A SURVEY OF MEDICAL SPECIALISTS' PERCEPTIONS AND INTERACTIONS WITH HOMOEOPATHY

By

Sashni Naicker

Dissertation submitted in partial compliance with the requirements of the Master's degree in Technology : Homoeopathy in the Faculty of Health Sciences at the Durban University of Technology

I Sashni Naicker do declare that this dissertation is representative of my own work, both in conception and execution.

_____ _____

Signature of student **Date of signature**

APPROVED FOR FINAL SUBMISSION

_____ _____

Signature of Supervisor **Date of signature**
Dr C.M. Hall
B.S.C. (P.U. for C.H.E); M.Tech : Hom (T.N)

_____ _____

Signature of Joint-supervisor **Date of signature**
Dr M. Maharajh
M. Tech : Hom (T.N)

DEDICATION

I dedicate this dissertation to my loving parents Sadha and Soroj Naicker. Thank you for always inspiring me to never give up on all the things I want in life. It is only because of your support and unyielding faith in me that I have been able to achieve this.

To the love of my life, my husband Satish Ramjee. Thank you for being so encouraging and supportive.

To Deven Royan, my best friend, your wise words of wisdom has always inspired me and have seen me through some of the darkest days. Thank you.

To my closest family and friends who give meaning to life.

I am truly blessed to have such wonderful caring people in my life…

Last but certainly not least my Guru Sathya Sai Baba, nothing is possible in this world without His blessing. Om Sai Ram

ACKNOWLEDGEMENTS

All the Medical specialists who participated in this survey.

Special Thanks to the following people who went the extra mile to help me achieve my goal. This research would not have been possible without their invaluable assistance toward helping me achieve the response rate.

The late Dr Nelson Moodley

Dr Suraya Naidoo

Dr Veruska Reddy

Dr Jay Jagathpal

Prof. A.E Gangat

Mita Sangham

Tonya Esterhuizen of the University of KZN (Medical School). Thank you for your assistance with statistics. Your caring attitude, time and effort is greatly appreciated.

My supervisor Dr Corne Hall and co-supervisor Dr Madhu Maharajh. Thank you.

ABSTRACT

INTRODUCTION

Homoeopathy is a scientific, reliable and natural system of medicinal therapy, which has been in existence for over 200 years. Recent years have shown a profound shift in health and medicine, increasing numbers of the public are opting for complementary and alternative(CAM) therapies. In South Africa the situation for CAM and homoeopathy in particular looks more favorable. The government, in the form of the department of health, has drawn up specific guidelines for the regulation of homoeopathy and other CAM therapies.

Much closer liaison should exist between the Allied health professions council of South Africa (AHPCSA) and the Health professions council of S.A (HPCSA) with the aim of uniting strengths to the advantage of the South African public to achieve an integrated, holistic care (Prinsloo, 2005).

OBJECTIVE

The purpose of this study is to provide demographic data on the perceptions and interactions of Medical specialists in the greater Durban area toward homoeopathy. Their general knowledge of homoeopathy and their views and communication with homoeopathy have been assessed.

METHODOLOGY

A survey method in the form of a questionnaire was employed to investigate the perceptions and interaction of Medical specialists towards homoeopathy. The sample of Medical specialists was drawn from the medical pages of the Durban Telephone Directory. The data was analyzed by means of descriptive statistics using frequency tables and bar charts. The Pearson's Chi-square Test was used on selected data.

RESULTS

One hundred and fifty completed questionnaires were returned for analysis out of the 344 sent out. This gives a response rate of 43.60%.

CONCLUSION

From this study one can conclude that Medical specialists know very little about homoeopathy, and it can be assumed that this lack of knowledge is a possible reason for the poor communication that currently exists between these practitioners and homoeopaths.

TABLE OF CONTENTS Page

LIST OF FIGURES

LIST OF TABLES

DEFINITION OF TERMS

BIO-ENERGETIC PHENOMENA

The scientific study of the flow and transformation of energy in and between living organisms and between living organisms and their environment (Wikipedia, 2007).

CATEGORICAL VARIABLES

A categorical variable is one that has two or more categories, but there is no intrinsic ordering to the categories. A purely categorical variable is one that simply allows you to assign categories but you cannot clearly order the variables (Wikipedia, 2007).

ISOPATHIC TREATMENT

Is a therapy related to homoeopathy. It is the treatment of disease by means of products of the disease or with materials from the affected organ (Wikipedia, 2007).

KRUSKAL-WALLIS TESTS

In statistics, the Kruskal-Wallis test is a non-parametric method for testing equality of population medians among groups (Wikipedia, 2007).

MANN-WHITNEY TESTS

In statistics, the Mann-Whitney test is a non-parametric test for assessing whether two samples of observation come from the same distribution. The null hypothesis is that the two samples are drawn from a single population, and therefore their probability are equal (Wikipedia, 2007).

MEDICAL SPECIALIST

A Medical Specialist is someone who specializes in a particular field of medicine. In some jurisdictions they may also be known as physicians. Medical Specialists go through additional training, above and beyond medical school and internship in order to become very knowledgeable about a specific part of the human body (Wikipedia, 2006).

ORDINAL VARIABLES

An ordinal variable is a special type of categorical variable which the levels can be naturally ordered (Wikipedia, 2007).

PEARSONS CHI-SQUARE TESTS

It is a null hypothesis that the relative frequencies of occurrence of observed events follow a specific frequency distribution. The events are assumed to be independent and have the same distribution, and the outcomes of each event must be mutually exclusive (Wikipedia, 2007).

PLACEBO

Placebo is defined as “A substance with no active biological properties knowingly or unknowingly used to exert a beneficial therapeutic effect”. The concept of placebo effect implies that any observed effects are not attributed to the substance that was administered, thus implying that the substance has no pharmacological effects (Swayne, 1997).

SIMILIA PRINCIPLE

“Like cures like” The doctrine which lies at the foundation of homoeopathy, that a disease is cured by those substances which produce effects resembling the disease itself (Wells, 2002).

SURVEYS

Surveys are a research tool using 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
(Mitchell and Jolley, 1992).

FOCUS GROUPS

Focus groups are a form of group interview that capitalizes on communication between research participants in order to generate data. It is a method that is particularly useful for exploring people's knowledge and experiences and can be used to examine not only what people think but why they think that way (Kitzinger,1995).

CHAPTER ONE:

INTRODUCTION

1.1 BACKGROUND TO STUDY

With the start of the millennium, attitudes towards health and healing are changing. People are beginning to take an active role in their own well-being (Cehousky, 2002).

Recently, patients have started to demand a new model of healthcare that is built on a broader concept of health that integrates complementary and alternative therapies with conventional medical approaches (Bell, Caspi, Schwartz, Grant, Gandet and Rychener, 2002). Informed consumers of the 21st century are looking for a medical system that incorporates all the dynamics that exist in a person (Lewith, Owen, Stephen, 2001).

However, several studies in Europe, Canada and the USA indicate that communication between the medical profession and Complementary and alternative medicine (CAM) users including homoeopaths are far from ideal. Langworthy and Birkelid's (2001) study concluded that with increasing emphasis on multidisciplinary health care, greater understanding and better communication is needed in order for the patient to obtain optimum benefits.

Few studies have investigated medical doctors' knowledge, awareness and attitudes towards homoeopathy and CAM in South Africa. One such study,

entitled “The perceptions of General practitioners (GPs) and pharmacists in the greater Durban area towards Homoeopathy”,(Maharajh, 2005) found that a large proportion of GP’s and pharmacists knew little or nothing concerning the recognition of homoeopathy. Furthermore, this study proved that communication and referral between GP’s and pharmacists are poor to non-existent, despite acknowledgement that communication would be beneficial for patients (Maharjh, 2005).

Hence, the current perception in South Africa is that GP’s do not refer patients to homoeopaths. This has implications for homoeopathy in the South African context in terms of integration (Louw, 2005).

The purpose of this investigation was therefore to determine the current perception and interaction of Medical specialists toward homoeopathy in Durban South Africa. Studies have been conducted on the perceptions of pharmacists, GPs and medical students in South Africa, however, no studies have been conducted on the views of Medical specialists towards homoeopathy. Medical specialists play an integral part in primary health care; it is their additional training above and beyond medical school and internship which sets them apart from GPs, as they have specific knowledge of medical matters. Therefore, it is important to ascertain the perception and knowledge that this group has of the homoeopathic profession in South Africa as this could establish a knowledge base to facilitate greater understanding and co-operation between Medical specialists and homoeopath.

1.2 AIMS AND OBJECTIVES OF THE STUDY

The aim of this study was to determine the perceptions and interaction of Durban Medical specialists towards homoeopathy.

The first objective was to assess the extent of knowledge of the homoeopathic profession amongst Durban Medical specialists.

One of the other main objectives was to establish the perceptions of Medical specialists towards the homoeopathic profession and to assess the extent of interaction and patient referral between Medical specialists and homoeopaths.

1.3 OUTCOME OF STUDY

Although the majority of Durban Medical specialists had heard of homoeopathy and are aware of the legal recognition of homoeopathy, a large proportion of the Medical specialists that participated in the study know very little regarding the education that homoeopaths receive.

There was also a highly significant association between the Medical specialists' view and knowledge of homoeopathy as well as communication and referral. Those with positive views had more knowledge of homoeopathy and were more likely to refer patients while those with negative views, did not know much about homoeopathy and were uncomfortable with it or thought it did more harm than good.

This indicates that Medical specialists who understand homoeopathic treatment and the usefulness thereof for selected conditions, would be more likely to refer patients to homoeopaths than those Medical specialists who knows little.

This study provided useful information which could influence future referral and collaboration between Medical specialists and homoeopaths in the South African health care system. This study has shed light on inter-professional knowledge being very important in inter-professional communication.

CHAPTER 2

REVIEW OF RELATED LITERATURE

2.1 OVERVIEW

Homoeopathy is recognized as being the fastest growing medical modality in the world (Prinsloo, 2005). According to statistics issued by the World Health Organization (WHO Media Centre, 2006), homoeopathy currently runs second in the list of most widely used methods of treatment in the world, behind the traditional Chinese and Indian cure (Cehousky, 2002).

The perception of homoeopathy is changing and there is a growing demand to learn more about homoeopathy. In South Africa the homoeopathic industry has been growing steadily (Prinsloo, 2005). Traditional healers and complementary therapies are gaining recognition, so that they too can form part of public health care services (Traditional Health Practitioners Act, no. 35 of 2004). This affords the homoeopathic profession a unique opportunity to become an integral part of health care in South Africa, and to clear up misconceptions that may exist regarding homoeopathy.

In 2005, Lee, Lim, Yeo conducted a study on the perceptions of 5th year Singapore medical students towards CAM. This study was designed to assess their knowledge, beliefs and attitudes about CAM in general. The overall results of this study was positive with 92% of medical students believing that CAM includes ideas and methods from which conventional medicine can benefit, 86%

wishing to know more about CAM and 91% stating that CAM would play an important role in their future medical practice.

Alternative medicine has maintained its popularity in all regions of the developing world and its use is rapidly spreading in industrialized countries, because two thirds of the worlds population (mainly in developing countries) relies entirely on traditional medical therapies, the World Health Organization has declared its intention actively to encourage CAM therapies including homoeopathy world wide (WHO Media Centre, 2006).

In the United States, 158 million of the adult population use alternative medicine and according to the USA commission for alternative and complementary medicine, US $ 17 billion was spent on alternative traditional remedies in 2000. In the United Kingdom, annual expenditure on alternative medicine is US $ 230 million (WHO Media Centre, 2006).

The use of CAM in primary health care is growing, however its use is still not widespread. Little is known about how CAM can or should be integrated into mainstream health care (Fisher, Jakob, Haselen, Nickel, Reiber, 2004).

2.2 HOMOEOPATHIC REGISTRATION AND TRAINING REQUIREMENTS IN SOUTH AFRICA

Homoeopathic practitioners are recognized as primary contact professionals (the same as medical practitioners). Therefore, only full-time training at the level of a Masters Degree in homoeopathy is allowed or recognized. Registration with the Allied Health Profession Council (AHPCSA) is a statutory requirement (Prinsloo, 2005).

