practitioners heard about the therapies for the first time in the reading of literature. The study also found that of those that were not using homoeopathy, 72.58% might or would use homoeopathy in the future. This indicates a potential for

growth in this field. Of those who were using homoeopathy, 95.8% said that they would continue to use it. Wortmann recommended that this study be repeated to determine whether the use of homoeopathy has increased.

The problem of a lack of good quality clinical trials is currently being addressed. Varshney and Naresh (2004) conducted an investigation to evaluate the effectiveness of a homoeopathic complex in the management of clinical udder health problems of riverine buffaloes in India. A total of 102 mastitic quarters (fibrosed—40, nonfibrosed—62) and five cases each of blood in milk and udder oedema in lactating buffaloes were treated with a homoeopathic complex consisting of *Phytolacca* 200c, *Calcarea fluorica* 200c, *Silicea* 30c, *Belladonna* 30c, *Bryonia* 30c, *Arnica* 30c, *Conium* 30c and *Ipecacuanha* 30c. This treatment was 80% effective in cases of fibrotic mastitis and 96.72% effective in cases of nonfibrosed mastitis. The recovery period was 21–42 days (fibrosed) and 4–15 days (nonfibrosed). The udder oedema and blood in milk responded favourably in 2–5 days. The cost of treatment was US$ 0.07 per day. It was concluded that the homoeopathic complex may be effective and economical in the management of udder health problems of buffaloes. Definitive conclusions were considered premature due to the limited number of observations and lack of control group.

At the Durban Institute of Technology, Vosloo (2001) conducted research on the effect of *Phytolacca decandra* in the prophylaxis of bovine mastitis. The purpose of the study was to determine the effect of the 12CH and 200CH

potencies of the medicine on the incidence of acute clinical mastitis, on somatic cell count and on the quality of milk in a herd of dairy cows. The cows were divided into three groups, with one group each receiving either the *Phytolacca decandra* 12CH, *Phytolacca decandra* 200CH or a placebo. The placebo-controlled, double blind study was well constructed, and showed promising results with respect to the incidence of the disease. The results showed that with the placebo group as a reference, the *Phytolacca decandra* 12CH treatment group showed an incidence of 53.2% less and the *Phytolacca decandra* 200CH treatment group showed an incidence of 76.1% less. With respect to the other aims, there was no statistical difference between the control and the treatment groups. (Vosloo, 2001).

Sandoval and Morfin (1998) conducted a preliminary study to compare the effectiveness of *Baptisia tinctoria* 30c and Ciprofloxacin against salmonellosis in fowl. Eight hundred (400 first quality and 400 second quality) poultry birds were used. All were the same commercial brand. There were two treatments, both with four repetitions. Treatment began when chickens were eight days old; two drops/kg live weight/d *Baptisia tinctoria* or 15 mg/kg live weight/d of Ciprofloxacin. Both treatments lasted ten days and were given in the drinking water. Salmonella diagnostic tests were done on day 0, day 8 and day 49, and death rate was calculated when treatments had finished. Death rate values were applied a square root transformation and a 2×2 factorial analysis was made. The mortality for first and second quality fowl in the *Baptisia tinctoria* group were 0.7125 and 2.037, respectively, and in the Ciprofloxacin

group, 0.7245 and 2.1848, respectively. No significant statistical difference was observed ($P>0.1$) regarding treatments, only regarding different quality fowl ($P<0.01$). After comparing, *Baptisia tinctoria* 30c and Ciprofloxacin treatments against salmonellosis, it was concluded that there were no meaningful differences between outcomes. This could mean that *Baptisia tinctoria* 30cH is as effective as Ciprofloxacin against salmonellosis, but this cannot be stated absolutely due to the lack of a placebo group.

In 1998, Mostert, from the Durban Institute of Technology, conducted a study to evaluate the effect of various homoeopathic potencies of the antigenic component of a Newcastle Disease vaccine on the immune response of broiler chickens to the Newcastle Disease vaccine. 210 broiler chickens were divided into 5 groups. Group 1 was not vaccinated and acted as an indicator of extraneous Newcastle disease. Groups 2,3 and 4 received 12C, 30C and 200C potencies of the antigenic component of the vaccine respectively, in the drinking water from day 14 to day 42. Group 5 was the vaccinated control group. On day 14 the birds were vaccinated with 0.5ml of a killed oil emulsion vaccine. Haemagglutination Inhibition tests were performed to quantify the immune response on days 14 (before vaccination), 28 and 42. By day 28, there was a significant difference between the non-vaccinated group and the vaccinated groups. There was no difference between the vaccinated groups that received the homoeopathic medicines and the control group. This trend continued at day 42. There appeared to be no significant benefit in administering homoeopathic dilutions of the antigenic component of the

Newcastle disease vaccine in conjunction with the orthodox vaccine. (Mostert, 1998).

Another study done at the Durban Institute of Technology involved chickens. Bolling (1998) tested the effects of *Eleutherococcus senticosus* 3x on egg laying hens, with respect to the number of eggs, the weight of the eggs, the height of the albumin, the colour of the yolk and the mortality of the hens. Bolling used a two by two experimental design, and the 1440 chickens were divided equally into a treatment and a placebo group. Although there appeared to be no statistical difference between the treatment and placebo groups in the number of eggs laid, the weight of the eggs or the mortality of the chickens, there was a difference between the quality of the eggs in the two groups. The treatment group showed an increase in the height of the albumin and the colour of the yolk. (Bolling, 1998).

In 2005, Velkers FC, te Loo AJ, Madin F, and van Eck, JH. conducted a study to determine the efficacy of isopathic and pluralist homoeopathic treatment of *colibacillosis* in broiler chickens and thereby contribute to the evaluation of homoeopathy in general. In each of two experiments three groups of broilers, infected intratracheally at 8 days of age with *E. coli* (O78:K80), were treated with different combinations of homoeopathic remedies. Control groups and an infected, doxycyline-treated group were included. Experiments differed only in the dose of *E. coli*. Efficacy of treatment was evaluated based on the

parameters mortality, body weight gain and *colibacillosis* lesions. In both experiments doxycyline prevented mortality and reduced *E. coli* lesions and stunting. None of the homoeopathically treated groups differed significantly with respect to any of the parameters from the non-medicated, infected control group. It was concluded that the results of this study do not justify use of these homoeopathic remedies for treatment of *colibacillosis* in broilers. Furthermore, no significant effects of this homoeopathic treatment were established.

Eatwell (2003), from the Durban Institute of Technology conducted research to evaluate the effect of a homoeopathic complex on broiler chickens being transported to the abattoir. The complex consisted of *Aconitum napelus* 30 CH, *Arnica Montana* 30CH and *China officinalis* 30CH. The area of research focused on mortality rate, catching damage and weight loss. Two neighbouring chicken-houses, each containing 30 000 chickens of the same species, were chosen for the study. One house's water supply was treated with one litre of the homoeopathic complex, while the other was treated with an equivalent amount of placebo. This was undertaken prior to transportation of the chickens to the abattoir. The following day, a module containing twelve crates of chickens was chosen at random from both the houses during capture. Each crate was weighed prior to transportation, and then weighed again after transportation to the abattoir. Catching damage (or morbidity) data was collected at the abattoir by quality assurance spotters, who identified

carcass defects on the processing lines after slaughter, defeathering and evisceration. The results of the study showed that the administration of the homoeopathic complex did not significantly influence the total mortality rates. There was a mixed result with respect to catching damage, but a significant reduction in weight loss was found for the chickens treated with the homoeopathic complex compared to the placebo group.

In 2001, Clark evaluated the efficacy of a homoeopathic complex of *Phytolacca decandra* 200CH, *Bryonia alba* 30CH and *Silicea terra* 30CH in the treatment of bovine mastitis. The efficacy of the complex was evaluated in terms of its effect on reducing Somatic Cell Count (SCC) as well as its effect on reducing the total number of clinical cases within the herd on treatment. Twp separate but identical trials were conducted in order to verify any findings. Each trial involved the selection of two herds, owned and managed by the same farmer in order to reduce variables. Treatment began straight after a SCC test was done, and continued for 6 months until the next SCC test was conducted. Records were kept during this time of any cases of clinical mastitis that occurred in either herd. Treatment involved mixing 5ml of the homoeopathic complex with the animals' food once a week. Once the results were obtained from the SCC tests, they were analysed to determine any statistically significant difference between the two herds before and after treatment, or between the before and after results for each herd. The results obtained were in the end, inconclusive. (Clark, 2001).

