

**A SURVEY OF THE PERCEPTIONS OF HOMEOPATHY BY  
REGISTERED CHIROPRACTORS IN SOUTH AFRICA**

**By:**

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Mini-dissertation submitted to the Faculty of Health Sciences at the Durban  
University of Technology in partial compliance with the requirements for a  
Master's Degree in Technology: Homeopathy.

I, Bharti Gangaram Khoosal, declare that this dissertation represents my own  
work in both conception and execution.

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## **DEDICATION**

I dedicate this dissertation to my loving parents, Gangaram Ranchod Khoosal and Kalavati Gangaram Khoosal, for all their love, care, continuous support and encouragement. I thank you for treading this journey alongside me. I am eternally indebted to you both.

## **ACKNOWLEDGEMENTS**

To The Almighty who has guided, protected and given me all the courage and strength to complete this course.

To my parents, Gangaram Ranchod Khoosal and Kalavati Gangaram Khoosal, for all their love, care, continuous support, assistance and encouragement during my years of study. This would not have been possible without the both of you. I thank you for being my pillar of strength.

To my brother, Deepak, for his support and encouragement.

To my sister, Reshma, for assistance in making this possible.

To my dearest friend, Sharad, for his friendship, love, support and for always being there to talk to.

To Yvonne for all her love, continuous support and encouragement.

To Anusha for her assistance in making this possible.

To Dr Corn  Hall for her kind and caring attitude, encouragement and supervision of this dissertation.

To Dr David Naudé for his assistance with this research. Your time and effort is greatly appreciated.

To Dr Richard Steele for his guidance, patience, encouragement and supervision of this dissertation. Your invaluable assistance is greatly appreciated.

To Dr Madhu Maharaj for her encouragement, sound advice, friendship and mentor.

To Dr C. Korporaal for her assistance with this research. Thank you for all your time and effort in making this possible.

To Dr Nicolas Nell for assistance with the statistics.

To all those unnamed friends for their support and encouragement in making this possible.

To all the chiropractors who participated in this survey.

## **ABSTRACT**

The aim of this study was to assess the perceptions of registered chiropractors towards homeopathy in South Africa. The aim was to establish the knowledge and perceptions of homeopathy and to facilitate greater understanding, co-operation and communication between chiropractors and homeopaths.

A questionnaire as a measuring tool was used to carry out this study. The questionnaire was modified from Langworthy and Smink (2000), Maharajh (2005) and Tatalias (2006). A questionnaire was mailed to all chiropractors registered with the Allied Health Professions Council of South Africa currently practising in South Africa. The data for this study was derived from 170 (45%) questionnaires.

The data obtained was analysed using the SPSS® for Windows™ and Excel® XP™ statistical package. Descriptive statistics using frequency tables and bar charts were used to study the data. Correlation analysis was performed using Pearson's Chi Square Test, Phi coefficient, Kendall Tau coefficient and Cramer's V coefficient to determine whether there was any significant association between the factors collected in the responses. Dendrograms were used to analyse questions that had more than one response.

On analysing the results it was found that the majority of respondents were white (89.4%). The majority of respondents were between the ages of 25 and 35 and had been practicing for less than 5 years.

The majority of chiropractors had a high level of knowledge of the status of homeopathic education in South Africa. 95.3% perceived that homeopathy is legally recognised in South Africa, 91% perceived that homeopathy has a scientific basis and 98% perceived that it is a legitimate form of medicine.

The majority of respondents (87.1%) had consulted with a homeopath before and 12.9% of respondents had not. The majority of respondents perceived that homeopathy is suitable for use in conjunction with chiropractic treatment (95.3%).

Communication and co-operation between homeopaths and chiropractors was considered to be moderate to good (68.2%). The majority of chiropractors had referred patients to homeopaths and most homeopaths had made referrals to chiropractors. Most chiropractors gave feedback on referred patients to a homeopath and said that they would like feedback on a referred patient.

It can be concluded from the study that chiropractors perceive that homeopathy has a role to play in the health care system of South Africa.

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## DEFINITION OF TERMS

**Allopathy (conventional medicine)** is a system of medical therapy in which a disease or abnormal condition is treated by creating an environment that is antagonistic to the disease or condition; for example, an antibiotic toxic to a pathogenic organism is given in an infection, or an iron supplement may be given to increase the synthesis of haemoglobin in iron deficiency (Mosby's Medical and Nursing Dictionary, 1986: 43).

### **Complementary And Alternative Medicine (CAM)**

CAM is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine. These include homeopathic medicine, naturopathic medicine, traditional Chinese medicine, ayurveda, meditation, prayer, osteopathic manipulations, chiropractic, massage, reiki, therapeutic touch, dietary supplements and herbal products (National Institute of Health, 2007).

**Complementary medicine** is used together with conventional medicine (National Institute of Health, 2007).

**Alternative medicine** is used in place of conventional medicine. An example of an alternative therapy is using a special diet to treat cancer instead of undergoing surgery, radiation, or chemotherapy that has been recommended by a conventional doctor (National Institute of Health, 2007).

**Chiropractic** is a CAM whole medical system. It focuses on the relationship between bodily structure (primarily that of the spine) and function, and how that relationship affects the preservation and restoration of health.

Chiropractors use manipulative therapy as an integral treatment tool (National Institute of Health, 2007).

**Homeopathic medicine** is a CAM whole medical system. In homeopathic medicine, there is a belief that "like cures like," meaning that small, highly diluted quantities of medicinal substances are given to cure symptoms, when the same substances given at higher or more concentrated doses would actually cause those symptoms (National Institute of Health, 2007).

**Vital force** is the energy force within the body responsible for health and healing of the body and when a disease-causing agent attacks a human being, it is the vital force, which resists it, trying to restore order and harmony (De Schepper, 2001: 12).

**Placebo** is a substance with no active biological properties, knowingly or unknowingly used to exert a beneficial therapeutic effect (Swayne, 1998: 213).

**Potency** is the strength or dilution of the remedy. Decimal scale, denoted by X or D, is a series of 1:9 dilutions and succussion. Centesimal scale, denoted by C, is a series of 1:99 dilutions and succussion. LM scale is a 1:50 000 dilutions series used by Hahnemann (Leckridge, 1997: 265). The degree of

dilution of a homeopathic remedy, expressed as the number of serial dilutions and the proportionate dilution (decimal, centesimal, etc.) used in series (Swayne, 1998: 214).

**Potentisation** is a method of preparation of homeopathic remedies consisting of succussion and serial dilution, in order to enhance the therapeutic effect while simultaneously nullifying the toxic effect (Vithoulkas, 1998: 102).

**Succussion** is a process of vigorous shaking of the solution at each stage of dilution that is used in the preparation of homeopathic remedies (Leckridge, 1997: 265).

**Proving** is the testing of a substance on healthy volunteers in order to determine its medicinal capability (Leckridge, 1997: 265).

**Law of Similars:** The *Law of Similars* forms the basic principle of homeopathy, “*similia similibus curentur*”, or let “like cure like”. This means that any substance that can produce symptoms of disease in a healthy person when given in large doses can cure those symptoms in a sick person when given in very small doses (De Schepper, 2001: 26-27).

**Homeopathic aggravation** occurs when the patient’s original symptoms become more intense. This situation, caused by the primary action of the remedy repressing the secondary action of the vital force, is a sign that the remedy is correct (De Schepper, 2001: 240).

**Simplex** is the administration of a single homeopathic remedy at a time (De Schepper, 2001: 31).

**Complex** (combination remedies) remedy is a homeopathic product which contains more than one remedy (Yasgur, 1992: 41).

**Homotoxicology** is a theory of disease developed by Dr Hans - Heinrich Reckeweg (1905 – 1985), which understands illness as the human body's defence against toxic substances (homotoxins) that threaten to overwhelm the intercellular matrix. According to this therapeutic model, the type and severity of an illness are determined by the duration and intensity of an individual's toxic load in relationship to the body's inherent capacity for detoxification. The resulting disturbances, which eventually manifest as illness, are the body's attempt to restore a state of biochemical balance (Sojourns Community Health Clinic, 2003).

**Traumeel® s** is a medicine that is prepared in accordance with homeopathic principles and it is indicated for use in injuries such as sprains, dislocations, fractures and inflammations of all kinds. This medicine contains *Arnica montana*, *Calendula officinalis*, *Hamamelis virginiana*, *Achillea millefolium*, *Atropa belladonna*, *Aconitum napellus*, *Mercurius solubilis Hahnemanni*, *Hepar sulfuris*, *Chamomilla recutita*, *Symphytum officinale*, *Bellis perennis*, *Echinacea angustifolia*, *Echinacea purpurea* and *Hypericum perforatum* (see Appendix D).

**Rescue** is a remedy used for the relief and treatment of mild anxiety, emotional shock, fear, grief, mild depression, tearfulness, irritability, stress, tension and insomnia due to worry. Rescue (liquid drops and tablets) contains *Ambra grisea*, *Banisteriopsis caapi* Spag, *Clematis*, *Rock rose*, *Impatiens*, *Melissa officinalis* Spag, *Moschus moschiferus*, *Star of Bethlehem* and *Cherry plum* (see Appendix E).

**Arnica montana** is very much an alpine plant. It belongs to the Compositae, or daisy family, the genus *Arnica* comprises approximately 50 species of perennial rhizomatous herbs with simple leaves and daisy-like flower heads that bear distinct rays. *Arnica* is used for injuries, physical (especially soft parts) or mental (trauma or grief; remorse; sudden financial loss; fright, anger) as well as for mental and physical shock (Vermeulen, 2002: 163-167).

**Matricaria chamomilla** belongs to the family Compositae and has finely divided leaves and yellow flowers in daisy-like heads with down-turned rays. *Chamomilla* is often used in diseases of children, where restlessness, peevishness, and colic give the needful indications. It is also used in patients who are oversensitive, irritable, thirsty, hot and numb (Boericke, 2004: 187; Vermeulen, 2002: 421).

**Ruta graveolens** belongs to the Rue family or Citrus family. It is a small, hardy, evergreen aromatic shrub with greenish-yellow flowers and green compoundly-pinnate leaves. *Ruta graveolens* acts upon the fibrous tissues (eyes; flexor tendons; joints; wrists; ankles; back; lumbar region), cartilage,

periosteum and uterus. *Ruta graveolens* is indicated for all parts of the body that are painful, as if bruised, lameness after sprains and averse to motion (Vermeulen, 2002: 1149-1154).

# CHAPTER 1

## INTRODUCTION

Homeopathy is one of the fastest growing medical modalities in the world today (Prinsloo, 2000). In spite of this growing interest much confusion still exists regarding the true origins, scientific validity, applicability and efficacy of homeopathy. Even in this day and age of effective mass communication, internet, journals, etc., misconceptions about the basis, fundamental principles and philosophy of homeopathy exist which tend to equate homeopathy with eastern philosophy, “natural and traditional medicine such as herbalism and the likes” (Prinsloo, 2000).

Complementary and alternative medicine is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine (National Institute of Health, 2007). These include homeopathic medicine, naturopathic medicine, traditional Chinese medicine, ayurveda, meditation, prayer, dietary supplements, herbal products, osteopathic manipulation, massage, reiki, and therapeutic touch (National Institute of health, 2007). Chiropractic is also classed as complementary medicine (National Institute of Health, 2007). Health care integration is important in the development of a balanced health care system. This integration is strongly associated with the levels of inter-professional communication.

The majority of conventional health care services are aimed at treatment of disease. However, one can no longer simply treat illness; rather, one must look to health care providers that can prevent illness and promote wellness. Therefore, integration of more CAM practices into the conventional health care system may serve in the long run to reduce overall costs (Kazemi, 2001). General Practitioners (GPs) who use homeopathy are less likely to prescribe painkillers, antibiotics, and anti-inflammatories than other GPs. Homeopathic medicine is less expensive per prescription, and can therefore lead to savings for the patient or state health care provider (British Homeopathic Association, 2006). This view is supported by a study conducted in 2003 by a homeopathic GP in the United Kingdom, where costs of homeopathy prescribing were compared with conventional drug prescribing. Data was collected for 4 years on all patients who were treated homeopathically. 100 patients were included in the study. Average cost savings were 60 pounds per patient (Jain, 2003).

This study evaluates the perceptions of homeopathy by registered chiropractors in South Africa.

Several studies (Hunter, 2004; Maharajh, 2005; Sukdev, 1998; Turner, 2005) show perceptions of complementary and alternative medicine by the allopathic fraternity but there seems to be no study of the perceptions of chiropractors towards homeopathy (both complementary alternative health care professions). In 2004, Hunter conducted a study on perceptions and attitudes of South African physiotherapists about the chiropractic profession. The South African physiotherapists were keen to know more about the

profession and believed that good co-operation between the homeopaths and chiropractors would be beneficial to both professions and patients (Hunter, 2004). In 2005, Maharajh conducted a study to assess the perceptions of General Practitioners (GPs) and pharmacists in the greater Durban region towards homeopaths. It was found that there was little communication between homeopaths and GPs / pharmacists, despite the acknowledgement that communication would be beneficial for patients (Maharajh, 2005). Pillay (2006) conducted a study of the demographics and epidemiological factors affecting referral patterns between chiropractors and homeopaths in the greater Durban Metro area. He found that that 61% of chiropractor respondents referred patients to homeopaths, and 97% of homeopath respondents referred patients to chiropractors.

Chiropractors have not yet been surveyed in depth about their attitudes towards and practice of complementary and alternative therapies apart from spinal manipulation (Hawk, Byrd, Jansen and Long, 1999).

By elucidating the perceptions of chiropractors toward homeopathy, this study contributes to the work of encouraging co-operation between homeopaths and chiropractors, for the benefit of patients. In this way multi-disciplinary treatment is more likely to be achieved (Tauber, 2002). A lack of this paradigmatic approach leads to hampering and potentially damaging the effective doctor-patient relationship thus patient care (Butler, Evans, Greaves and Simpson, 2004).

The study took the form of a survey, using self administered questionnaires as a method of data collection. The questionnaire was modified from Langworthy and Smink (2000), Maharajh (2005) and Tatalias (2006). The questionnaire was divided into five sections: A) Demographic data; B) Knowledge of homeopathy; C) Perception of homeopathy; D) Communication; E) Homeopathic philosophy and principles. A focus group was conducted prior to distribution of questionnaires, to determine the face validity of the questionnaire, and their suggestions were noted, and appropriate changes were made. Questionnaires were mailed to the respondents and returned questionnaires were collected by an independent 3<sup>rd</sup> party to prevent any possible influence the researcher might have on their answers to the questionnaire and to preserve anonymity of the participants.

## **1.1 Objectives**

### 1.1.1 The first objective

To assess the extent of knowledge chiropractors have regarding homeopathy; it's scope of practice, and homeopathic education and training.

### 1.1.2 The second objective

To assess the perception chiropractors have of homeopathy and its scientific basis and legitimacy as a form of healthcare.

### 1.1.3 The third objective

To assess the extent of the interaction and patient referral between chiropractors and homeopaths.

### 1.1.4 The fourth objective

To determine the presence of associations between variables.

## CHAPTER 2

### REVIEW OF THE RELATED LITERATURE

#### 2.1 Overview

Interest in alternative and complementary medical practices has grown considerably in recent years (Levine, Weber-Levine and Mayberry, 2003). Homeopathy is one of the most established complementary and alternative medicines (Owen, Lewith and Stephens, 2001).

According to Zollman and Vickers (1999) and Kazemi (2001) patients are increasingly using complementary medicine.

Numerous studies (Brussee, Assendelft and Breen, 2001; Maharajh, 2005; Wong, 2002) reveal that many conventional health care practitioners are in support and have a positive attitude towards complementary medicine as well as recommending alternative medicine to patients. Familiarisation with and training in complementary and alternative medicine provides an opportunity to integrate different approaches into patient management and offers a framework to work with and develop other skills (Owen, Lewith and Stephens, 2001).

The greatest numbers of health professionals who utilize homeopathy in the Western World are medical doctors. Other licensed professions in the United

States who utilize homeopathy include chiropractors, naturopathic physicians, acupuncturists, physician assistants, nurse practitioners, and nurses (Ullman, 1997).

## **2.2 Complementary medicine – trends and the place of homeopathy**

A survey in the United Kingdom on the use of complementary medicine estimated that in 1993, 33% of the population has used some form of complementary medicine and that 10% had consulted a complementary practitioner. Surveys of patients with chronic and difficult to manage diseases such as cancer, HIV, infection, multiple sclerosis, psoriasis, and rheumatological conditions give levels of use up to twice as high (Zollman and Vickers, 1999).

In recent years, Canadian interest in Complementary and Alternative Medicine (CAM) has been steadily rising. The public is demanding more choice of healthcare. Patients are seeking answers beyond the explanations offered by conventional practitioners. An increasing number of people are turning to the natural forms of healing for these answers (Kazemi, 2001).

The use of complementary medicine in Australia has grown rapidly over the past few years. Data from a study carried out in Australia revealed that almost half of the respondents (48.5%) had used at least one non-medically prescribed complementary medicine (excluding calcium, iron and prescribed

vitamins) in the past year and 20.3% of the respondents had visited at least one complementary health practitioner in the previous year (Braun, 1999).

Homeopathy is particularly popular in France, Germany, England, Greece, India, Pakistan, Brazil, Argentina, Mexico, and South Africa. Surveys show that 40% of the French public have used homeopathic medicines and 39% of French physicians have prescribed homeopathic medicines. Homeopathy is also growing very rapidly in the United States (Ullman, 2003).

According to the United States National Institute of Health (2004), 36% of the United States population use some form of complementary and alternative medicine. Homeopathy is legal in many of the states in the United States. Most of its practitioners are conventionally trained medical doctors who have furthered their training with the study of homeopathy. Some of its practitioners are other types of health professionals, including dentists, chiropractors, physicians, podiatrists, assistant nurses, psychologists, naturopaths and even veterinarians. Because homeopathic medicines are legally considered “drugs”, some authorities assume that anyone who prescribes them needs to be a physician or have the licence to prescribe drugs (Ullman, 2003).

There are a number of theories to explain the increased use of complementary medicine in society. It is most likely due to a number of factors including dissatisfaction with medical outcomes, dissatisfaction with the doctor-patient relationship, changing values and beliefs about health, increased access to health information via the internet and also the growth in

research based evidence supporting the effectiveness of complementary medicine (Braun, 1999). Dissatisfaction with the medical outcomes refers to those instances where orthodox medicine has been unable to provide effective treatment or relief from symptoms or has caused adverse side effects. People who experience dissatisfaction or limited success with the outcome of orthodox medicine and turn to complementary medicine most commonly have conditions associated with chronic pain (back and neck injuries, arthritis and rheumatism) or illnesses like cancer (Braun, 1999).

Homeopathy is one of the most widespread and most controversial forms of complementary and alternative medicine (CAM) (Caulfield and De Bow, 2005). In spite of this growing interest much confusion still exists as to the true origins, scientific validity, applicability and efficacy of homeopathy (Prinsloo, 2000).

### **2.3 Trends in South Africa**

The Health Products Association of South Africa conducted a market survey between the years of 2001 to 2003. South Africans spent R1,928 billion on natural health care products in 2003. In 2001 the market size was R1,377 billion. This amounts to a 17.9% increase from 2001 to 2003. During this time there was an average of 43.3% mark-up on products. The homeopathic sector accounted for 4% of the total market sales for the year. South Africans spent R61 million on over-the-counter (OTC) homeopathic products during the year, which is an increase of 16.4% on figures received from a similar survey

conducted in 2001. The homeopathic sector was attributed mainly to homeopathic remedy sales, totaling 67% of the sales. There was a 23.9% increase in homeopathic remedies sold from 2001 to 2003. The remaining portion of the sales comprised anthroposophicals (15%), homeopathic creams (11%) and tissue salts (7%) (Health Products Association of South Africa, 2005).

### **2.3.1 Legislation**

In the past century, the practice of complementary medicine in South Africa has been restricted. In 1953 complementary medicine was declared illegal and unscientific, and in 1974, the Medical, Dental and Supplementary Health Care Service Professions Act only provided registration for practising complementary practitioners and did not provide for admission of new practitioners. The turning point of complementary medicine came in 1985. Legislation was passed (Act 101 of 1985) which facilitated training in certain complementary therapies, particularly homeopathy and chiropractic. In this regard, South Africa set an example for other countries in respect of the process of legitimisation of complementary medicine (Pretorius, 1993).

Homeopathic 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 Homeopathy is allowed or recognized.

Homeopathic training in South Africa involves a 5-year full-time course leading to a Masters degree of Technology in Homeopathy (M.Tech. (Hom)).

Registration with the Allied Health Professions Council of South Africa (AHPCSA) is a statutory requirement (Homeopathic Association of S.A.) The only training recognized for registration in South Africa is the Masters Degree in Homeopathy (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 5-year full-time medico-scientific course in homeopathy. Medical practitioners registered with the Health Professions Council of SA (HPCSA) may also opt for the course offered by the SA Faculty of Homeopathy. It should be noted that, whereas the vast majority of international homeopathic schools offer skills-oriented homeopathic training, South Africa offers professional training at a level required for the practising of homeopathy 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 (Homeopathic Association of South Africa, 2003).

### **2.3.2 Homeopathy as practised in South Africa**

In South Africa there are three groups of primary contact practitioners being medical practitioners, homeopathic practitioners and chiropractors.

Homeopathy became a registerable profession in 1974 and any person wanting to practise as a homeopathic practitioner needed to be registered with the AHPCSA, established in terms of Act 63 of 1982. In 2005, according to the AHPCSA, there were 736 registered homeopathic practitioners in South

Africa (Drake and Porter, 2005). Internationally, homeopathy is considered a post-graduate field of specialization for registered medical, osteopathic and naturopathic practitioners, whereas in S.A. it is being offered at undergraduate level as it was in the United States until the 1950's (Prinsloo, 2000).

### **2.3.3 A need for co-operation**

Our rapidly changing Southern African environment demands that organizations and institutions continually reposition themselves in order to remain both relevant and effective. The paternalistic command and control (or authority model) has been relegated to history and is rapidly being replaced by a more open and participatory model of interaction. The medical profession needs to take cognisance of this shift (Sukdev, 1998).

## **2.4 Health professionals' perception of complementary medicine**

### **2.4.1 Medical students and nurses**

In 2001 Wilkinson and Simpson conducted a survey amongst nursing, pharmacy, and biomedical students in Australia to determine students attitudes towards the use of complementary therapies using a self-administered questionnaire. Results showed that 78% of students had used a complementary therapy in the past year, and 56% had visited a complementary therapy practitioner. The results suggested that these students held favourable attitudes towards complementary therapy and that

many chose to use them as part of normal health care (Wilkinson and Simpson, 2001).

In 2001, a study was conducted in the United States to identify the perceptions of nurses towards the effectiveness and safety of complementary and alternative medical therapies. A random sample of 1000 nurses was obtained by employing three-wave mailing. Half of these respondents perceived that there was conclusive evidence that five of the therapies were effective: bio-feedback, chiropractic, meditation/relaxation, multivitamins and massage. The same amount of nurses perceived five therapies to be definitely safe: hypnotherapy, chiropractic, acupressure, acupuncture, and healing touch. Homeopathy was included as an option (Brolinson, Price, Ditmyer and Reis, 2001).

## **2.4.2 Physicians**

### **2.4.2.1 In the European Union**

In Europe, where homeopathy is one of the leading alternative medicines it has been established that more than 30% of French physicians and 20% of German physicians prescribe homeopathic medicines (Fischer and Ward, 1994), that more than 40% of British physicians refer to homeopathic doctors (Wharton and Lewith, 1986), and that 45% of Dutch physicians consider homeopathic medicines to be effective (Kleijnen, Knipschild and ter Riet, 1991).

A study entitled “Attitudes to and use of complementary medicine among physicians in the U.K.” was conducted by Lewith, Hyland and Gray (2001). The survey was conducted on all the Members and Fellows of the Royal College of Physicians. There was a 23% response rate. The results indicated that physicians use CAM more frequently in private, as compared to NHS practice. Also, 87% of those using CAM themselves had not had any CAM training. It was found that attitudes to CAM were generally positive, particularly among those in palliative care, rehabilitation, genito-urinary medicine and nuclear medicine.

#### **2.4.2.2 In the United States**

A survey of Colorado physicians revealed that 48% of the doctors had recommended alternative medicine to a patient. Interestingly, 24% of the doctors had personally used alternative medicine. In this survey 60% of doctors wanted to learn more (Wong, 2002).

#### **2.4.2.3 In South Africa**

A study entitled “Attitudes of physicians toward traditional healing, faith healing and alternative medicine in rural South Africa” was conducted in 2001 (Peltzer, 2001). The survey was conducted on 242 registered physicians in the Northern Province and Mpumalanga. There were 105 responses (43%). 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.

A study entitled “A survey to determine the perceptions of General Practitioners (GPs) and pharmacists in the greater Durban region towards homeopathy” was conducted by Maharajh (2005). The population consisted of 370 GPs and 114 pharmacists. A total of 97 GPs (26.2%) and 58 pharmacists (50.9%) responded. Results show that 68.42% of pharmacists and 57.73% of GPs had some knowledge of homeopathy. 81.2% of all respondents felt that improved communication and co-operation would be beneficial to patients. It was determined that there is little or no communication between homeopaths and GPs/pharmacists, despite acknowledgement that communication would be beneficial for patients. It was concluded that there is a need for change in the health care system in South Africa, working relationships need to be forged between organisations and health professionals, and clear standards need to be defined for the homeopathic profession (Maharajh, 2005).