The only training recognized for registration in South Africa is the Masters Degree in homoeopathy – (M.Tech. (Hom)) offered at the Durban University of Technology and University of Johannesburg, or SA Qualifications Standards Authority (SAQA) and AHPCSA approved equivalent. The M.Tech (Hom) consists of a five-year full-time medico-scientific course in homoeopathy. Medical practitioners registered with the Health Professionals council of SA (HPCSA) may also opt for the course offered by the SA Faculty of homoeopathy. It should be noted that, where as the vast majority of international homoeopathic schools offer skills-oriented homoeopathic training, [e.g. in the United States, the American Board of Homoeotherapeutics, certify practitioners with a “diploma of homoeopathy” award. Practitioners who receive this certification must take continuing education in the field and write articles to maintain their standing. In the United Kingdom only medical doctors can practice homoeopathy, receiving certification through the Faculty of homoeopathy (Homoeopathy and CAM Resource Guide, 2006)] South Africa offers professional training at a level required for the practicing of homoeopathy as a Primary Contact Health

Profession. This being the case, distance education, correspondence and part-time courses, from whatever institution in the world, are not recognized for purposes of registration (Homoeopathic Association of S.A, 2005).

The homoeopathic training course in South Africa is currently undergoing changes due to re-curriculation, in an attempt to deliver an even higher standard of training (Prinsloo, 2005).

2.3 SCIENTIFIC EVIDENCE FOR HOMEOPATHY

Since its inception over 200 years ago, homoeopathy has fallen in and out of favour. Its apparent resurgence in these times has rekindled the discussion as to whether homoeopathic medicines are an effective treatment against disease, or whether homoeopathy is no more than an elaborate placebo. The discussion as to whether or not it is an effective therapy is ongoing in human and veterinary medicine; it appears to have devolved into one between proponents of homoeopathy and those who rely on firm evidence of effectiveness before adopting any therapy (Imrie, Ramey, Stenger, Wagner, 2000).

This review attempts to assess the state of the current evidence regarding homoeopathy: The similia principle (like cures like) is considered to be the fundamental basis of homoeopathy. This principle pertains that disturbances (diseases) should be corrected by minute doses of any medicine, which at higher doses produces effects closely resembling the symptoms of the disease being

treated (Van Wijk and Wiegant, 1994). The similia principle can not be readily studied in one single type of experiment, since multiple aspects have to analyzed and demonstrated either in a parallel or in a sequential manner. Therefore, a research program has been developed by Van Wijk and Wiegant in 1994, using a biological model system that allows the systematic unraveling of the various aspects involved.

Mammalian cells were brought to a disordered state by exposures to damaging physical (heat shock) and chemical (sodium arsenite and cadmium chloride) conditions. Immediately following this condition a low dose of the damaging agent is applied to the cell culture. At the cellular level self-defense and recovery (which is considered the essence of homoeopathy by the application of compounds according to the similar approach) is largely dependent on the availability of so-called 'protector proteins'. Under the appropriate conditions production of protector proteins as well as development of tolerance can be stimulated to a larger extent in disordered culture by application of a low dose of the same condition in comparison with cell culture which only received the disordering treatment without subsequent application of the low dose. The observed stimulatory effect appears to be specific for damaged and recovery cells as low doses of the initial agent do not exert any influence on undamaged control cells (Van Wijk and Wiegant, 1994).

It can be concluded that the similia principle can be tested at the cellular level in its most elementary form, by determining the extent to which recovery is

stimulated by a small dose of the same substance which in the first instance is responsible for upsetting the system or making it 'ill'
(Van Wyk and Wiegant,1994).

These observations not only seem to support the most elementary part of the age old adage of 'like cures like', but also add some 'naunce' to the isopathic treatments. Such research on homoeopathy, and other bio-energetic phenomena, offer new questions to the greater scientific community – to the entire theory of condensed matter, and its ramifications in biology, chemistry and physics (Ross, 1994).

2.4 STUDIES ON HOMOEOPATHY AND OTHER COMPLEMENTARY AND ALTERNATIVE MEDICINE IN SOUTH AFRICA

2.4.1 Attitudes of physicians towards traditional healing, faith healing and Alternative medicine in rural S.A

In 2001, Peltzer conducted a survey on 242 registered physicians in the Northern Province and Mpumalanga, S.A. There were 105 responses. The results indicated that the likelihood of referral to a non-biomedical practitioner was highest for an alternative therapist. It was also found that alternative medicine was ranked as most important among physicians, followed by faith healing and traditional healing in that order.

2.4.2 The perceptions of General practitioners and Pharmacists

This study was conducted by Maharajh in 2005. A total of 484 questionnaires were distributed and a total of 155 responses were received. A total of 97 GP's and 58 pharmacists responded. The percentage return of questionnaires was 32,02%. The response rate was 26,22% for GP's and 50.87% for pharmacists respectively. Most pharmacists (46,6%) and GP's (41,2%) were uncomfortable with homoeopathy but found it to be effective for some patients. Many of the pharmacists (36,2%) and GP's (42.3%) perceived that they were not informed enough to comment. Less than 5.2% of all respondents perceived that homoeopathy was quackery and that it does more harm than good. Only 12.1% of pharmacists and 12.4% of GP's perceived homoeopathy to be an excellent mode of treatment. 68.4% of pharmacists and 79.8% of GP's perceived that co-operation amongst the pharmacists, GP's and homoeopaths would be beneficial to all. It was found that there is limited communication and co-operation between pharmacists, GP's and homoeopaths. Secondly there seems to be a lack of knowledge on the nature of homoeopathic training that is available in South Africa. It was concluded that GP's and pharmacists know very little detail about homoeopathy and homoeopathic training, and it can be assumed that this lack of knowledge is a possible reason for the poor communication and co-operation that currently exists between these practitioners and homoeopaths.

2.4.3 Medical students and complementary medicine in South Africa

In 2007, Thorvaldsen conducted a survey to determine the perceptions of 3rd year medical students at the University of Cape Town and the University of Kwazulu Natal towards homoeopathy. 347 questionnaire were distributed 181 questionnaires were returned. A total of 50% of questionnaires from Kwazulu Natal and 45% from Cape Town were returned. It was deduced that 96% of respondents had heard of homoeopathy, 21% were knowledgeable about it, 4% of respondents have never heard of it, 68% of respondents indicated an interest in learning more about homoeopathy and 92% of respondents felt that it is important for a medical doctor to know about the complementary forms of treatment. 79% of respondents said that improved communication between homoeopaths and conventional medical practitioners is important.

2.4.4 The perceptions of Veterinary surgeons towards homoeopathy

In 2005, Turner conducted a survey to determine the perceptions of veterinary surgeons towards homoeopathy and the utilization of homoeopathy by vets in Kwazulu Natal. According to Turner's study 60.3% of vets used homoeopathy, compared to Wortmann's study in 1997 where only 26% of veterinarians had used homoeopathy, this shows the increase interest in homoeopathy in the past 8 years. 79% think that homoeopathy has a role to play in veterinary medicine compared to 76% in Wortmann's study (Turner, 2005).

2.5 GLOBAL TRENDS HELD BY THE DIFFERENT MEDICAL PROFESSIONS TOWARDS COMPLEMENTARY MEDICINE

2.5.1 Paediatricians

Despite the widespread increasing use of complementary and alternative medicine (CAM), literature regarding risks and adverse drug reactions (ADRs) pertaining to childhood populations are scarce. This study aimed to review literature in the pediatric field and summarize what is known about ADRs and the risk of CAM. Some interesting aspects emerged: (1) the extent of CAM use in the pediatric field is increasingly sought by parents of children with chronic illnesses; (2) most parents that choose CAM medicine for their children believe that these therapies are “natural” and thus “safe”; and (3) physicians often feel that they know too little about CAM and wish to learn more for different reasons including “to decide whether the alternative method is unsafe and or ineffective.” They concluded that paediatricians should be prepared to discuss CAM therapies, in an attempt to minimize risks and to restrain parental misconceptions and doubts. They suggest education interventions for parents should be conducted, to increase awareness with regards to CAM (Benoni, Chamentiti, Cuzzolin, Gangemi, Meneghelli, Murgia, Zaffani, 2003).

2.5.2 Specialist Physicians

A study to evaluate the attitudes of physicians at an academic medical centre toward CAM was conducted in the Mayo Clinic in Rochester, USA. A web-based

survey was e-mailed to 660 physicians and they were asked about their attitudes towards CAM in general and their knowledge regarding specific CAM therapies. Of the 233 physicians responding to the survey, 76% had never referred a patient to a CAM practitioner. However, 44% stated that they would refer a patient if a CAM practitioner was available at their institution. Fifty-seven percent of the Medical specialists thought that incorporating CAM therapies would have a positive effect on patient satisfaction, and 48% believed that offering CAM would attract more patients. Most physicians agreed that some CAM therapies hold promise for the treatment of symptoms or diseases, but most of them were not comfortable in counseling their patients about CAM treatments.

This study highlights the need for educational interventions and the importance of providing physicians ready access to evidence-based information regarding CAM (Baver, Cha, Elkin, Loehrer, Vincent, Wahner-Roedler, 2006).

2.5.3 Medical students

A study was conducted by students at University College London to compare the attitudes toward CAM by medical students from two different medical schools and at different stages of their medical training (first and third year students).

Third year students thought CAM was less effective than first year students and also were significantly less interested in training in CAM techniques. The conclusion deduced from this study is that education at medical school does

influence attitudes to CAM. As their orthodox medical training proceeds medical students seem to increase their skepticism about CAM (Furnham, McGill, 2003).

In 2000, Behjat, Das and Hasan, conducted a survey to explore the attitudes of medical students in the United Arab Emirates with regards to forms of therapy not generally accepted by conventional medicine, including acupuncture, herbal medicine, homoeopathy and chiropractic. The students seem to be better informed and more open to new ideas, and aware of the need for collaboration between practitioners of CAM to develop a more congenial atmosphere. The students were all young UAE nationals and had been educated in the UAE. Most of them had used alternative therapies for treatment of their own aliments and were aware of many others using them and thus had knowledge of the results of such treatment. In addition, they had also had a short introductory course in the first year of the medical curriculum. The result of this study suggests that information about alternative medicine should be provided to medical students. Teaching and learning methods need to be developed and teachers willing to participate in such programmes need to be identified (Behjat, Das, Hasan, 2000).

2.5.4 Obstetricians and midwives

A study was conducted in South Australia to determine the attitudes of obstetricians and midwives towards the use of CAM during pregnancy, to examine their referral patterns and their views on the usefulness and safety of these therapies during pregnancy.

A response rate of 78% was obtained. 14% of doctors considered CAM as a threat to public health. Over 90% of midwives and obstetricians thought they should have some knowledge about CAM. A greater portion of obstetricians (72%) held the view that there needs to be an evidence base for CAM compared with 26% of midwives. The majority of obstetricians (68%) and midwives (78%) had formally referred a patient for use of one of the complementary therapies (Gaffney and Smith 2004).

2.6 INTERPROFESSIONAL CO-OPERATION AND COMMUNICATION BETWEEN DOCTORS/PHYSICIANS AND HOMOEOPATHS

Patients are increasingly using complementary and alternative medicine, and doctors are responding to this in several ways, from being enthusiastic and interested to mystified and critical (Lewith, Owen, Stephen, 2001).

Good communication and co-operation between health care professionals is important in ensuring high standards of care. Previous studies however, showed that communication between primary and secondary health care professionals as far from ideal (Louw, 2005).

While the field of CAM does need to be embraced by medicine, its benefits and risks need to be understood (Cohen, 2000). It is unacceptable for a clinician to simply state that a certain therapy “does not work” or to claim ignorance of it (Cirigliano and Sun, 1998). Cohen (2000) adds that clinicians must have some

basic understanding and knowledge regarding CAM therapies, even if solid clinical trials and scientific studies are lacking. They should be able to give patients available (and appropriate) information about the safety and efficacy of unconventional as well as conventional therapies in treating their illnesses, encouraging them to seek similar, reliable information (Cohen, 2000).