EU Council Regulation of July 1999 on organic farming recommends homoeopathic treatment of organic farming animals, stating that: "... when animals become sick or injured, they should be treated immediately by giving preference to phytotherapeutic or homoeopathic medicinal products and by limiting to a strict minimum the use of chemically-synthesised allopathic medicinal products." (European Union, 1995)

Much research has been conducted recently in the area of dairy farming. Based on the widespread use of homoeopathy in treatment of animal disease and the poor documentation of its possible effects and consequences, a clinical trial was carried out in order to evaluate the efficacy of homoeopathy in treatment of clinical mastitis in dairy cows and a design for clinical studies on homoeopathic treatment, taking into account the guidelines for randomised-clinical trials (RCT) as well as the basic principles of homoeopathy (Hektoen L, Larsen S, Odegaard SA, Loken T, 2004). A three-armed, stratified, semi-crossover design comparing homoeopathy, placebo and a standardized antibiotic treatment was used. Fifty-seven dairy cows were included. Evaluation was made by two score scales, with score I measuring acute symptoms and score II measuring chronic symptoms, and by recording the frequencies of responders to treatment based on four different responder definitions. Significant reductions in mastitis signs were observed in all treatment groups. Homoeopathic treatment was not statistically different from either placebo or antibiotic treatment at day 7 ($P = 0.56$, $P = 0.09$) or at day 28 ($P = 0.07$, $P = 0.35$). The antibiotic treatment was significantly better than placebo measured by the reduction in score I ($P < 0.01$). Two-thirds of

the cases both in the homoeopathy and placebo groups responded clinically within 7 days. The outcome measured by frequencies of responders at day 28 was poor in all treatment groups. Evidence of efficacy of homoeopathic treatment beyond placebo was not found in this study, but the design can be useful in subsequent larger trials on individualized homoeopathic treatment.

Holmes MA, Cockcroft PD, Booth CE, and Heath MF conducted a study in 2005. Cows in a 250-cow Holstein-Friesian herd were allocated at random to be treated with either a homoeopathic nosode or a negative control, both treatments being applied by means of an aerosol spray to the vulval mucous membranes. A total of six treatments were given over a period of three days and milk samples were taken for the determination of somatic cell counts (SCC) on days -3, 3, 7, 9, 14, 21 and 28. Individuals applying the treatments or carrying out the SCC determination were unaware of which animals were receiving which treatment. Owing to the wide natural variations in SCC, the trial had only a 71 per cent possibility of detecting a 30 per cent difference in SCC between the two groups. There were no significant differences between the SCC of the two groups on any sample day, but there were significant variations between the SCC on different days (P=0.003) in both groups.

2.6 THE USE OF QUESTIONNAIRES AND THEIR RESULTS

Numerous questionnaires used to determine the perceptions of a certain group of people towards a certain topic can be found in journals. Some of these relate to homoeopathy.

Mitchell and Jolley (1992) state that surveys are a research tool that uses systematic and structured questions with which one can gather information from a large sample of people with less effort and expense than most other data gathering techniques. They state that surveys are used most often to assess people's beliefs, attitudes, and self-reported behaviours.

Cooper and Schindler (2001) state that the major weakness with surveys is that the quality and quantity of information secured depends heavily on the ability and willingness of respondents to cooperate. There are many reasons for lack of cooperation. The respondents may fail to see the value in participation, fear the interview experience for personal reasons, or view it as intrusive. An area of weakness specific to paper surveys, is that respondents may interpret the questions differently from what was intended by the researcher. In answering the questions, they may also intentionally mislead the researcher by giving false information. Thus, survey responses should be accepted for what they are – statements by others that reflect varying degrees of truth. (Cooper and Schindler, 2001.)

Doman *et al.* (1993), advise that when designing the questionnaire, care must be taken to ensure that it is the right length, that the questions are clear,

unambiguous and that the questions are not leading. This is important so as to avoid respondent fatigue, biased answers and vague responses.

The questionnaire (see Appendix B) used in this study was based on the one used by Wortmann (1997). Wortmann drew on Kayne and McGuire (1993), Reilly and Taylor (1993) and Kayne (1992). Questions on the specific use of homoeopathy were added from Davies and Kayne (1992) and Kayne (1992). The questionnaire was reviewed by Durban Homoeopathic veterinarian Dr Jane Fraser.

CHAPTER 3

MATERIALS AND METHODS

3.1 POPULATION

All veterinary surgeons practicing in KwaZulu-Natal (n=128).

3.2 SAMPLE

All veterinary surgeons practicing in KwaZulu-Natal who returned their questionnaires within the allotted time limit (one month), which came to 63 (49.2%)

3.2.1 Inclusion Criteria

- The veterinary surgeon must be a member of the South African Veterinary Association.
- The veterinary surgeon must practice in KwaZulu-Natal.

3.3 STUDY DESIGN

The study was executed in the following manner:

1. Questionnaires (see Appendix B) were numbered by means of a sticker. Questionnaires were posted or hand-delivered to all the veterinary surgeons in KwaZulu-Natal, and a self-addressed, stamped envelope was included, in order to promote a better response. A list of the veterinary surgeons and their allocated questionnaire number was

kept by a third party unconnected with homoeopathy or veterinary science (Roslyn Bristow-Bovey, a teacher with 20 years experience and a Higher Teachers' Diploma). The return address was the researcher's, but as the envelopes arrived, they were taken to the third party who opened them and kept them until required.

2. Within one week, all veterinarians were contacted telephonically by the researcher for a follow-up (See Appendix C). No information was given that could influence the responses in the questionnaire.
3. As questionnaires were returned, the corresponding number on the list retained by the third party was ticked off. After the name had been ticked off, the third party took the sticker off the questionnaire.
4. After three weeks, the third party notified the researcher of the names of veterinarians who had not yet returned their questionnaires. The researcher telephoned those veterinarians to request them to complete the questionnaire and send it in.
5. One month after distribution of the questionnaires, the third party assigned them a new random number before giving them to the researcher.
6. There was no minimum response for statistical analysis.
7. Data from returned questionnaires was entered and processed using the SPSS computer package.

3.4 MEASUREMENTS

The measurement used in this study was a questionnaire (Appendix B) which was sent to 128 veterinary practitioners.

The questionnaire was based on the one used by Wortmann (1997). Wortmann drew on Kayne and McGuire (1993), Reilly and Taylor (1993) and Kayne (1992). Questions on the specific use of homoeopathy were added from Davies and Kayne (1992) and Kayne (1992). The questionnaire was reviewed by Durban Homoeopathic veterinarian Dr Jane Fraser.

3.5 STATISTICAL ANALYSIS

The data was captured and analysed by the use of the statistical package SPSS Version 12, with the assistance of a statistician at the University of Kwa-Zulu Natal. The data was analysed using the Chi-square test to test the association between various factors in the questionnaires at the 5% level of significance, and qualitative analysis.

CHAPTER 4

RESULTS

4.1 POPULATION AND SAMPLE

The population was all veterinary surgeons practicing in KwaZulu Natal (n = 128). Inclusion criteria were:

- The veterinary surgeon must be a member of the South African Veterinary Association.
- The veterinary surgeon must practice in KwaZulu-Natal.

Questionnaires were sent out to the whole population. The sample was the number of veterinarians who sent in completed questionnaires, which was 63. This represented a return rate of 49.2%

4.2 THE QUESTIONNAIRE

The questionnaire (see Appendix B) consisted of 6 demographic and 26 veterinary related questions. In most cases the respondents had to tick off a pre-printed answer, but a few of the questions had open-ended answers.

4.3 DEMOGRAPHIC DATA (QUESTIONS 1-7)

4.3.1 Gender (Q1)

The sample consisted of 50 males and 13 females.

4.3.2 Age (Q2)

The distribution of ages of participants can be seen from Fig 4.1.

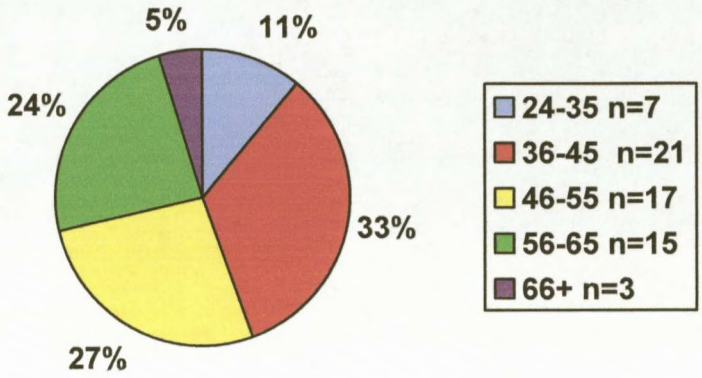


Fig 4.1 Age distribution (Q2)

4.3.3 Race (Q3)

The sample consisted of 59 (93,65%) white respondents, 1 Indian respondent and 3 respondents who gave ambiguous answers.

4.3.4 Area of practice (Q4)

As can been seen from Fig 4.2, the sample group represented most areas of KwaZulu-Natal, with the majority of responses coming from the Greater Durban area, and Pietermaritzburg and Inland.