In 1998, Sukdev conducted a study on the perceptions of medical practitioners with regard to complementary medicine in South Africa. A 32% (n=322) return of questionnaires was obtained. Results showed that 40% of medical practitioners have little knowledge of homeopathy, 34% of medical practitioners have little knowledge of chiropractic, 31% have little knowledge of acupuncture, 48% have little knowledge of herbalism, 41% have little knowledge of reflexology, 46% have little knowledge of aromatherapy and 56% have little knowledge of osteopathy. The least known complementary

therapy was ayurveda with 71% of practitioners indicating that they know nothing about it. Of the positive respondents incorporating complementary medicine in their practice 14.74% incorporate homeopathy, 13.59% incorporate manipulation and 11.3% incorporate acupuncture. It was found that the majority of practitioners see complementary medicine as supportive therapy (77.01%) and only a small percentage of practitioners (14.59%) sees complementary medicine as primary therapy. It was also found that the majority of referrals by medical practitioners (49.69%) to any individual complementary therapy has been to the chiropractic profession. Homeopaths have received 26.09% of referrals. Only 15.53% of practitioners have referred patients to aromatherapists and 14.29% have referred patients to reflexologists (Sukdev, 1998).

A study entitled “Communication between general practitioners and Chiropractors” was conducted (Brussee, Assendelft and Breen, 2001). The survey was conducted on 252 general practitioners in 84 Dutch cities. There was a response rate of 46%. Results indicated that only 10% of the GPs refer their patients to a chiropractor and more than 80% of the GPs said that they were interested in receiving feedback reports. Also that most of the information came from patients who were treated by chiropractors (78%). It was concluded that most GPs have a neutral to positive attitude towards communication with chiropractors.

### **2.4.3 Physiotherapists**

In 2004 Hunter conducted a study on the perceptions and attitudes of South African physiotherapists of the chiropractic profession. It was discovered from the data collected that two-thirds of the respondents feel inadequately informed about chiropractic. It was also found that South African physiotherapists do not feel as if they know enough about chiropractic and the vast majority (82%) of them would like to know more about the profession and believed that good co-operation between chiropractors and physiotherapists would be beneficial to both professions as well as their patients. It was concluded that many South African physiotherapists believe that there is a place for chiropractic in the South African health care team.

### **2.4.4 Chiropractors**

In 2006 Pillay conducted a study of the demographics and epidemiological factors affecting referral patterns between chiropractors and homeopaths in the greater Durban Metro area. Sixty-two participants took part in the study, thirty-one chiropractors and thirty-one homeopaths (out of a total population of 120). Results show that chiropractors referred 68% of their patient referrals to homeopaths but referred to a greater extent to GPs (although no percentages are provided by Pillay) than did homeopaths. From the perspective of the homeopaths, they referred more patients to chiropractors (96.7%) than to GPs and physiotherapists (although no percentages are provided by Pillay). Chiropractors sometimes referred patients to other chiropractors (61%).

Homeopaths very seldom referred to other homeopaths (29%). Both chiropractors and homeopaths referred infrequently to physiotherapists. Results confirm that the relationship between chiropractic and the allopathic professions (principally the GP) is stronger than that found for homeopathy and the allopathic professions. This indicated that the chiropractic fraternity has a greater reliance for patient referral and return with an allopathic source. This may be because the paradigm of reference for the chiropractic fraternity may lie closer to that of the allopathic biomedical paradigm, than it does to the psychosocial paradigm. However, there is also a relationship between chiropractors and homeopaths as a large proportion of referrals are sent to homeopaths by chiropractors, indicating that the chiropractic fraternity has vestiges of the biopsychosocial paradigm built into its framework. Pillay concludes that the chiropractic fraternity finds itself at cross roads between the biomedical and biopsychosocial paradigms. The homeopathic fraternity appears to be more entrenched in the biopsychosocial paradigm and therefore limit most of their referrals to the CAM professions.

#### **2.4.5 Pharmacists**

A study was conducted to assess the perceptions of pharmacists regarding complementary medicine in South Africa (Daphne, 1997). It was found that the majority of pharmacists knew nothing or very little about ayurveda (96.2%), osteopathy (98.5%), chiropractic (91.9%), acupuncture (91.9%), reflexology (87.5%), herbalism (81.3%), aromatherapy (79.4%) and homeopathy (66%). More pharmacists knew an average to a substantial

amount about homeopathy (28.6%), aromatherapy (20.6%) and herbalism (18.8%). 71.2% of Pharmacists thought homeopathy was more effective than any other complementary therapy (Daphne, 1997). Daphne concluded that pharmacists generally have a positive attitude towards complementary medicine.

#### **2.4.6 Veterinarians**

In 2005, Turner conducted a study on the perceptions of veterinarians towards homeopathy and the utilization of homeopathy by veterinarians in Kwazulu-Natal. The study showed that 60% of the respondents use homeopathy and 79.4% think that homeopathy has a role to play in veterinary medicine. Few veterinarians use homeopathy on animals and the main limitation of using homeopathy was lack of knowledge and lack of confidence in method and application. Veterinarians expressed a need for clinical trials (90%) and proof of efficacy (81%) in order to accept homeopathy as a valid modality. 76% of veterinarians who do not use homeopathy said that they might use homeopathy in the future. This study showed that the level of interest in homeopathy amongst veterinarians has increased with more veterinarians using homeopathy than before, even if they do not have sound knowledge of homeopathic theory or philosophy. It was concluded that veterinarians perceive that homeopathy has a role to play in veterinary medicine (Turner, 2005).

## **2.5 Is homeopathy scientific?**

Van Wijk and Wiegant (1997) have conducted laboratory research which supports the homeopathic principle of “like cures like” – a substance which causes certain symptoms in a massive dose, can cure those symptoms in a minute dose. Using Reuber H35 rat hepatoma cells in monolayer cultures, they applied a high dose of a toxic compound (cadmium) to a cell culture that was followed immediately by incubation in a lower concentration of the toxic compound used initially. During the prolonged incubations they studied the molecular processes indicative of the stimulation of cellular defence mechanisms i.e. induction of protector proteins, as well as development of cellular resistance. They measured increased synthesis of protector proteins and the development of higher levels of stress tolerance in the cells in the presence of low doses of the stressor. Since the findings reflect the self-defence and self-recovery response, they concluded that the homologous or isopathic stimulation of recovery represents a general principle.

A study entitled “Homeopathy and conventional medicine: an outcomes study comparing effectiveness in a primary care setting” was conducted in the United States of America (Riley, Fischer, Singh, Haidvogel and Heger, 2001). Thirty practitioners in four countries enrolled 500 consecutive patients with at least one of three complaints: upper respiratory tract complaints including allergies; lower respiratory tract complaints including allergies; or ear complaints. Of 456 patients, 281 received homeopathy and 175 conventional treatment. The primary outcomes criterion was the response to treatment,

defined as cured or major improvement after 14 days of treatment. Results showed a response rate of 82.6% in the homeopathy group compared to 67.3% in the group receiving conventional medicine. It was concluded that homeopathy appeared to be at least as effective as conventional treatment of patients with the three conditions studied (Riley, Fischer, Singh, Haidvogel, and Heger, 2001).

### **2.5.1 Is homeopathy a placebo response**

Placebo is defined as “A substance with no active biological properties knowingly or unknowingly used to exert a beneficial therapeutic effect (Swayne, 1998:213). The concept of placebo effect implies that any observed effects are not attributed to the substance that was administered, thus further implying that the substance has no pharmacological effects. Sceptics consider homeopathic medicines as a placebo and consider its action to be attributed to the context in which it was prescribed (Swayne, 1998:2-4).

In 1986 an article titled “Is homeopathy a placebo response?” was published in *The Lancet* by David and Morag Reilly of the Glasgow Homeopathic Hospital. They compared the effects of a homeopathic preparation of gross pollen against the effects of placebo, using a standard randomised, double blind control trial with crossover. They were able to demonstrate significant superiority of the homeopathic preparation over the placebo (Reilly, Taylor, McSharry and Aitchison, 1986). The same team then went on to repeat this study using a randomised, double blind control trial, and once again

demonstrated the superiority of the homeopathic preparation over placebo. The article was titled “Is evidence for homeopathy reproducible?” and was published in *The Lancet* in 1994. This alarmed a great many people as it proved either that homeopathy worked, or that the ever popular randomised control trial did not (Reilly, Taylor, Beattie, Campbell, McSharry, Atchison, Carter, and Stevenson, 1994).

A study published in *The Lancet* in September of 1997 titled, “Are clinical effects of homeopathy placebo effects?: A meta-analysis of placebo controlled trials” analysed 189 studies and disproved the hypothesis that the clinical effects of homeopathy are completely due to placebo, and called for further research on homeopathy provided it is “rigorous and systematic” (Linde, Clausius, Ramirez, Melchart, Eitel, Hedges and Jonas, 1997).

An article by Shang, Huwiler-Muntener, Nartey, Juni, Dorig, Sterne, Pewsner, and Egger titled “Are the clinical effects of homeopathy placebo effect? was published in *The Lancet* medical journal (2005). A comparative study of placebo - controlled trials of homeopathy and allopathy” has aroused much debate regarding the efficacy of homeopathy. The study reviewed 19 electronic databases between 1995 and 2003 and compared results between 110 trials of homeopathic remedies against placebo, and 110 trials of allopathic medicines also tested against placebo. Results of this study found homeopathy to be ineffective, and likened it to placebo. However, scrutiny by Chatfield and Relton (2005) of the methodology used in this recent study

revealed that the conclusions reached were based on only 8 (statistically insignificant) conspicuously selected homeopathic trials.

## **2.6 Gaps in current research**

In the study entitled “Use of complementary healthcare practices among chiropractors in the United States”, it was mentioned that although chiropractic is the most commonly used complementary healthcare practice, chiropractors have not yet been surveyed in depth about attitudes towards and practice of complementary and inter-alternative therapies apart from spinal manipulation. Results from this study showed that the therapies most commonly used by the respondents in their practice were acupuncture (72%), massage (72%), mineral supplements (63%), and herbs (56%). It was concluded that the disparity between the established view of chiropractic as synonymous with spinal manipulation only and the professions view of chiropractic as a complete system indicates a need for better inter-professional communication (Hawk, Byrd, Jansen and Long, 1999).

The current study elucidates the perception chiropractors have of homeopathy and the practice of homeopathy, including the dispensing of homeopathic medicine by chiropractors.

## **CHAPTER 3**

### **MATERIALS AND METHODS**

#### **3.1 Study Design**

A survey method was employed to investigate the perceptions towards homeopathy of registered chiropractors in South Africa.

A postal questionnaire (Appendix B) was utilized to collect data. A total of 380 questionnaires were sent out, with a total of 180 (47%) returned. Of these, 10 were discarded due to non-practising, practising outside South Africa or death. Thus, the data for this study was obtained from 170 (45%) questionnaires.

The questionnaire was formulated after a formal literature survey so that relevant variables were not excluded. A focus group, consisting of 8 people, (staff and interns of the Departments of Chiropractic and Homoeopathy, Durban University of Technology) was conducted prior to distribution of questionnaires.

#### **3.2 Study Population**

All chiropractors registered with the Allied Health Professions Council of South Africa (AHPCSA) which is a total of 447 (Sesamyetso, 2006).

### **3.2.1 Inclusion criteria**

- Registration with the (AHPCSA).
- Currently practising in South Africa.

### **3.2.2 Exclusion criteria**

- Any chiropractors not registered with the Allied Health Professions Council of South Africa.
- Non-practicing chiropractors.
- Staff members of the Department of Chiropractic, Durban University of Technology.
- Chiropractors practising outside of South Africa.

### **3.3 Study Sample**

All chiropractors registered with the AHPCSA and practising in South Africa.

Analysis of the list of registered chiropractors by a Chiropractic Association of South Africa committee member produced a sample size of 380 by excluding those known to be practising overseas and currently not practising (Korporaal, 2006).

### **3.4 Ethics**

The answers to each question were regarded as strictly confidential.

In order to encourage honest responses anonymity was maintained in the following way:

- Respondents were not asked to supply their names, addresses or other information that would have allowed identification.
- Returned questionnaires were collected by an independent 3<sup>rd</sup> party to preserve anonymity of respondents and to prevent any possible influence the researcher might have on their answers to the questionnaire.

Thus, there was no way of identifying respondents from their returned questionnaires.

### **3.5 Methodology**

#### **3.5.1 Focus group**

The tool that was used was a pre-validated questionnaire (Appendix B). This tool was developed from previously used questionnaires (Langworthy and Smink, 2000; Maharajh, 2005; and Tatalias, 2006).

A focus group was conducted prior to distribution of questionnaires, to determine the face validity of the questionnaire, and their suggestions were noted, and appropriate changes were made. Focus groups have been recommended as a means to construct questionnaires (Morgan, 1997: 25). Focus groups are basically interviews between a researcher's questions and the research respondents' responses. The reliance is on interaction within the group, based on topics that are supplied by the researcher who typically takes the role of a moderator. The hallmark of focus groups is their explicit use of group interaction to produce data and the insights that would be less accessible without the interaction found in a group (Morgan, 1997: 2).

The focus group for this study consisted of eight respondents. The questionnaire was tested on 2 intern chiropractors, 4 registered chiropractors chosen from the chiropractic staff of Durban University of Technology, 1 intern homeopath and 1 homeopath from the homeopathic staff of Durban University of Technology.

The purpose of the focus group was to answer the following questions:

- 1) Are questions clearly understood?
- 2) Are instructions clear?
- 3) Is the order of questions appropriate?
- 4) Are the questions relevant to the topic of the researcher?

The final questionnaire was modified as a result of discussions of the focus group. The participants of the focus group were excluded from the main study.

### **3.5.2 Postage of questionnaires and follow up**

The questionnaires were posted to all included in the sample group.

Maharajh who conducted a survey in 2005, had questionnaires mailed to the sample twice in an attempt to obtain a good response rate but a low response rate was still indicated (32.02%). Therefore, to improve the response rate of this survey, questionnaires were posted to the sample, followed by a reminder telephone call after 3 weeks and 5 weeks to all non-returned participants. By using this type of measure, the response rate obtained was 45% (a 14% increase to the response rate received by Maharajh in 2005).

### **3.5.3 Collection of questionnaires**

Returned questionnaires were collected by an independent 3<sup>rd</sup> party to preserve the anonymity of the respondents. This party's address was the return address. Each questionnaire was assigned a number which was linked to the recipient. The independent 3<sup>rd</sup> party marked off the returned questionnaires on a mailing list. After 3 weeks the researcher contacted the independent 3<sup>rd</sup> party to obtain a list of names associated with non-returned questionnaires. A reminder telephone call was made to all the names on this list to encourage compliance (Appendix C).

A cut-off date of 8 weeks after the initial set of questionnaires was posted, was set. Only questionnaires received within 8 weeks were included in the research. Of the 380 questionnaires posted 180 were returned, 10 were discarded due to chiropractors deceased, retired and practising overseas.

#### **3.5.4 Data capture**

After all questionnaires were received, the raw data was categorized and encoded then captured on a computer file.

#### **3.5.5 Data analysis**

Further statistical analyses was conducted by a statistician (Nell, 2007). Results were analysed by utilizing the SPSS® for Windows™ and Excel® XP™.

##### **3.5.5.1 Statistical tests used**

Descriptive statistics were used in the form of bar charts and frequency tables. Correlation analysis was performed using non-parametric statistical tests (Pearson's Chi Square Test, Phi coefficient, Kendall Tau coefficient and Cramer's V coefficient) to determine whether there was any significant association between the factors collected in the responses. Hierarchical cluster analysis was performed using dendrograms to analyse questions that had more than one response. This allows for the identification of clustered

themes within responses. For example, respondents answering “Yes” to one particular component are likely to also answer “Yes” to another component/s (Nell, 2007).

Non-parametric tests differ from parametric tests in that the test structure is not specified beforehand but is instead determined from data. The term non-parametric is not meant to imply that such tests completely lack parameters but that the number and nature of the parameters are flexible and not fixed in advance. Non-parametric tests are therefore also called distribution free. They are mathematical procedures for statistical hypothesis testing which, unlike parametric statistics, make no assumptions about the frequency distributions of the variables being assessed (Wikipedia, 2007).

The Pearson’s Chi-square test was used to test the association between various combinations of variables at the 5% level of significance. The Pearson’s Chi-square test is one of a variety of statistical procedures whose results are evaluated by reference to the Chi-square distribution. It tests a null hypothesis that the relative frequencies of occurrence of observed events follow a specified frequency distribution. The Chi-square is calculated by finding the difference between each observed and theoretical frequency, squaring them, dividing each by the theoretical frequency, and taking the sum of the results (Wikipedia, 2007).

The Phi coefficient is a measure of the degree of association between two binary variables. Two binary variables are considered positively associated if

most of the data falls along the diagonal cells. In contrast, two binary variables are considered negatively associated if most of the data falls off the diagonal cells (Wikipedia, 2007).

Cramer's V tests the strength of association of the cross tabulations. Cramer's V is a variant of the phi-coefficient that adjusts for the number of rows and columns. Values range from 0 to 1, with 0 indicating no association and 1 indicating the theoretical maximum possible association (Wikipedia, 2007).

The Kendall tau coefficient is used to measure the strength of association of the cross tabulations (Wikipedia, 2007).

A dendrogram is a tree diagram frequently used to illustrate the arrangement of the clusters produced by a clustering algorithm. Clustering is the classification of objects into different groups, or more precisely, the partitioning of a data set into subsets (clusters), so that the data in each subset share some common traits - often proximity according to some definite measure. Data clustering is a common technique for statistical data analysis. The term data clustering is also known as cluster analysis. Data clustering algorithms can be hierarchical or partitional. Hierarchical algorithms find successive clusters using previously established clusters, whereas partitional algorithms determine all clusters at once (Wikipedia, 2007).

### **3.6 Materials**

See appendices for copies of the following documents:

Appendix A - Information letter

Appendix B - Questionnaire

Appendix C - Reminder telephone call

## **CHAPTER 4**

### **RESULTS**

#### **4.1 Introduction**

Following the methodology described in Chapter 3, this study produced raw data in the form of completed questionnaires. These were obtained as described in Chapter 3.

##### **4.1.1 Objectives**

The specific objectives of the analysis were as follows:

- (1) To describe the demographic characteristics of individuals sampled.
- (2) To describe the current perceptions and knowledge of the principles and philosophy of homeopathy.
- (3) To determine any statistically significant correlations between demographic or other characteristics and level of knowledge of homeopathy (as reflected in the completed questionnaires).
- (4) To determine any statistically significant correlations between demographic or other characteristics and perceptions of homeopathy (as reflected in the completed questionnaires).

- (5) To determine any statistically significant correlations between demographic or other characteristics and perceptions of communication patterns between homeopaths and chiropractors (as reflected in the completed questionnaires).
- (6) To determine any statistically significant correlations between demographic or other characteristics and knowledge of the principles and philosophy of homeopathy (as reflected in the completed questionnaires).

The analysis of the data was done using SPSS® for Windows™ and Excel® XP™.

## **4.2 Overview of Results Chapter**

### 4.2.1 Descriptive data

#### 4.2.1.1 Demographics

These comprised mean values and distribution tables for the demographic data (gender, age category, ethnic group).

#### 4.2.1.2 Practice status

These comprised descriptions of data relating to status of the respondents' practice (duration in practice, country in which qualification obtained,

geographic location of practice, type of practice, professional boards registered with, distance to nearest homeopath, whether premises are shared with other practitioners).

#### 4.2.1.3 General knowledge of homeopathy - practical details

These comprised descriptions of the respondents' level of knowledge of, attitudes towards and experience of homeopathy. These were as reflected by the answers to the questions comprising Part Two in the Questionnaire.

#### 4.2.1.4 Perceptions of homeopathy

These comprised descriptions of the respondents' perceptions of homeopathy as reflected by the answers to Part Three of the Questionnaire.

#### 4.2.1.5 Perception of inter-disciplinary communication between chiropractors and homeopaths

These comprised descriptions of the respondents' perception of inter-disciplinary communication between chiropractors and homeopaths. These were as reflected by the answers to the questions comprising Part Four in the Questionnaire.

#### 4.2.1.6 Knowledge of the principles and philosophy of homeopathy

These comprised descriptions of the respondents' knowledge of the principles and philosophy of homeopathy as reflected by the answers to Part Five of the Questionnaire.

#### 4.2.2 Correlation analysis

Non-parametric statistical tests (Chi squared, Phi and Cramer's V) were used to determine the presence and significance of correlations between demographic and education status, and levels of knowledge, attitudes and beliefs about homeopathy.

#### 4.2.3 Comments

This comprised a description of the comments made by respondents. Further discussion of these in light of the statistical analysis follows in Chapter 5.

### **4.3 Abbreviations**

Respondent = individual satisfying inclusion criteria who completed the questionnaire

$H_0$  = null hypothesis

$H_1$  = alternative hypothesis

S.D. = Standard deviation

$z$  = Standardised  $z$  value for statistical measurements

$p$  = two tailed probability of equalling or exceeding  $z/2$

N.S. = No statistically significant difference

S = Statistically significant difference

If  $p \leq 0.05$  then a significant difference was concluded (5% level of significance).

If  $p \geq 0.05$  then no significant difference was concluded (5% level of significance).

#### **4.4 Descriptive statistics**

##### **4.4.1 Demographics (Questions 1 – 3 of Part One)**

The data used for the following analyses was derived from Questions 1 – 3 of Part One of the completed questionnaires. In terms of Objective (1) of 4.1.1, the respondents' demographic characteristics were described.

Figure 4.1 Question 1.1: Are you female or male?

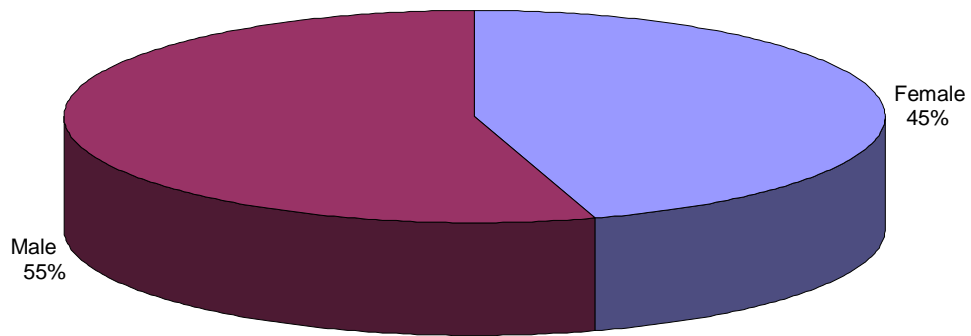


Table 4.1 Question 1.1: Are you female or male?

Gender	Number of Respondents	Percentage of Respondents
Female	77	45.3
Male	93	54.7

Figure 4.1 and Table 4.1 show the total number of respondents, 77 (45.3%) female and 93 (54.7%) male.

Figure 4.2 Question 1.2: Which race/ethnic group do you belong to? (Please note this is for statistical purposes only).

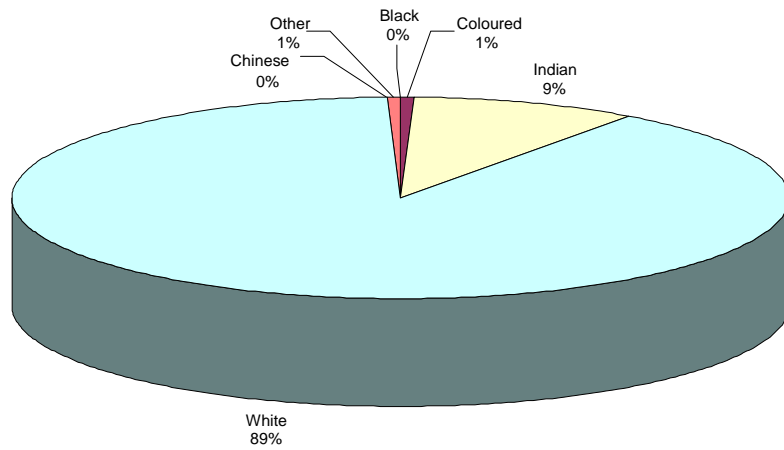


Table 4.2 Question 1.2: Which race/ethnic group do you belong to? (Please note this is for statistical purposes only).

Ethnic Group	Number of Respondents	Percentage of Respondents
Black	0	0.0
Coloured	1	0.6
Indian	16	9.4
White	152	89.4
Chinese	0	0.0
Other	1	0.6

Figure 4.2 and Table 4.2 show that the majority was White and therefore there is not much variation in the ethnic group. Nearly 152 (90%) of the respondents were White and only 16 (9.4%) Indian.

Figure 4.3 Question 1.3: Which age group are you in?

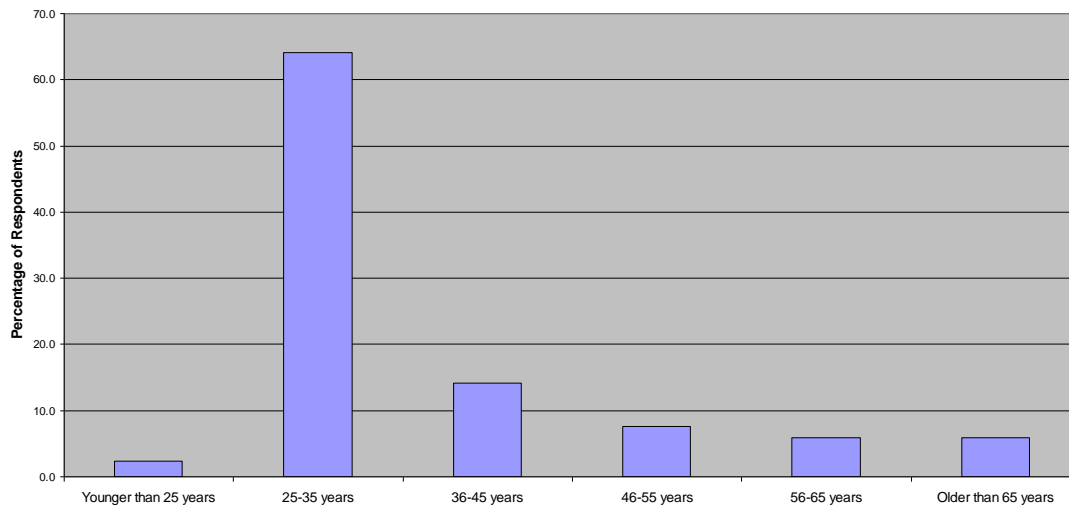


Table 4.3 Question 1.3: Which age group are you in?