If doctors are to have a role in gate-keeping or advising patients about CAM they need some familiarization with this type of medicine. Doctors and their professional organizations need to address the extent to which they will integrate the techniques of CAM into their patient care. For doctors, familiarization with and training in CAM provides an opportunity to integrate different approaches into patient management and offers a framework to work with and develop other skills. These approaches enhance patient care and meet some doctors' intuitive needs to balance the increase in the technological base of conventional medical approaches with a softer approach to clinical care. The integration of CAM gives doctors and health care professions an opportunity to bring together the strengths and to balance the weaknesses inherent in different systems of health care, representing a coming together of the heart, head and hand (Lewith, Owen, Stephen 2001).

The lines of communication between physician and patient must be kept open. As several surveys have shown, physicians do not seem to communicate sufficiently with their patients and are not well aware of their use of CAM

therapies. Though some disagree, most physicians believe that ignorance is certainly not bliss in this area. As a profession physicians must address the challenge of discussing CAM therapies with their patients and put an end to the "don't ask, don't tell" approach that characterizes communication in this area. These discussions are opportunities for shared decision-making and "relationship-centered care". No patient should feel that their medical journey is to be taken alone or according to some stealth trajectory, invisible to their conventional providers (Lewith, Owen, Stephen 2001).

2.7 Homoeopathic medicine considered as placebo

Sceptics consider homoeopathic medicine to be placebo and consider its action to be attributed to the context in which it is prescribed (Swayne, 1998). According to Ullman, (1999), 20% of people that are treated homoeopathically for chronic diseases experience a slight aggravation followed by significant improvement of the chronic disease and overall state of health which does not occur in people given placebo.

Sceptics insist that homoeopathy only works if you believe in it, implying that the workings of homoeopathy are merely 'placebo'. The fact that homoeopathy is able to achieve dramatic results when used on infants and animals dispels this myth. Placebo effect does not apply to both infants and animals because they are not capable of being influenced by the prescriber. An adult on the other hand might very well be influenced by what he or she is told by the prescriber about the medication and their recovery (Digby, 1997).

A recent article by Dorig, Eggerin, Huwiler-Muntener, Nartey, Juni, Pewsner, Shang, Sterne, (2005) published in the Lancet medical journal titled “Are the clinical effects of homoeopathy placebo effects? Comparative study of placebo-controlled trials of homoeopathy and allopathy”, as well as an editorial titled “The end of homoeopathy”, have aroused much debate regarding the efficacy of homoeopathy.

The meta-analysis at the centre of the controversy is based on 110 placebo-controlled clinical trials of homoeopathy and 110 clinical trials of allopathy, which are said to be matched. These were reduced to 21 trials of homoeopathy and 9 of conventional medicine of ‘higher quality’. The final analysis which concluded that ‘the clinical effects of homoeopathy are placebo effects’ was based on just the eight ‘larger higher quality’ clinical trials of homoeopathy. The Lancet press release did not mention this, instead giving the impression that the conclusions were based on all 110 trials (Vandenbroucke, 2006).

The editorial indicated that doctors need to be honest with their patients about the “lack of benefit” of homoeopathy (Sboros, 2005). This meta-analysis is subject to fundamental criticisms. Regrettably, the media have already reported the Lancet’s version of the story (Fisher, 2006).

The popularity of homoeopathy is growing worldwide despite The Lancet’s claim that the end of homoeopathy is high. The way forward is open, transparent science, not opaque, based analysis (Fisher, 2006).

Not surprisingly, this followed a research study published in June 2007 in the Complementary Therapeutic Medicine Journal, titled “Outcome and costs of homoeopathic and conventional treatment strategies: A comparative cohort study in patients with chronic disorders.” This study by Witt, Keil, Selim, Roll and Vance (2007), concluded that patients seeking homoeopathic treatment had a better overall outcome when compared with patients on conventional treatment, whereas costs in both groups were similar. It also included a report (still in draft form) prepared by an office of the World of Health Organization which states that most of the studies published over the past 40 years have shown homoeopathic remedies to be superior to placebo and “equivalent to conventional medicines in the treatment of illnesses, in both humans and animals”.

Responses to this article indicated that many professionals viewed the study to be biased, and found the eight articles used to be unsuitable for use in evaluating homoeopathic medicine (Homoeopathic Association of South Africa, 2003).

CHAPTER 3

MATERIALS AND METHODS

3.1 STUDY DESIGN

A survey method in the form of a questionnaire (Appendix C) was employed to investigate the perceptions of Medical specialists towards homoeopathy and interaction with members of the homoeopathic profession.
Generalizations were based on representation of a sample and reliability and validity of the design and research instrument in the form of an adapted questionnaire from Langworthy and Smink (2000), Maharajh (2005) and Tatalias (2006).

3.2 STUDY POPULATION

The questionnaire was delivered by the researcher to Medical specialists in the greater Durban area of Kwazulu Natal. A sample group of 344 Medical specialists were targeted, and a total of 150 doctors participated in the study; this gives a response rate of 44%.

3.2.1 Inclusion criteria for Medical specialists

Medical specialists practicing in the greater Durban area.

3.2.2 Exclusion criteria for Medical specialists

Non-practicing Medical specialists.

3.3 STUDY SAMPLE

A sample size of 344 Medical specialists was used. The sample was extracted directly from the medical pages of the Durban Telephone Directory (October 2006/2007), regardless of sex, race, or age. The sample size represented all Medical specialists that were listed and that fitted the criteria for inclusion.

3.4 ETHICS

The answers to each questionnaire were regarded as strictly confidential. In order to encourage honest responses anonymity was maintained in the following manner:

- Respondents were not asked to supply their names, addresses or other information that would have allowed identification.
- There was no way of identifying respondents from their returned questionnaires.

3.5 METHODOLOGY

3.5.1 Focus group

The purpose of the focus group meeting in this study was to determine the face validity and reliability of the questionnaire. The focus group consisted of 8 people: 5 homoeopaths, a chiropractor, 1 intern (chiropractor) and a Medical specialist.

The data collected in the focus group sessions consisted of a video-recorded group discussion among the 8 participants who shared their thoughts and recommendations on the proposed questionnaire. Changes were made from their recommendations before distribution of the questionnaires.

The Medical specialist who participated in this focus group meeting was excluded from the study.

3.5.2 Delivery of the questionnaires

The questionnaires were delivered by the researcher to all included in the sample group. The researcher travelled to all the major private and public health facilities in the greater Durban region. The questionnaires were handed out to the receptionists of the Medical specialists. A reminder telephone call was made 2 days after distribution (Appendix A).

3.5.3 Returned questionnaires

Returned questionnaires were collected by an independent 3rd party (Mr Anil Sangham) to prevent any possible influence the researcher might have on their answers to the questionnaire and to preserve anonymity of the participants.
A cut-off date of two weeks after the initial set of questionnaires was delivered had been set. However, an extension of this time framework was called for, from 2 weeks to 2 months due to lack of compliance of most Medical specialists, possible reasons listed in chapter six.

3.5.4 Data Capture

After all questionnaires were received, the data was edited, encoded and categorized for capture on computer file.

3.5.5 Data analysis

Results were analyzed by utilizing the SPSS program (Version 15.0 SPSS Inc., Chicago, Ilinois,USA) for Windows and Excel by a qualified statistician (Tonya Esterhuizen M.S.c (Epidemology) (Biostatistics), 2007).

3.5.5.1 Statistical tests used

Descriptive objectives were analyzed with frequency tables and bar charts in the case of categorical variables, and using summary statistics such as median, range and inner quartile range in the case of skewed quantitative or ordinal variables.

Associations between knowledge and perception were assessed using Kruskal-Wallis tests. Comparisons of knowledge scores between categorical demographics were done with Mann-Whitney tests (for more than two group comparisons) as appropriate.

Associations between perceptions and referral were assessed using Pearson's Chi-square tests.

CHAPTER 4

4.1 INTRODUCTION

SPSS version 15.0 was used for data analysis (SPSS Inc., Chicago, Illinois, USA). A p value of <0.05 was considered as statistically significant.

Descriptive objectives were analyzed with frequency tables and bar charts in the case of categorical variables, and using summary statistics such as median, range and inter quartile range in the case of skewed quantitative or ordinal variables.

Completed answers to the 35 questions testing knowledge of homeopathy were summed together and expressed as a percentage out of 35.

Associations between knowledge and perception were assessed using Kruskal-Wallis tests. Comparison of knowledge scores between categorical demographics were done with Mann- Whitney tests (for 2 group comparisons) or Kruskal – Wallis tests (for more than two group comparisons) as appropriate. Associations between perceptions and referral were assessed using Pearson's chi square tests.

4.1.1 Results

One hundred and fifty completed questionnaires were returned for analysis out of the 344 sent out. This gives a response rate of 43.60% (95% CI 38.32% to 49.03%).

4.1.2 Objectives

1. To establish the demographics of the responding practitioners.
2. To establish the extent of knowledge about homoeopathy among Durban Medical specialists.
3. To determine the perceptions towards the homoeopathic profession among Durban Medical specialists.
4. To describe the communication and referral between Medical specialists and homoeopaths.
5. To assess whether any association exists between knowledge and perceptions, and referral to homoeopaths.
6. To assess the association between knowledge and perceptions and demographics.

4.2 Overview of results

4.2.1 Demographic data

4.2.1.1 **Gender distribution** Question 1.1 (Appendix C)

TABLE 4.1: Frequency table of gender distribution of participants.

	Frequency	Percent
Female	42	28.2
Male	108	71.8
Total	150	100.0

The majority of respondents were male (71.8% - Table 4.1).

4.2.1.2 **Ethnic group** Question 1.2

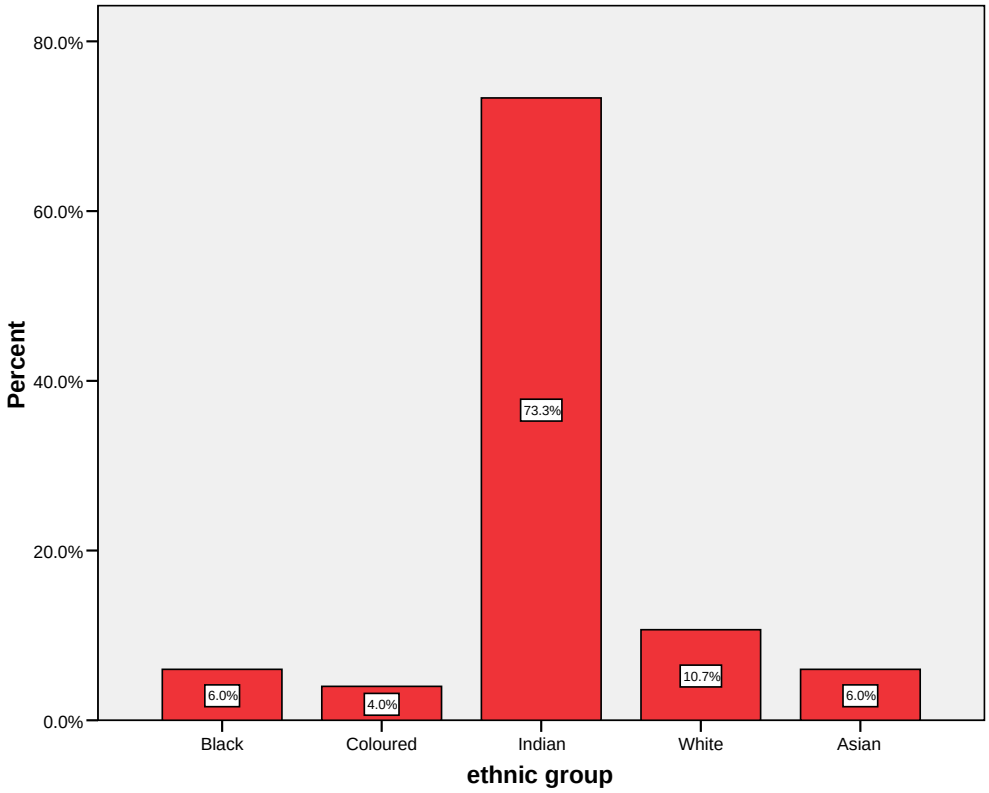


FIGURE 4.1 : Ethnic group of respondents (n=150)

The ethnic group of the participants are shown in Figure 4.1. The vast majority of respondents were Indian (73.3%).