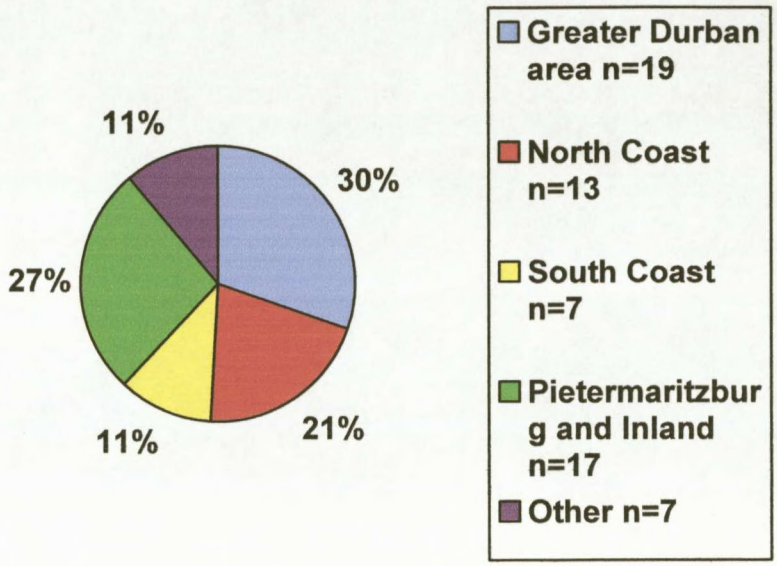


Fig 4.2 Area of practice (Q4)

4.3.5 Time since qualification (Q6)

As can be seen from Figure 4.3, the time since qualification ranged from 1 to over 35 years.

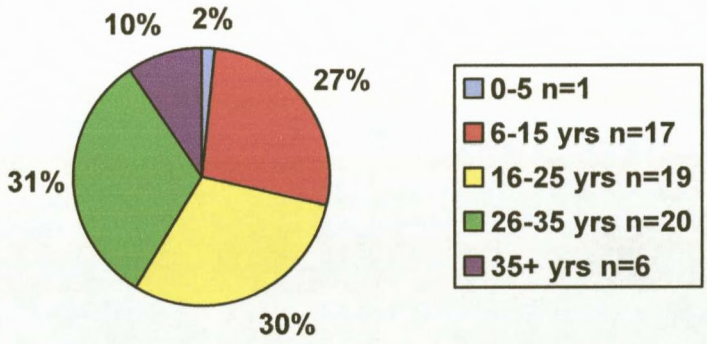


Fig 4.3 Time since qualification (Q6)

4.3.6 Types of practice (Q7)

All practice types were represented as can be seen in Fig 4.4 below. The group labelled 'other' consists of veterinarians who are locums, in industry or have a mixed practice e.g. Partnership and hospital.

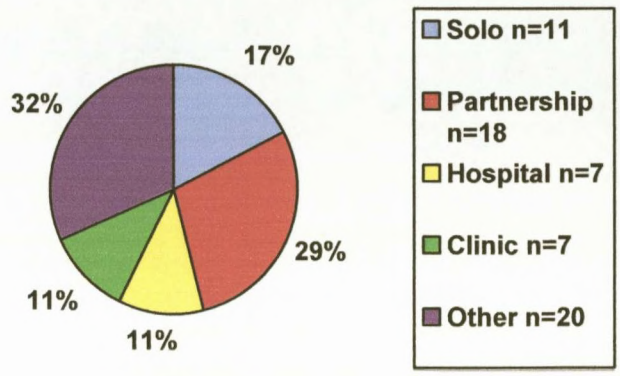


Fig 4.4 Practice Type (Q7)

4.3.7 Types of animals treated (Q8)

As can be expected, the majority of veterinarians treated small animals (n=39), followed by those treating a mix of large and small (n=18). Five veterinarians treated large animals and one treated horses only (see Figure 4.5).

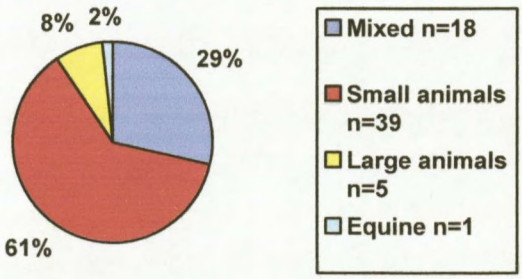


Fig 4.5 Type of animals treated (Q8)

4.4 USE OF HOMOEOPATHY (Q9) AND ASSOCIATED VARIABLES

60,3% of the respondents (n=38) use homoeopathy in practice and 39,7% (n=25) do not.

4.4.1 Time since qualification (Q6)

There does not seem to be any association between time since qualification and use of homoeopathy (see Table 4.1). However, when all the time categories are combined into two time categories, there is some (weak) evidence to suggest that veterinary surgeons who qualified long ago (more than 15 years) are more inclined to use homoeopathy than those who qualified recently (15 years or less ago) (see Table 4.2 and Figure 4.6).

Table 4.1 Time since qualification (Q6) versus use of homoeopathy (Q9)

		Q6 - How long have you been qualified as a vet?					Total
		0-5 years	5-15 years	16-25 years	26-35 years	>35 years	
Q9 - Do you use homoeopathy in your practice?	yes	0	8	13	13	4	38
	no	1	9	6	7	2	25
	Total	1	17	19	20	6	63

Chi-square = 3.574 with a p-value = 0.467.

Table 4.2 Time since qualification (Q6) versus use of homoeopathy (Q9) (two time categories)

use	0-15 years	> 15 years	
yes	8	30	38
no	10	15	25
	18	45	63

Chi-square = 2.653 with a p-value = 0.103.

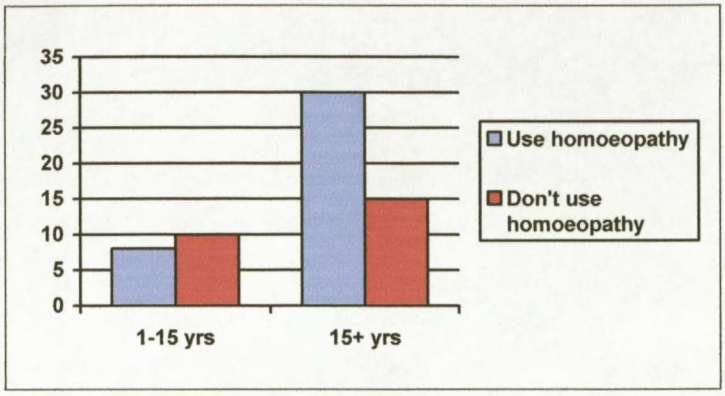


Fig 4.6 Time since qualification (Q6) versus use of homoeopathy (Q9) (two time categories)

4.4.2 Area of practice (Q4)

There appears to be no association between area of practice and use of homoeopathy (see Figure 4.3).

Table 4.3 Area of practice (Q4) versus use of homoeopathy (Q9)

use	Greater Durban	North Coast	South Coast	Pmb & inland	
yes	11	10	5	8	34
no	8	3	2	9	22
	19	13	7	17	56

Chi-square = 3.161 with a p-value = 0.367.

4.4.3 Type of animal treated (Q8)

Veterinary surgeons that treat small animals are far more likely to use homoeopathy than those that treat large or mixed size animals (see table 4.4 and Figure 4.7).

Table 4.4 Type of animal treated (Q8) versus use of homoeopathy (Q9)

		Q8 - Which animals do you usually treat?			
		mixed	small animals	large animals	Total
Q9 - Do you use homoeopathy in your practice?	yes	9	28	1	38
	no	9	11	4	24
	Total	18	39	5	62

Chi-square = 6.374 with a p-value = 0.041

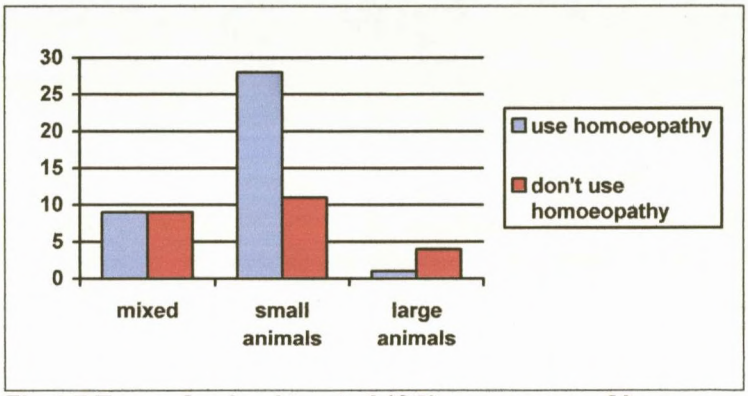


Fig 4.7 Type of animal treated (Q8) versus use of homoeopathy (Q9)

4.5 YEARS OF APPLICATION (Q10)

Two veterinarians had been using homoeopathy for more than twenty years, but the majority of the respondents had been using homoeopathy for between 0 and 10 years (See Figure 4.8).

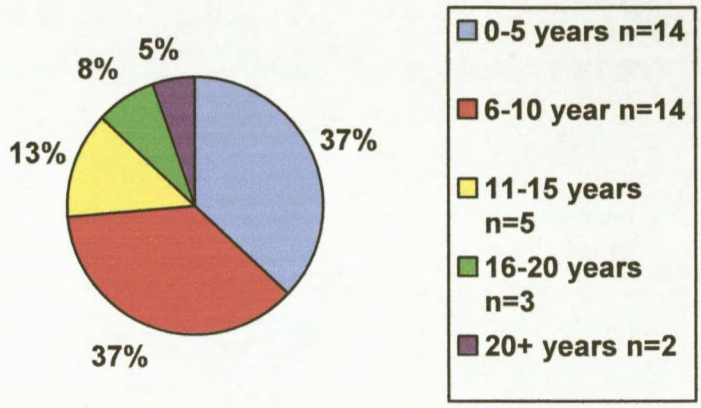


Fig 4.8 Years of use of homoeopathy (Q10)

There is a weak positive correlation between time since qualification (Q6) and years of use of homoeopathy (Q10) (see Table 4.5).