Age Category	Number of Respondents	Percentage of Respondents
Younger than 25 years	4	2.4
25-35 years	109	64.1
36-45 years	24	14.1
46-55 years	13	7.6
56-65 years	10	5.9
Older than 65 years	10	5.9

Figure 4.3 and Table 4.3 show that the large majority (109 (64%)) of the respondents were between the ages of 25 and 35 with a total of 133 (78.2%) between 25 and 45.

#### 4.4.2 Practice Status (Questions 4 – 11 of Part One)

The data used for the following analyses was derived from Questions 4 – 11 of Part One of the completed questionnaires. In terms of Objective (2) of 4.1.1, the respondents' practice status was described.

This comprised descriptions of data relating to status of the respondents' practice - duration in practice, country in which qualification was obtained, geographic location of practice, type of practice, professional boards registered with, distance to nearest homeopath and whether premises are shared with other practitioners.

Figure 4.4 Question 1.4: Duration in practice as a chiropractor:

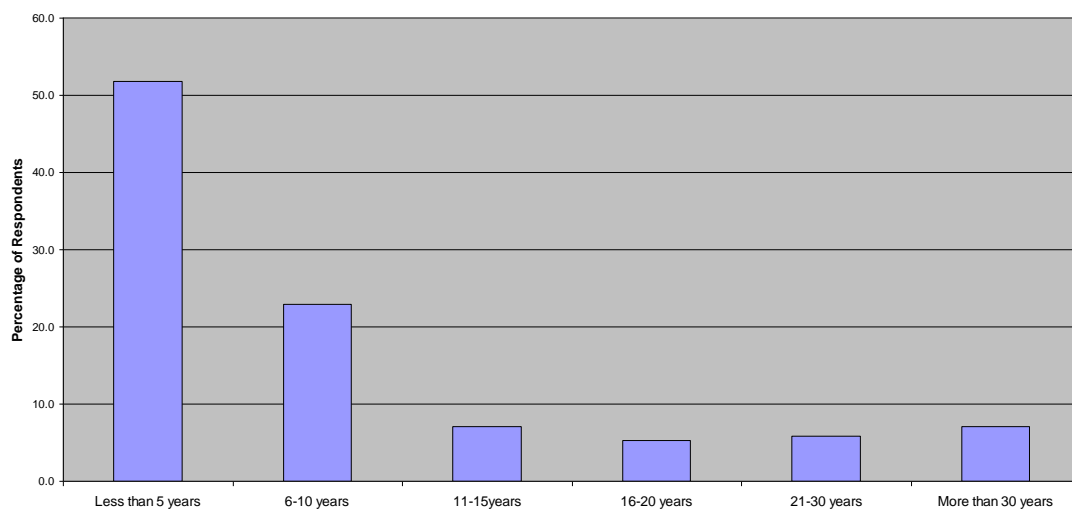


Table 4.4 Question 1.4: Duration in practice as a chiropractor:

Duration in Practice as a Chiropractor	Number of Respondents	Percentage of Respondents
Less than 5 years	88	51.8
6-10 years	39	22.9
11-15 years	12	7.1
16-20 years	9	5.3
21-30 years	10	5.9
More than 30 years	12	7.1

Figure 4.4 and Table 4.4 show the majority of respondents 88 (51.8%) had been in practice for less than five years. Thirty-nine (22.9%) of the respondents had been in practice for 6-10 years, while only 12 (7.1%) of the respondents had been in practice for 11-15 years.

Figure 4.5 Question 1.5: State your exact qualification.

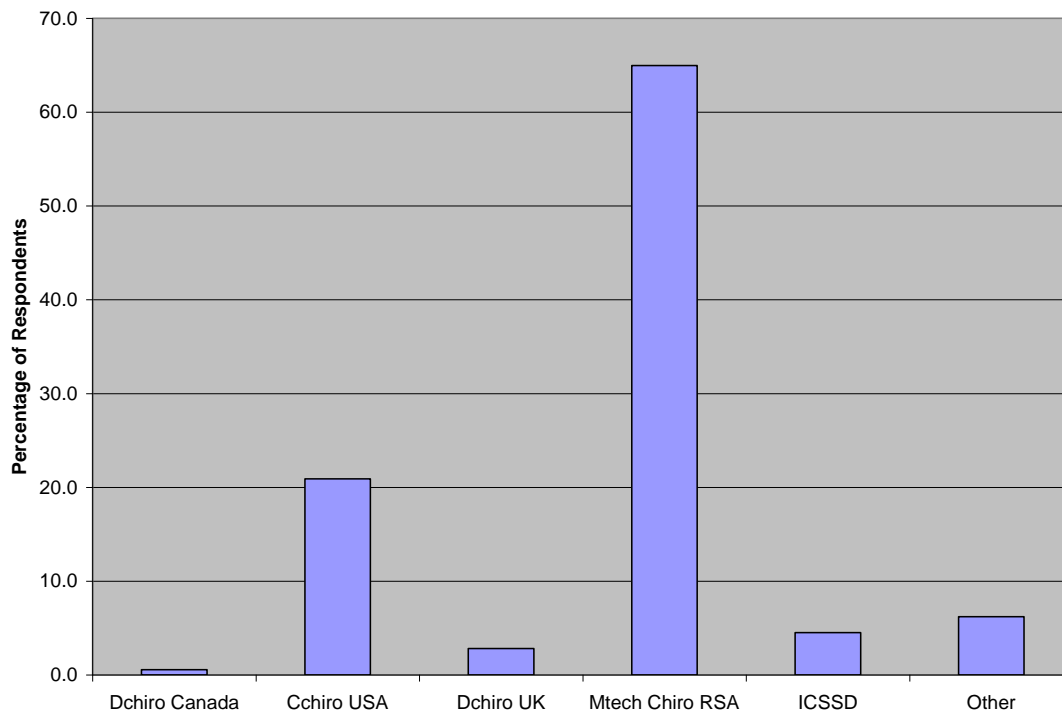


Table 4.5 Question 1.5: State your exact qualification.

Qualification obtained	Number of Respondents	Percentage of Respondents
Dchiro Canada	1	0.6
Dchiro USA	37	20.9
Dchiro UK	5	2.8
Mtech Chiro RSA	115	65.0
ICSSD	8	4.5
Other	11	6.2

Figure 4.5 and Table 4.5 show that the majority of respondents 115 (65.0%) held the Masters degree in Technology (Chiropractic). No breakdown of whether the Masters degree in Technology (Chiropractic) was obtained from Durban University of Technology (D.U.T) or from University of Johannesburg (U.J) was determined.

Figure 4.6 Question 1.6: In which country did you obtain your qualification in chiropractic?

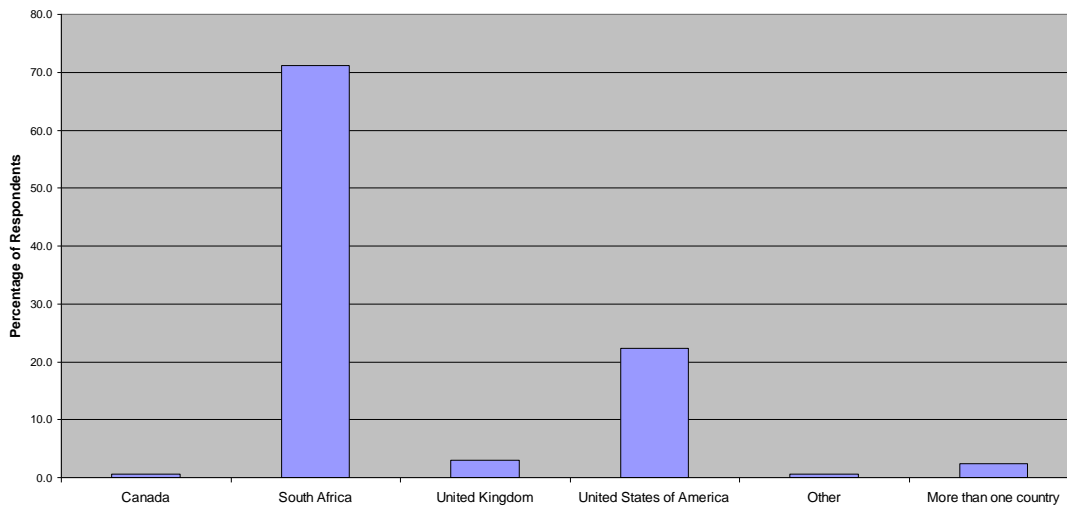


Table 4.6 Question 1.6: In which country did you obtain your qualification in chiropractic?

Country Qualified in	No of Respondents	Percentage of Respondents
Canada	1	0.6
South Africa	121	71.2
United Kingdom	5	2.9
United States of America	38	22.4
Other	1	0.6
More than one country	4	2.4

Figure 4.6 and Table 4.6 show that the country in which practitioners qualified is closely related to the nature of the qualification obtained with the majority of respondents, 121 (71.2%), from South Africa, 38 (22.4%) from the United States of America and 5 (2.9%) from the United Kingdom. Reasons for this are discussed in Chapter 5.

Figure 4.7 Question 1.7 a): In which town or city in S.A is your practice? and Q1.7b): In which suburb of the city or town that you've mentioned in 7a) is your practice? (were combined into one and answered according to province of practice).

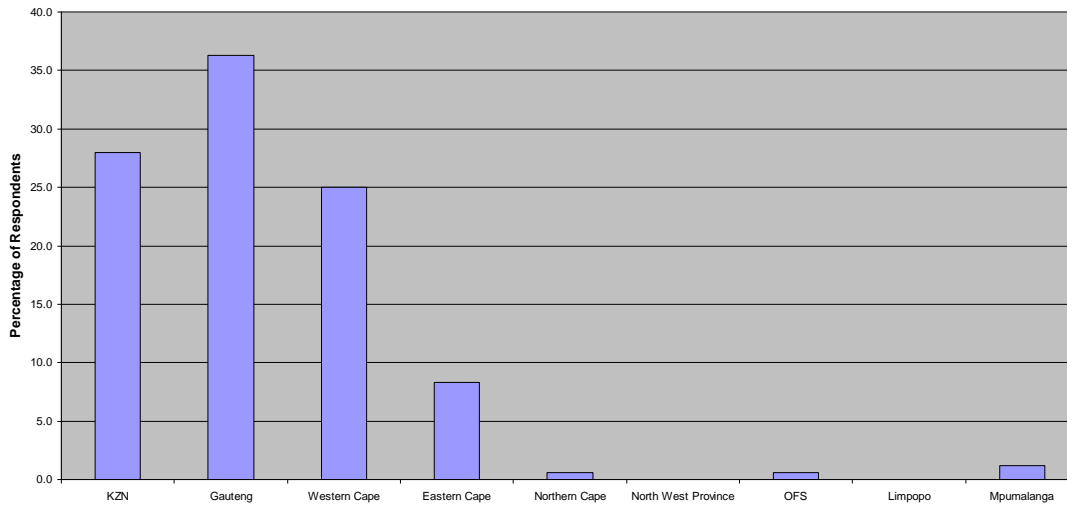


Table 4.7 Question 1.7a): In which town or city in S.A is your practice? and Q1.7b): In which suburb of the city or town that you've mentioned in 7a) is your practice? (were combined into one and answered according to province of practice).

Province of practice	Number of Responses	Percentage of Responses
KZN	47	28.0
Gauteng	61	36.3
Western Cape	42	25.0
Eastern Cape	14	8.3
Northern Cape	1	0.6
North West Province	0	0.0
Free State	1	0.6
Limpopo	0	0.0
Mpumalanga	2	1.2

Figure 4.7 and Table 4.7 show that 61 (36.3%) of the respondents are located in Gauteng, 47 (28%) in Kwazulu-Natal, 42 (25%) in the Western Cape and 14 (8.3%) in the Eastern Cape. Only 2 (1.2%) respondents are located in Mpumalanga.

Note: The results of Question 1.7a) and b) were combined into one, according to province. The provincial distribution was deemed to be more important than just listing city or suburb in South Africa.

Figure 4.8 Question 1.8a): State the type of practice you are in i.e. single, dual or multidisciplinary.

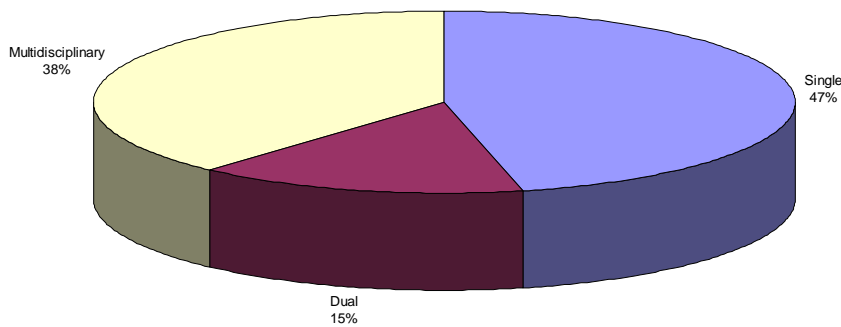


Table 4.8 Question 1.8a): State the type of practice you are in i.e. single, dual or multidisciplinary.

Type of Practice	Number of Respondents	Percentage of Respondents
Single	79	46.5
Dual	26	15.3
Multidisciplinary	65	38.2

Figure 4.8 and Table 4.8 show that the majority of respondents, 79 (46.5%), were engaged in single practice situations, 26 (15.3%) were in dual practice and 65 (38.2%) in multidisciplinary practice situation.

Figure 4.9 Question 1.8b) If a dual or multi-disciplinary practice please specify.

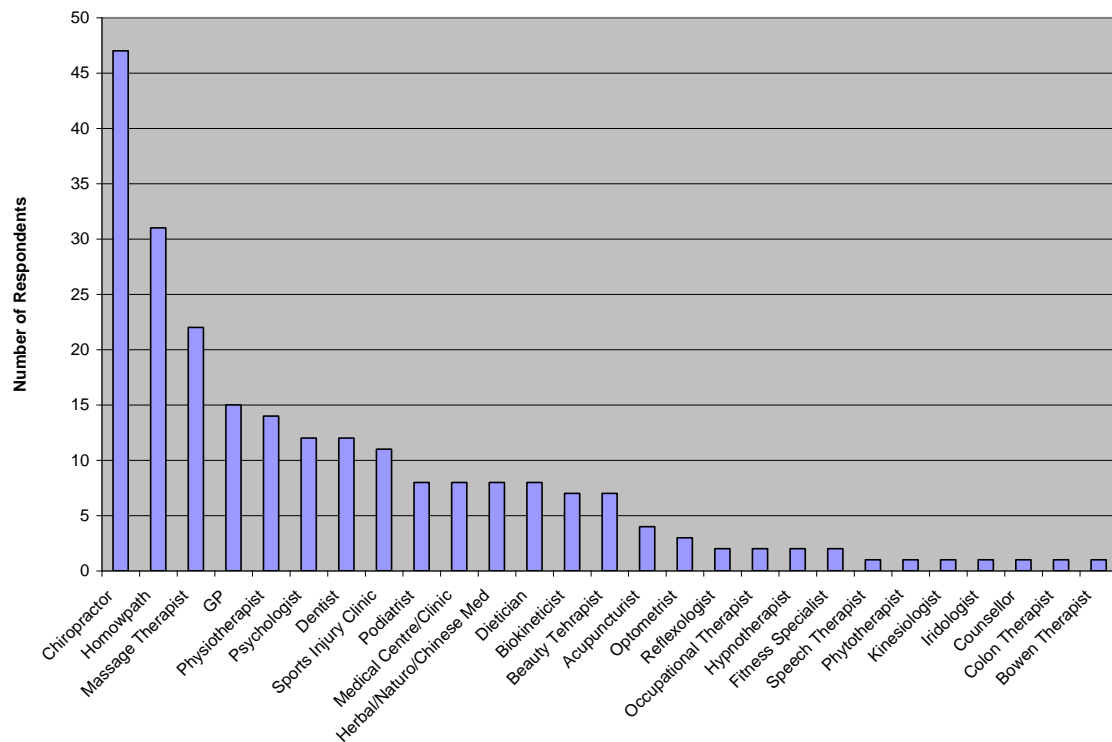


Table 4.9 Question 1.8.b): If a dual or multi-disciplinary practice please specify.

Profession	Number of Respondents	Percentage
Chiropractor	47	20.26
Homeopath	31	13.36
Massage Therapist	22	9.48
GP	15	6.47
Physiotherapist	14	6.03
Psychologist	12	5.17
Dentist	12	5.17
Sports Injury Clinic	11	4.74
Podiatrist	8	3.45
Medical Centre/Clinic	8	3.45
Herbal/Naturo/Chinese Med	8	3.45
Dietician	8	3.45
Biokineticist	7	3.02
Beauty Therapist	7	3.02
Acupuncturist	4	1.72
Optometrist	3	1.29
Reflexologist	2	0.86
Occupational Therapist	2	0.86

Hypnotherapist	2	0.86
Fitness Specialist	2	0.86
Speech Therapist	1	0.43
Phytotherapist	1	0.43
Kinesiologist	1	0.43
Iridologist	1	0.43
Counsellor	1	0.43
Colon Therapist	1	0.43
Bowen Therapist	1	0.43

Figure 4.9 and Table 4.9 show that 47 (20.26%) of the respondents were in a dual or multidisciplinary practice with chiropractors, 31 (13.36%) of the respondents were in dual or multidisciplinary practice with homeopaths, 22 (9.48%) were in practice with massage therapists, 15 (6.47%) were in practice with GPs, and 14 (6.03%) were in practice with physiotherapists.

Question 1.9: Which professional board/s are you registered with?

Seventy-seven (45%) of the respondents were registered with the Chiropractic Association of South Africa, 144 (85%) were registered with the Allied Health Professions Council of South Africa, 3 (2%) were registered with the Health Professions Council of South Africa, 17 (10%) were registered with the Board of Health Care Funders and 3 (2%) with SASMA (whole words were not supplied). The other responses comprised 7 other boards. These included BMSA (whole words were not supplied), CHAHP (whole words were not supplied), SAAHSPB (whole words were not supplied), PBCO (whole words were not supplied), Chiropractic Association of Ireland, British Chiropractic Council and General Chiropractic Council of the United Kingdom.

However, the Chiropractic Association of South Africa is not a professional board. It is the professional association set up by chiropractors to look after their interests. Therefore, the question may not have been properly understood.

Figure 4.10 Question 1.10: How close is the next nearest homeopath to your practice?

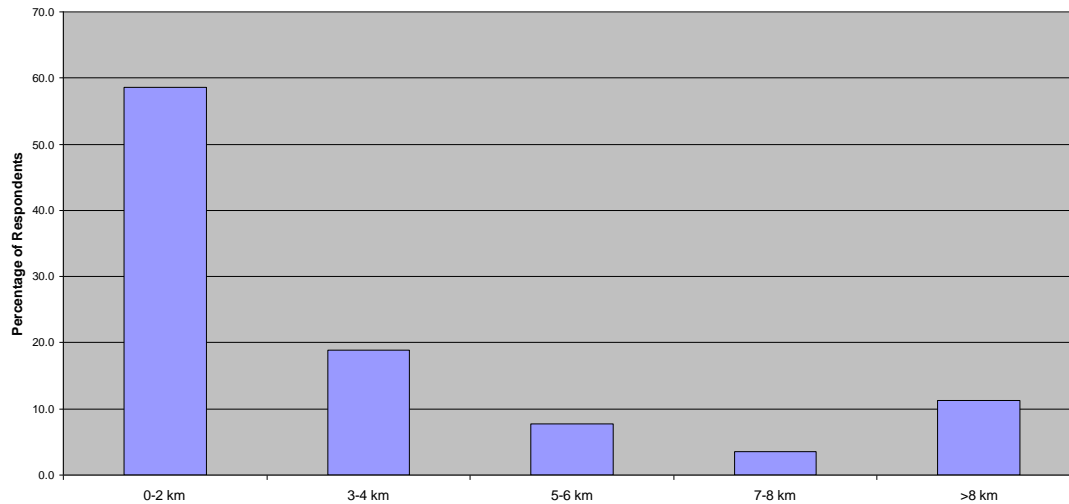


Table 4.10 Question 1.10: How close is the next nearest homeopath to your practice?

Distance to homeopath	No of Respondents	Percentage of Respondents
0-2 km	99	58.6
3-4 km	32	18.9
5-6 km	13	7.7
7-8 km	6	3.6
>8 km	19	11.2

Figure 4.10 and Table 4.10 reflect the tendency of geographical clustering of chiropractors and homeopaths. The majority of respondents 99 (58.6%) were within 2 km of a homeopath, while 32 (18.9%) of the respondents were within 3-4 km of a homeopath.

Figure 4.11 Question 1.11a): Do you share your practice with anyone e.g. GPs?

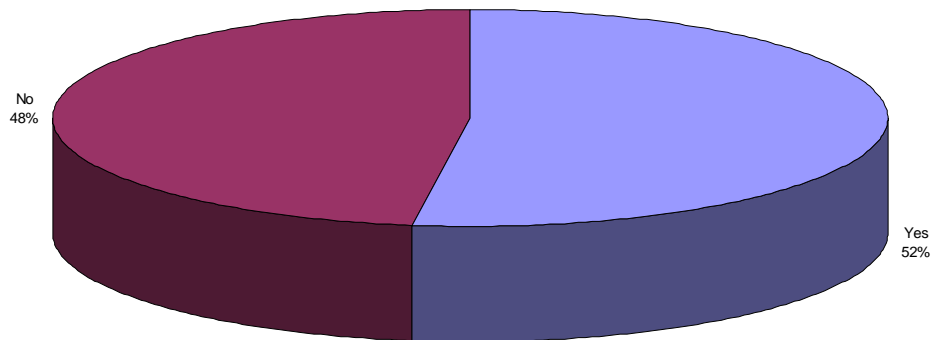


Table 4.11 Question 1.11a): Do you share your practice with anyone e.g. GPs?

Practice Shared	No of Respondents	Percentage of Respondents
Yes	89	52.4
No	81	47.6

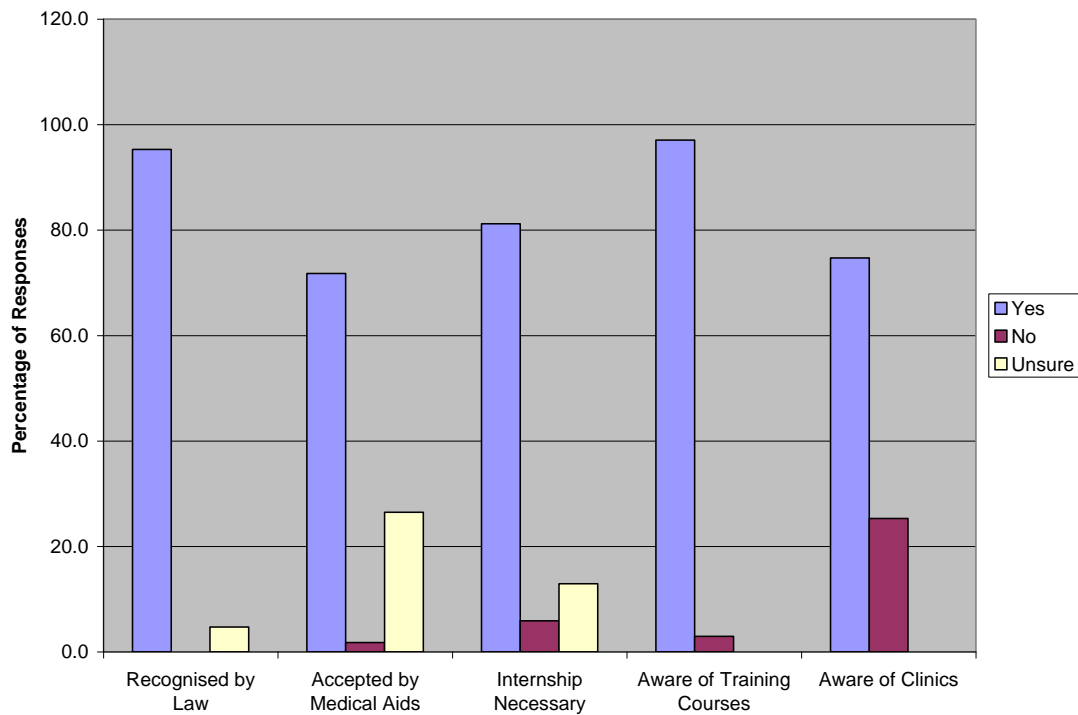
Figure 4.11 and Table 4.11 show that 89 (52%) of the respondents shared a practice. This represents the proportion of respondents who were not in single practice in Figure 4.8 above i.e. sum of dual and multidisciplinary figures.