4.2.1.3 **Age group** Question 1.3

Table 4.2: Age group of respondents

	Frequency	Percent
25-35 years	80	53.3
36-45 years	28	18.7
46-55 years	16	10.7
56-65 years	13	8.7
Older than 66 years	13	8.7
Total	150	100.0

The age group of the responding practitioners is shown in the above Table 4.2. The majority were in the 25 to 35 year age group (53.3%), followed by the 36 to 45 year age group (18.7%).

4.2.1.4 **Duration of practice** Question 1.4

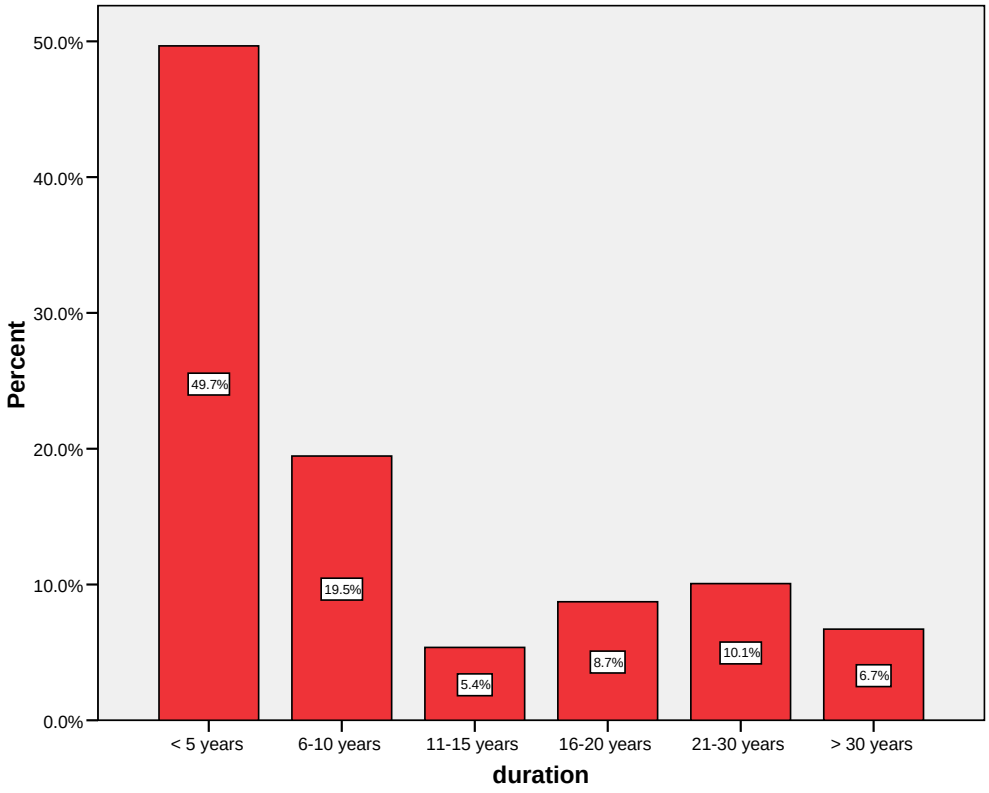


Figure 4.2: Duration of practice in respondents (n=150)

Almost half the respondents were in practice for less than 5 years (49.7%), while nearly 20% had been in practice for 6 to 10 years. This is illustrated in the above Figure 4.2.

4.2.1.5 **Disciplines of specializations** Question 1.5

Table 4.3: Discipline of specialization

	Frequency	Percent
Surgeon	53	35.3
Urologist	12	8.0
Family medicine	11	7.3
Internist	11	7.3
Anesthesiologist	10	6.7
Cardiologist	9	6.0
Psychiatrist	8	5.3
ENT	5	3.3
Pulmonologist	5	3.3
Paediatrician	5	3.3
Dermatologist	4	2.7
Gynaecologist	4	2.7
Specialist physician	4	2.7
Nephrologist	3	2.0
Gastroenterologist	2	1.3
Rheumatologist	1	.7
Endocrinologist	1	.7
Sports physician	1	.7
Haematologist	1	.7
Total	150	100.0

The disciplines of specializations are depicted in the above Table 4.3. The most common was surgery (35.3%) while 8% were urologists and 7.3% each were family medicine practitioners and Internists.

4.2.1.6 **Postgraduate qualification** Question 1.6

Table 4.4: Postgraduate qualification

	Frequency	Percent
Yes	75	50.0
No	75	50.0
Total	150	100.0

The frequency of postgraduate qualification other than that of specialist was 50%. This is shown in the above Table 4.4.

4.2.1.7 Country in which specialist qualification was obtained

Question 1.7

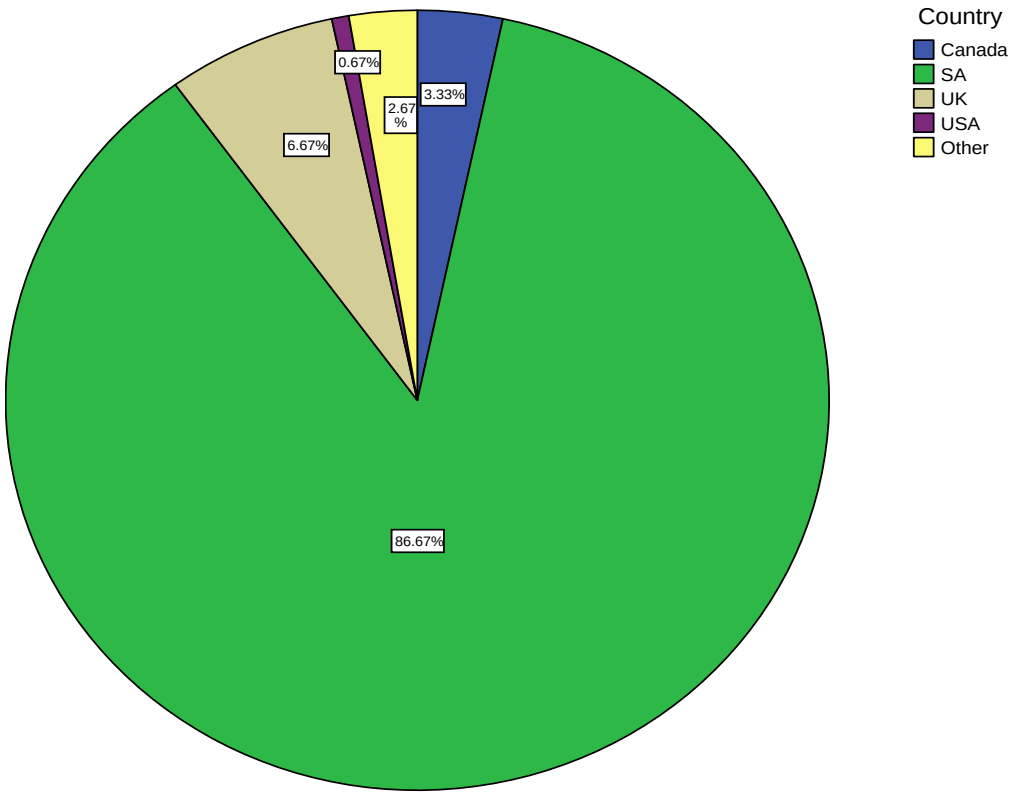


Figure 4.3: Country in which specialist qualification was obtained (n=150)

Figure 4.3 shows that the majority of respondents obtained their qualification in South Africa (86.7%), while 6.7% qualified in the U.K, 3.3% in Canada and 2.7% in the U.S.A.

4.2.1.8 Type of practice Question 1.8

Table 4.5: Type of practice

	Frequency	Percent
Private	51	34.0
Public	78	52.0
Both	21	14.0
Total	150	100.0

The most common type of practice was in the public sector (52%) while 34% were in private practice and 14% were in both public and private practice. This is shown in Table 4.5.

4.2.1.9 Sharing of practice Question 1.9

Table 4.6: Sharing of practice with another practitioner in privately practicing respondents

	Frequency	Percent
Yes	29	40.8
No	42	59.2
Total	71	100.0

Of those respondents in the private sector, 41% reported sharing their practice with another type of specialist. This is shown in the above Table 4.6.

4.2.2 GENERAL KNOWLEDGE OF HOMOEOPATHY

4.2.2.1 **Knowledge of homoeopathy** Question 2.1

Table 4.7: Participants' self report of awareness of homoeopathy

	Frequency	Percent
Never heard of it	11	7.3
Consulted with a homeopath	21	14.0
Referred a patient	12	8.0
Heard of it but no contact	106	70.7
Total	150	100.0

Table 4.7 shows that the majority of respondents had heard of homoeopathy but had had no contact with it (71%). There were 11 respondents (7.3%) who reported to have never heard of it. 14% had consulted with a homoeopath and 8% had referred patients to a homoeopath.

4.2.2.2 **Legal recognition of homoeopathy, funding by health care insurers and the awareness of whether homoeopathy can be used in conjunction with conventional medicine and if homoeopathic medicine are cheaper** Question 2.2, 2.3, 3.8 and 3.7

Table 4.8: Responses to questions 2 and 3 of part 2; 7 and 8 of part 3 of questionnaire. (Appendix C).

	Yes		No		unsure	
	Count	%	Count	%	Count	%
Law	104	69.3%	4	2.7%	42	28.0%
Medical aid	46	30.7%	35	23.3%	69	46.0%
conjunction	115	76.7%	19	12.7%	16	10.7%
Cheaper	59	39.3%	27	18.0%	64	42.7%

Legal recognition of homoeopathy

The majority of respondents (69.3%) perceive that South African law recognizes homoeopathy. Only a small percentage perceives that homoeopathy is not legally recognized (2.7%).

Funding by health care insurers

As is evident in the above table 8, many Medical specialists were unsure if homoeopathy was funded by health care insurers (46.0%). Only 30.7% were aware that the majority of health care insurers cover homoeopathic treatments.

Homoeopathy used in conjunction with conventional medication

76.7% of Medical specialists agreed that homoeopathy can be used in conjunction with conventional medicine, only 12.7% disagreed with the above statement.

Homoeopathic medicine are cheaper

Most respondents were unsure whether homoeopathic medicine is cheaper than conventional medicine (42.7%).

4.2.2.3 Awareness of the education that homoeopaths receive and duration of course, type of modality and founder of homoeopathy

Question 2.4, 2.6, 3.3 and 3.9

Table 4.9: Responses to questions 4 and 6 of part 2 and 3 and 9 of part 3 of questionnaire.

		Count	%
Education	None	4	2.7%
	Diploma	60	40.0%
	Degree	67	44.7%
	Honours	2	1.3%
	Masters	15	10.0%
	PhD	2	1.3%
Time	1 year	6	4.0%
	2 years	13	8.7%

	3 years	21	14.0%
	4 years	35	23.3%
	5 years	26	17.3%
	6 years	21	14.0%
	Unsure	28	18.7%
Treatment	Energy medicine	13	8.7%
	Herbal medicine	31	20.7%
	Natural medicine	72	48.0%
	Placebo	13	8.7%
	Unsure	21	14.0%
	Other	0	.0%
	Unsure	57	38.0%
Founded	Don't know	72	48.0%
	In the East	55	36.7%
	In the USA by Dr Kent	3	2.0%
	In Germany by Dr Hahnemann	12	8.0%
	In India by a Buddhist Monk	8	5.3%

Level of education

The majority of Medical specialists perceived that homoeopaths receive a degree on qualification (44.7%), whilst 40.0% perceived that homoeopaths receive a diploma. Very few respondents (10.0%) knew that homoeopaths receive a master's degree in South Africa.

Duration of training course

18.7% of respondents were unsure about the duration of training that homoeopaths receive. The majority of respondents thought that the

homoeopathic course is of 4 year duration (23.3%). 17.3% believe that homoeopathic training involves 5 years of study.

Type of modality

Participants were asked the question:" Which do you consider homoeopathic medicine to be?" Most Medical specialists responded that homoeopathy was natural medicine (48.0%). 8.7% perceived that homoeopathic medicine was placebo.