Table 4.5 How long homoeopathy is used (Q10) versus time in practice (Q6)

		Q10 - How long have you been using homoeopathy?					Total
		0-5 years	6-10 years	11-15 years	16-20 years	>20 years	
Q6 - How long have you been qualified as a vet?	5-15 years	5	3	0	0	0	8
	16-25 years	5	5	1	2	0	13
	26-35 years	3	5	3	1	1	13
	>35 years	1	1	1	0	1	4
	Total	14	14	5	3	2	38

Pearson correlation coefficient = 0.376 with a p-value of 0.02.

4.6 REASONS FOR CHOOSING HOMOEOPATHY (Q11)

The respondents were fairly consistent with their reasons for using homoeopathy. The reasons are listed in Table 4.6. The category 'Others' include reasons such as last resort, holistic approach and interest.

Table 4.6 Reasons for choosing homoeopathy (Q11)

Reason	Number
Alternative treatment	14
No (less) side effects	10
Results/success	6
Client demand	5
Others	3

4.7 FREQUENCY OF USE (Q12)

The frequency of use data is summarised in Table 4.7.

Table 4.7 Frequency of use (Q12)

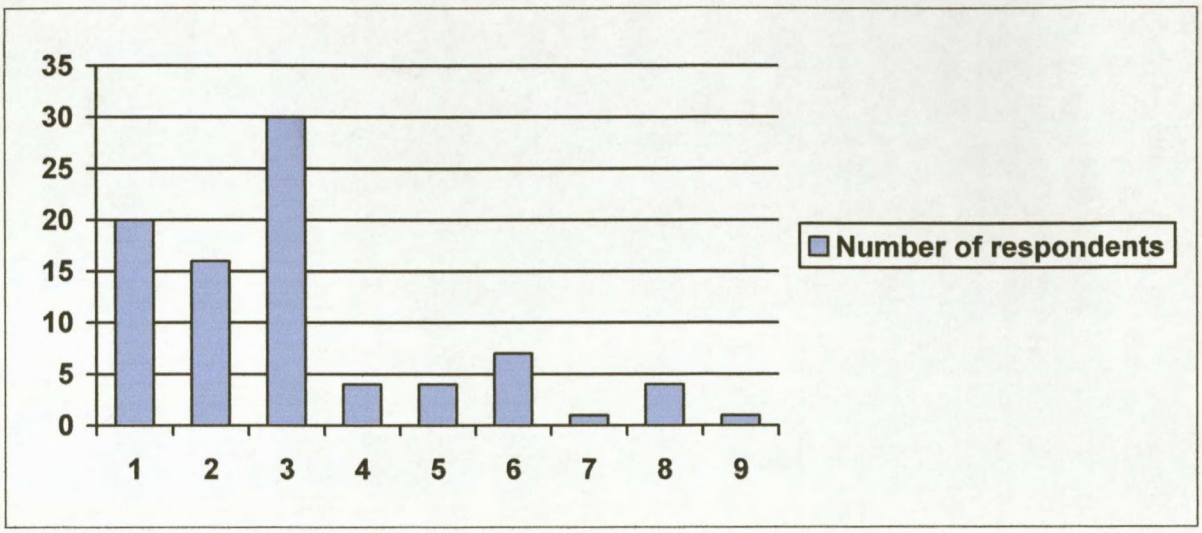
FREQUENCY OF USE	NUMBER OF RESPONDENTS	PERCENTAGE
On all animals	1	2.6%
On the majority of animals	0	0%
On a fair amount of animals	2	5.3%
On few animals	26	68.4%
On hardly any animals	9	23.7%

4.8 CONTINUED USE OF HOMOEOPATHY (Q13)

All 38 respondents who use homoeopathy wish to continue to use it in their practice.

4.9 LIMITATIONS OF THE USE OF HOMOEOPATHY (Q14)

The limitations of the use of homoeopathy are summarised in Figure 4.9. The main limitation was clearly lack of knowledge (n=30), followed by lack of confidence in the method (n=20) and lack of confidence in application (n=16).



Key:
1 = Lack of confidence in the method (n=20)
2 = Lack of confidence in application (n=16)
3 = Lack of knowledge (n=30)
4 = Lack of time (n=4)
5 = Lack of opportunity (n=4)
6 = Lack of opportunity due to owners resistance (n=7)
7 = Partner's attitude (n=1)
8 = Feel that it is of no value (n=4)
9 = Could be dangerous to the patient (n=1)

Fig 4.9 Limitations of use of Homoeopathy (Q14)

4.10 MOST RECEPTIVE SPECIES (Q15)

Veterinarians' perception of the species most receptive to homoeopathic treatment is graphically illustrated in Figure 4.10.

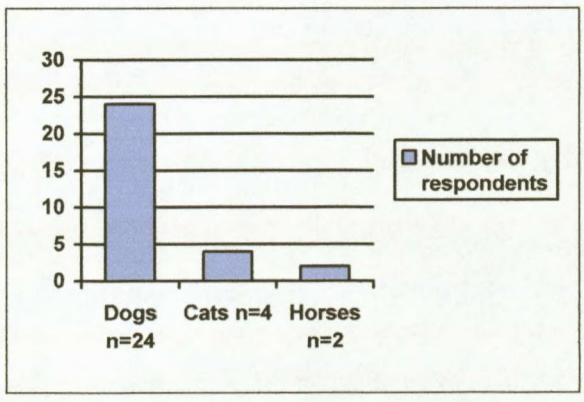


Fig 4.10 Most receptive species (Q15)

Some veterinarians felt that they had insufficient experience to comment on this question.

4.11 TYPE OF COMPLAINT SEEN MOST COMMONLY (Q16)

As can be seen from Table 4.8, the type of complaints treated most commonly were anxiety (n=28) and musculoskeletal problems such as arthritis (n=20).

Table 4.8 Type of complaints treated most commonly with homoeopathy (Q16)

COMPLAINT	FREQUENCY
fear, anxiety, shock, sedation	28
arthritis, inflammation, muscle	20
skin	15
travel	9
injury, bruising, trauma, haemorrhage	8
urinary	6
GIT	5
pain	2
immune suppression	1

4.12 PRESCRIPTIONS (Q17 – 21)

Most veterinarians (n=33) prescribe commercially available complexes. Only 4 veterinarians prescribe single remedies often. One veterinarian made her own complexes.

4.12.1 Complaint and product correlation (Q16 and Q19)

Table 4.9 shows the frequency for all the possible combinations of complaints and products that were observed.

Table 4.9 Complaint and product correlation (Q16 and Q19)

	product							
complaint	i	ii	iii	iv	v	vi	vii	viii
a	22	8	4	19	0	4	23	1
b	5	2	1	4	0	4	6	3
c	7	3	3	7	0	0	8	1
d	1	1	1	1	0	0	1	3
e	13	6	1	5	1	3	8	0
f	16	6	3	8	1	6	14	1
g	3	2	0	1	0	3	3	5
h	2	0	1	2	0	0	2	0
i	4	1	1	4	1	2	4	0

Key:
COMPLAINT:
a - fear, anxiety, shock, sedation
b - injury, bruising, trauma, haemorrhage
c - travel
d - immune suppression
e - skin
f - arthritis, inflammation, muscle
g - GIT
h - pain
I – urinary

PRODUCT
i – EcoVet
ii - Natura complexes
iii - Weleda Complexes
iv - Bach flower remedies
v - Wala complexes
vi - Heel complexes
vii - Dr. Fraser's Storm
viii - Other (mostly other Fraser)

The following complaint, product combinations were observed more than 10 times:

1 Fear, anxiety, shock, sedation with EcoVet, Weleda Complexes and Dr. Fraser's Storm.

2 Skin with EcoVet.

3 Arthritis, inflammation, muscle with EcoVet and Dr. Fraser's Storm.

4.12.2 Prescription versus formal training in homoeopathy (Q17 and Q30)

There is no association between prescription (Q17) and formal training (Q30) as can be seen from Table 4.10.

Table 4.10 Prescription versus formal training in homoeopathy (Q17 and Q30)

		Q30- Have you had any formal training in homoeopathy?		
		yes	no	Total
Q17 - Which do you prescribe most often?	single medicines	1	3	4
	complex	2	31	33
	Total	3	34	37

Chi-square = 1.718 with a p-value = 0.19.

4.12.3 Single remedies and potency (Q20-21)

The most commonly used homoeopathic medicine was by far Arnica, with 14 respondents prescribing it. The other remedies are listed in Table 4.11.