Question 1.11b): “If so, with whom” is a repetition of Question 1.8.b) and therefore results of this question appears under Q1.8b. (see Figure 4.11, Table 4.11, Figure 4.9 and Table 4.9).

#### 4.4.3 General Knowledge of Homeopathy (Questions 1 – 8 of Part Two)

The data used for the following analyses was derived from Part Two of the completed questionnaires. In terms of Objective (2) of 4.1.1, the respondents’ general knowledge of homeopathy was described.

Figure 4.12 Graph showing comparison of responses to different questions from Part Two.



The status of homeopathy with respect to medical aids was an area that 45 (26.5%) respondents were least certain of. There was a good level of awareness of the status of homeopathic education and legislation in South Africa. Most respondents (138 (81.2%)) were aware of the necessity of internship to practice homeopathy, 165 (97.1%) were aware of training courses offered, 127 (74.7%) were aware of the homeopathic clinics and 162 (95.3%) were aware of homeopathy's legal status in South Africa.

Figure 4.13 Question 2.1: How would you describe your level of awareness of homeopathy? Tick one option only.

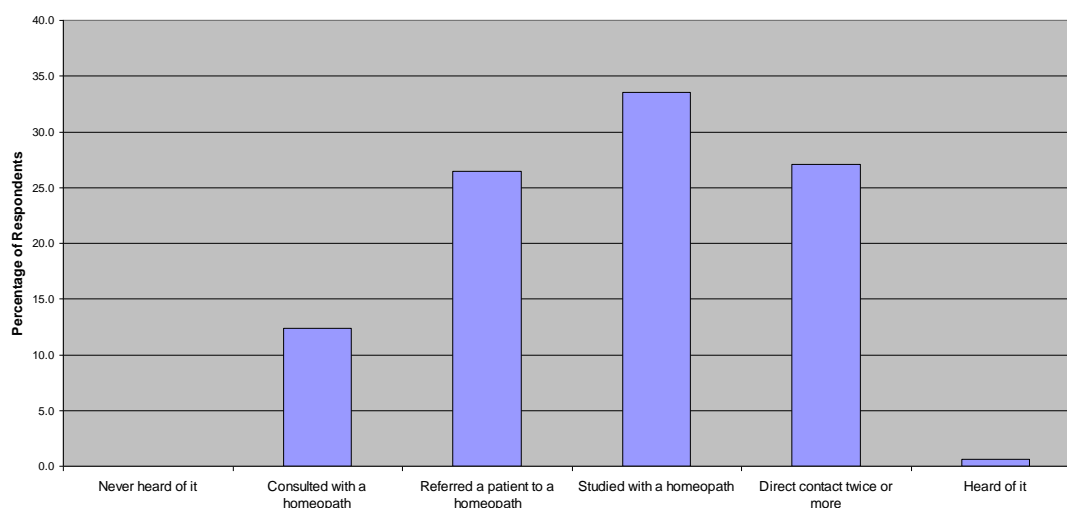


Table 4.12 Question 2.1: How would you describe your level of awareness of homeopathy? Tick one option only.

Level of Awareness of Homeopathy	Number of Respondents	Percentage of Respondents
Never heard of it	0	0.0
Consulted with a homeopath	21	12.4
Referred a patient to a homeopath	45	26.5
Studied with a homeopath	57	33.5
Direct contact twice or more	46	27.1
Heard of it	1	0.6

Figure 4.13 and Table 4.12 reflect both current and ongoing professional association [21 (12.4%) respondents consulted with a homeopath, and 45 (26.5%) referred a patient to a homeopath] and historical connections [57 (33.5%) studied with a homeopath and 46 (27.1%) have had direct contact twice or more].

A significant percentage (26.5% (45)) of respondents have referred patients, 33.5% (57) studied with a homeopath and 27.1% (46) had direct contact on at least a few occasions.

Comments on Q2.1 made by 25 respondents:

- this question was badly phrased and gave limited choices because they have consulted with a homeopath, studied with a homeopath and referred a patient to a homeopath (5 respondents);
- they had a good understanding of homeopathy (4 respondents);
- said that she was acutely aware of homeopathy (1 respondent);
- is a homeopath (1 respondent);
- conducted a study for infantile colic using both a homeopathy complex and chiropractic treatment (1 respondent);
- said that they had referred patients many times to a homeopath (7 respondents);
- refer to and work with a homeopath daily (2 respondents);
- it is a valid form of treatment (1 respondent);
- produced dissertation together with a homeopath (1 respondent);
- refers patients to homeopaths but would enjoy learning from them and interacting more with them (1 respondent);
- studied to be a homeopath but has not completed homeopathic dissertation (1 respondent).

Figure 4.14 Question 2.2: Is homeopathy recognised by law in South Africa?  
Tick one option only.

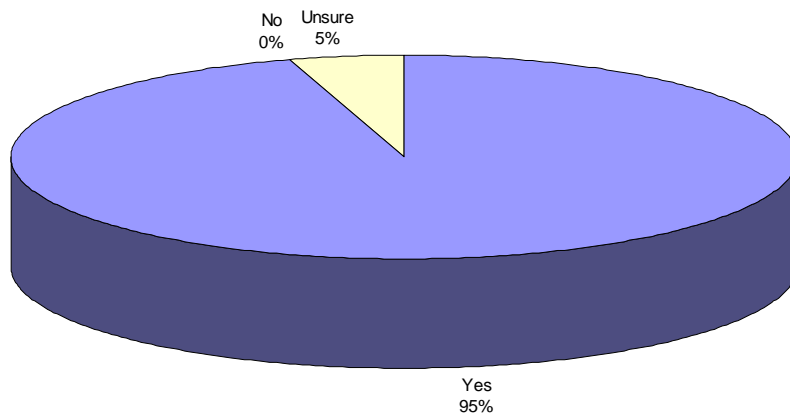


Table 4.13 Question 2.2: Is homeopathy recognised by law in South Africa?  
Tick one option only.

Recognised by law in South Africa	Number of Respondents	Percentage of Respondents
Yes	162	95.3
No	0	0.0
Unsure	8	4.7

Figure 4.14 and Table 4.13 show that the majority of respondents, 162 (95.3%), were aware of homeopathy's legal status in South Africa. Only 8 (4.7%) were unsure.

There were no comments added by respondents.

Figure 4.15 Question 2.3: Do the majority of medical aids schemes in South Africa recognise homeopathy? Tick one option only.

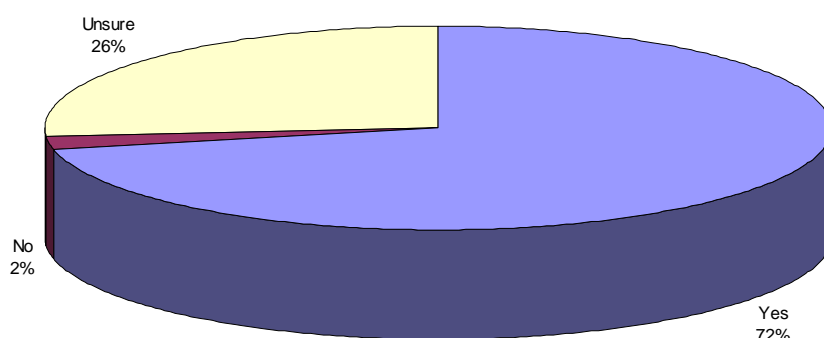


Table 4.14 Question 2.3: Do the majority of medical aids schemes in South Africa recognise homeopathy? Tick one option only.

Medical Aids recognise Homeopathy	Number of Respondents	Percentage of Respondents
Yes	122	71.8
No	3	1.8
Unsure	45	26.5

Figure 4.14 and Table 4.13 show that the majority (122 (71.8%)) of the respondents were aware that medical aids recognise homeopathy in South Africa. 45 (26.5%) of the respondents were unsure.

Comments on Q2.3 made by 3 respondents:

- medical aid schemes do recognise homeopathy but it depends on the grade of the medical scheme (1 respondent);
- the homeopath she worked with had more difficulties than she did with medical aids (1 respondent);
- assumes that it is very similar to chiropractic (1 respondent).

Figure 4.16 Question 2.4: What level of education is required to practice as a homeopathic practitioner? Tick one option only.

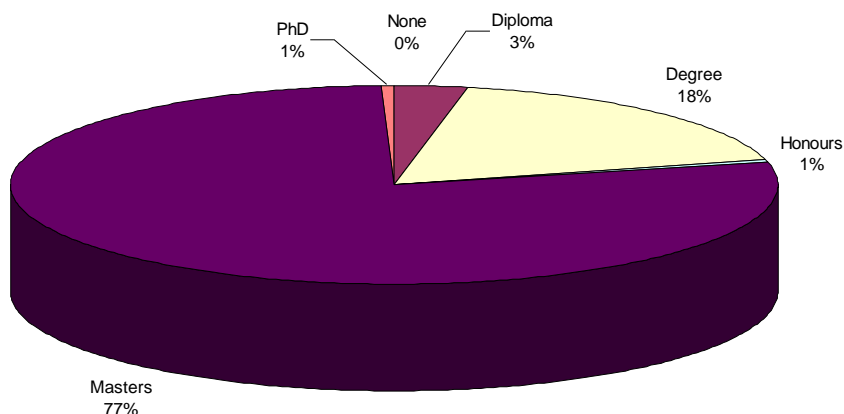


Table 4.15 Question 2.4: What level of education is required to practice as a homeopathic practitioner? Tick one option only.

Awareness of education necessary to practice Homeopathy	Number of Respondents	Percentage of Respondents
None	0	0.0
Diploma	5	3.0
Degree	30	17.8
Honours	1	0.6
Masters	132	78.1
PhD	1	0.6

Figure 4.16 and Table 4.15 show that 132 (78.1%) respondents were aware of the level of education necessary to practice homeopathy.

Comments on Q2.4 made by 3 respondents:

- the South African qualification is a Masters degree and an international qualification is a Degree in homeopathy (1 respondent);
- foreign practitioners may practice with a degree in homeopathy (1 respondent);

- he believes it to be a Masters degree, but he knows that there are 'homeopaths' in practice after doing short courses in homeopathy (1 respondent).

Figure 4.17 Question 2.5: Are homeopaths required to undergo any internship during their period of study?

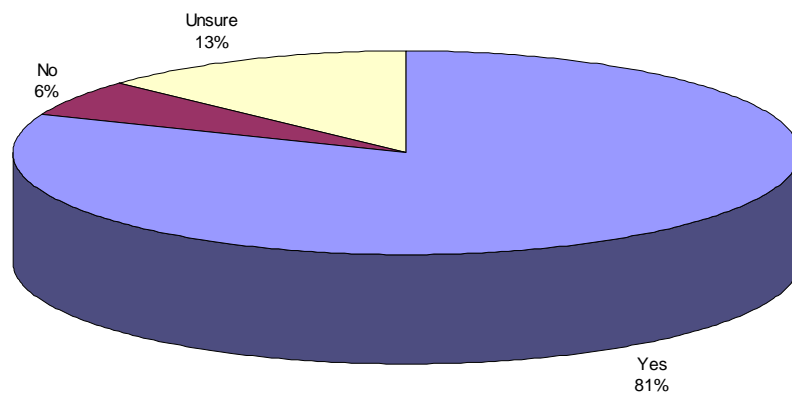


Table 4.16 Question 2.5: Are homeopaths required to undergo any internship during their period of study?

Awareness of Necessity of Internship to practicing homeopathy	Number of Respondents	Percentage of Respondents
Yes	138	81.2
No	10	5.9
Unsure	22	12.9

Figure 4.17 and Table 4.16 show that most respondents, 138 (81.2%), were aware of the necessity for completion of an internship program in order to practice homeopathy. Twenty-two (12.9%) of respondents were unsure.

Comments on Q2.5 made by 10 respondents.

- homeopaths are not required to undergo an internship program (2 respondents);

- unsure if it was an internship or just practical training (1 respondent);
- similar to chiropractors internship? (1 respondent);
- the AHPCSA had failed at proving this statutory requirement (1 respondent);
- still trying to arrange for an internship (1 respondent);
- the internship was never properly enforced in the past, but could have changed now (1 respondent);
- homeopaths needed to do more patient numbers and advertising (1 respondent);
- there is currently an internship but they don't undergo one (1 respondent);
- recently they were required to undergo an internship (1 respondent).

Figure 4.18 Question 2.6a): Are you aware of any places that offer homeopathic training in S.A?

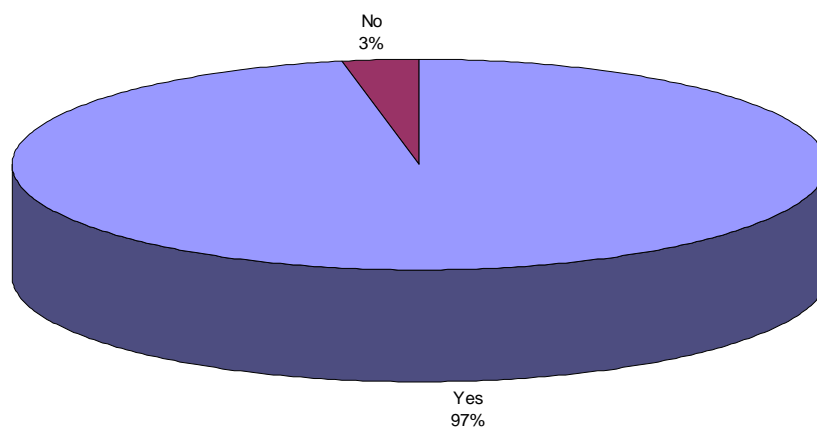


Table 4.17 Question 2.6a): Are you aware of any places that offer homeopathic training in S.A?

Aware of homeopathic training course	Number of Respondents	Percentage of Respondents
Yes	165	97.1
No	5	2.9

Figure 4.18 and Table 4.17 show that 165 (97.1%) respondents were aware that there are training courses for the study of homeopathy.

Figure 4.19 Question 2.6b): If so, name them.

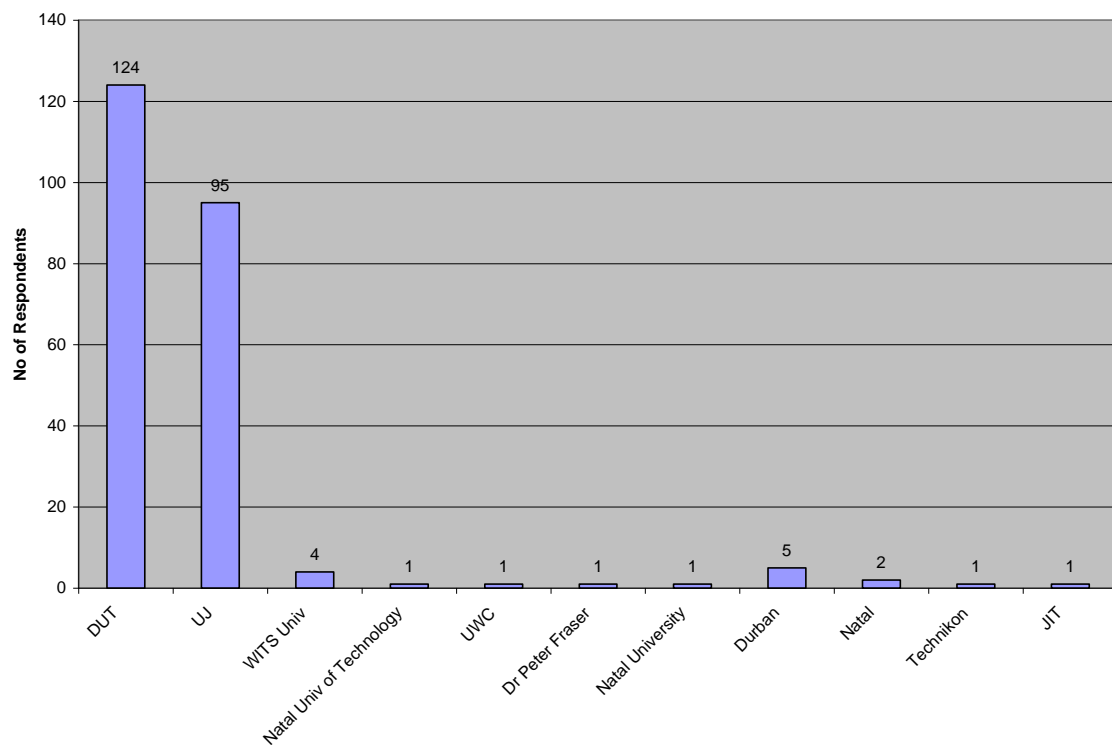


Table 4.18 Question 2.6b): If so, name them.

Place of Training	Number of Respondents	Percentage
DUT	124	52.54
UJ	95	40.25
WITS Univ	4	1.69
Natal Univ of Technology	1	0.42
UWC	1	0.42
Dr Peter Fraser	1	0.42
Natal University	1	0.42
Durban	5	2.12
Natal	2	0.85
Technikon	1	0.42
Johannesburg Institute of Technology (JIT)	1	0.42

Figure 4.19 and Table 4.18 show that 219 (92,8%) of the respondents were aware that DUT and UJ offered training for homeopathy in South Africa.

Figure 4.20 Question 2.7: How long do you think it takes to qualify as a homeopath in South Africa?

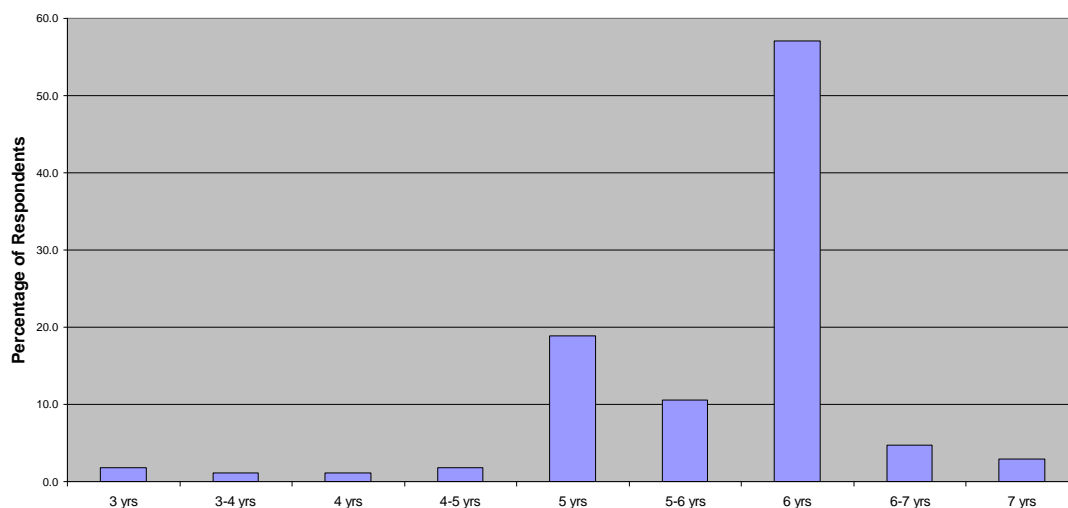


Table 4.19 Question 2.7: How long do you think it takes to qualify as a homeopath in South Africa?

Length of Time taken to qualify as a homeopath	Number of Respondents	Percentage of Respondents
3 yrs	3	1.8
3-4 yrs	2	1.2
4 yrs	2	1.2
4-5 yrs	3	1.8
5 yrs	32	18.8
5-6 yrs	18	10.6
6 yrs	97	57.1
6-7 yrs	8	4.7
7 yrs	5	2.9

Figure 4.20 and Table 4.19 show that the majority of respondents, 123 (72.4%), were aware of the correct duration of the study program. Only 5 (2.9%) respondents perceived that it took 7 years to qualify as a homeopath.

Figure 4.21 Question 2.8a): Are you aware of any facilities or clinics that provide training opportunities for homeopathic studies?

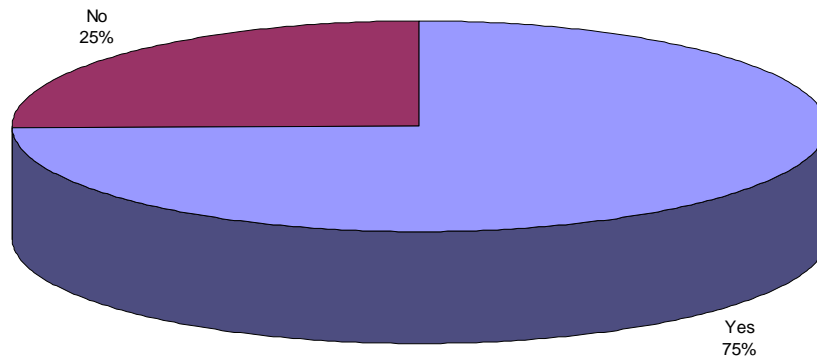


Table 4.20 Question 2.8a): Are you aware of any facilities or clinics that provide training opportunities for homeopathic studies?

Aware of Homeopathic Clinics	Number of Respondents	Percentage of Respondents
Yes	127	74.7
No	43	25.3

Figure 4.21 and Table 4.20 show that 127 (74.7%) respondents were aware of clinics for homeopathic students to gain clinical experience. The 43 (25%) respondents who were not aware of these clinics were foreign graduates who did not study with homeopathic students and were less aware of the status of homeopathic education in South Africa (see Table 4.5.1.1 Non-parametric test: Correlation analysis).

Figure 4.22 Question 2.8b): If so, name them.

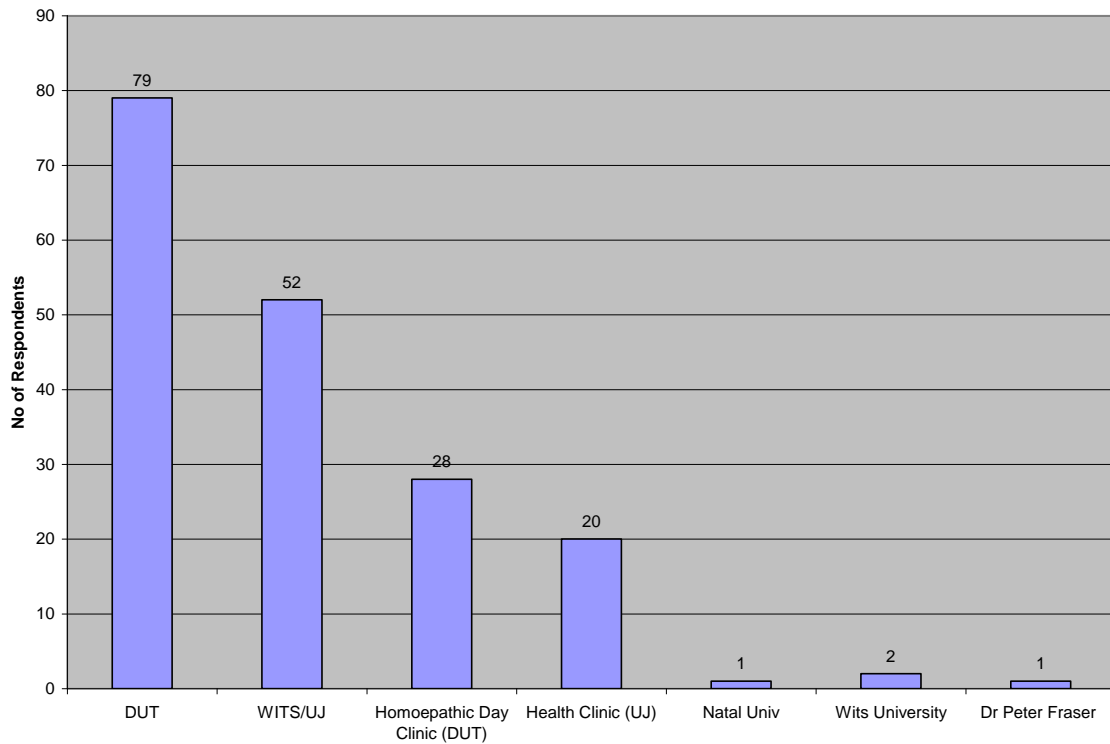


Table 4.21 Question 2.8b): If so, name them.

Institution	Number of Respondents	Percentage
DUT	79	43.17
WITS/UJ	52	28.42
Homeopathic Day Clinic (DUT)	28	15.30
Health Clinic (UJ)	20	10.93
Natal University	1	0.55
Wits University	2	1.09
Dr Peter Fraser	1	0.55

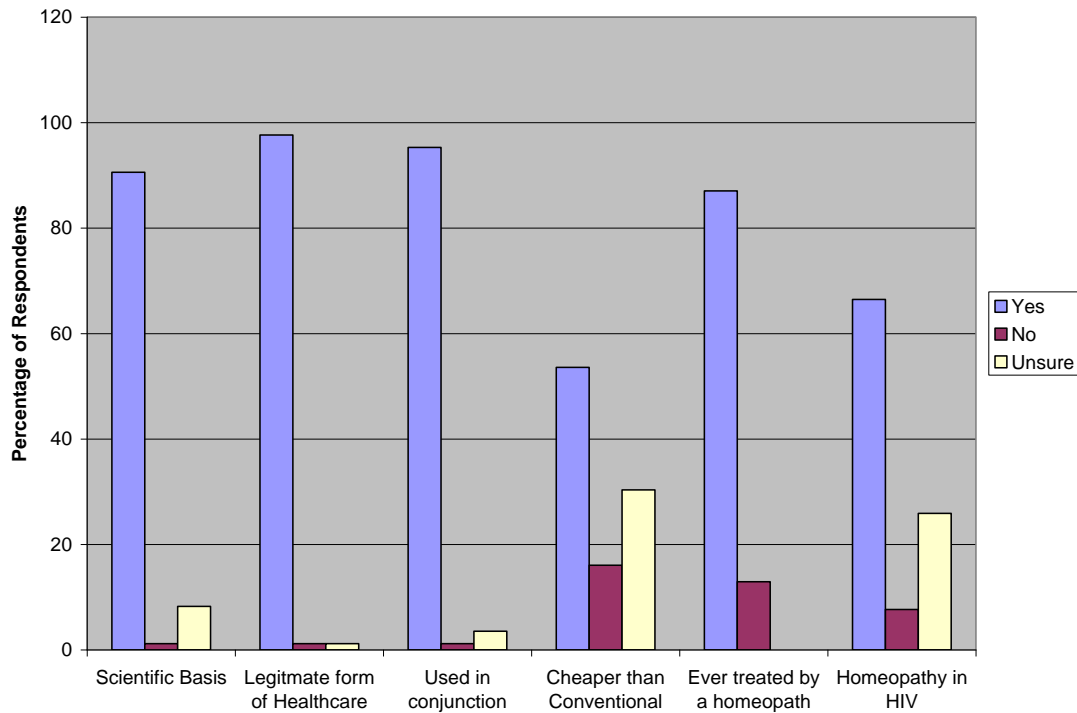
Figure 4.22 and Table 4.21 show that respondents were aware that DUT (107 (58.5%)) and UJ (72 (39.4%)) provided training opportunities for homeopathic students.