Founder of homoeopathy

A vast majority of respondents did not know who founded homoeopathy (48.8%). 36.7% perceived that homoeopathy was founded in the East and is based on eastern philosophy. Only 8.0% knew that homoeopathy was founded in Germany by Dr Samuel Hahnemann.

4.2.2.4 **Procedures conducted by a homoeopath** Question 3.4

Table 4.10: Responses to question 4 part 3 of questionnaire

	No		Yes	
	Count	Row N %	Count	Row N %
acupuncture	85	56.7%	65	43.3%
Physical exam	61	40.7%	89	59.3%
Surgery	150	100.0%	0	.0%
History	21	14.0%	129	86.0%
Other	131	87.3%	19	12.7%
None	144	96.0%	6	4.0%

Almost all Medical specialists (86.0%) knew that homoeopaths take a past medical history from their patients. 59.3% perceived that homoeopaths perform physical examinations on their patients. 43.3% of respondents believed that homoeopaths conduct acupuncture on their patients. Only a small percentage of Medical specialists believed that homoeopaths do not conduct any procedures on their patients (4.0%).

4.2.2.5 Benefit of homoeopathic treatment for various conditions

Question 3.6a

Table 4.11: Responses to question 6(a) of part 3 of questionnaire

	No		yes		as an adjunct		sole treatment	
	Count	%	Count	%	Count	%	Count	%
Asthma	27	18.0%	41	27.3%	74	49.3%	8	5.3%
Appendicitis	127	84.7%	4	2.7%	19	12.7%	0	.0%
AIDS	50	33.3%	12	8.0%	88	58.7%	0	.0%
Cancer	53	35.3%	11	7.3%	86	57.3%	0	.0%
Cystitis	50	33.3%	33	22.0%	57	38.0%	10	6.7%
Depression	23	15.3%	44	29.3%	68	45.3%	15	10.0%
Diabetes	40	26.7%	19	12.7%	86	57.3%	5	3.3%
Gynaecological	29	19.3%	34	22.7%	74	49.3%	13	8.7%
Headaches	18	12.0%	46	30.7%	71	47.3%	15	10.0%
Hypertension	47	31.3%	19	12.7%	81	54.0%	3	2.0%
Insomnia	18	12.0%	41	27.3%	66	44.0%	25	16.7%
Inflammatory bowel Disease	36	24.0%	30	20.0%	72	48.0%	12	8.0%

Influenza	31	20.7%	38	25.3%	57	38.0%	24	16.0%
LBP	35	23.3%	34	22.7%	73	48.7%	8	5.3%
Parkinsons	65	43.3%	12	8.0%	71	47.3%	2	1.3%
Rheumatoid arthritis	44	29.3%	20	13.3%	77	51.3%	9	6.0%
Hayfever	27	18.0%	38	25.3%	60	40.0%	25	16.7%
Skin problems	30	20.0%	35	23.3%	66	44.0%	19	12.7%
Surgery	130	86.7%	0	.0%	20	13.3%	0	.0%
Systemic infections	123	82.0%	1	.7%	26	17.3%	0	.0%

Of all the conditions listed above only a small percentage of Medical specialists felt that homoeopathy can be used as sole treatment. The majority of respondents felt that homoeopathy can be used in conjunction with conventional medicine for the treatment of AIDS (58.7%), Cancer (57.3%), Diabetes (57.3%), Hypertension (54.4%), and Rheumatoid arthritis (51.3%). All believed that homoeopathy cannot be used in surgery and 84.7% stated that homoeopathy cannot treat appendicitis.

4.2.2.6 **Tertiary institutions that offer homoeopathic training in South Africa** Question 2.5

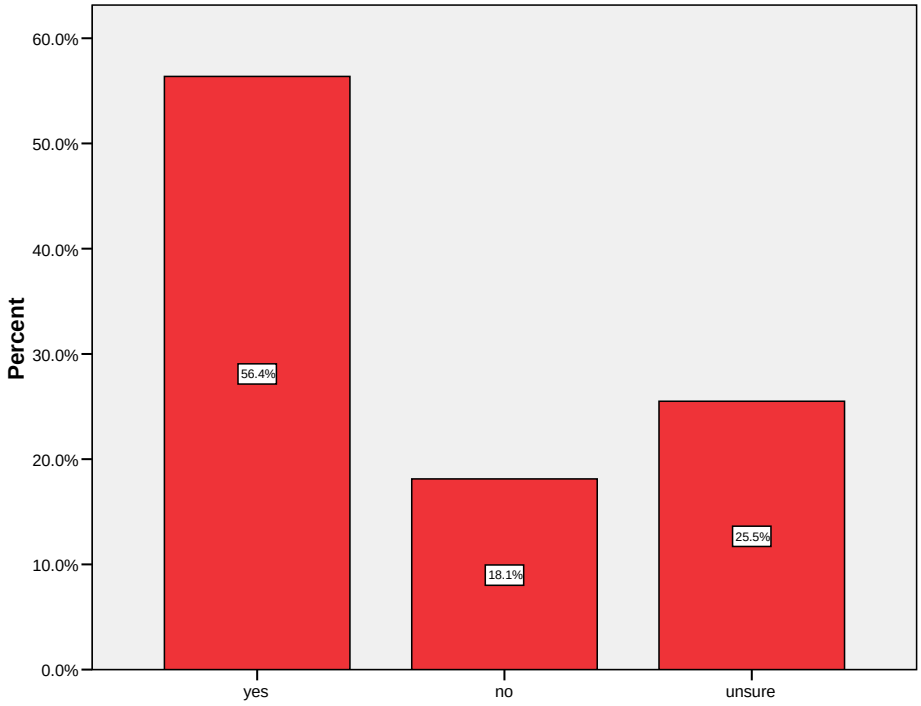


Figure 4.4: Responses to whether participants were aware of places that offer homoeopathic training in South Africa

Figure 4.4 shows that 56.4% of respondents were aware of the two institutions that offered homoeopathic training in South Africa, while 18.1% did not know and 25.5% were unsure.

Table 4.12: Descriptive statistics for knowledge percentage score (n=150)

Median		68.57
Minimum		23
Maximum		89
Percentiles	25	57.14
	50	68.57
	75	74.29

Table 4.12 shows that the median knowledge percentage score was 68.57%. The lowest and highest scores were 23% and 89% respectively. The inter quartile range was 57.14% to 74.29%. Thus the level of knowledge about homoeopathy was quite high.

4.2.3 PERCEPTIONS OF HOMOEOPATHY

4.2.3.1 Scientific basis and legitimacy of homoeopathy as a form of medicine and the overall perception of homoeopathy

Question 3.1, 3.2., 4.4

Table 4.13: Responses to the perceptions questions 1, 2 and 4

		Count	%
Scientific basis	Yes	61	40.7%
	No	38	25.3%
	Unsure	51	34.0%
Legitimate	Yes	92	61.3%
	No	25	16.7%
	Unsure	33	22.0%
View	I am comfortable with it	65	43.3%
	I am uncomfortable with it	9	6.0%
	It is quackery and does more harm than good	4	2.7%
	Not informed enough to comment	72	48.0%

Table 4.13 shows that the perceptions towards homoeopathic treatment were generally favorable. 41% felt that there was a scientific basis for homoeopathy, while 61% felt it was a legitimate form of health care. 43% were comfortable with homoeopathy, while 48% responded that they were not informed well enough to comment on their view of homoeopathy.

4.2.4 COMMUNICATION

4.2.4.1 Quality of communication between Medical specialists and homoeopaths Question 4.1

Table 4.14: Responses to the state of communication between Medical specialists and homoepaths

	Frequency	Percent
Non existent	79	52.7
Poor	55	36.7
Moderate	5	3.3
Good	3	2.0
Unsure	8	5.3
Total	150	100.0

There was a general perception of poor or non existent communication between Medical specialists and homoeopaths. Table 4.14 shows that 52.7% thought communication was non existent while a further 36.7% felt it was poor. Only 2% said that communication was good.