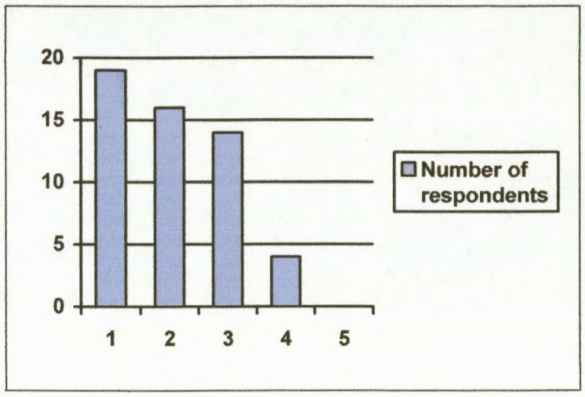
Table 4.11 Most commonly prescribed single remedies (Q20)

Remedy	Number of respondents
Aconite	1
Apis	2
Arnica	14
Arsenicum album	1
Cantharis	1
Hypericum	2
Ledum	1
Mimulus	1
Nux vomica	2
Podophylum	1
Rhus toxicodendron	1
Silica	1
Sulphur	1
Symphytum	1
Thuja	1
Valerian	5

In Questions 21, respondents were asked about the potency they most frequently prescribed. Three respondents prescribe 30C most commonly. The remainder of the respondents were either confused as to what the term 'potency' meant or they confused it with dose (n=11) or they left the question blank (n=24).

4.13 WHY HOMOEOPATHIC MEDICINES ARE EFFECTIVE (Q22)

The reasons given by respondents for the efficacy of homoeopathy are summarised in Figure 4.11.



Key:
1 = They contain herbal ingredients n=19
2 = The idea of 'like cures like' n=16
3 = People have faith in the medicine n=14
4 = A very small does is used n=4
5 = They are vigorously shaken in preparation n=0

Fig 4.11 Reasons for efficacy (Q22)

The reasons given for the efficacy of homoeopathy (Q22) were related to formal training in homoeopathy (Q30) and the results are given in Table 4.12.

Table 4.12 Reasons for effectiveness of homoeopathy (Q22) versus formal training in homoeopathy (Q30)

	reason			
training	herb ingr.	like cures like	faith	small dose
no	18	13	12	3
yes	1	3	1	0

Chi-square = 2.283 with a p-value = 0.516

As can be seen, there is no association between reason for effectiveness and formal training.

4.14 USE OF COMPLEMENTARY MODALITIES (Q23)

Seventeen of the respondents (44.7%) do not use any other complementary modality in practice. Of the remaining respondents, 13 (32%) use acupuncture, 3 (7.9%) use T-touch and Kinesiology and 4 (10.5%) use herbal medicines and chiropractic. One respondent also included nutritional advice as a complementary modality.

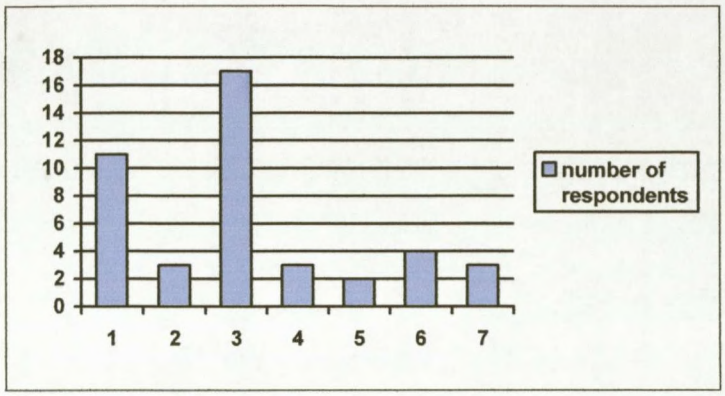
4.15 NON-USE OF HOMOEOPATHY (Q9) AND ASSOCIATED VARIABLES

4.15.1 Reasons for not using homoeopathy

The reasons given for not using homoeopathy are summarised in Table 4.13 and Figure 4.12.

Table 4.13 Reasons for not using homoeopathy (Q24)

REASON	FREQUENCY
Lack of confidence in the method	11
Lack of confidence in application	3
Lack of knowledge	17
Lack of time	3
Feel it is of no value	4
Could be dangerous to patient	3
Lack of opportunity	2



Key:

1 = Lack of confidence in the method (n=11)
2 = lack of confidence in application (n=3)
3 = Lack of knowledge (n=17)
4 = Lack of time (n=3)
5 = Lack of opportunity (n=2)
6 = Feel that it is of no value (n=4)
7 = Could be dangerous to the patient (n=3)

Fig 4.12 Reasons for not using homoeopathy (Q24)

4.15.2 Future use of homoeopathy (Q25)

The majority of those veterinarians who do not use homoeopathy said that they might use it in the future. This group represented 76% (n=19). Only 3 (12%) said that they would definitely not use homoeopathy in the future. As can be seen from Table 4.14, there is/is not and association between non-use of homoeopathy (Q9) and future use of homoeopathy (Q25).

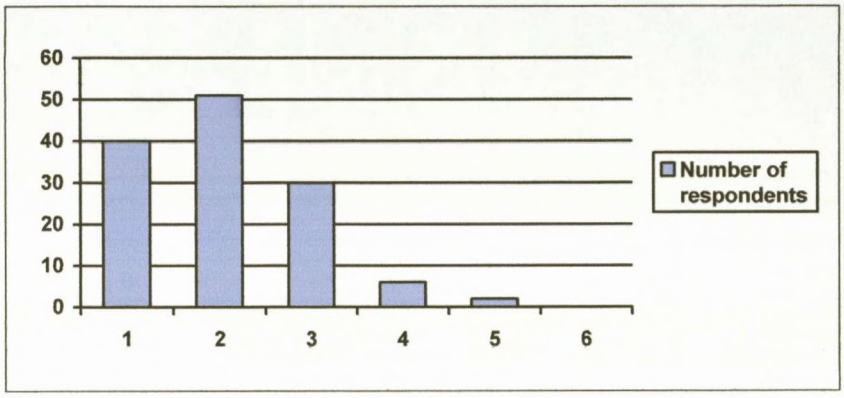
Table 4.14 Negative answer to Q9 and future use (Q25)

		Q25 - Using homoeopathy in future?			Total
		I will	I might	definitely not	
Q9 - Do you use homoeopathy in your practice?	no	2	19	3	24
	Total	2	19	3	24

4.16 OPINIONS OF HOMOEOPATHY (Q26 – 32)

416.1 Factors that may encourage future use (Q26)

As can be seen from Table 4.13, the majority of respondents thought that proof of efficacy would most encourage future use of homoeopathy.

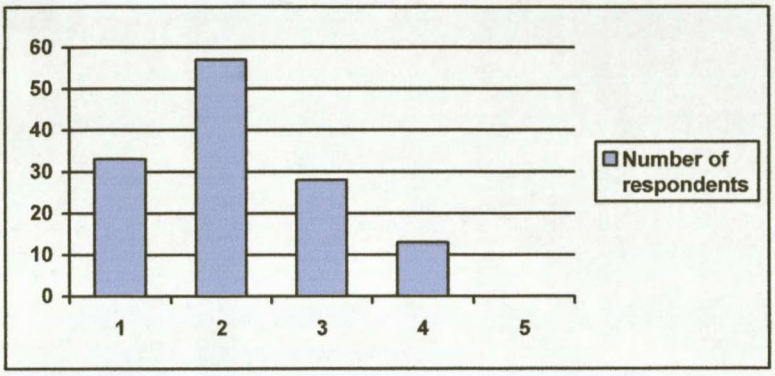


Key:
1 = More knowledge of the method (n=40)
2 = Proof of efficacy (n=51)
3 = Client demand (n=30)
4 = Clarity on legal aspects (n=6)
5 = Nothing would encourage (n=2)
6 = Other (n=0)

Fig 4.13 Future use of homoeopathy (Q26)

4.16.2 Validation and evidence necessary for acceptance of homoeopathy (Q27)

As can be seen from Table 4.14, clinical trials were regarded by the majority of respondents to be the best form of validation of homoeopathy.

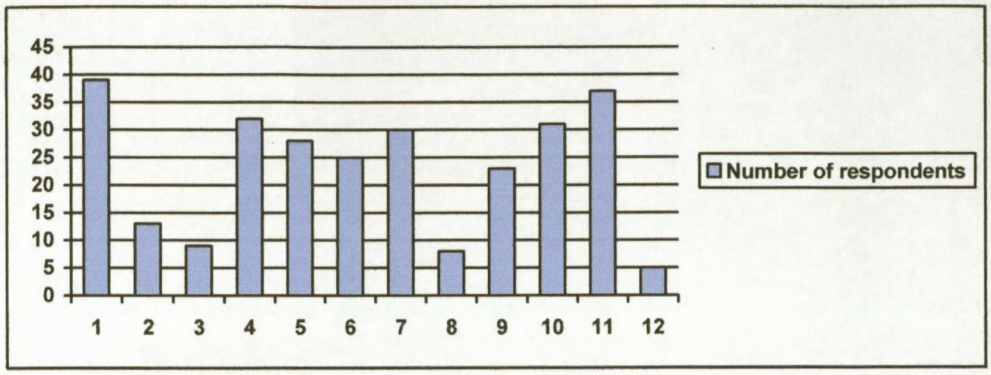


Key:
1 = Theoretical scientific basis (n=33)
2 = Clinical trials (n=57)
3 = Colleague's experience (n=28)
4 = Colleague's recommendation (n=13)
5 = Other (n=0)

Fig 4.14 Validation and evidence (Q27)

4.16.3 Conditions in which homoeopathy may be effective (Q28)

Figure 4.15 illustrates a variety of conditions in which the respondents thought homoeopathy may be effective.