The above figures and tables demonstrate a relatively high level of knowledge of the status of homeopathic education in South Africa. 132 (78.1%) of the respondents were aware of the necessary level of education, 138 (81%) were aware of the necessity of internship, 165 (97.1%) were aware of the existence of training courses, 127 (74.7%) were aware of the existence of homeopathic clinics and 123 (72.4%) were aware of the length of time necessary to qualify as a homeopath.

#### **4.4.4 Perceptions of Homeopathy (Questions 1 – 12 of Part Three)**

The data used for the following analyses was derived from Part Three of the completed questionnaires. In terms of Objective (2) of 4.1.1, the respondents' perceptions of homeopathy were described.

Figure 4.23 Comparison of responses to certain questions regarding perceptions of homeopathy.



The overall impression from Figure 4.23 is of a generally positive perception of homeopathy. This is borne out by the individual graphs, which demonstrate that the large majority, 166 (97.6%), of respondents view homeopathy as a legitimate form of healthcare, and as having a scientific basis, 154 (90.6%). Furthermore it is seen to be suitable for use in conjunction with chiropractic; 162 (95.3%). This opinion was reinforced in that the majority of respondents 148 (87.1%) had consulted a homeopath for treatment.

Figure 4.24 Question 3.1: Do you think homeopathy has a scientific basis?  
Please tick one option only.

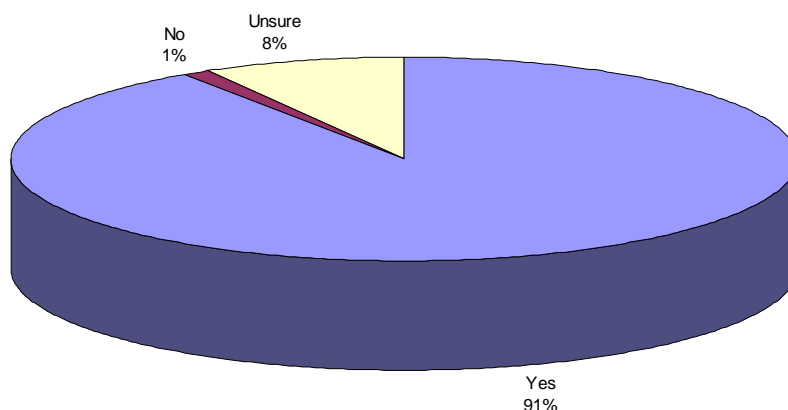


Table 4.22 Question 3.1: Do you think homeopathy has a scientific basis?  
Please tick one option only.

Homeopathy Has a Scientific Basis	Number of Respondents	Percentage of Respondents
Yes	154	90.6
No	2	1.2
Unsure	14	8.2

Figure 4.24 and Table 4.22 show that most respondents, 154 (90.6%), perceived that homeopathy has a scientific basis.

Comments on Q3.1 made by 5 respondents:

- homeopathic research is lacking (1 respondent);
- research was ongoing at the Technikons (1 respondent);
- he knows it works, but existing science is shaky (1 respondent);
- the scientific basis has been proven through research studies (1 respondent);
- it has its basis scientifically and research is involved to further investigate its use (1 respondent).

Figure 4.25 Question 3.2: Do you consider homeopathy to be a legitimate form of healthcare?

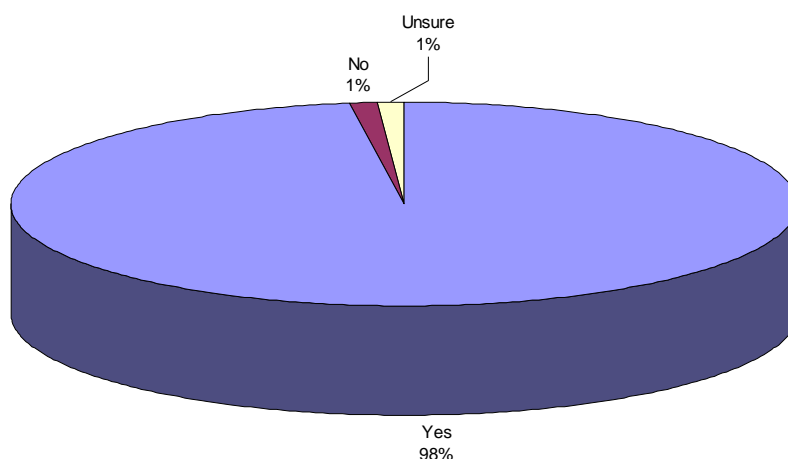


Table 4.23 Question 3.2: Do you consider homeopathy to be a legitimate form of healthcare?

Homeopathy is a legitimate form of healthcare	Number of Respondents	Percentage of Respondents
Yes	166	97.6
No	2	1.2
Unsure	2	1.2

From Figure 4.25 and Table 4.23 we can see again that most respondents, 166 (97.6%), perceived that homeopathy is a legitimate form of healthcare. Two (1.2%) respondents were unsure that homeopathy is a legitimate form of healthcare.

Comments on Q3.2 made by 4 respondents:

- homeopathy is a legitimate form of healthcare as a secondary form of treatment except in emergencies and in some paediatric cases (1 respondent);
- no side effects if homeopathy did not work (1 respondent);

- a legitimate form of healthcare only in non-threatening conditions  
(1 respondent);
- homeopathy more for chronic conditions than acute conditions  
(1 respondent).

Figure 4.26 Question 3.3: Which do you consider homeopathic treatment to be? Tick one option only.

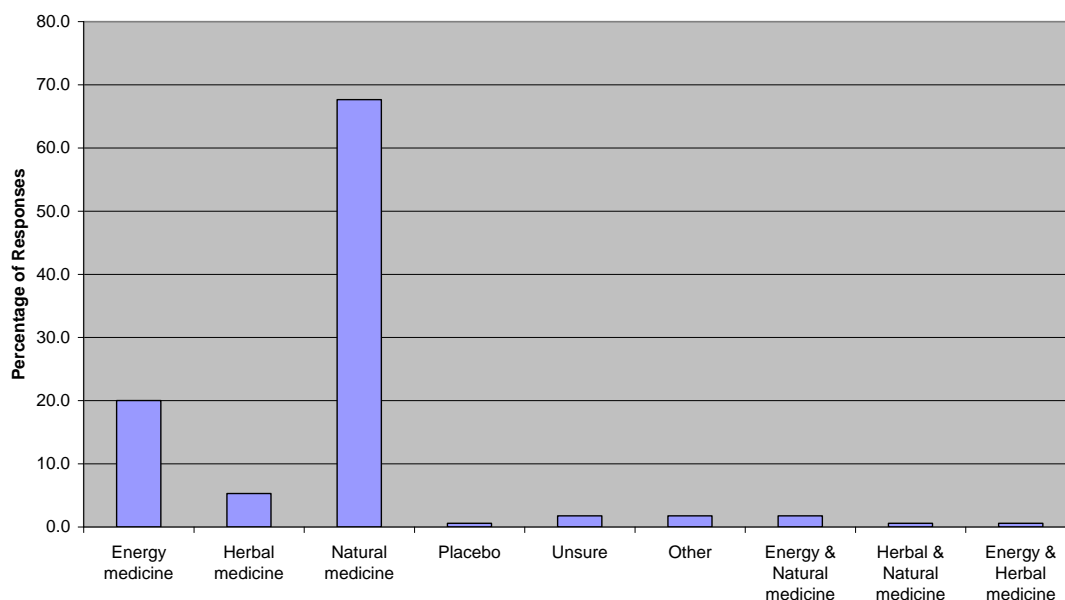


Table 4.24 Question 3.3: Which do you consider homeopathic treatment to be? Tick one option only.

Public accepts Homeopathy as a form of medical treatment	Number of Respondents	Percentage of Respondents
Energy medicine	34	20.0
Herbal medicine	9	5.3
Natural medicine	115	67.6
Placebo	1	0.6
Unsure	3	1.8
Other	3	1.8
Energy & Natural medicine	3	1.8
Herbal & Natural medicine	1	0.6
Energy & Herbal medicine	1	0.6

Figure 4.26 and Table 4.24 show that the majority, 115 (67.6%), of the respondents perceived that homeopathy is a form of natural medicine. A significant percentage (20% (34)) perceived that it is energy medicine. Only 9 (5.3%) respondents perceived homeopathy to be herbal medicine.

Comments on Q3.3 made by 3 respondents.

- a difficult question (1 respondent);
- most types of homeopathic treatments are very psychological and that if the patient believed in it, then it would help them (1 respondent);
- it has components of energy and natural substances (1 respondent).

Figure 4.27 Question 3.4: Which kind of procedures would you expect a homeopath to perform on his or her patient? Tick more than one option if needed.

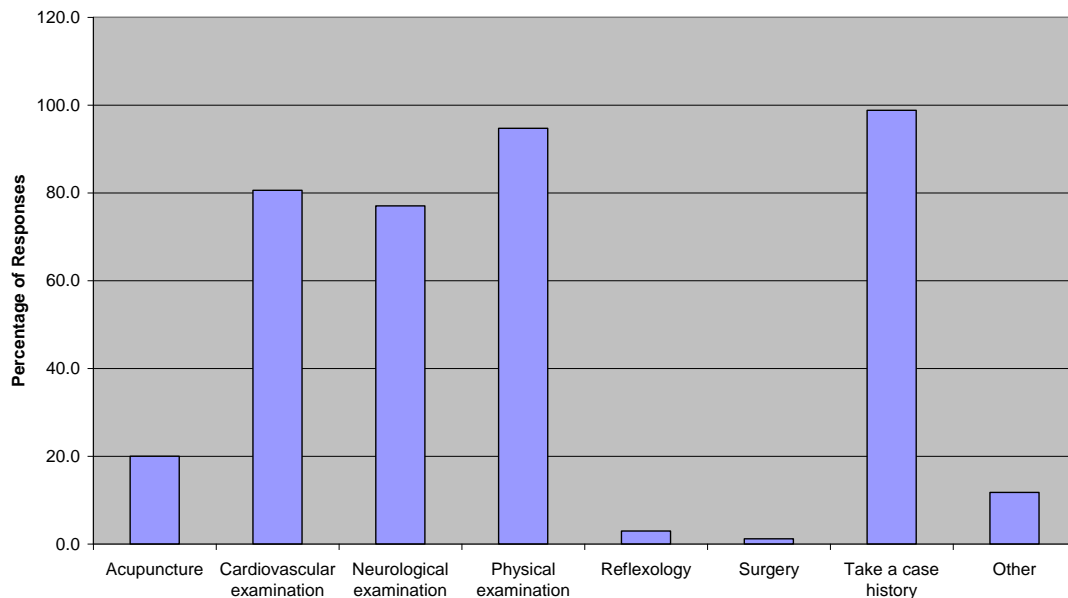


Table 4.25 Question 3.4: Which kind of procedures would you expect a homeopath to perform on his or her patient? Tick more than one option if needed.

Procedures a homeopath is expected to perform	Number of Responses in Affirmative	Percentage of Responses in Affirmative
Acupuncture	34	20.0
Cardiovascular examination	137	80.6
Neurological examination	131	77.1
Physical examination	161	94.7
Reflexology	5	2.9
Surgery	2	1.2
Take a case history	168	98.8
Other	20	11.8

Figure 4.27 and Table 4.25 effectively portrays the respondents' perceptions of the core clinical procedures a homeopathic practitioner would be expected to perform. Relatively few expected homeopaths to perform acupuncture [(34) (20%)] or other modalities. Very few expect that surgery [(2) (1.2%)] or reflexology [(5) (2.9%)] would be performed. The majority expect a case history [(168) (98.8%)], performing a physical examination [(161) (94.7%)], a cardiovascular examination [(137) (80,6%)] and a neurological examination [(131) (77.1%)] would be performed by a homeopath.

Comments on Q3.4 made by 6 respondents:

- acupuncture, reflexology, iridology would be performed by a particular homeopath who had a broad field of interest (2 respondents);
- acupuncture, although taught is not permitted by law unless an external course and examination was passed (1 respondent);
- any other regional examination would be performed as needed (2 respondents);

- cardiovascular examination, neurological examination, physical examination and taking a case history was part of their examination (1 respondent).

Figure 4.28 Question 3.5: Do homeopaths request laboratory tests?

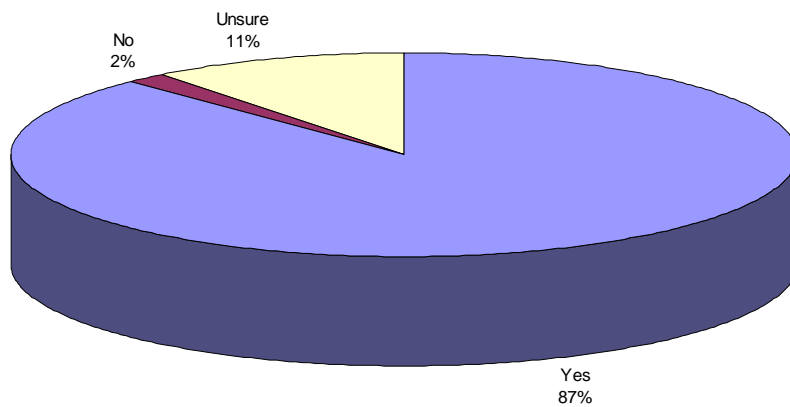


Table 4.26 Question 3.5: Do homeopaths request laboratory tests?

Perception of whether homeopaths request laboratory tests	Number of Responses	Percentage of Responses
Yes	149	87.6
No	3	1.8
Unsure	18	10.6

Figure 4.28 and Table 4.26 show that the majority, 149 (87.6%), of respondents perceive that homeopaths request laboratory tests. Eighteen of the respondents (10.6%) were unsure and only 3 (1.8%) perceive that homeopaths do not request laboratory tests.

Comments on Q3.5 made by 10 respondents.

- do request blood tests if needed (7 respondents);
- they do request X-rays as well (1 respondent);
- most homeopaths don't bother to request blood tests (1 respondent);
- they do but it was not necessary (1 respondent).

Figure 4.29 Question 3.6a): From the conditions listed below do you think homeopathic treatment could be useful in treating which of the following conditions? Tick more than one option if needed.

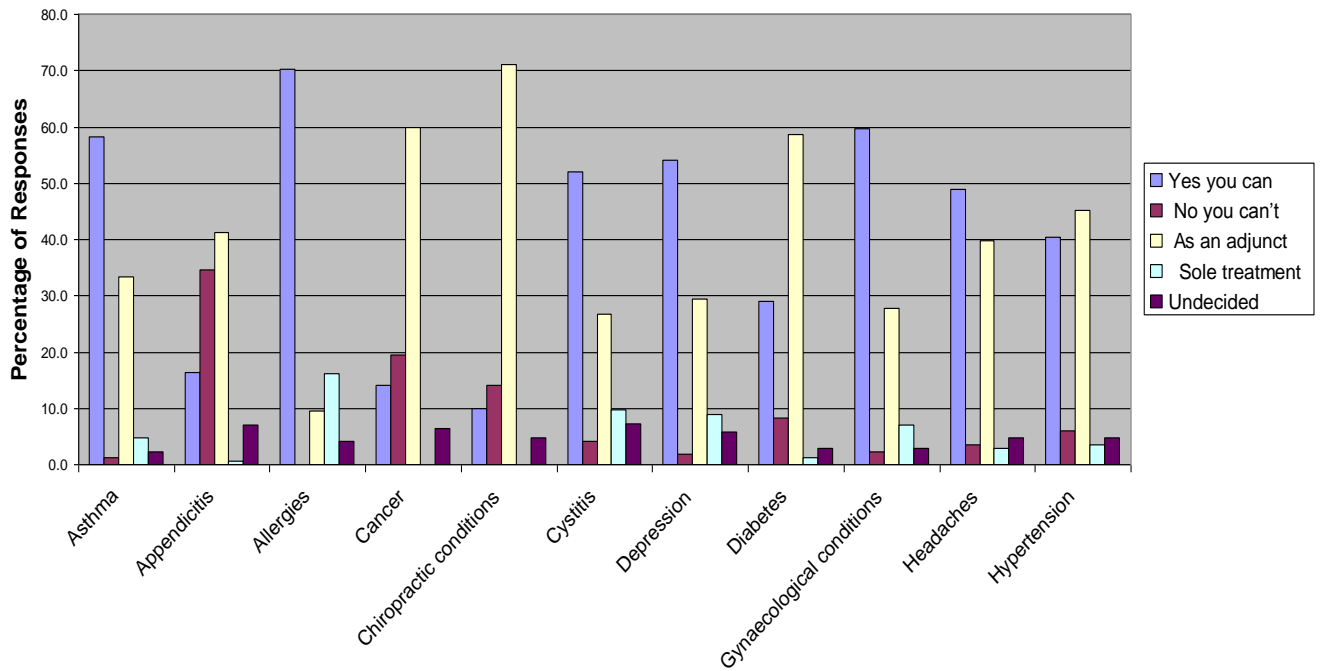


Table 4.27 Question 3.6a): From the conditions listed below do you think homeopathic treatment could be useful in treating which of the following conditions? Tick more than one option if needed.

	Yes you can	No you can't	9 As an adjunct	Sole treatment	Undecided
Asthma	58.3	1.2	33.3	4.8	2.4
Appendicitis	16.5	34.7	41.2	0.6	7.1
Allergies	70.2	0.0	9.5	16.1	4.2
Cancer	14.1	19.4	60.0	0.0	6.5
Chiropractic conditions	10.0	14.1	71.2	0.0	4.7
Cystitis	52.1	4.2	26.7	9.7	7.3
Depression	54.1	1.8	29.4	8.8	5.9
Diabetes	29.0	8.3	58.6	1.2	3.0
Gynaecological conditions	59.8	2.4	27.8	7.1	3.0
Headaches	48.8	3.6	39.9	3.0	4.8
Hypertension	40.5	6.0	45.2	3.6	4.8

Figure 4.29 and Table 4.27 show that allergies (70.2%), asthma (58.3%), gynaecological conditions (59.8%), cystitis (52.1%) and depression (54.1%) were most commonly perceived to be treatable homeopathically.

Figure 4.30 Question 3.6a) continued: From the conditions listed below do you think homeopathic treatment could be useful in treating which of the following conditions? Tick more than one option if needed.

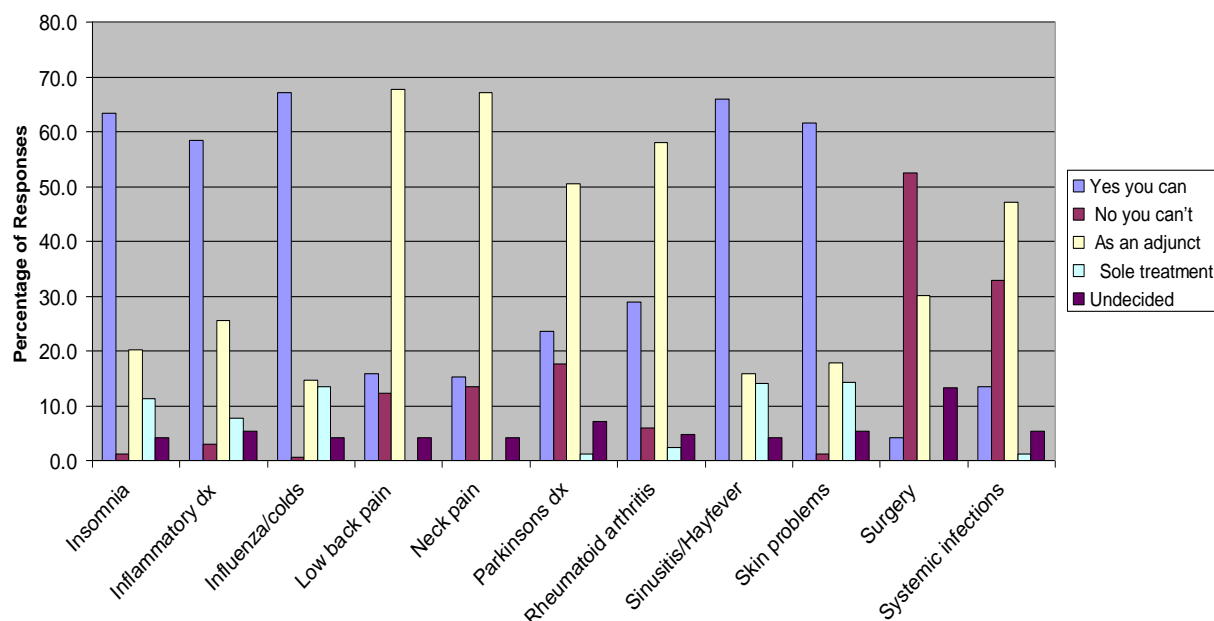


Table 4.28 Question 3.6a) continued: From the conditions listed below do you think homeopathic treatment could be useful in treating which of the following conditions? Tick more than one option if needed.

	Yes you can	No you can't	As an adjunct	Sole treatment	Undecided
Insomnia	63.3	1.2	20.1	11.2	4.1
Inflammatory dx	58.3	3.0	25.6	7.7	5.4
Influenza/colds	67.1	0.6	14.7	13.5	4.1
Low back pain	15.9	12.4	67.6	0.0	4.1
Neck pain	15.3	13.5	67.1	0.0	4.1
Parkinsons dx	23.5	17.6	50.6	1.2	7.1
Rheumatoid arthritis	29.0	5.9	58.0	2.4	4.7
Sinusitis/Hayfever	65.9	0.0	15.9	14.1	4.1
Skin problems	61.5	1.2	17.8	14.2	5.3
Surgery	4.2	52.4	30.1	0.0	13.3
Systemic infections	13.5	32.9	47.1	1.2	5.3

Figure 4.30 and Table 4.28 reflect perceptions that homeopathy is suitable for treating insomnia (63.3%), inflammatory diseases (58.3%), influenza and colds (67.1%), sinusitis and hayfever (65.9%) and skin problems (61.5%). Respondents perceived that low back pain (15.9%), neck pain (15.3%),

Parkinson's disease (23.5%), and systemic infections (13.5%) were suitable for use in conjunction with other treatments i.e. as an adjunct.

Question 3.6b): Do you think there is anything else that is not included in Question 3.6a, that a homeopath can treat? Please state.

58 (34%) respondents stated that there are conditions that a homeopath could treat other than those listed. The conditions mentioned included infertility, chronic fatigue syndrome, infantile colic, anxiety, emotional disorders, childhood diseases, muscular conditions, auto-immune diseases, stress, weight control, concentration, hypo- and hyperthyroidism, gall stones, vertigo, gout, constipation, reflux oesophagitis, ulcers, enuresis, prostate enlargement, low immunity, liver related conditions, respiratory diseases, malabsorption, tonsillitis, eczema, varicose veins, mental illness, hormonal imbalances, HIV/AIDS. In addition respondents said that homeopathy could be an adjunct for treatment of any condition. It was said that homeopathy treated people with conditions and not the condition itself. Respondents said that all conditions could be treated including acute and chronic conditions. Respondents said that homeopathy could treat many other conditions. It was said that homeopathy could treat most health conditions with varying degrees of priority in appropriateness and allopathic medicine would be required depending on the severity of the condition. It was said that homeopathy could treat all chronic conditions. Three (2%) respondents were unsure.

Figure 4.31 Question 3.7: Do you believe that homeopathy can be used in conjunction with chiropractic treatment? Tick one option only.

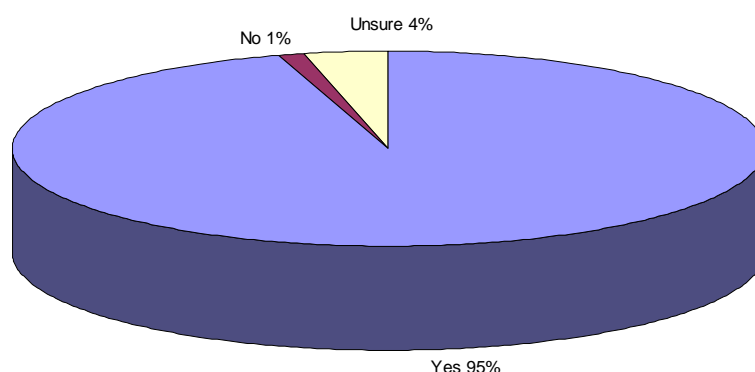


Table 4.29 Question 3.7: Do you believe that homeopathy can be used in conjunction with chiropractic treatment? Tick one option only.