4.2.4.2 The Benefit of improved communication and co-operation

Question 4.2

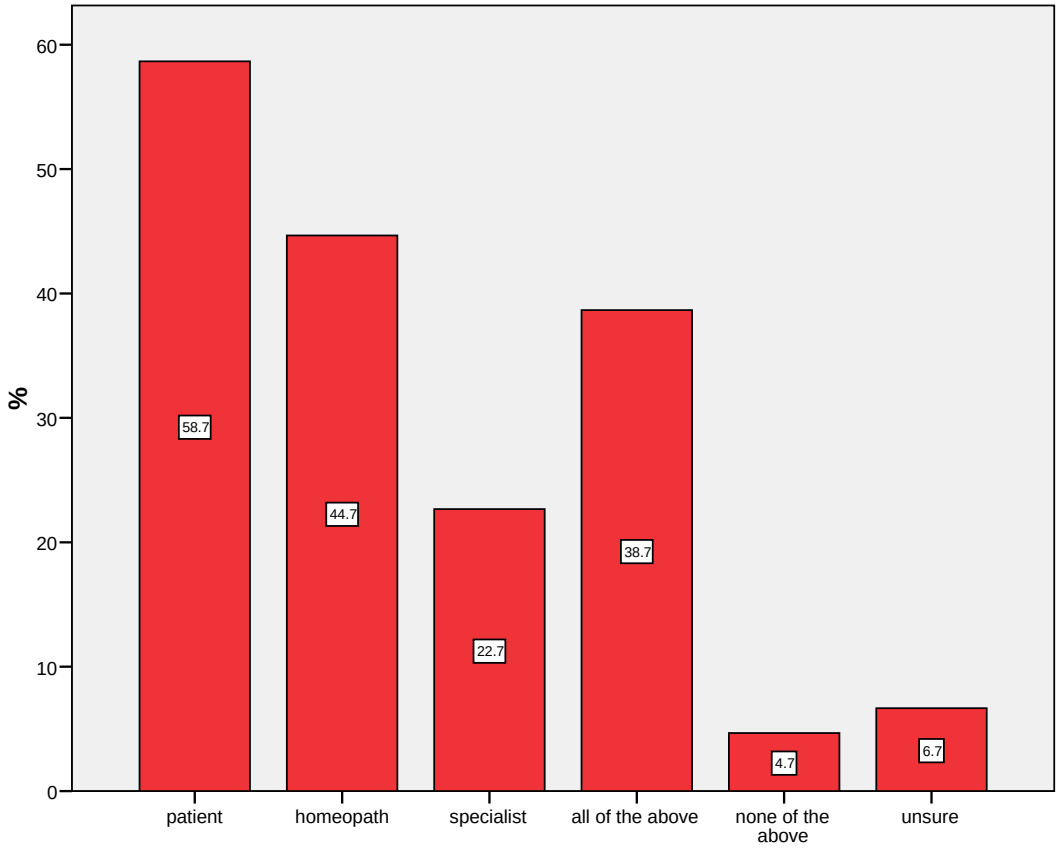


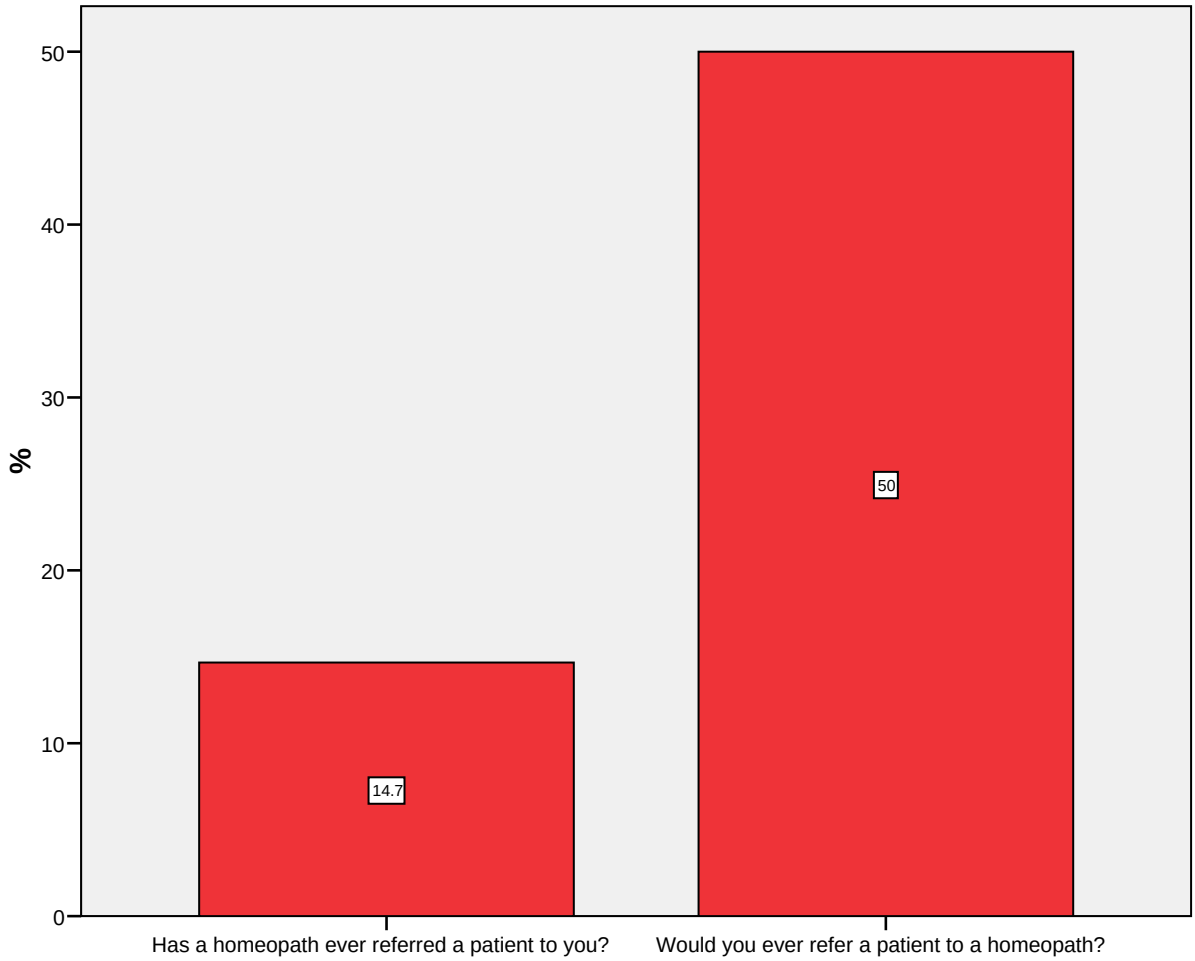
Figure 4.5: Responses to whom the communication between Medical specialist and homoeopath would be most beneficial

Medical specialists agreed that communication would be most beneficial to the patient (58.7%), although many also felt it would benefit the homoeopath (44.7%) or the specialist (22.7%), or all of the above (38.7%). This is shown in Figure 4.5.

4.2.4.3 Referral between Medical specialists and homoeopaths

Questions 4.3, 4.4

Figure 4.6: Referral between Medical specialists and homoeopaths (n=150)



Cross referral was relatively poor, as only 14.7% of Medical specialists had had a patient referred to them by a homeopath, while 50% reported they would refer a patient to a homeopath. The actual referral to homeopaths is reported earlier in Table 4.7 as 8.0%.

4.3 Association between knowledge and perceptions, and referral to homoeopaths.

Table 4.15: Comparison of median knowledge score between referral groups

Refer to homeopath	Median knowledge score
Yes	74.29%
No	62.86%
Total	68.57%
Mann Whitney p value	<0.001

There was a highly significant difference in the median knowledge score between those who reported they would refer patients to homeopaths and those who reported that they would not ($p<0.001$). Table 15 shows that the median knowledge score in those who would refer patients was 74.3% while in the group who would not refer patients was more than 10% lower at 62.7%. Thus knowledge of homeopathy was associated with a willingness to refer patients.

Table 4.16: Comparison of the view of Homoepathy between referral groups

			refer to homeopath		Total
			Yes	No	Yes
view	I am comfortable with it	Count	55	10	65
		Row %	84.6%	15.4%	100.0%
	I am uncomfortable with it	Count	0	9	9
		Row %	.0%	100.0%	100.0%
	It is quackery and does more harm than good	Count	0	4	4
		Row %	.0%	100.0%	100.0%
	Not informed enough to comment	Count	20	52	72
		Row %	27.8%	72.2%	100.0%
Total		Count	75	75	150
		Row %	50.0%	50.0%	100.0%

Pearson's chi square 58.37, p<0.001

There was also a highly significant association between the respondent's view of homeopathy and referral (p<0.001 - Table 4.16). Those with positive views were more likely to refer patients while none of those with negative views would refer patients. Similarly there was a strong positive association between whether Medical specialists thought that homeopathy had a scientific basis (p=0.002) and was a legitimate form of healthcare (p<0.001) (not shown).

4.4 The association between knowledge and perceptions and demographics

4.4.1 Knowledge and perceptions

View of homeopathy was strongly associated with knowledge of homeopathy ($p<0.001$). Those with more positive views had higher knowledge of homeopathy. Interestingly, those who felt they were not informed enough to comment scored higher in terms of knowledge than those who were uncomfortable with it or those who thought it did more harm than good.

Table 4.17: Comparison of median knowledge score by view of homoeopathy

View of homeopathy	knowledge
I am comfortable with it	74.29
I am uncomfortable with it	34.29
It is quackery and does more harm than good	27.14
Not informed enough to comment	65.71
Total	68.57
Kruskal- Wallis p value	<0.001

4.4.2 Knowledge and demographics

Since knowledge was associated with perceptions, i.e. the greater the knowledge of homoeopathy, the greater the Medical specialists' perception about homoeopathy. The relationships between knowledge and demographics were also explored, since the best way to change perceptions is to improve knowledge.

Only age group and length of time in practice were significantly associated with knowledge of homeopathy. This is shown in Table 4.18. The 36-45 year age group as well as those who had been in practice for 6-10 years had the highest knowledge of homoeopathy.

Table 4.18: Comparison of median knowledge scores between demographic groups

		knowledge	p value
		Median	
Gender	Female	69	0.670
	Male	69	
ethnic group	Black	60	0.166
	Colored	63	
	Indian	71	
	White	70	
	Asian	71	
age group	25-35 years	69	0.004
	36-45 years	77	

	46-55 years	66	
	56-65 years	57	
	Older than 66 years	69	
Length of time in practice	< 5 years	69	0.033
	6-10 years	74	
	11-15 years	70	
	16-20 years	66	
	21-30 years	63	
	> 30 years	67	
Postgraduate degree	Yes	71	0.865
	No	69	
Country of qualification	Canada	69	0.623
	SA	69	
	UK	59	
	USA	77	
	Other	64	
Practice type	Private	69	0.792
	Public	69	
	Both	69	
Share practice with another health professional	Yes	69	0.651
	No	71	

CHAPTER 5

DISCUSSION

5.1 PERSONAL INFORMATION

5.1.1 GENDER

Of the total population, 71.8% were male respondents. The notable gender split for the sample group may be due to the fact that in the past, there has not been a long tradition of women studying medicine.

5.1.2 ETHNIC GROUP

The vast majority of respondents were Indian (73.3%). This could be due to the fact that the sample group included Medical specialists practicing in the greater Durban area, which has the greatest concentration of the Indian population in the whole of South Africa.

5.1.3 AGE DISTRIBUTION

The majority of the responding practitioners were in the 25 to 35 year age group (53.3%), followed by the 35 to 45 year age group (18.7%). This may be due to the fact that the older Medical specialists, as a result of their experience and duration in practice are busier than the younger specialists, and thus could not find the time to answer the questionnaire. Another possible reason is that many Medical specialists may have left the country. According to the Government Statistical Service, Statistic SA, a total of 369 GP's and Medical

specialists, have left the country since 1994. Possible reasons for their emigration are the high crime rate and economic deterioration (Jone, 2007).

5.1.4 DURATION OF PRACTICE

Almost half of the respondents were in practice for less than 5 years (49.7%), while nearly 20% had been in practice for 6 to 10 years. This correlates with the finding that most of the respondents were in the 25-35 age group. These results indicate that the majority of responses were received from less experienced Medical specialists who probably had more time to spare and thus willing to participate in the survey.

5.1.5 DISCIPLINES OF SPECIALIZATION

The most common discipline of specialization was surgery (35.3%). This could be due to the greater demand for surgery in present time as a result of increased accidents, crime related injuries and many other conditions that require operative measures.

5.1.6 POSTGRADUATE QUALIFICATIONS

The frequency of postgraduate qualifications other than that of specialist was 50%, and the majority of respondents obtained their qualification in South Africa (86.7%).

5.1.7 TYPE OF PRACTICE

Most of the respondents that were approached in this study work in public sector (52%), while 34% of the respondents work in private practice.

5.1.8 SHARING OF PRACTICE

Of those respondents in the private sector, 41% reported sharing their practice with another type of specialist.

5.2 GENERAL KNOWLEDGE OF HOMOEOPATHY

5.2.1 AWARENESS OF HOMOEOPATHY

The majority of respondents had heard of homoeopathy but had had no contact with it (70.7%). The fact that most Medical specialists have heard of homoeopathy could be due to the growing popularity of homoeopathy in South Africa and around the world, yet most specialists have had no contact with homoeopathy, this could be as a result that homoeopathy is not incorporated into the public health care facilities. There were only 7.3% of respondents who reported to have never heard of it. 14% had consulted with a homoeopath and 8% had referred patients to a homoeopath.

5.2.2

5.2.2.1 LEGAL RECOGNITION OF HOMOEOPATHY

Most Medical specialists knew that South African law recognizes homoeopathy as a therapy. This is could be due to the official recognition of complementary and alternative medicine by the South African government and the media. 28.0% of medical specialists were unsure, and only 2.7% believed that homoeopathy is not recognized by law in South Africa.

5.2.2.2 FUNDING BY HEALTH CARE INSURERS

A large percentage of Medical specialists were unsure whether homoeopathy was funded by insurers (46.0%). This could be due to the lack of exposure that the medical profession has with regards to homoeopathy. 30.7% of respondents

perceived that homoeopathy was funded by most medical aid insurers, and 23.3% believed that no healthcare insurers funded homoeopathy.

5.2.2.3 USAGE IN CONJUNCTION WITH CONVENTIONAL MEDICINE

The majority of Medical specialists (76.7%) believed that homoeopathy can be used in conjunction with conventional medicine and only 12.7% felt otherwise.

5.2.2.4 COST

Almost half of the respondents (42.7%) were unsure if homoeopathic medicine are cheaper than conventional medicine. This could be due to the lack of contact that Medical specialists have with homoeopathy. 18.0% believed that homoeopathic medicines are not cheaper than conventional medicine.

5.2.3 EDUCATION

5.2.3.1 LEVEL OF EDUCATION

44.7% of Medical specialists believed that homoeopaths receive a degree and 40% believed that homeopaths receive a diploma on completion of the study programme. A very small percentage of only 10% of respondents know that homoeopaths require a Masters degree in order to practice.

5.2.3.2 DURATION

A reasonable percentage of Medical specialists (23.3%) perceived that the duration of the course in homoeopathy was of 4 years duration. 17.3% perceived that it is of 5 years duration and 18.7% were unsure.

5.2.3.3 MODALITY

The majority of the respondents (48%) perceived that homoeopathy is natural medicine. Only 8.7% of Medical specialists perceived that homoeopathy is placebo.

5.2.3.4 ORIGIN

The majority of respondents (48.0%) did not know who founded homoeopathy. 36.7% believed that homoeopathy was founded in the East based on Eastern philosophy, whilst a sizeable percentage (8.0%) perceived that homoeopathy was founded in Germany by Dr Samuel Hahnemann. It was only those Medical specialists who had direct contact with, or consulted with a homoeopath that actually knew who the founder of homoeopathy was.

5.2.4 PROCEDURES

Most Medical specialists knew that homoeopaths take case histories of their patients. 59.3% perceived that homoeopaths do a physical examination on their patients and this is followed closely by a 43.3% of Medical specialists who perceived that homoeopaths practice acupuncture. 12.7% felt that homoeopaths conduct other procedures on their patients (of the 12.7%, 2 Medical specialists stated that homoeopaths use machines as a diagnostic tools).