Key:
1 = supportive therapy (n=39)
2 = Preventative therapy (n=13)
3 = Primary therapy (n=9)
4 = Recuperation from illness (n=32)
5 = Recuperation from surgery (n=28)
6 = Skin conditions (n=25)
7 = Chronic conditions (n=30)
8 = Fracture repair (n=8)
9 = Post trauma (n=23)
10 = Allergies (n=31)
11 = Arthritis (n=37)
12 = Other (n=5)
The category 'other' included anxiety, over the counter medication and where homoeopathy has failed.

Fig 4.15 Conditions in which homoeopathy may be effective (Q28)

4.17 FIRST ENCOUNTER WITH HOMOEOPATHY (Q29)

Figure 4.16 illustrates the source of the respondents' first encounter with homoeopathy.

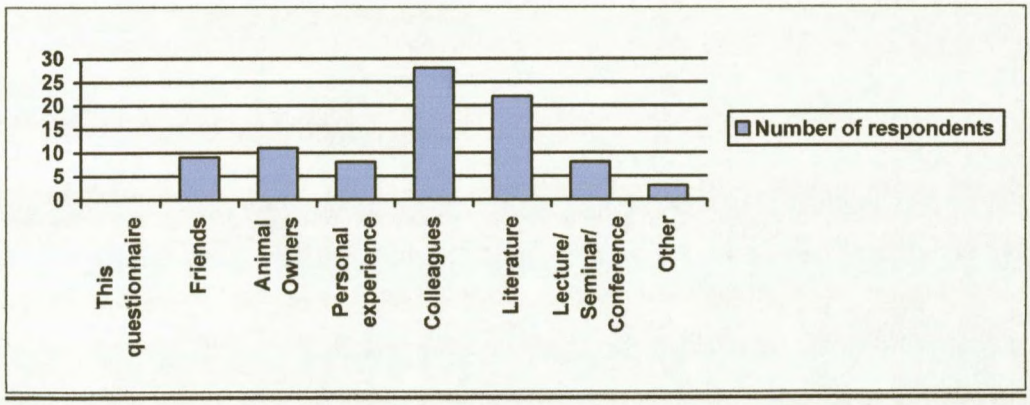


Fig 4.16 Source of first encounter with homoeopathy (Q29)

Table 4.15 shows the correlation between reason for effectiveness (Q22) and the source of first encounter with homoeopathy (Q29).

Table 4.15 Reason for effectiveness of homoeopathy (Q22) versus source (Q29)

SOURCE	REASON		
	herb ingr.	like cures like	faith
colleagues	3	3	0
combination	3	16	12
others	0	18	0

Chi-square = 23.0964 with a p-value = 0.000.

From this Table it is clear that "like cures like" is mainly linked to the sources "combination" and "other", "faith" to "combination" only and "herbal ingredients" to both "colleagues" and "combination".

4.18 FORMAL HOMOEOPATHIC TRAINING (Q30)

Only 3 of the respondents (4.8%) had had any formal training in homoeopathy. The remainder responded in the negative.

4.19 INTEREST IN A SHORT COURSE (Q31)

As can be seen from Table 4.16, those who use homoeopathy are clearly more interested in a short course than those who do not use it.

Table 4.16 Yes/no to interest in course (Q31) vs. use in practice (Q9)

		Q31- Interested in short course in homoeopathy?					
		definitely interested	would be interested	might be interested	would not be interested	definitely not interested	Total
Q9 - Do you use homoeopathy in your practice?	yes	12	9	11	4	0	36
	no	4	7	8	4	2	25
	Total	16	16	19	8	2	61

4.20 HOMOEOPATHY'S ROLE IN VETERINARY MEDICINE (Q32)

Fifty of the respondents (79.4%) said that homoeopathy has a role to play in veterinary medicine. Those who use homoeopathy are more inclined to say that it has a role to play in veterinary medicine than those who do not use it (see Table 4.17).

Table 4.17 Role of homoeopathy in veterinary medicine (Q32) vs. use in practice (Q9)

		Q32 - Do you think hom has a role to play in vet med?		
		yes	no	Total
Q9 - Do you use homoeopathy in your practice?	yes	34	3	37
	no	16	8	24
	Total	50	11	61

Chi-square = 6.267 with a p-value = 0.012.

CHAPTER 5

DISCUSSION

The response rate of the veterinarians was much higher than anticipated (49,2%) especially compared with similar research done by Wortmann in 1997 where the response rate was 22.41%. This possibly indicates a growing interest in the topic, whether the veterinarians use homoeopathy or not. This coupled with the fact that the sample was well distributed (Chapter 4.3) means that it is reasonable to say that the results are representative of the whole population.

From the research, we can see that veterinarians are favourable to the use of homoeopathy. 60.3% of veterinarians use homoeopathy in practice compared with 26% in 1997 (Wortmann). Furthermore, 79,4% think that homoeopathy has a role to play in veterinary medicine compared with 75,7% in Wortmann's study. This is a higher proportion than that in the study by Kayne and McGuire (1993) in the United Kingdom. In that study, only 59% believed that homoeopathy had a role to play in veterinary medicine.

The study showed that there was some evidence of a link between the time since qualification and the use of homoeopathy. It suggests that veterinary surgeons who qualified more than 15 years ago were more likely to use homoeopathy in practice. This supports Kayne's findings (1992) that the average length of practice for veterinarians using homoeopathy was 19 years. Unlike Wortmann's research (1997), there appeared to be no link between the

area of practice and the use of homoeopathy, but the study was confined to KwaZulu-Natal, whereas Wortmann's study was national. There was a link between the type of animals treated and the use of homoeopathy, which supported Wortmann's research. Those treating small animals were more likely to use homoeopathy than those treating large or mixed animals, but proportionately this was quite similar to the overall population (61% of the whole population treats small animals and 73,7% of those using homoeopathy treat small animals).

The majority of respondents had been using homoeopathy for 0-10 years, which was a similar finding to both Wortmann (1997) and Kayne (1992). The top reasons for choosing homoeopathy were as an alternative treatment, and no (less) side effects. This suggests a recognition of or frustration with the limitations of allopathic prescribing. Most veterinarians use homoeopathy on few patients, with only one veterinarian using it on all patients. They cited lack of knowledge as the biggest limiting factor, followed by lack of confidence in the method and application. Some veterinarians encountered owner resistance, with one veterinarian in this category explaining that frequent dosing led to non-compliance. Homoeopathy is mostly being used with effect on dogs.

An interesting observation was made when examining the responses for the most commonly treated complaints, and the most commonly used products. It seems that veterinarians are far more likely to treat a condition homoeopathically if there is a commercially available product for that

condition. One of the perceptions held by the researcher before embarking on the research was that homoeopathy has become more popular amongst veterinarians since the introduction of a specific veterinary range of medicines, namely EcoVet. The research results seem to confirm this perception, with a considerable increase in the amount of veterinarians using homoeopathy (see Chapter 4.4), and with the most commonly prescribed homoeopathic complexes being those produced by EcoVet (see Figure 4.9a).

While most veterinarians prescribe complexes, the most commonly prescribed single remedy was Arnica. This may be because this remedy is commercially available, and has had a great deal of advertising. The second most commonly used remedy was Valerian, which again is available commercially.

The results of the questions on potency and the reasons for the efficacy of homoeopathy pointed to a general lack of theoretical homoeopathic knowledge. Most veterinarians did not understand the term potency and confused it with dose. Most also thought that homoeopathic medicines are effective because they contain herbal ingredients. Perhaps this is because very few of the respondents had had any formal training in homoeopathy.

Of the respondents not using homoeopathy, most cited lack of knowledge and lack of confidence in the method as their reason. However, the majority of this group (76%) said that they might use homoeopathy in the future. One veterinarian said that he would definitely not use homoeopathy in the future as he suspected that it was an occult practice.

The factor that might encourage future use was definitely proof of efficacy, and the kind of evidence required is clinical trials. This indicates that there is huge demand for more good quality homoeopathic research in the veterinary field. Veterinarians also said that they require more knowledge of the method, and more evidence of the theoretical scientific basis of homoeopathy. This shows that the type of literature or information available to veterinarians is not scientific enough and is not answering their questions about homoeopathy. Perhaps the answer to this problem is a short course in homoeopathy, as 80% of respondents showed interest in attending a short course.

Veterinarians saw scope for homoeopathy in most of the conditions mentioned, with most considering homoeopathy to be effective as a supportive therapy and in recuperation from illness and surgery. Many respondents thought homoeopathy would be effective in the treatment of arthritis, chronic conditions and allergies.

Both Wortmann (1997) and Kayne (1992) found that veterinarians' first contact with homoeopathy was through literature. This study showed that the first contact for most veterinarians was from colleagues. This shows that there is a growing interest in the field, with vets using homoeopathy and then discussing it with their colleagues. The second most common point of contact was through literature, but as stated before, it seems that this literature is not adequate in educating the veterinarians. Wortmann (1997) postulated that client demand may be a greater stimulus for use in the future and this has

proven to be the case. More veterinarians are being informed about homoeopathy by their clients than has been shown in previous research.