Homeopathy can be used in conjunction with chiropractic care	Number of Responses	Percentage of Responses
Yes	162	95.3
No	2	1.2
Unsure	6	3.5

Figure 4.31 and Table 4.29 show that 162 (95.3%) respondents perceived that homeopathy is suitable for use in conjunction with chiropractic care. Only 2 (1.2%) perceived that it was not suitable, while 6 (3.5%) were unsure.

Comments on Q3.7 made by 12 respondents:

- “traumeel” [a homeopathic complex] could be used as a natural anti-inflammatory with chiropractic treatment (4 respondents);
- homeopathy is very effective (2 respondents);
- depends on the condition being treated (2 respondents);
- could be used as an alternative to allopathic medication if required (1 respondent);

- uses homeopathy in conjunction with chiropractic all the time (1 respondent);
- homeopathy could be used in conjunction with chiropractic treatment especially for paediatrics (1 respondent);
- homeopathy normalises the body so that the body is more responsive to combating pain or inflammation etc. (1 respondent).

Figure 4.32 Question 3.8: Do you think homeopathic remedies are cheaper than conventional medication?

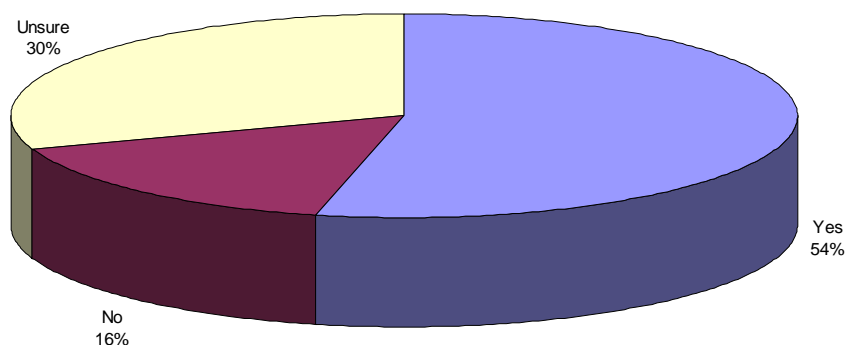


Table 4.30 Question 3.8: Do you think homeopathic remedies are cheaper than conventional medication?

Homeopathic remedies are cheaper than conventional medicine	Number of Responses	Percentage of Responses
Yes	90	53.6
No	27	16.1
Unsure	51	30.4

Figure 4.32 and Table 4.30 show that the respondents were less unanimous in answering this question. Ninety (54%) perceive that homeopathic remedies are cheaper than conventional medication, while 51 (30%) were unsure.

Comments on Q3.8 made by 17 respondents:

- some homeopathic remedies were cheaper and some were not (5 respondents);
- they were generally cheaper (3 respondents);
- they were becoming expensive (1 respondent);
- overall the consultation fees were considered to be very high and the remedies were relatively expensive (1 respondent);.
- she did not use conventional medication so she had no idea what they cost (1 respondent);
- it depended on the medication and how many remedies were needed (5 respondents);
- it depended on the person dispensing the remedy because the homeopathic clinics are cheaper than the private sector (1 respondent).

Figure 4.33 Question 3.9: How long does the average homeopathic consultation last?

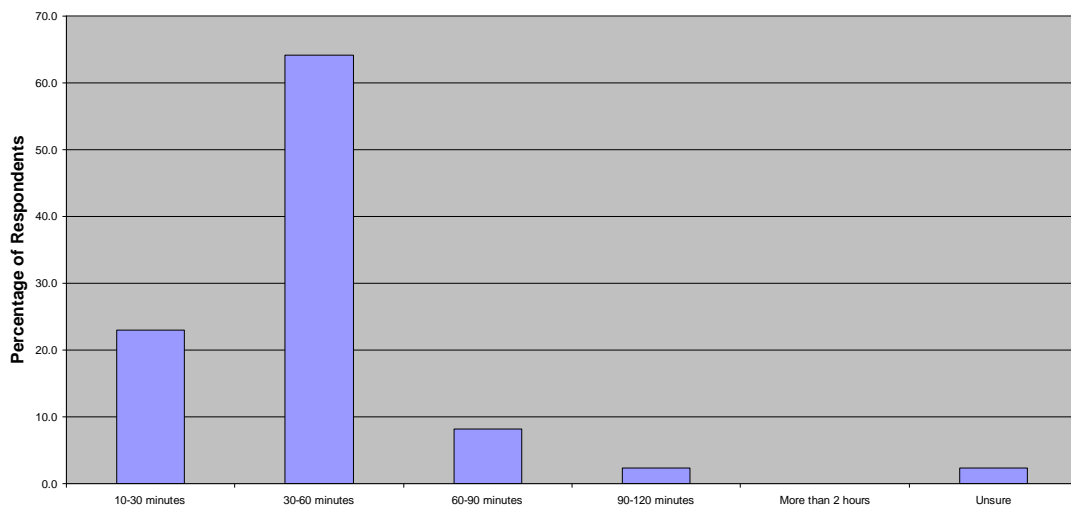


Table 4.31 Question 3.9: How long does the average homeopathic consultation last?

Length of Homeopathic Consultation	Number of Responses	Percentage of Responses
10-30 minutes	39	22.9
30-60 minutes	109	64.1
60-90 minutes	14	8.2
90-120 minutes	4	2.4
More than 2 hours	0	0.0
Unsure	4	2.4

Figure 4.33 and Table 4.31 show that 148 (87%) respondents perceived that the average length of the homeopathic consultation was less than 60 min.

This reflects the dominant perceptions of the respondents.

Comments on Q3.9 made by 16 respondents:

- the average consultation time depended on whether it was an initial or follow-up consultation (8 respondents);
- depends whether it was a student or doctor consulting (1 respondent);
- the first appointment was longer than the follow-up (3 respondents);
- depends on the case and the experience of the doctor (1 respondent);
- varies from practitioner to practitioner (1 respondent);
- depends on practitioner and patient (1 respondent);
- longer than a GP (1 respondent).

Figure 4.34 Question 3.10: Which other type of complementary/alternative medicine do you practice? Tick more than one option if needed.

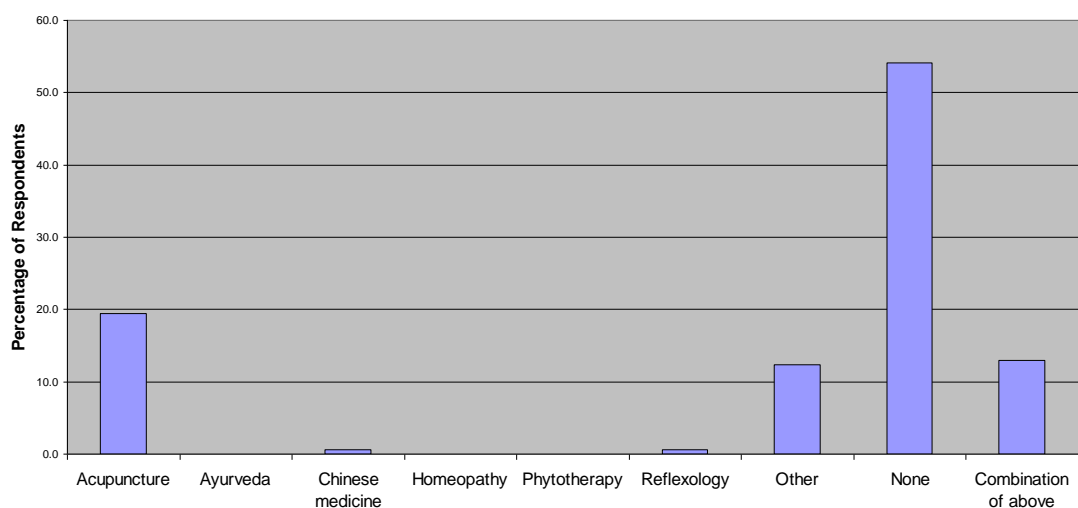


Table 4.32 Question 3.10: Which other type of complementary/alternative medicine do you practice? Tick more than one option if needed.

Other modalities practiced	Number of Responses	Percentage of Responses
Acupuncture	33	19.4
Ayurveda	0	0.0
Chinese medicine	1	0.6
Homeopathy	0	0.0
Phytotherapy	0	0.0
Reflexology	1	0.6
Other	21	12.4
None	92	54.1
Combination of above	22	12.9

Figure 4.34 and Table 4.32 show that acupuncture is the most significant other modality employed by 33 (19.4%) respondents. The majority 92(54.1%) do not employ any other modality. The category “other” included dry needling, physiotherapy, biopuncture, homotoxicology, traumeel injection, reiki, herbology, acupressure, sports medicine, nutrition and diet, physical therapy, exercise therapy quantum healing, energy balancing and electrotherapy modalities.

Figure 4.35 Question 3.11: Have you ever consulted a homeopath as a patient?

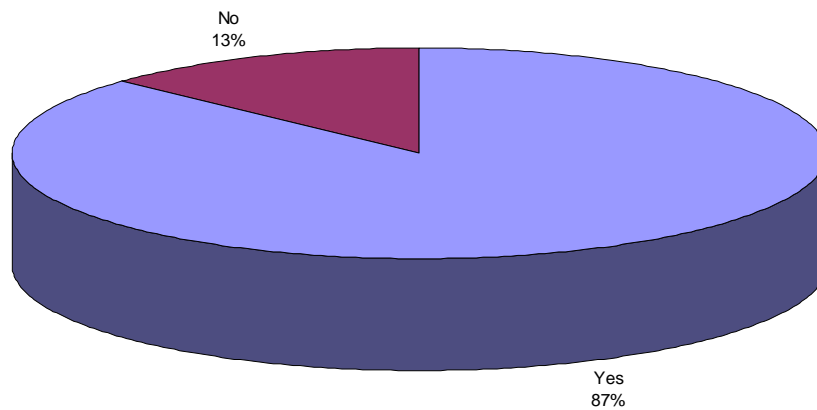


Table 4.33 Question 3.11: Have you ever consulted a homeopath as a patient?

Treated by a homeopath	Number of Responses	Percentage of Responses
Yes	148	87.1
No	22	12.9

Figure 4.35 and Table 4.33 show that the majority of respondents, 148 (87.1%), have been to a homeopath for treatment.

Question 3.11: “If yes, why?”

Most respondents misunderstood this question because the majority of respondents did not provide a reason as to why they chose to consult a homeopath but instead provided a condition or illness for which they consulted a homeopath as a patient.

139 (82%) respondents answered “Yes”.

Of the 139 respondents who answered only 28 answered this question in accordance with the intention of the question. They consulted a homeopath:

- because they prefer to avoid drugs (5 respondents);
- because they use a homeopath as their family GP (3 respondents);
- because they believe in the homeopathic principles and philosophy as well as the methods of treatment (3 respondents);
- for a general health check (2 respondents);
- to improve the immune system (2 respondents);
- to optimise health expression (1 respondent);
- as an adjunct to chiropractic treatment (1 respondent);
- because she needed an energy boost during her studies (1 respondent);
- in order to get to the bottom of things (1 respondent);
- because homeopathy is helpful (1 respondent);
- because it is the treatment of choice after chiropractic (1 respondent);
- because she does not believe in symptomatic treatment (1 respondent);
- it does no harm (1 respondent);
- she believes in alternative medicine (1 respondent);
- it works well with all natural healing (1 respondent);
- there is excellent health when using homeopathy (1 respondent);
- out of curiosity (2 respondents).

Of the remaining respondents 48% would consult a homeopath for acute conditions and 47% for chronic conditions.

Question: "If no, why?"

20 (12%) respondents answered "No". Comments were:

- their was no need to consult a homeopath because they were generally healthy (14 respondents);
- preferred naturopathy to homeopathy (1 respondent);
- preferred allopathic medication (1 respondent);
- because a homeopath had not come to consult him (1 respondent);
- had a severe response to it so never wanted to try homeopathy again (1 respondent);
- did not know enough about it and did not like to open himself up to something that could potentially be harmful (1 respondent);
- not sure who to go to (1 respondent).

Figure 4.36 Question 3.12: Do you think that homeopathy can play a role in the treatment or management of HIV?

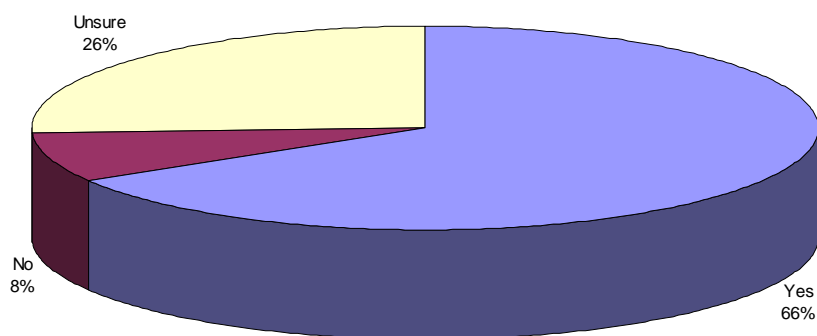


Table 4.34 Question 3.12: Do you think that homeopathy can play a role in the treatment or management of HIV?

Role of homeopathy in the treatment of HIV	Number of Responses	Percentage of Responses
Yes	113	66.5
No	13	7.6
Unsure	44	25.9

Figure 4.36 and Table 4.34 show that most of the respondents, 113 (66.5%), perceived that homeopathy has a role to play in the treatment of HIV/AIDS. A few of the respondents, 13 (7.6%), perceived that homeopathy plays no role in the treatment of HIV.

Comments on Q3.12.made by 29 respondents:

- homeopathy could be used as an adjunct (6 respondents);
- homeopathy could play a role in the management of HIV and not in the treatment of HIV (4 respondents);
- homeopathy could help to boost the immune system (6 respondents);

- homeopathy could help to ameliorate the symptoms of HIV only (3 respondents);
- homeopathy was supportive and palliative (2 respondents);
- homeopathy could help control HIV (1 respondent);
- homeopathy gave quality of life to the patient (1 respondent);
- homeopathy cannot cure but could increase the CD 4 count (1 respondent);
- it could help in secondary infections of HIV but not HIV itself (1 respondent);
- anthroposophical medicine was good for treatment and management of HIV (1 respondent);
- homeopathy could treat HIV but it would depend on the signs and symptoms and stage of disease (1 respondent);
- homeopathy helped to normalize the body and made it more responsive to treatment (1 respondent).

#### **4.4.5 Perceptions of inter-disciplinary communication (Questions 1 – 8 of Part Four)**

The data used for the following analyses was derived from Part Four of the completed questionnaires. In terms of Objective (2) of 4.1.1, the respondents' perceptions of inter-disciplinary communication were described.

Figure 4.37 Comparison of respondents' answers to questions with respect to communications between homeopaths and chiropractors.

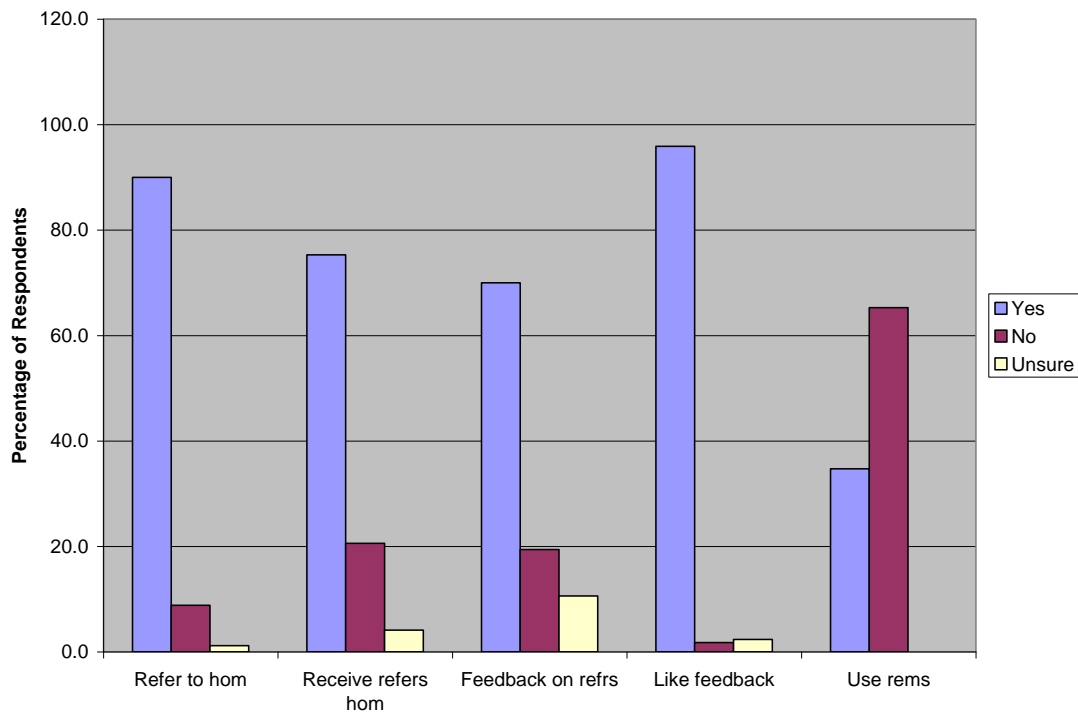


Figure 4.38 Question 4.1: How do you consider communication to be between chiropractors and homeopaths? Tick one option only.

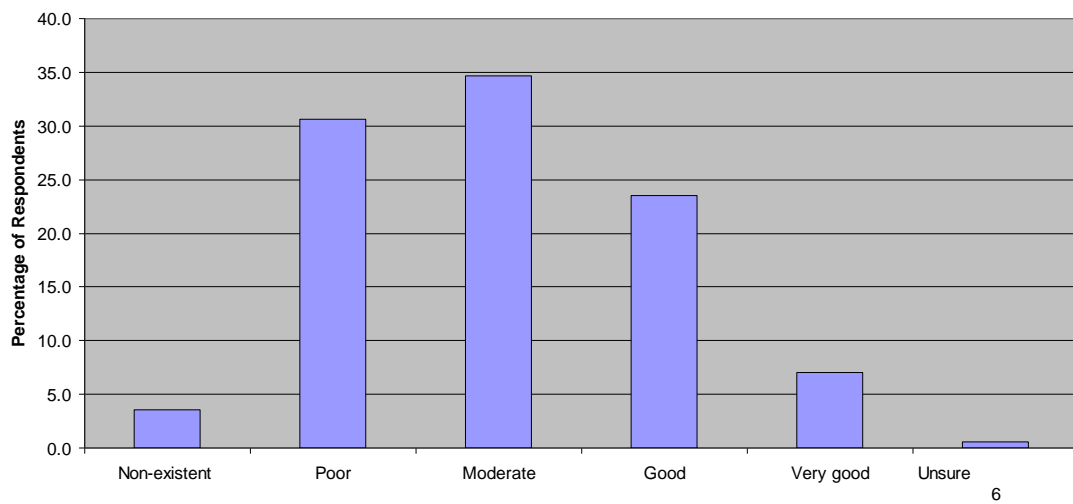


Table 4.35 Question 4.1: How do you consider communication to be between chiropractors and homeopaths? Tick one option only.

Communication between homeopaths and chiropractors	Number of Responses	Percentage of Responses
Non-existent	6	3.5
Poor	52	30.6
Moderate	59	34.7
Good	40	23.5
Very good	12	7.1
Unsure	1	0.6

Figure 4.38 and Table 4.35 show that the distribution of responses is a normal distribution around the 'Moderate' category. More respondents, 59 (34.7%), perceived that communication between homeopaths and chiropractors were moderate.

Comments on Q4.1 made by 13 respondents:

- younger chiropractors who studied with homeopaths tend to work closer with homeopaths than older chiropractors (1 respondent);
- very few chiropractors work in conjunction with homeopaths and that this attitude needs to be changed when it comes to treatment holistically (1 respondent);
- communication was better when they studied together (1 respondent);
- communication was very good (5 respondents) of which 2 said it was because of working with homeopaths (2 of the 5 respondents);
- communication depends on the practitioners involved (2 respondents);
- homeopaths rely on near total dependence of symptom behaviour and chiropractors follow physical signs besides symptoms (1 respondent).

Figure 4.39 Question 4.2: Do you think co-operation between chiropractors and homeopaths will be beneficial to the following individuals? Tick more than one option if necessary.

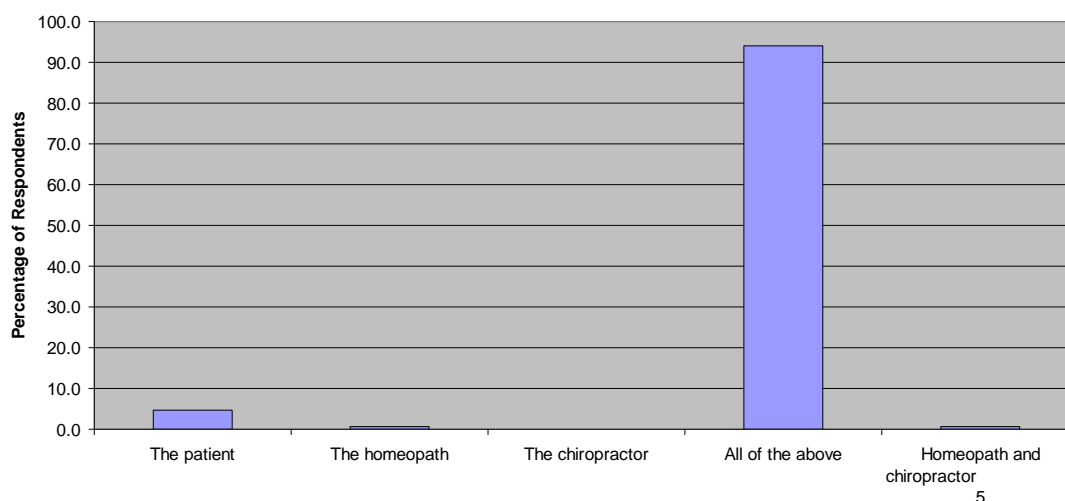


Table 4.36 Question 4.2: Do you think co-operation between chiropractors and homeopaths will be beneficial to the following individuals? Tick more than one option if necessary.

Benefit from improved communication	Number of Responses	Percentage of Responses
The patient	8	4.7
The homeopath	1	0.6
The chiropractor	0	0.0
All of the above	160	94.1
Homeopath and chiropractor	1	0.6

Figure 4.39 and Table 4.36 show that the majority, 160 (94.1%), of respondents perceived that all partners would benefit from improved communications.

Respondents were asked why they thought co-operation between chiropractors and homeopaths would be beneficial.

68 (40%) respondents provided reasons:

- holistic treatment of the patient would be achieved (10 respondents);

- chiropractors and homeopaths would learn and achieve greater knowledge and understanding from each other and provide better treatment management for the patient (14 respondents);
- one practitioner could not treat everything (3 respondents);
- for better treatment of the patient (29 respondents);
- people are looking for drug-free options (1 respondent);
- it benefits all if the patient gets better (5 respondents);
- for multidisciplinary management of conditions (2 respondents);
- we all have limitations (1 respondent);
- co-operation would be beneficial to increase the patient referral base from homeopaths and chiropractors (2 respondents);
- homeopaths treat conditions chiropractors cannot because some physical problems are better treated energetically especially if pain is due to an underlying emotion (1 respondent).

Figure 4.40 Question 4.3a): Do you refer patients to a homeopath?

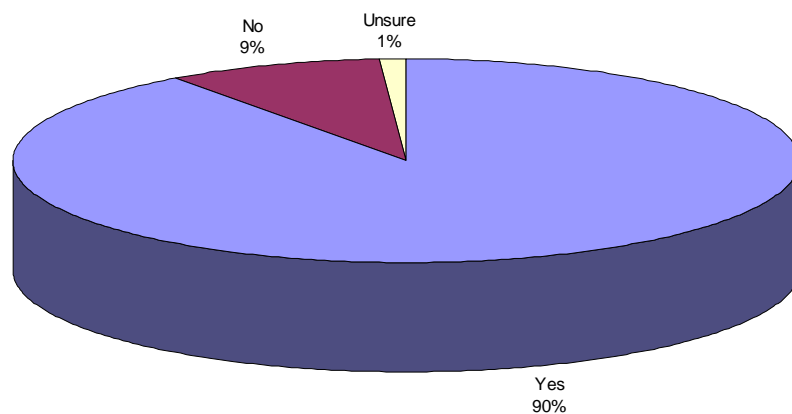


Table 4.37 Question 4.3a): Do you refer patients to a homeopath?

Referrals of patients to homeopath	Number of Responses	Percentage of Responses
Yes	153	90.0
No	15	8.8
Unsure	2	1.2

Figure 4.40 and Table 4.37 show that the majority of respondents 153 (90%) had referred patients to a homeopath. No correlation between duration in practice or age category and whether the patient had been referred was seen.

The following factors were correlated to whether the respondent had referred patients to a homeopath or not:

- whether the respondent felt homeopathy has a scientific basis (p-value = 29,411, z-value = 0,000, Phi = 0,416 [Strong correlation. Those who felt it has were more likely to refer patients]);
- whether the respondent had ever consulted a homeopath (p-value = 26,842, z-value = 0,000, Phi = 0.397 [Strong correlation. Those who had were more likely to refer]);
- perception of the state of communication between homeopaths and chiropractors (p-value = 102,813, z-value = 0,000, Phi = 0,778 [Very strong correlation. Those who felt there was better communication were more likely to have referred patients]);
- whether the respondent had received a referral from a homeopath (p-value = 40,685, z-value = 0,000, Phi = 0,489 [Strong correlation. Those who had were more likely to refer]);

- whether the respondent used homeopathic remedies in practice (p-value = 96, z-value = 0,031, Phi = 0,202 [Weak correlation. Those who did were more likely to refer]);
- the respondents' view of homeopathy (p-value = 19,405, z-value = 0,001, Phi = 0,338 [Moderate correlation. Those who were comfortable with it were more likely to refer than those who were uncomfortable or uninformed]).