5.2.5 HOMOEOPATHIC TREATMENT FOR VARIOUS CONDITIONS

84.7% of respondents believed that homoeopathy cannot treat appendicitis. Most felt that homoeopathy can be used in adjunct with conventional medicine for the treatment of asthma (49.3%), aids (58.7%), cancer (57.3%), depression (45.3%), diabetes (57.3%), gynecological conditions (49.3%), headache (47.3%), hypertension (54.0%), insomnia (44.0%), inflammatory diseases (48.0%), lower back pain (48.7%), parkinsons disease (47.3%) and rheumatoid arthritis (51.3%). Of all the conditions that were listed in the questionnaire, only a small percentage of Medical specialists (16%) stated that homoeopathy could be used as sole treatment for insomnia, influenza and hayfever. All respondents agreed that homoeopathy cannot treat surgical conditions.

5.2.6 HOMOEOPATHIC TRAINING

Most Medical specialists agreed that training courses for homoeopathy exist in South Africa. Opinions varied on the level of education that homoeopaths receive. A reasonable percentage of Medical specialists (44.7%), agreed that homoeopaths received a degree, followed closely to a 40.0% perception that homoeopaths received a diploma.

Only 10% of Medical specialists were aware that homoeopaths receive a Masters degree on completion of the course. Results were also varied on the length of the training course. 23.3% perceived that a course in homoeopathy is of a 4 year duration, and 18.7% were unsure of the duration of the study.

Overall, it can be deduced that Medical specialists in the greater Durban area know very little about homoeopathic training. This is due to the lack of exposure that Medical specialists have with homoeopathy.

5.3 PERCEPTION OF HOMOEOPATHY

5.3.1 SCIENTIFIC BASIS

Opinions varied as to whether homoeopathy has a scientific basis or not. A large percentage (40.7%) perceived that homoeopathy has a scientific basis. 34.0% of Medical specialists were unsure and 25.3% received that there is no scientific basis to homoeopathy.

61.0% of all respondents perceived that homoeopathy is a legitimate form of healthcare.

5.3.2 LEGITIMACY OF HOMOEOPATHY

33.0% were unsure and 16.7% felt the homoeopathy is not a legitimate form of healthcare. It must be stated that those Medical specialists who felt that homoeopathy is not legitimate knew very little to nothing about homoeopathy.

5.3.3 VIEW

The overall perception of homoeopathy was favorable. 43.3% of Medical specialists are comfortable with homoeopathy, whilst 48% responded that they were not well informed enough to comment on their view of homoeopathy. Only

2.7% of all the respondents perceived that homoeopathy was quackery and that it does more harm than good.

These results highlight the limited knowledge that Medical specialists have regarding homoeopathy in the greater Durban area.

5.4 COMMUNICATION

Generally, communication between practitioners was perceived to be poor or non-existent. 52.7% thought that communication was non-existent while a further 36.7% felt that it was poor. Only 2% of Medical specialists perceived that communication with homoeopaths was good. These statistics reflect poor interaction between Durban Medical specialists and homoeopaths.

5.5 REFERRAL

Cross referral was relatively poor, as only 14.7% of Medical specialists had had a patient referred to them by a homoeopath, while 50% reported that they would refer a patient to a homoeopath.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

The initial challenge of this research was to obtain a good response rate. Previous research used the postage method as a method of distributing surveys (eg. that done by Maharajh in 2005), which indicated that a low response rate was likely. Therefore to improve the response rate of this survey, the questionnaires were delivered by the researcher to all respondents. Although a time framework of 2 weeks was allocated for distribution and collection of the data, this proved to be unachievable due to the following reasons:

- Medical specialists are too busy to complete a questionnaire as it may mean that they lose a patient (time consuming). It was only in their spare time that the doctors could answer the questionnaire due to the length of the questionnaire.

- Most Medical specialists had no interest in the objectives of the study as they needed to be coaxed by their receptionists. This entailed several telephone calls and visits to the doctors' rooms.

- The researcher travelled to all the public and private healthcare institutions in the greater Durban area and this was more time consuming than expected.

It took a total of 2 months to achieve a 44% response rate of the 344 questionnaires that were delivered. This indicates that this method of distribution of data is an effective, although time consuming as well as costly method.

6.1 CONCLUSION

The results of this survey provide demographic data on the perceptions and interaction of Medical specialists in the greater Durban area toward homoeopathy. Their general knowledge of homoeopathy as a therapy and their views on communication with homoeopaths have been assessed and conclusions can be drawn from this.

A major concern emerged from this study with regard to communication between Durban Medical specialists and homoeopaths. The majority of Durban Medical specialists have heard of homoeopathy and are aware of the legal recognition of homoeopathy as a therapy; this could be due to the growing popularity of homoeopathy around the world and in South Africa. However, a large proportion of Medical specialists know very little regarding the education that homoeopaths receive. It was found that there are numerous misconceptions regarding homoeopathic training in this country e.g. the majority of respondents (40.0%) believe that homoeopaths receive a diploma on completion of the course. There was also a highly significant association between the Medical specialists view and knowledge of homoeopathy and referral.

Those with positive views had higher knowledge of homoeopathy and were more likely to refer patients while those with negative views did not know much about homoeopathy and were very uncomfortable with it or thought it did more harm than good and therefore no referrals from this group.

There was a general perception of poor or non-existent communication between Medical specialists and homoeopaths, despite acknowledgement that communication would be beneficial for patients. Cross referral between Medical specialists and homoeopaths was relatively poor. However a willingness to communicate was acknowledged.

To see how Medical specialists' knowledge about homoeopathy affected their referral to homoeopaths, the mean composite knowledge score was compared between those who had referred patients to a homeopath, and those who did not refer. Medical specialist's who did refer, had a higher knowledge score than those who did not.

However, the overall view of Medical specialists in this survey indicates a limited knowledge in general. It is probably this lack of knowledge and understanding that has lead to skepticism and mistrust amongst healthcare professionals. Thus there is limited interaction and co-operation between practitioners. There is an urgent need for doctors to familiarize themselves with homoeopathy as a therapy.

There is a need for homoeopathy to be embraced by the medical profession and its benefits need to be acknowledged. Doctors must have some basic knowledge and understanding regarding homoeopathic training.

In this day and age with the ever increasing demand that homoeopathy and other complementary and alternative medicine have around the world, it is unacceptable for South African doctors to simply state that homoeopathy does not work or to claim ignorance of it (Cirigliano and Sun, 1998). Doctors and their professional organizations need to address the extent to which they will educate themselves about homoeopathy as well as how to integrate homoeopathy and other complementary and alternative medicine into their patient care.

The integration of homoeopathy gives doctors and healthcare professionals the chance to bring together the strengths and to balance the weakness inherent in different health care systems, representing the coming together of the heart, head and hand.

6.2 RECOMMENDATIONS

The current study only represents a small portion of the data that needs to be collected and documented to ensure that homoeopathy makes a vital and significant contribution to the health care system in South Africa.

The following recommendations are made:

a. This study was limited to the greater Durban area; furthermore, the majority of the participants were Indian Medical specialists. This could be due to the fact that Durban has the greatest Indian population in the whole of South Africa. A large quantitative study would be justified in order to obtain broader perspectives. It is recommended that surveys be conducted in other areas of South Africa. It would be interesting to see if there are differences of opinion across the different provinces and amongst the different race groups.

b. Future studies should be designed using other methods of data collection, although the distribution method proved to yield a better response rate than the postage method (that used by Maharajh, 2005), the researcher experienced great difficulty in obtaining the desired response rate within the allocated time framework. Interviewing of participants may be a better method of acquiring responses.

c. The questionnaire was of medium length in order to get greater insight into the Medical specialist's perceptions. However, Medical specialists are busy professionals with limited time and a slightly shorter questionnaire, obviously focusing on pertinent questions, might have yielded a better response rate within the allocated time.

d. Intervention programmes to educate and increase awareness of homoeopathy amongst Medical specialists should take place. This could include incorporating courses on alternative health care into the curriculae in South African medical schools, to expose students to viable referral options. Alternatively, talks on homoeopathy could be delivered to Independent Practitioner Associations (IPA's) and at medical schools.

REFERENCES

1. Baver, B.A., Cha, S.S., Ekin, P.L., Loehier, L.L., Vincent, A., Wahner-Roedler, D.L. 2006. Medical specialists attitudes towards CAM and their knowledge of specific therapies: A survey at an Academic Medical Centre.[online]
   Available from: *http://www.ecam.oxfordjournals.org*
   Accessed: March 6, 2007.

2. Behjat, S., Das, M., Hasan, M.Y., 2000. Alternative medicine and the medical profession: views of medical students and general practitioners. [online]
   Available from: *http://www.pubmed.com*
   Accessed: March 7, 2007.

3. Benoni, G., Chamentiti, G., Cuzzolin, L., Gangemi, M., Meneghelli, G., Murgia, V., Zaffani, S. 2003. Patterns and perceptions of CAM among Paediatricians and patients' mothers: a review of literature. [online]
   Available from: http://www.grande.nal.usda.gov/
   Accessed: March, 2 2007

4. Bell, I.R., Caspi, O., Schwartz, G., Grant, K.L., Gandet, T.W. and Rychener, D. 2002. Intergrative medicine and systemic outcomes research. Journal of Internal Medicine **16**(2). 133-140.

5. Cehousky, J. 2002. Homoeopathy – More than a cure. [online]
   Available from: *http://www.alternativa.cz/book.*
   Accessed: April 25, 2007.

6. Cirigliano, C., Sun, A. 1998. Letter advising patients about herbal therapies. JAMA. [online]
   Available from: *http://www.sprojects.mmi.cmcgill.ca/cam/physicians.*
   Accessed: February 9, 2007.

7. Cohen, M. 2000. Physicians and Complementary and Alternative Medicine. [online]
   Available from: *http://www.sprojects.mmi.cmcgill.ca/cam/physicians.*
   Accessed: February 9, 2007.

8. Digby, B. 1997. Homoeopathic Family Guide. South African ALM process.

9. Dorig, S., Eggerin, M., Huwiler-Muntener K., Nartey, L., Juni, P., Shang, A., Sterne, 2005. The clinical effects of homoeopathy. [online]
   Available from: *http://www.pubmed.org*
   Accessed: July 3, 2007.

10. Esterhuizen, T. 2007. Statistician.

11. Fisher. P, 2006. Evidence-based Complementary and Alternative Medicine.[online]
Available from: http://www.sciencedirect.com
Accessed: January 23,2007.

12. Fisher, P.A.G., Jakob, A., Nickel, I., Reiber, U., Van Haslen, R.A. 2004. Providing CAM in primary care: The primary care workers perspective. [online]
Available from: *http://www.sciencedirect.com*
Accessed: March 6, 2004.

13. Furnham, A., McGill, 2003. Medical students attitudes about CAM. [online]
Available from: *http://www.liebertonline.com*
Accessed: March 6, 2007.

14. Gaffney, L., Smith, A.C. 2004. The perceptions of obstetricians and midwives towards CAM in South Australia. [online]
Available from: *http://www.pubmed.com*
Accessed: March 20, 2007.

15. Homoeopathic Association of South Africa, 2003. Homoeopathic training and Registration Requirements in South Africa. [online]
Available from: *http://www.homeo.org/alt*
Accessed: October 4, 2006.

16. Homoeopathy and CAM Resource Guide, 2006. [online]
Available from: http://www.medscape.com
Accessed: Septemder 13, 2007.

17. Imrie, R.H., Ramey, D.W., Stenger, V., Wagner, M. 2000. Homoeopathy and Science: A closer look. [online]
Available from: *http://www.pubmed.com*
Accessed: August 15, 2007.

18. Jone, J.S. 2007. S.A Doctors Speak on Migration. [online]
Available from: http://www.queensu.ca/samp/
Accessed: December 12, 2007.

19. Kitzinger, J. 1995. Qualitative Research: Introducing focus groups. [online]
Available from: *http://www.bmj.com*
Accessed: October 9, 2007.