79,4% of veterinarians think that homoeopathy has a role to play in veterinary medicine, and those already using homoeopathy are more inclined to answer affirmatively. This indicates that they are having some success with homoeopathy in practice. It also indicates that more needs to be done to introduce and encourage those not currently using homoeopathy to the applications of homoeopathy in veterinary practice.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

6.1 CONCLUSIONS

This study has shown that the level of interest in homoeopathy amongst veterinarians has increased, with more veterinarians using homoeopathy than before, even if they do not have a very sound understanding of homoeopathic theory. Veterinarians seem to be using homoeopathy within the allopathic paradigm, rather than embracing a new approach to health and disease. This would obviously limit their application of homoeopathy, as well as their success.

Veterinarians seem to be influenced by the companies producing homoeopathic medicines, which suggests some responsibility on the part of these companies to educate the veterinary community. The veterinarians are limited in their use of homoeopathy by lack of knowledge, and have shown a clear need for more scientific evidence on the efficacy of homoeopathy. It seems that if more research was done in the field, more veterinarians would be encouraged to try homoeopathy.

It can therefore be concluded from the study that veterinarians perceive that homoeopathy has a role to play in veterinary medicine, and that if the limiting factors are addressed, the role of homoeopathy in veterinary medicine would be greater.

6.2 RECOMMENDATIONS

The following recommendations can be made:

- The study should be repeated on a national scale to determine whether the opinions of veterinarians in KwaZulu-Natal reflect those of the rest of South Africa.
- If the study is to be repeated, the researcher advises that a pilot study be conducted to test the questionnaire before sending it out.
- The availability of homoeopathic knowledge to veterinarians needs to be improved. It is advised that a short course be offered, as many veterinarians expressed an interest. As veterinarians have already been influenced to use homoeopathy by the availability of products, perhaps a course should be run by one of the homoeopathic drug companies. It seems veterinarians have some faith in the companies already and would therefore be more receptive to the course.
- More clinical trials need to be done in the field of homoeopathic veterinary medicine, and these trials should be published in veterinary journals so that veterinarians become more informed on the latest findings.
- Perhaps a course in homoeopathic veterinary prescribing could be offered at the veterinary training institutions in order to introduce new veterinarians to homoeopathy.

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APPENDICES **Page**

APPENDIX A

Dear Doctor

I am presently a final year student doing my Master's Degree in Technology: Homoeopathy at the Durban Institute of Technology. Research is part of the academic requirement. My research topic is: "**A survey to determine the perceptions of veterinarians toward homoeopathy and the utilization of homoeopathy by veterinarians in KwaZulu-Natal**".

I am writing to respectfully request your participation in my research project by completing the accompanying questionnaire. Even if you do not currently use homoeopathy in your practice, I would still value your participation.

By completing this questionnaire, you will be part of the process of widening the scope of resources with which to treat ailing animals. The results of this questionnaire could contribute to the search for cost-effective treatments, and the search for the best treatment for the sick animals (may that treatment be medical or complementary therapy).

Once the questionnaires have been returned to me, they will be statistically analysed, and the data collated. The data will be retained by the Department of Homoeopathy for five years, and then it will be shredded. The results of this research will be published in my dissertation, a copy of which will be lodged in the Steve Biko library, Durban Institute of Technology. I can also supply the results to individuals who approach me directly.

Information supplied will be regarded as confidential, and no names of practitioners will appear on the questionnaires or in the dissertation. Practitioners will be referred to by number only, and your identity will at no time be revealed. Please complete all relevant questions in the questionnaire. Only fully completed questionnaires may be used in the research project. I will contact you telephonically within one week of you receiving the questionnaire. Please post the questionnaire back to me within one month, using the addressed and stamped envelope provided. If you have any queries, please contact my dissertation supervisor.

Thank you for the courtesy of your assistance.

TARYN-LEE TURNER
RESEARCHER
084 455 5529

DR R STEELE B.A., H.D.E., M.Tech (Hom)
SUPERVISOR
031-332-6060

APPENDIX B

QUESTIONNAIRE

INSTRUCTIONS

1. This questionnaire consists of 6 pages. Please complete ALL the relevant pages.
2. Please indicate, where applicable, your selection with an X.
   E.g. What is your gender? Male Female
3. Please read every question carefully before you answer it.
4. Please ensure that you answer all the relevant questions and do not accidentally skip any.
5. Your answers to the questions in this questionnaire will be regarded as strictly confidential, and your name will not be linked in any way to this questionnaire.
6. By filling in this questionnaire, you are giving consent to partake in this survey.

Thank you for your participation.

1. What is your gender? Male Female

2. What is your age in years?

24-35
36-45
46-55
56-65
66 and older

3. What is your race group? _____

4. In which suburb do you practice? _____

5. What are your educational qualifications? _____
_____
_____

6. For how long have you been qualified as a veterinary practitioner (in years)?

00-05
05-15
16-25
26-35
More than 35

7. What type of practice do you have?

Solo
Partnership
Hospital
Clinic
Other

If other please specify _____

8. Which animals do you usually treat?

Mixed
Small animals
Large animals
Equine

9. Do you use homoeopathy in your practice? Yes No

If your answer to question 9 was **yes** please answer questions **10 – 23** and **26** onwards. If you answered **no** to question 9, please answer question **24** onwards.

10. For how long have you been using homoeopathy in your practice (in years)?

00-05
06-10
11-15
16-20
More than 20

11. Why do you choose to use homoeopathy in your practice?

_____
_____
_____
_____
_____

12. Please indicate how often you use homoeopathy in relation to the type of animals that you stated in question 6.
The figures 1 to 5 denote the following meaning:

1= On all the animals
2= On the majority of animals
3= On a fair amount of the animals
4= On few animals
5= On hardly any animals

1 2 3 4 5

13. Do you wish to continue using homoeopathy? Yes No

14. What are the limitations of the use of homoeopathy in your practice? (Please mark all those that apply)

1 Lack of confidence in the method
2 Lack of confidence in application
3 Lack of knowledge
4 Lack of time
5 Lack of opportunity
6 Lack of opportunity due to owners' resistance
7 Partner's attitude
8 Feel that it is of no value
9 Could be dangerous to the patient

15. Which species (if any) do you find most receptive to homoeopathic treatment? _____

16. Please list the six complaints you most commonly treat homoeopathically.

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

17. Which do you prescribe most often? Single medicines Complexes

18. When prescribing complexes, do you most commonly combine your own, or use a commercially available complex?

Own Commercial complex

19. Do you use any of the following products?
(Please mark all those that apply)

1 EcoVet products (e.g. EcoSnuff/ EcoFear)
2 Natura complexes
3 Weleda complexes
4 Bach flower remedies (e.g. Rescue remedy)
5 Wala complexes
6 Heel complexes
7 Dr Fraser's Storm tablets
8 Other (please specify)_____

20. Please list the six SINGLE remedies you most commonly prescribe (if applicable).

_____
_____
_____
_____
_____
_____

21. What is the most common potency that you use for single homoeopathic remedies (if applicable)?

_____

22. Do you think homoeopathic medicines are effective because: (Please mark all those that apply)

1 They contain herbal ingredients
2 The idea of 'like cures like'
3 People have 'faith' in the medicine
4 A very small dose is used
5 They are vigorously shaken in preparation

23. Do you use any other complementary modalities in your practice? (Please mark all those that apply)

1 Acupuncture
2 T-touch
3 Kinesiology
4 Herbal medicine
5 Chiropractic
6 Other (please specify)_____

If you answered **no** to question 9, please answer question 24 onwards.

24. What is/are your reason/s for not using homoeopathy in your practice?

1 Lack of confidence in the method
2 Lack of confidence in application
3 Lack of knowledge
4 Never heard of it
5 Lack of time
6 Lack of opportunity
7 Lack of opportunity due to owners' resistance
8 Partner's attitude
9 Feel that it is of no value
10 Could be dangerous to the patient

25. Please indicate whether you envisage using homoeopathy in the future. The figures 1 to 5 denote the following meaning:

1= I will definitely use it in the future
2= I will use it in the future
3= I might use it in the future
4= I will not use it in the future
5= I will definitely not use it in the future

1 2 3 4 5

Everyone should answer the following questions.