Figure 4.41 Question 4.3b): If yes, how often in the last 3 months did you refer?

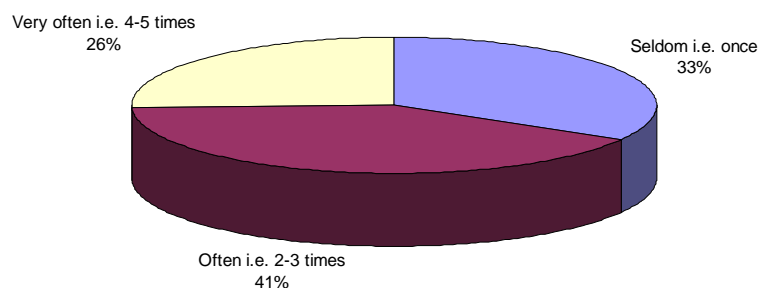


Table 4.38 Question 4.3b): if yes, how often in the last 3 months did you refer:

Referral of patients to homeopath in last 3 months	Number of Responses	Percentage of Responses
Seldom i.e. once	52	33.3
Often i.e. 2-3 times	64	41.0
Very often i.e. 4-5 times	40	25.6

From Table 4.38 it can be seen that, of those who have referred patients, 153 (90%), the majority, have done so on more than one occasion ((104) (66.6%)).

Figure 4.42 Question 4.4: Has a homeopath ever referred a patient to you?

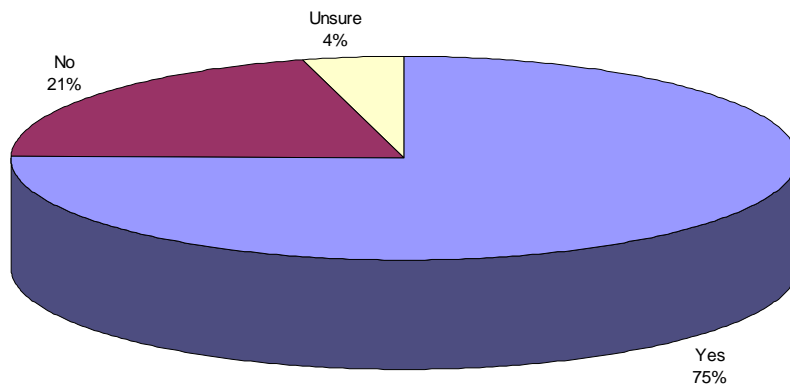


Table 4.39 Question 4.4: Has a homeopath ever referred a patient to you?

Referrals from homeopath	Number of Responses	Percentage of Responses
Yes	128	75.3
No	35	20.6
Unsure	7	4.1

Figure 4.39 and Table 4.36 show that most of the respondents have received referrals from a homeopath 128 (75.3%).

Comments on Q4.4 made by 4 respondents:

- homeopaths seldom referred patients to a chiropractor (2 respondents);
- they have referred a patient for low back pain (2 respondents).

Figure 4.43 Question 4.5: Do you give feedback on a referred patient to a homeopath?

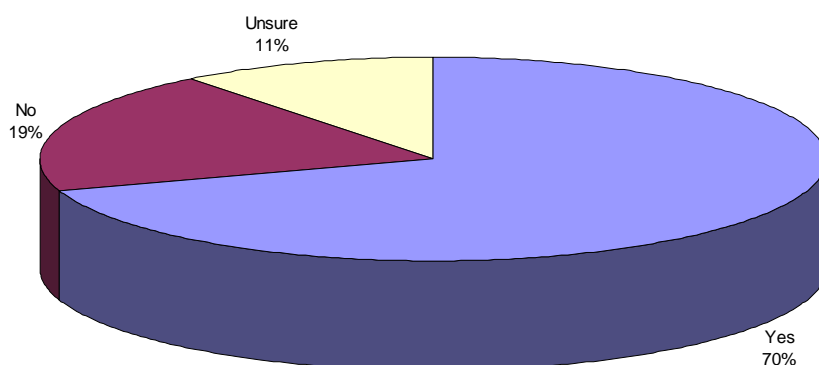


Table 4.40 Question 4.5: Do you give feedback on a referred patient to a homeopath?

Feedback on a referred patient	Number of Responses	Percentage of Responses
Yes	119	70.0
No	33	19.4
Unsure	18	10.6

Figure 4.43 and Table 4.40 show that 119 (70%) respondents give feedback on a referred patient, while only 33 (19.4%) do not give feedback.

Question: “If yes, why?”

101 (59%) respondents provided reasons:

- professional courtesy (33 respondents);
- for follow-up on patients’ progress (18 respondents);
- it benefits everyone (1 respondent);
- better patient management and treatment (14 respondents);
- it was a referral therefore he gave feedback (1 respondent);
- to keep the homeopath informed (record purposes) (6 respondents);

- it would benefit the patient (3 respondents);
- it would be for inter-communication and co-operation between the two professions for the benefit of the patient (9 respondents);
- all referring doctors get a report of progress (1 respondent);
- we all needed to learn therefore he gave feedback (1 respondent);
- the homeopath was the initial treating doctor and therefore he needed the information on his or her patient (1 respondent);
- because it is an adjunctive therapy between chiropractic and homeopathy (1 respondent);
- because he would expect the same from a homeopath (1 respondent);
- feedback provides better understanding of the patients' complete findings and treatment (7 respondents);
- for diagnostic purposes (1 respondent);
- it would help the homeopath and the patient (1 respondent);
- it would help determine what the best course of treatment was for the patient (1 respondent);
- it would assist in development of further treatment plans (1 respondent).

Question: "If no, why?"

Respondents were asked why they did not give feedback on a referred patient. 30 (17.6%) respondents provided reasons:

- never received a referral from a homeopath (14 respondents);
- because of time constraints (7 respondents);
- would only if it was requested (2 respondents);

- he should give feedback (2 respondents);
- no feedback to give (2 respondents);
- it was a good question as to why he did not give feedback (1 respondent);
- she treated generally but would give feedback if she found something unusual (1 respondent);
- no contact details of homeopaths as yet (1 respondent).

Figure 4.44 Question 4.6: Would you like feedback on a referred patient from a homeopath?

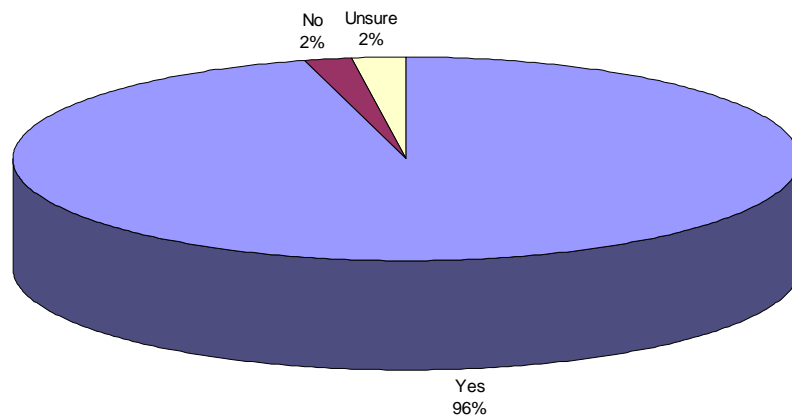


Table 4.41 Question 4.6: Would you like feedback on a referred patient from a homeopath?

Feedback on a patient referred to a homeopath	Number of Responses	Percentage of Responses
Yes	163	95.9
No	3	1.8
Unsure	4	2.4

Figure 4.44 and Table 4.41 show that far more of the respondents, 163 (95.9%), would like to receive feedback on referred patients than give feedback to practitioners who refer patients.

Question: “if yes, why?”

131 (77%) respondents answered this question:

- professional courtesy to get feedback on a referred patient (22 respondents);
- for future referral basis (2 respondents);
- for the benefit of the patient (22 respondents);
- for record purposes (8 respondents);
- for follow-up on the progress of the patient (33 respondents);
- for better patient care and management (24 respondents);
- because it was a referral (1 respondent);
- to increase inter-professional understanding and co-operation (3 respondents);
- to keep communication open for the progress of the patient (4 respondents);
- we needed to learn (2 respondents);
- to get the homeopaths perspective (2 respondents);
- it would give better understanding of the patients’ treatment and diagnosis (3 respondents);
- to help with patient treatment plan (1 respondent);
- patients never tell the whole story (1 respondent);
- wanted to know if an alternative treatment option must be considered (1 respondent);
- would like to know if her treatment had any effect on the patients condition, medication and diagnosis (1 respondent);

- it is important to know what works for certain conditions and presentations in order to help the next patient who would present similarly (1 respondent).

Question: "If no, why?"

3 (1.8%) respondents answered this question:

- he expected feedback from the patient (1 respondent);
- received feedback from the patients themselves (1 respondent);
- did not think it would make a difference (1 respondent).

Figure 4.45 Question 4.7: Do you use homeopathic remedies in your practice?

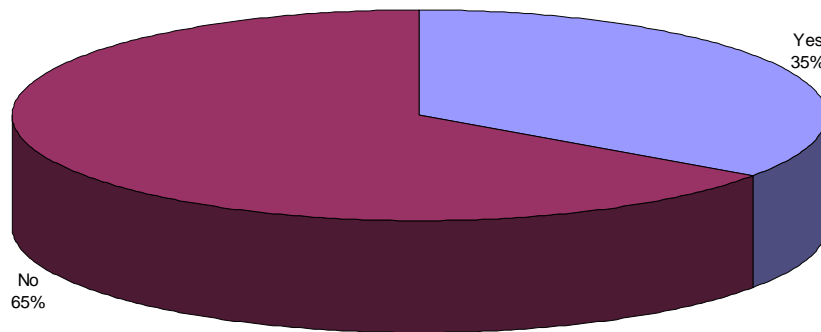


Table 4.42 Question 4.7: Do you use homeopathic remedies in your practice?

Use of homeopathic remedies in practice	Number of Responses	Percentage of Responses
Yes	59	34.7
No	111	65.3

Figure 4.45 and Table 4.42 show that the majority of respondents, 111 (65.3%), do not use homeopathic remedies in their practices, while 59 (34.7%) of respondents do use homeopathic remedies.

Comments on Q4.7 made by 36 respondents:

- not trained or qualified to use homeopathic remedies in their practice (10 respondents);
- use “Traumeel” homeopathic complex (14 respondents);
- refer patients to homeopaths (5 respondents);
- use *Arnica* homeopathic simplex (4 respondents);
- use homotoxicology (2 respondents);

- use basic homeopathic remedies like homeopathic massage cream (2 respondents);
- use “Heel” products (2 respondents);
- *Chamomilla* for infantile colic (1 respondent);
- uses Lymphomyosot homeopathic complex (1 respondent);
- uses *Ruta graveolens* homeopathic simplex (1 respondent);
- recommends “Rescue remedy” and “Traumeel” (1 respondent);
- recommends supplements (1 respondent);
- recommends Spascupreel (1 respondent).

Figure 4.46 Question 4.8: Which of the following best reflects your view of homeopathy? Tick one option only.

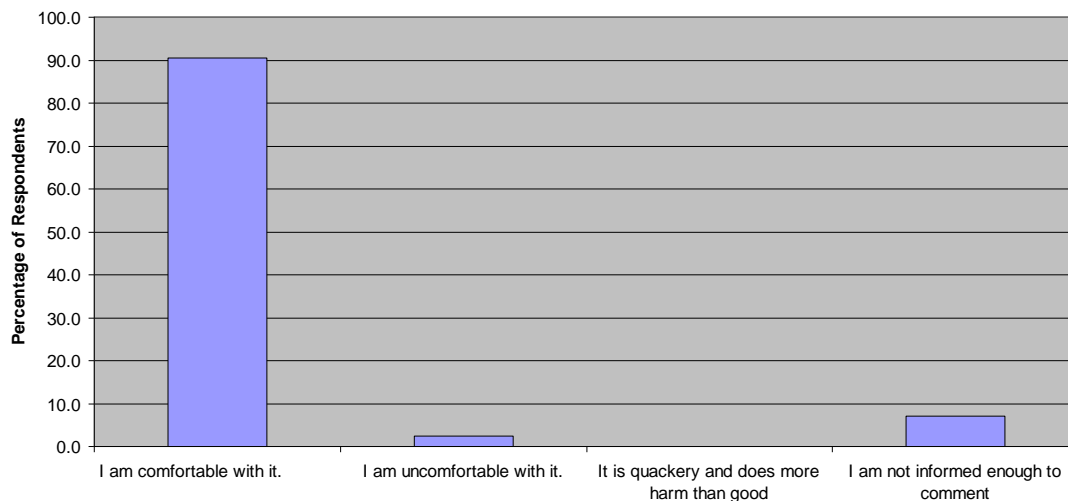


Table 4.43 Question 4.8: Which of the following best reflects your view of homeopathy? Tick one option only?

Summary of respondents' view of homeopathy	Number of Responses	Percentage of Responses
I am comfortable with it	154	90.6
I am uncomfortable with it	4	2.4
It is quackery and does more harm than good	0	0.0
I am not informed enough to comment	12	7.1

Figure 4.46 and Table 4.43 show that the majority of respondents, 154 (90.6%), are comfortable with homeopathy. This is in accord with Figure 4.14 and Figure 4.16 which show that the majority of respondents, 162 (95.3%), have awareness of the legal status and 132 (78.1%) respondents have awareness of the educational status of homeopathy. The majority, 153 (90%), further have referred patients to homeopaths and 148 (87.1%) have consulted with homeopaths personally for treatment.

Comments on Q4.8 made by 4 respondents:

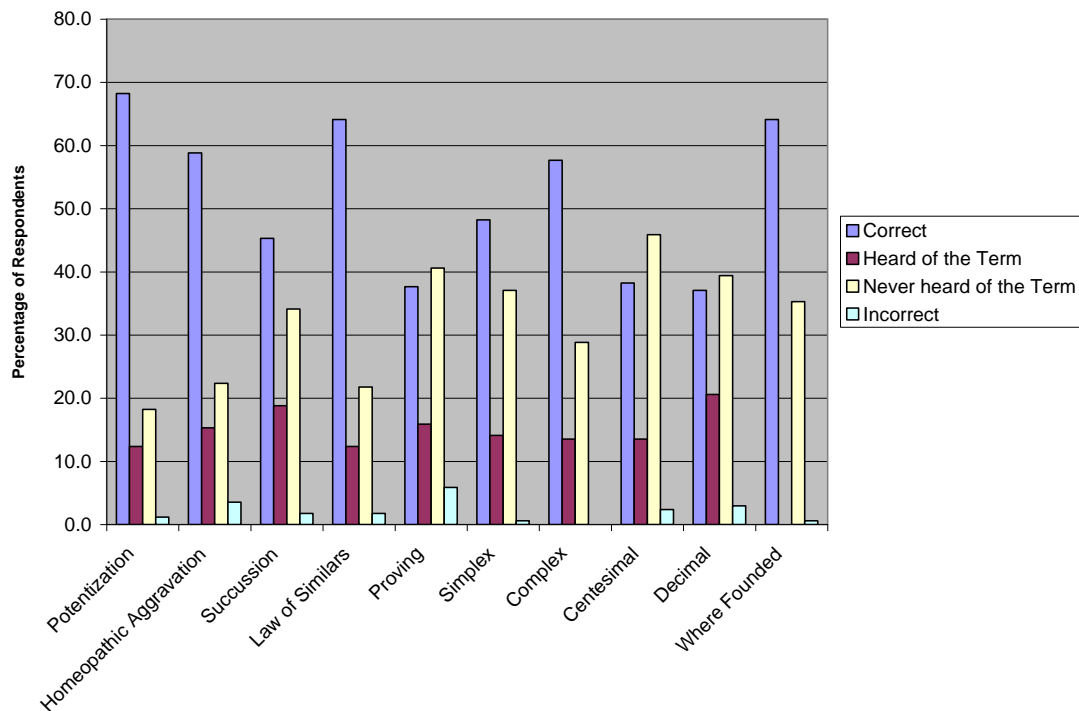
- needs much more information (1 respondent);
- believes that homeopathy works for certain conditions and not for others (1 respondent);
- homeopathy was part of her life (1 respondent);
- in some people it seems to work (1 respondent).

#### **4.4.6 Knowledge of Philosophy and Principles of Homeopathy**

##### **(Questions 1 – 10 of Part Five)**

The data used for the following analyses was derived from Part Five of the completed questionnaires. In terms of Objective (2) of 4.1.1, the respondents' knowledge of the philosophy and principles of homeopathy, were described.

Figure 4.47 Correct understanding of homeopathic principles .



In general the level of knowledge of homeopathic principles was good. Terms understood best (i.e. by most number of respondents) include 'Potentization', 'Law of Similars', 'Homeopathic Aggravation', 'Complex' and 'Where Founded'.

It is apparent that if respondents had heard of a term, then they were likely to understand the correct meaning. This is borne out by the fact that the proportion of respondents who had heard of a term stayed fairly constant, despite variations in the proportion who answered correctly. As the proportion who answered correctly decreased, the proportion who had never heard of the term increased.

Figure 4.48 Question 5.1: Which of the following statements indicates your understanding of the term 'Potentization' in homeopathy? Tick one option only.

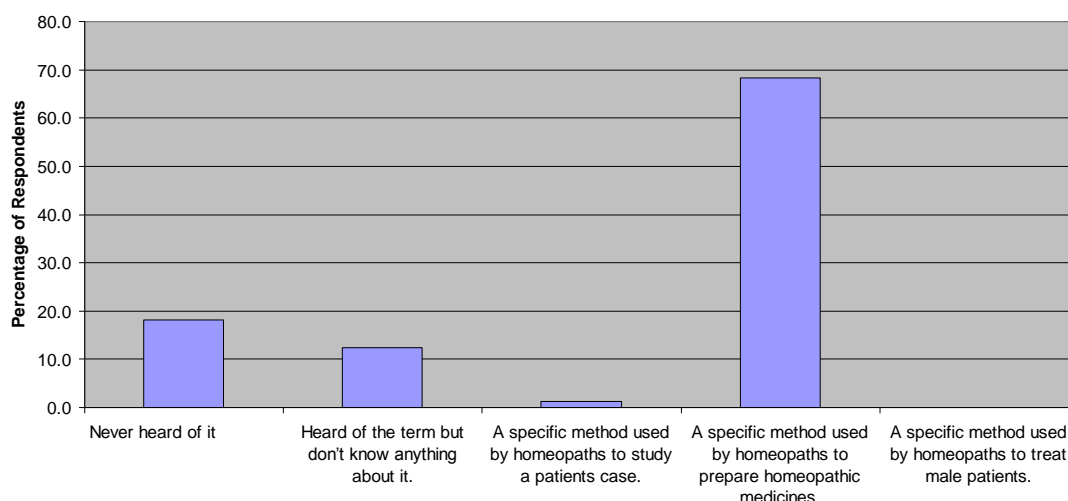


Table 4.44 Question 5.1: Which of the following statements indicates your understanding of the term 'Potentization' in homeopathy? Tick one option only.

Understanding of 'Potentization'	Number of Responses	Percentage of Responses
Never heard of it	31	18.2
Heard of the term but don't know anything about it	21	12.4
A specific method used by homeopaths to study a patients case	2	1.2
A specific method used by homeopaths to prepare homeopathic medicines	116	68.2
A specific method used by homeopaths to treat male patients	0	0.0

Figure 4.48 and Table 4.44 show that more than half (116 (68.2%)) of the respondents understood the term 'Potentization'.

Comment on Q5.1 by 1 respondent:

- 'Potentization' is a serial dilution of the mother tincture to reach a certain potency.

Figure 4.49 Question 5.2: Which of the following statements indicates your understanding of the term 'Homeopathic Aggravation' in homeopathy? Tick one option only.

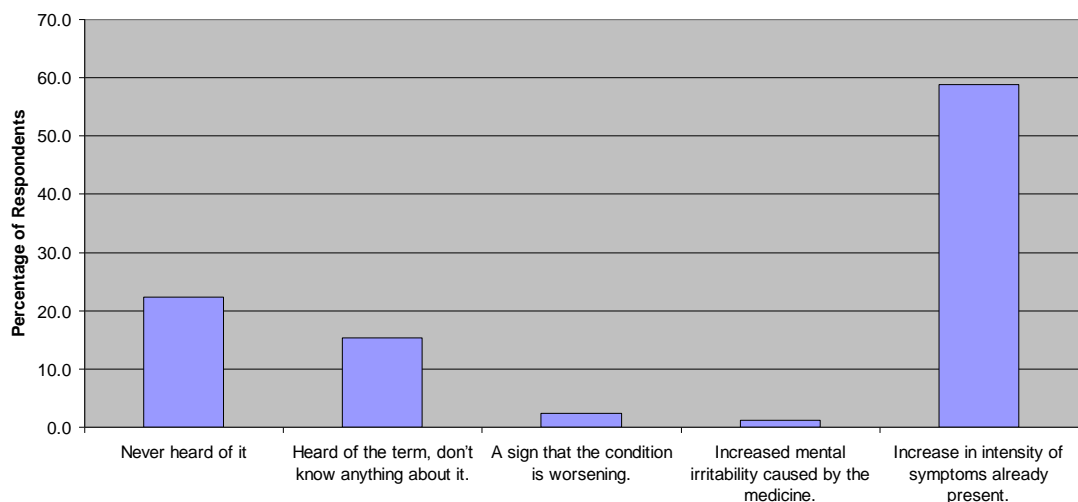


Table 4.45 Question 5.2: Which of the following statements indicates your understanding of the term 'Homeopathic Aggravation' in homeopathy? Tick one option only.

Understanding of 'Homeopathic Aggravation'	Number of Responses	Percentage of Responses
Never heard of it	38	22.4
Heard of the term, don't know anything about it	26	15.3
A sign that the condition is worsening	4	2.4
Increased mental irritability caused by the medicine	2	1.2
Increase in intensity of symptoms already present	100	58.8

Figure 4.49 and Table 4.45 show that the term 'Homeopathic Aggravation' was understood by 100 (58.8%) of the respondents.

There were no comments added by respondents.

Figure 4.50 Question 5.3: Which of the following statements indicates your understanding of the term 'Succession' in homeopathy? Tick one option only.

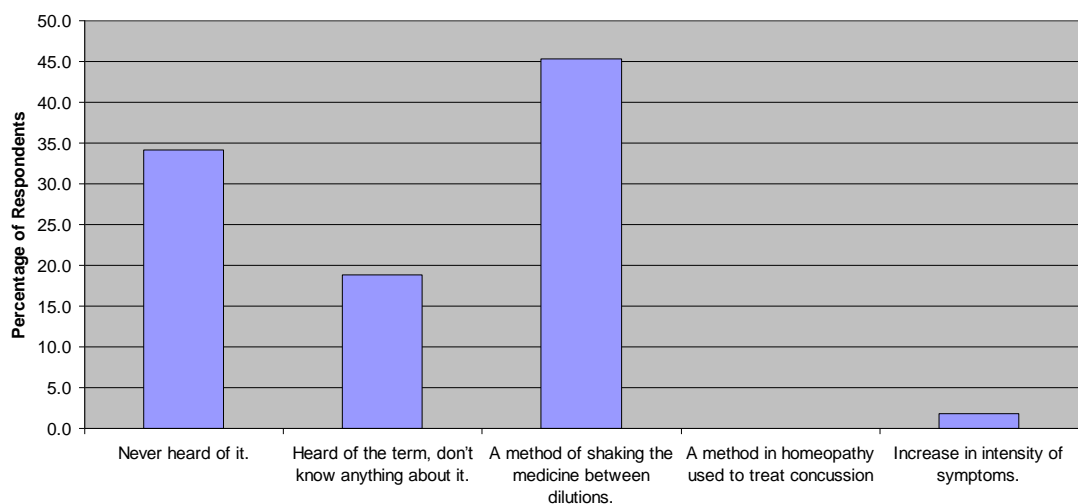


Table 4.46 Question 5.3: Which of the following statements indicates your understanding of the term 'Succession' in homeopathy? Tick one option only.

Understanding of 'Succession'	Number of Responses	Percentage of Responses
Never heard of it	58	34.1
Heard of the term, don't know anything about it	32	18.8
A method of shaking the medicine between dilutions	77	45.3
A method in homeopathy used to treat concussion	0	0.0
Increase in intensity of symptoms	3	1.8

Figure 4.50 and Table 4.46 show that less than half, 77 (45.3%), of the respondents understood the term 'Succession'.

Comment on Q5.3 by 1 respondent:

- never heard of the term 'Succession', but guesses that it is a method of shaking the medicine between dilutions.

Figure 4.51 Question 5.4: Which of the following statements indicates your understanding of the term 'Law of Similars' in homeopathy? Tick one option only.