20. Langworthy, J.M. and Birkelid, J. 2001. General Practice and Chiropractic in Norway: How well do they communicate and what GP's want to know? Journal of Manipulative and Physiological Therapeutics, **24**(9): 576-581.

21. Langworthy, J.M., Smink, R.D. 2000. Chiropractic through the eyes of Physiotherapists, Manual Therapists, and Osteopaths in the Netherlands. The Journal of Alternative and Complementary Medicine, **6**(5): 437-443.

22. Lee, C.H., Lim, L.F., Yeo, A. 2005. How far can CAM go. The case of Chiropractic and Homoeopathy. [online]
Available from: *http://www.chiro.org/alt*
Accessed: March 6, 2007.

23. Lewith,G., Owen, D.K, Stephen, C.R. 2001. Can doctors respond to patients' increasing interest in CAM/ [online]
Available from: *http://www.pubmedcentral.nih.gov*
Accessed: February 6, 2007.

24. Louw, J.D. 2005. The knowledge of General practitioners about chiropractic as a factor that may influence health care integration in South Africa. M.Tech. thesis, Duran University of Technology, Durban.

25. Maharajh, D. 2005. A survey to determine the perceptions of General practitioners and Pharmacists in the greater region towards homoeopathy. M.Tech. thesis, Durban University of Technology, Durban.

26. Mitchell, M.L., Jolley, J.M. 1992. Research Design Explained. [online]
Available from: http://www.search.barnesandnoble.com
Accessed: December 12, 2007.

27. Peltzer, K. 2001. Attitudes of physicians towards traditional healing and alternative medicine in rural S.A. [online]
Available from: *http://www.medpharm.co.za*
Accessed: February 20, 2006.

15. Prinsloo, J.P. 2005. Legal legislation of homoeopathy. [online]
Available from: *http://www.biocura.co.za*
Accessed: March 1, 2006.

28. Ross, A. 1994. The nature of science and its implications for Homoeopathic research. Are we on the right track? South African journal of Homoeopathy **1**(5-6).

29. Ullman, D. 1999. Scientific evidence for homoeopathy. The consumers guide. [online]
Available from: *http://www.homeopathic.com*
Accessed: November 28, 2006.

30. Sboros, A. 2005. Are the clinical effects of homoeopathy placebo effects. Comparative study of placebo controlled trials of homoeopathy and allopathy. Lancet. [online]
Available from: *http://www.pubmed.org/*
Accessed: July 3, 2007.

31. Swayne, J. 1998. Homoeopathic Method. Implications for clinical practice and medical science. [online]
Available from: *http://www.questia.com/library*
Accessed: July 3, 2007.

32. Tatalias, J. 2006. A Prospective Epidemiological Pilot Study to investigate the level of knowledge of Homoeopathy and its contextualization in health shops in the Gauteng area. M.Tech. thesis, Durban University of Technology, Durban.

33. The Durban Telephone Directory. Telkom Directory Services (Pty) Ltd. October 2006/2007. 433-438.

34. Thorvaldsen, S. 2007. A survey to determine the perceptions of 3rd year medical students at the University of Cape Town and the University of Kwazulu Natal towards homoeopathy. M. Tech. thesis, Durban University of Technology, Durban.

35. Traditional Health practitioner Act, 2004. [online]
Available from: http://www.doh.gov.zo/docs/legislation/acts/2004
Accessed: April 24, 2007.

36. Turner, B. 2005. A survey to determine the perceptions of veterinary surgeons towards homoeopathy and the utilization of homoeopathy by vets in Kwazulu Natal. M.Tech. thesis, Durban University of Technology, Durban.

37. Ullman, D. 1999. Scientific evidence for homoeopathy. The consumers guide. [online]
Available from: *http://www.homeopathic.com*
Accessed: November 28, 2006.

38. Vandenbroucke, J. 2006. Homoeopathy and “the growth of truth”. Lancet, Vol.3: 691-692.

39. Wells, H. 2002. Homoeopathy the Modern Prescriber. A Practical Guide to Treatment. Watkins Publishing, London.

40. Van Wijk and Wiegant, F.A.C., 1994. Stimulation of cellular defence of fresh liver cells by subnormal doses of toxicant. Homnt R. and D newsletter.

41. Wikipedia, Free Online Dictionary, 2007
Available from: http://www.wikipedia.com
Accessed: November 2, 2007.

42. Witt, C., Keil, T., Selim, S., Roll, W., Vance, K. 2007. Outcome and costs of homoeopathic and conventional treatment strategies: A comparative cohort study in patients with chronic disorders. [online]
Available from: http://www.linkinghub.elserier.com
Accessed: September 14, 2007.

43. Wortmann, L.E, 1997, Perceptions of Veterinary surgeons towards acupuncture and homoeopathy in Veterinary medicine. M.Tech. thesis, Durban University of Technology, Durban.

44. World Health Organization Media Centre, 2006.
Available from: *http://www.theholisticcare.com*
Accessed: October 20, 2007.

APPENDIX A

Standard statement for reminder telephone call:

“Hello and good day. My name is Sashni Naicker and I am a student at the Durban University of Technology. I recently delivered a questionnaire regarding homoeopathy to you, and this is just a reminder telephone call. I request that you kindly answer the questionnaire at your earliest convenience. Thank you”.

APPENDIX: B

SUBJECT INFORMATION LETTER

Sashni Naicker
117 Ridge Road
Umhlanga Rocks
4023

Dear Doctor

I am currently a final year Homoeopathy student at the Durban University of Technology and I am involved in a research project for a Masters dissertation.

The topic I have chosen is a survey of Medical specialist's perception and interaction with homoeopathy. The reason I have chosen this topic is that no survey assessing perceptions of homoeopathy by Medical specialists has been done before in South Africa.
I hope that the outcome of the results of this survey would be valuable and beneficial, considering the changes that are occurring in our national health system.

The information you provide will be treated as confidential. There will be no way of identifying respondents from their returned questionnaires.

All the registered Medical specialists currently practicing in the greater Durban area will be included in this survey. Details of all the doctors are obtained from the medical pages of the Durban Telephone Directory. This prevents bias and provides a large well-represented sample group.

It would be greatly appreciated if you could please return the questionnaires as soon as possible.

Thank you for time and co-operation.

Yours sincerely

Supervisor: Dr Hall. 031 2042041

APPENDIX: C

PERCEPTIONS TOWARDS HOMOEOPATHY QUESTIONNAIRE

Modified from R.D. Smink (BSc, 2000), J. Langworthy (Mphil.,2000), and D. Maharajh [M. Tech.(Hom., 2005)], J. Tatalias [M. Tech (Hom.,2005)], B. Gangaram (Personal Communication, 2006)

Please answer by ticking the appropriate box.

PART ONE: PERSONAL INFORMATION

1. Are you:

Female	
Male	

Comments_____
_____
_____
_____

2. Which ethnic group do you belong to? (Please note for statistical purposes only).

Black	
Coloured	
Indian	
White	
Asian	
Other(please specify)	

Comments_____
_____
_____
_____

3. Which age group are you in?

25-35 years	
36-45 years	

46-55 years	
56-65 years	
Older than 66 years	

Comments_____
_____
_____
_____

4. Duration in practice as a Medical specialist.

Less than 5 years	
6-10 years	
11-15 years	
16-20 years	
21-30 years	
More than 31 years	

Comments_____
_____
_____
_____

5. What discipline of medicine do you specialize in?

_____
_____
_____
_____

6. With regard to your specialization, what are your additional post-graduate qualification?

_____
_____
_____
_____

7. In what country did you obtain your specialist qualification?

Canada	
South Africa	
United Kingdom	
United States of America	
Other (please indicate)	

Comments_____
_____
_____
_____

8. How do you practice?

Private practice	
Public service/facility	
Both	

Comments

_____
_____
_____

9. Do you share your practice with anyone e.g. other Medical specialists?

Yes	
No	

Comments_____
_____
_____
_____

PART TWO: GENERAL KNOWLEDGE OF HOMOEOPATHY

1. How do you describe your level of awareness of homoeopathy? Tick one option only.

Never heard of it.	
Consulted with a homoeopath.	
Referred a patient to a homoeopath.	
Heard of it but no contact.	

Comments_____
_____
_____
_____

2. Is homoeopathy recognized by law in South Africa? Tick one option only.

Yes	
No	
Unsure	

Comments_____
_____
_____
_____

3. Do the majority of medical aid schemes in South Africa recognize homoeopathy? Tick 1 option only.

Yes	
No	
Unsure	

Comments_____
_____
_____
_____

4. What level of education is required to practice as a homoeopathic practitioner? Tick one option only.

None	
Diploma	
Degree	
Honours	
Masters	
PhD	

Comments_____
_____
_____
_____

5. Are you aware of any places that offer homoeopathy training in S.A.?

Yes	
No	
Unsure	

5.a) If so, name them.

_____
_____
_____
_____
_____
_____

6. How long do you think it takes to qualify as a homoeopath in South Africa?

1 year	
2 years	
3 years	
4 years	
5 years	
6 years	
Unsure	

Comments_____
_____
_____

PART THREE: PERCEPTION OF HOMOEOPATHY

1. Do you think homoeopathy has any scientific basis? Please tick one option only.

Yes	
No	
Unsure	

Comments_____
_____
_____
_____

2. Do you consider homoeopathy to be a legitimate form of healthcare?

Yes	
No	
Unsure	

Comments_____
_____
_____
_____

3. Which do you consider homoeopathic treatment to be? Tick one option only.

Energy medicine	
Herbal medicine	
Natural medicine	
Placebo	
Unsure	
Other (please specify)	

Comments_____
_____
_____
_____

4. What kind of procedures would you expect a homoeopath to perform on his patient? Tick more than 1 option if needed.

Acupuncture	
Physical Examination	
Surgery	
Take a history	
Other(please specify)	
None	

Comments_____
_____
_____

5. Do homoeopaths request laboratory tests?

Yes	
No	
Unsure	

Comments_____
_____
_____
_____

6. a) From the conditions listed below do you think homeopathic treatment could be useful in treating the following conditions? Can tick more than one option.

Condition	Yes	No	As an adjunct	Sole treatment
Asthma				
Appendicitis				
Aids				
Cancer				
Cystitis				
Depression				
Diabetes				
Gynecological conditions e.g. dysmenorrhoea, Menopause				
Headaches				
Hypertension				
Insomnia				
Inflammatory disease e.g. IBS				
Influenza and colds				
Low back pain				
Parkinsons disease				
Rheumatoid arthritis				
Sinusitis/Hayfever				
Skin problems				
Surgery				
Systemic infections e.g. meningitis				

6.b) Do you think there is anything else that is not included in 6a, that a homoeopath can treat? Please state_____
_____
_____
_____
_____

7. Do you believe that homoepathy can be used in conjunction with conventional medicine? Tick one option only.

Yes	
No	
Unsure	

Comments_____
_____
_____
_____

8. Do you think that homoeopathic medicines are cheaper than conventional medication?

Yes	
No	
Unsure	

Comments_____
_____
_____
_____

9. Where was homoeopathy founded? Tick one option only

Don't know	
In the East and is based on Eastern Philosophy	
In the USA by Dr Kent	
In Germany by Dr Samuel Hahnemann	
In India by a Buddhist Monk	

Comments_____
_____
_____
_____

PART FOUR: COMMUNICATION

1. How do you consider communication to be between Medical specialist's and homoeopaths? Tick one option only.

Non-existent	
Poor	
Moderate	
Good	
Very good	
Unsure	

Comments_____
_____
_____

2. Do you think that co-operation between Medical specialists and homoeopaths will be beneficial to: Can tick more than one option if necessary.

The patient	
The homoeopath	
The specialist	
All of the above	
None of the above	
Unsure	

Motivate your answer
_____
_____
_____
_____
_____

3. Has a homoeopath ever referred a patient to you?

Yes	
No	

Comments_____
_____
_____
_____

4. Which of the following best reflects your view of homoeopathy?
   Tick one option only.

I am comfortable with it	
I am un comfortable with it	
It is quackery and does more harm than Good	
I am not informed enough to comment	

Comments_____
_____
_____
_____

5. Would you refer a patient to a homoeopath?

Yes	
No	

Comments_____
_____
_____
_____

Thank you for participating in this survey.