26. What factors might encourage you to use homoeopathy in the future? (Please mark all those that apply)

1 More knowledge of the method
2 Proof of efficacy
3 Client demand
4 Clarity on legal aspects
5 Nothing would encourage
6 Other (please specify)

_____

27. What kind of validation or evidence would you consider important before you would accept homoeopathy as beneficial for your patients? (Please mark all those that apply)

1 Theoretical scientific basis
2 Clinical trials
3 Colleague's experiences
4 Colleague's recommendation
5 Other (please specify)

_____

28. In which conditions would you think homoeopathy to be most effective? (Please mark all those that apply)

1 Supportive therapy
2 Preventative therapy
3 Primary therapy
4 Recuperation from illness
5 Recuperation from surgery
6 Skin conditions
7 Chronic conditions
8 Fracture repair
9 Post trauma
10 Allergies
11 Arthritis
12 Other (please specify)

_____

29. Where did you hear about homoeopathy for the first time?

1 This questionnaire
2 Friends
3 Animals owners
4 Personal experience of homoeopathy
5 Colleagues
6 Literature
7 Lecture/ Seminar/ Conference
8 Other (please specify)

_____

30. Have you had any formal training in homoeopathy? Yes No

31. Please indicate if you would be interested in partaking in a short course on the use of homoeopathy on animals, if it were available.
The figures 1 to 5 denote the following meaning:

1= I would definitely be interested
2= I would be interested
3=I might be interested
4= I would not be interested
5= I definitely would not be interested

1 2 3 4 5

32. Do you believe that homoeopathy has a role to play in veterinary medicine?

Yes No

APPENDIX C – TELEPHONIC FOLLOW-UP

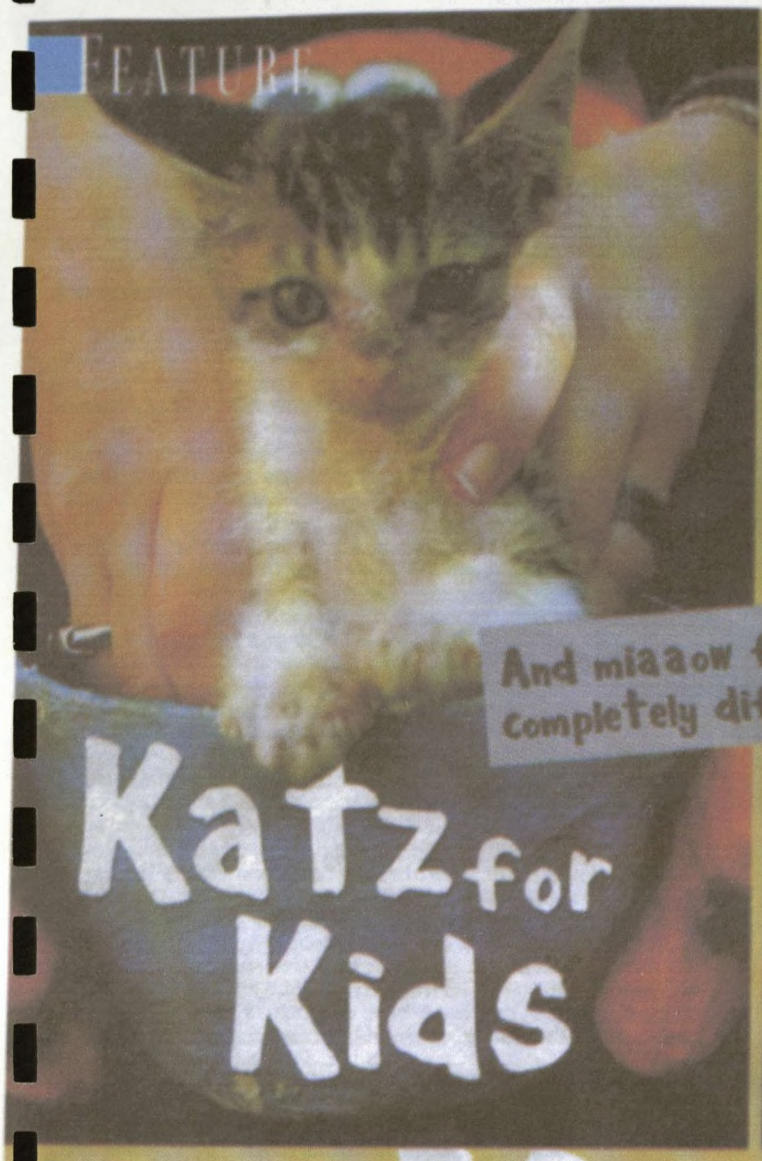
Statement used when vets were contacted telephonically one week after posting questionnaires

"This is Taryn Turner. I am calling to check whether the questionnaire I posted to you has been received, and whether you have any questions regarding my research project. Have you had a chance to fill in the questionnaire?"

(If they had questions, I advised them to contact the dissertation supervisor.)

APPENDIX D

FEATURE



Story and pictures by
VIVIAN ATTWOOD

And miaaow for Something completely different...

Katz for Kids

LET me be quite frank and upfront about this. Cats simply aren't my 'thing.' Give me a lovable, lick-erish *Labrador* over an aloof, cupboard-lover kitty any day. Cats merely put up with their owners; dogs put up with anything from them – and come bounding back, tails a-wagging, for more.

Why, then, am I covered in cat fur, smarting from the allergic rash close contact with the feline species brings out on my skin, and beaming from ear-to-ear? A visit to the premises of Kitten Action will make a convert of the most determined cat hater, I fear.

Not even a philistine could resist the resilient spirit of tiny 'Miracle,' – a week-old kitten found mutilated in a gutter, and now a feisty, insatiably curious ball of fur who wears her scars with aplomb. The hardest heart must soften when 'Cuddle George,' once the meanest feral moggie in St. Georges' Street, Durban, wraps his tail around your ankles, and offers a deep-throated purr.

Running a rescue mission for cats isn't everyone's cup of tea. Apart from anything else it's a lot of hard work (constant fundraising, cleaning, feeding, medical care and searching for the right homes). Taryn Turner takes it in her stride, though, moving among her feline family with an air of unfeigned contentment. She calls each of the many cats by name, stopping here to scratch under a chin, there to check healing wounds or newly glossy coats. It's impossible to banish the picture of St. Francis that keeps popping into my mind's eye.

Philanthropists appear to share a common denominator. While the rest of us talk about problems, they get their hands dirty. Feral cats and homeless kids have something in common, too – a comfortless life on the streets. In winter it's a particularly cold one.

With funds for their project at a critically low ebb, Taryn, and Kitten Action Founder, Mandy Crerar, put their heads together, and came up with a winner (or should that be a win-win-er?). Having received a donation of 400 brand new winter jerseys, they first contemplated selling them, and using the money to pay vets' and food bills.

"Then we took the idea a step further, though," says Taryn, "we reasoned that we'd rescued the cats from the streets, and we wanted to give something back to others who'd once inhabited them. We decided to 'sell' the jerseys, use the proceeds for the project's most pressing needs, and then donate the garments to I-Care (a Durban-based project that cares for street children in shelters around the city) on behalf of our benefactors.

"For every R30 donated to Kitten Action, we will give a jersey to I-Care. That way, your donation will be benefiting two causes, in a very tangible way."

To pledge your donation, call Taryn Turner on 084 4555529 (a/h) or Mandy Crerar on 031 764 3845 a/h. Alternately, deposit directly into Kitten Action's bank account: Standard Bank, Hillcrest. Account Number: 25-668-7005. Please mark the donation 'Jersey Fund'.

Paws Fur Thought

Kitten Action has a firm no-kill policy. As hard as it sometimes is to nurture a desperately ill or severely injured animal back to health, the members of the organisation do not believe in euthanasing the animals that are entrusted to their care.

"They have been through so much already – unimaginable suffering, in some cases - that we feel the least we can do is give them our full support, and try to find them loving homes," says Taryn. This dedicated woman – a mother of two - has an extended feline 'family' of her own, too, comprising of cats who "were simply too special to send to new homes, or needed particular care I thought only I could give them."

While many of the cats and kittens at the sanctuary are gorgeous specimens in perfect health, others have some degree of disability. "We prefer to call them differently-abled, as they do not consider themselves disabled," Taryn smiles, stroking a cat that is managing to enjoy a one-sided game of 'catch' in the grass with a butterfly, despite the fact that its legs are bowed by a genetic deformity.

Many of Taryn's charges have ended up at Kitten Action as a result of the concern of Durban animal-lovers, who have reported their plight. "The human cruelty you encounter towards animals is, quite literally, hair-raising," Taryn concedes, "but there is also a great deal of kindness out there. We are so grateful to all the people who intercede when animals are in distress, and report them to us for action.

"One particular case sticks in my memory," she continues. "An Umlazi housewife was so concerned at the cruelty she saw displayed towards cats in her neighbourhood, she arrived at my doorstep with a laundry basket full of squalling cats she had rescued. She has become a firm Kitten Action supporter. It is people like this who can turn the tide of animal cruelty, and teach those around them to adopt a more humane approach to their fellow creatures."

Taryn cites the refusal of many pet owners to take responsibility for their animals' reproduction - by having them spayed or neutered – as the biggest problem Kitten Action faces. In conjunction with caring vets (who must sometimes wait patiently for payment when the 'kitty' is empty) Kitten Action operates a spay subsidy scheme, called SpaySA, for those who genuinely cannot afford full fees for their pets' sterilisation procedures.

It costs R10 000 a month to keep Kitten Action up and running. For just R100 a month, supporters can sponsor a cat. Monthly debit orders and donations (including those of cat food and litter, help in financing or building new enclosures) are gratefully accepted. The organisation is also looking for foster parents who will home kittens for interim periods, until they are mature enough to be adopted.

Kitten Action has a stall at the Essenwood Flea Market in Essenwood Road, Durban, on Saturday mornings. Why not pop down and find out more about this very special initiative. It will certainly give you paws fur thought and you might even find that, deep down inside, you're a 'cat person,' after all! Mb