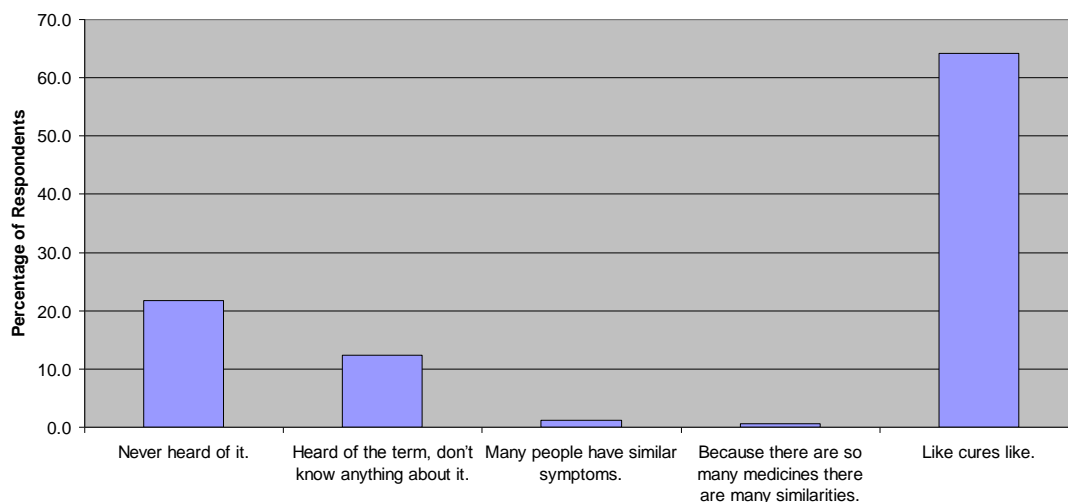


Table 4.47 Question 5.4: Which of the following statements indicates your understanding of the term 'Law of Similars' in homeopathy? Tick one option only.

Understanding of 'Law of Similars'	Number of Responses	Percentage of Responses
Never heard of it	37	21.8
Heard of the term, don't know anything about it	21	12.4
Many people have similar symptoms	2	1.2
Because there are so many medicines there are many similarities	1	0.6
Like cures like	109	64.1

Figure 4.51 and Table 4.47 show that 109 (64.1%) of the respondents understood the 'Law of Similars'.

Comment on Q5.4 by 1 respondent:

- not sure but would have assumed it meant 'like cures like'.

Figure 4.52 Question 5.5: Which of the following statements indicates your understanding of the term 'Proving' in homeopathy? Tick one option only.

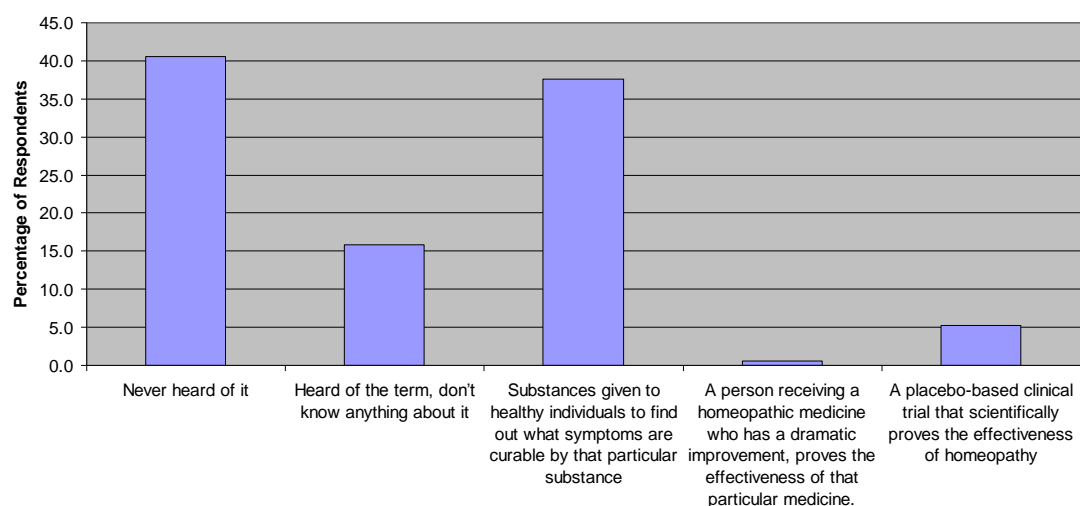


Table 4.48 Question 5.5: Which of the following statements indicates your understanding of the term 'Proving' in homeopathy? Tick one option only.

Understanding of the term 'Proving'	Number of Responses	Percentage of Responses
Never heard of it	69	40.6
Heard of the term, don't know anything about it	27	15.9
Substances given to healthy individuals to find out what symptoms are curable by that particular substance	64	37.6
A person receiving a homeopathic medicine who has a dramatic improvement, proves the effectiveness of that particular medicine	1	0.6
A placebo-based clinical trial that scientifically proves the effectiveness of homeopathy	9	5.3

Figure 4.52 and Table 4.48 show that 69 (40.6%) respondents had never heard of the term 'Proving'. Sixty-four of the respondents (37.6%) understood the term 'Proving'.

Comments on Q5.5 by 3 respondents:

- a 'Proving' tests a substance for its effects on healthy or symptom free persons (1 respondent);
- a substance is given to see what symptoms it causes and to know what it would them help with (1 respondent);
- never heard of the term 'Proving' but he guesses that it is substances given to healthy individuals to find out what symptoms were curable by that particular substance (1 respondent).

Figure 4.53 Question 5.6: Which of the following statements indicates your understanding of the term 'Simplex' in homeopathy? Tick one option only.

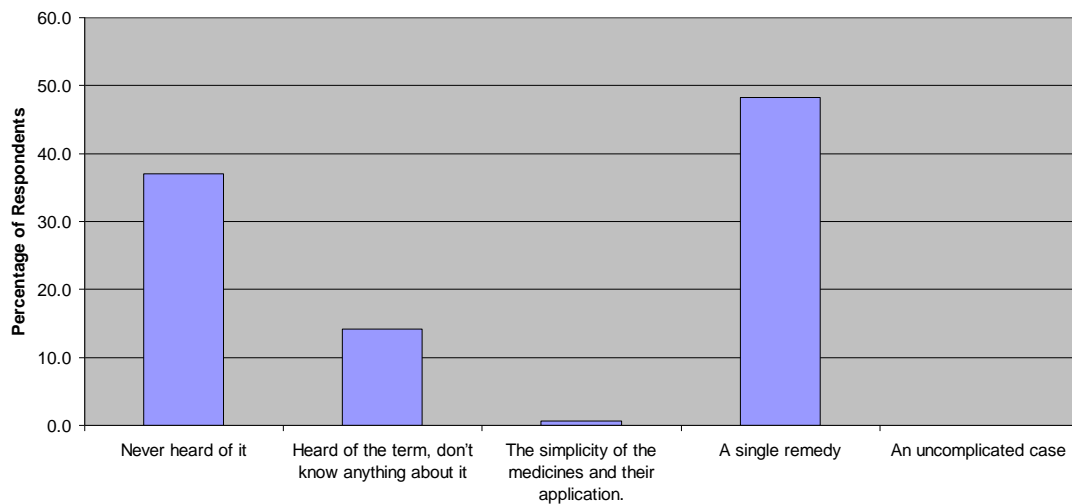


Table 4.49 Question 5.6: Which of the following statements indicates your understanding of the term 'Simplex' in homeopathy? Tick one option only.

Understanding of the term 'Simplex'	Number of Responses	Percentage of Responses
Never heard of it	63	37.1
Heard of the term, don't know anything about it	24	14.1
The simplicity of the medicines and their application	1	0.6
A single remedy	82	48.2
An uncomplicated case	0	0.0

Figure 4.53 and Table 4.49 show that 82 (48.2%) respondents understood the term 'Simplex'. Sixty-three of the respondents (37.1%) had never heard of the term 'Simplex'.

Comment on Q5.6 by 1 respondent:

- never heard of the term 'Simplex' but guesses that it is the simplicity of the medicines and their applications.

Figure 4.54 Question 5.7: Which of the following statements indicates your understanding of the term 'Complex' in homeopathy? Tick one option only.

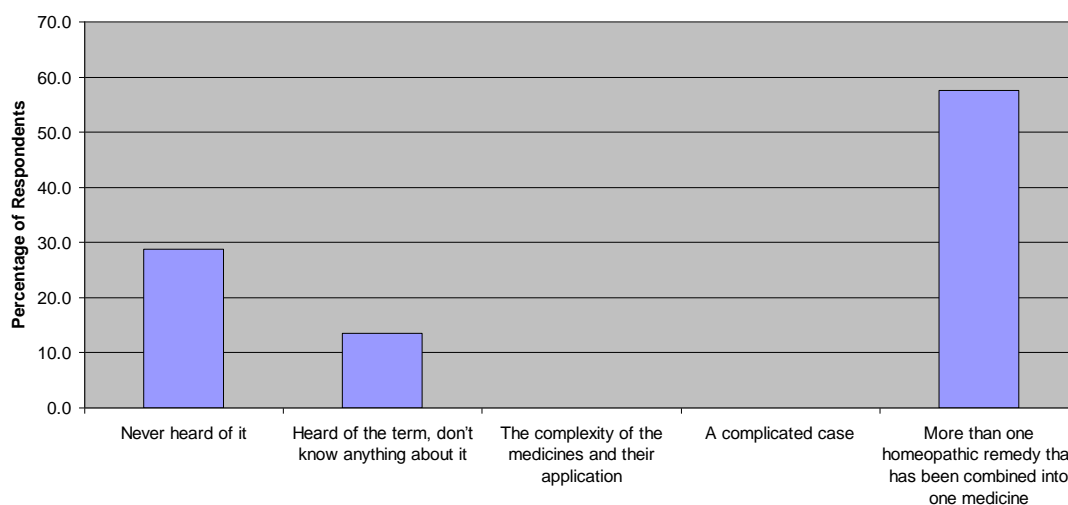


Table 4.50 Question 5.7: Which of the following statements indicates your understanding of the term 'Complex' in homeopathy? Tick one option only.

Understanding of the term 'Complex'	Number of Responses	Percentage of Responses
Never heard of it	49	28.8
Heard of the term, don't know anything about it	23	13.5
The complexity of the medicines and their application	0	0.0
A complicated case	0	0.0
More than one homeopathic remedy that has been combined into one medicine	98	57.6

Figure 4.54 and Table 4.50 show that the level of understanding of this term is significantly higher (57.6%) than of the term 'Simplex'.

Comment on Q5.7 by 1 respondent:

- never heard of the term 'Complex' but guesses that it is the complexity of the medicines and their application.

Figure 4.55 Question 5.8: Which of the following statements indicates your understanding of the term 'Centesimal' in homeopathy? Tick one option only.

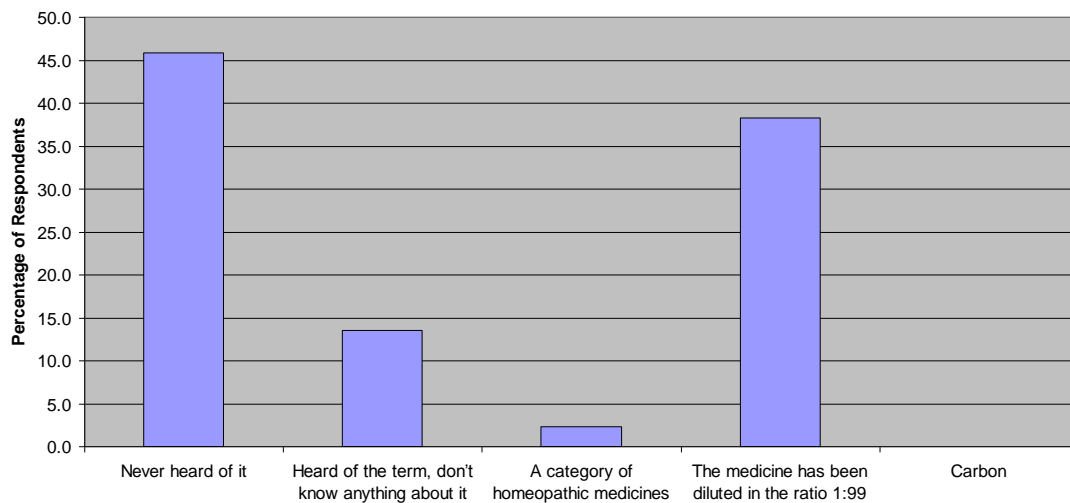


Table 4.51 Question 5.8: Which of the following statements indicates your understanding of the term 'Centesimal' in homeopathy? Tick one option only.

Understanding of the term 'Centesimal'	Number of Responses	Percentage of Responses
Never heard of it	78	45.9
Heard of the term, don't know anything about it	23	13.5
A category of homeopathic medicines	4	2.4
The medicine has been diluted in the ratio 1:99	65	38.2
Carbon	0	0.0

Figure 4.55 and Table 4.51 show that nearly half 78 (45.9%) of the respondents had never heard of the term 'Centesimal'. Sixty-five of the respondents (38.2%) understood the term 'Centesimal'.

Comment on Q5.8 by 1 respondent:

- 'Centesimal' indicates potency but does not know the details of it.

Figure 4.56 Question 5.9: Which of the following statements indicates your understanding of the term 'Decimal' in homeopathy? Tick one option only.

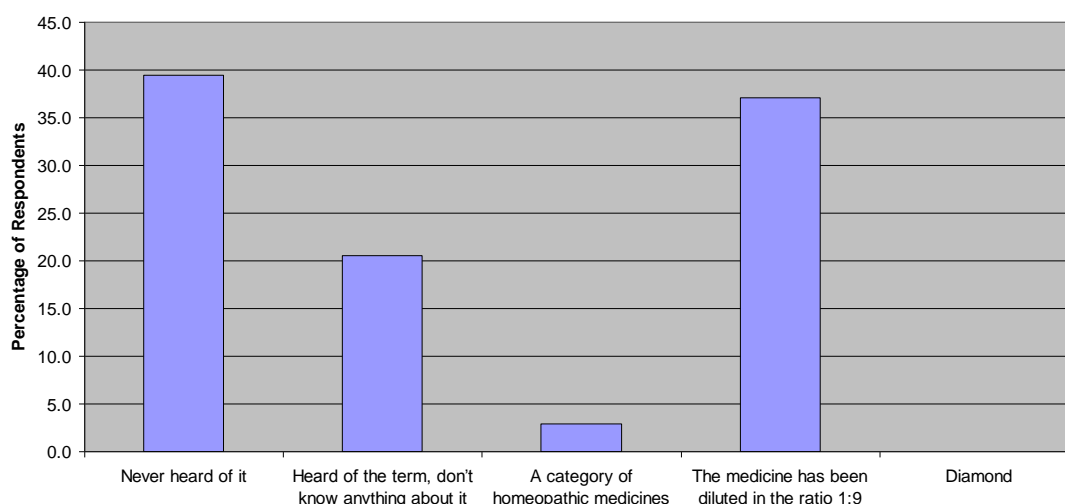


Table 4.52 Question 5.9: Which of the following statements indicates your understanding of the term 'Decimal' in homeopathy? Tick one option only.

Understanding of the term 'Decimal'	Number of Responses	Percentage of Responses
Never heard of it	67	39.4
Heard of the term, don't know anything about it	35	20.6
A category of homeopathic medicines	5	2.9
The medicine has been diluted in the ratio 1:9	63	37.1
Diamond	0	0.0

Figure 4.56 and Table 4.52 show that 67 (39.4%) of the respondents had never heard of the term 'Decimal', while 63 (37.1%) of the respondents understood the term 'Decimal'.

Comments on Q5.9 by 2 respondents:

- 'Decimal' indicates potency but does not know the details of it (1 respondent);
- guesses it is a category of homeopathic medicines.

Figure 4.57 Question 5.10: Where was homeopathy founded? Tick one option only.

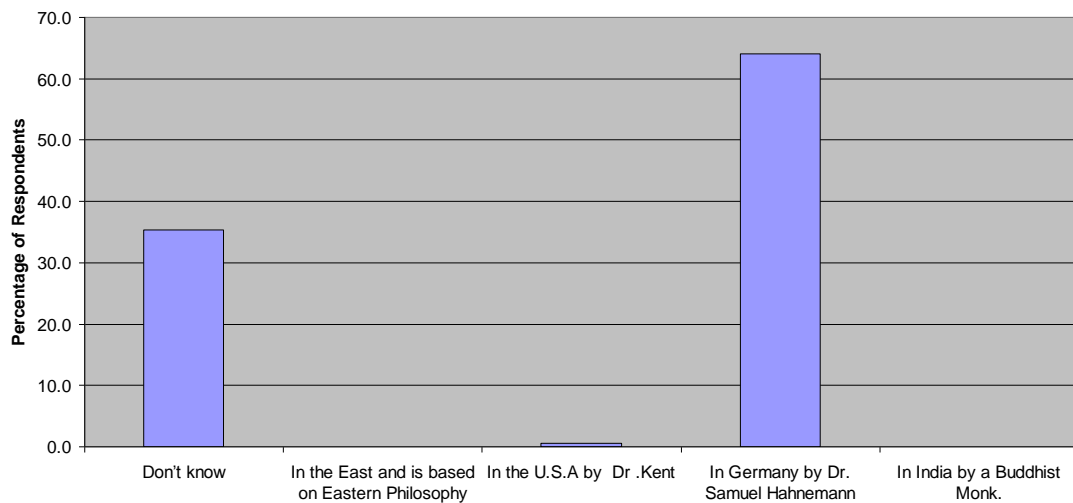


Table 4.53 Question 5.10: Where was homeopathy founded? Tick one option only.

Where founded	Number of Responses	Percentage of Responses
Don't know	60	35.3
In the East and is based on Eastern Philosophy	0	0.0
In the U.S.A by Dr. Kent	1	0.6
In Germany by Dr. Samuel Hahnemann	109	64.1
In India by a Buddhist Monk	0	0.0

Figure 4.57 and Table 4.53 show that most of the respondents 109 (64.1%) knew that homeopathy was founded in Germany by Dr. Samuel Hahnemann.

Comments on Q5.10 by 1 respondent:

- did not think Dr Kent founded homeopathy.

#### 4.5 Correlation Analysis

In terms of Objective (3) of 4.1.1, the relationship between the demographic variables and the responses given was explored. This was done by hypothesis testing using the Phi Correlation Co-efficient and Kendall's Tau Correlation Co-efficient. The level of significance was set at 5% i.e.  $p \leq 0.05$ .

4.5.1.1 Hypothesis testing 1: Personal information variables against Part Two (questions describing the respondents general knowledge of homeopathy).

Null Hypothesis 1: There was no significant correlation between any of the personal information variables (as described by one of gender, ethnic group,

age, duration in practice, country qualification obtained in, geographic location of practice, type of practice engaged in, professional boards registered with, distance to nearest homeopath, and whether practice is shared) and their knowledge of homeopathy (as described by the questions in Part Two).

Alternative Hypothesis 1: There was a significant correlation between one of the personal information variables (as described by one of gender, ethnic group, age, duration in practice, country qualification obtained in, geographic location of practice, type of practice engaged in, professional boards registered with, distance to nearest homeopath, and whether practice is shared) and their knowledge of homeopathy (as described by the questions in Part Two).

Correlations between personal information variables (as described by one of gender, ethnic group, age, duration in practice, country qualification obtained in, geographic location of practice, type of practice engaged in, professional boards registered with, distance to nearest homeopath, and whether practice is shared) and the following variables/factors were assessed:

- Part Two Question 1: Level of Knowledge of Homeopathy;
- Part Two Question 2: Whether homeopathy is recognised by law in South Africa;
- Part Two Question 3: Whether homeopathy is recognised by medical schemes in South Africa;

- Part Two Question 4: Knowledge of Level of Education Required to practice homeopathy;
- Part Two Question 5: Whether homeopaths are required to undergo an internship during their period of study;
- Part Two Question 6: Awareness of Institutions offering homeopathic study programs;
- Part Two Question 7: Knowledge of Length of Time Required to become a homeopath;
- Part Two Question 8: Awareness of facilities that provide training opportunities for homeopaths.

Significant correlations were established i.e.  $H_0$  was rejected for certain categories. The significant correlations are shown in Table 4.5.1.1. Significant correlations are indicated by marking z- and p-values; if not noted, either no correlation was noted or the correlation was not statistically significant.

Table 4.5.1.1 Correlations between personal information variables and variables describing respondents knowledge of homeopathy.

Variables	Statistical Measures			Nature of Relationship
	Pearson Chi Square (p-Value)	Significance Value (Z Values)	Value of Asymmetric Measure (Phi)	
<b>Gender * Homoeopathic training in RSA</b>	4.312	0.038	0.160	<b>Weak Correlation. Male respondents were slightly more likely to be unaware of Homeopathic training programs in South Africa.</b>
<b>Ethnicity * Level of education to practice homeopathy</b>	45.199	0.000	0.517	<b>Strong correlation. White respondents were more likely to respond that a degree or diploma are required to practice homeopathy.</b>
<b>Ethnicity * Time to qualify as homoeopath</b>	66.052	0.000	0.623	<b>Strong correlation. White respondents were more likely to respond that the time taken to qualify was less than five years.</b>
<b>Age group * Level of awareness of homoeopathy</b>	62.934	0.000	0.608	<b>Strong correlation. Younger respondents were more likely to have studied with a homeopath or consulted with a homeopath. Older respondents were more likely to have referred a patient or had direct contact on two or more occasions.</b>
<b>Age group * Level of education to practice homeopathy?</b>	53.160	0.000	0.561	<b>Strong correlation. Older respondents were more likely to respond that a diploma or degree is required to practice homeopathy. Younger respondents are more likely to be correct in responding that a Masters degree is required.</b>
<b>Age group * Homoeopathic training in RSA?</b>	24.332	0.000	0.378	<b>Moderate correlation. Older respondents were more likely to be unaware of homeopathic training courses in South Africa.</b>
<b>Age group * Time to qualify as homoeopath</b>	66.963	0.005	0.628	<b>Strong correlation. Older respondents were more likely to respond incorrectly and under-estimate the length of time taken to qualify. Younger respondents were more likely to respond with "5", "5-6", "6" and "6-7 yrs".</b>
<b>Duration in practice * Level of awareness of homoeopathy</b>	61.932	0.000	0.604	<b>Strong correlation. Respondents who were longer in practice were far more likely to have referred patients to homeopaths. Respondents who were in practice less than 15 years were far more likely to have studied with a homeopath.</b>
<b>Duration in practice * Level of education to practice homeopathy?</b>	60.549	0.000	0.646	<b>Strong correlation. Respondents who were in practice for longer were far more likely to be incorrect as to the level of education required to practice homeopathy. (i.e. responded that a degree, diploma or honours were required).</b>

Duration in practice * Homoeopathic training in RSA?	16.570	0.005	0.312	Moderate correlation. Respondents who were in practice for longer were more likely to be unaware of homeopathic training courses in South Africa.
Duration in practice * Time to qualify as homoeopath	80.434	0.000	0.688	Strong correlation. Respondents who were in practice for longer were more likely to be incorrect as to the length of time required to qualify.
Country of qualification * Level of awareness of homoeopathy	65.755	0.000	0.622	Strong correlation. Respondents who qualified in South Africa were more likely to have studied with a homeopath. Respondents who qualified in the USA or UK were more likely to have referred patients to homeopaths.
Country of qualification * Level of education to practice homeopathy	102.251	0.000	0.778	Strong correlation. Respondents who qualified in South Africa were far more likely to be correct. Respondents who qualified in other countries were more likely to be incorrect i.e respond that a Degree or Diploma are sufficient.
Country of qualification * Homoeopaths undergo internship?	20.941	0.022	0.351	Moderate correlation. Respondents who qualified in South Africa were most likely to be aware of the internship requirement.
Country of qualification * Homoeopathic training in RSA?	17.895	0.003	0.324	Moderate correlation. Respondents who qualified in the USA were less likely to be aware of homeopathic training courses in South Africa.
Country of qualification * Time to qualify as homoeopath?	92.376	0.000	0.737	Strong correlation. Respondents who qualified in the USA were most likely to be incorrect and under-estimate the length of time required to qualify as a homeopath.
Country of qualification * Aware of facilities/clinics...	18.424	0.002	0.329	Moderate correlation. Respondents who qualified in the USA or UK were less likely to be aware of the existence of clinic facilities for homeopathic education.
Province of practice * Level of education to practice homeopathy?	36.973	0.044	0.471	Moderate correlation. Respondents who are practicing in the Western or Eastern Cape were far more likely to be incorrect as to the level of education required to practice homeopathy.
Closest homoeopath? * Homoeopaths undergo internship?	17.736	0.023	0.324	Moderate correlation. Respondents who are geographically closer to a homeopath were more likely to be aware of the internship requirement for homeopaths.
Do you share a practice? * Hom. recognised by medical aid?	7.697	0.021	0.213	Weak correlation. Respondents who were in a shared practice were more likely to be aware of the status of homeopathy with respect to medical aids in South Africa.

#### 4.5.1.2 Hypothesis testing 2: Personal information variables against Part Three (questions describing the respondents' perceptions of homeopathy)

Null Hypothesis 2: There was no significant correlation between any of the personal information variables (as described by one of gender, ethnic group, age, duration in practice, country qualification obtained in, geographic location of practice, type of practice engaged in, professional boards registered with, distance to nearest homeopath, and whether practice is shared) and their perceptions of homeopathy (as described by the questions in Part Three).

Alternative Hypothesis 2: There was a significant correlation between personal information variables (as described by one of Gender, Ethnic group, age, duration in practice, country qualification obtained in, geographic location of practice, type of practice engaged in, professional boards registered with, distance to nearest homeopath, and whether practice is shared) and their perceptions of homeopathy (as described by the questions in Part Three).

Correlations between personal information variables (as described by one of gender, ethnic group, age, duration in practice, country qualification obtained in, geographic location of practice, type of practice engaged in, professional boards registered with, distance to nearest homeopath, and whether practice is shared) and the following variables/factors were assessed:

- Part Three Question 1: Whether homeopathy has any scientific basis;
- Part Three Question 2: Whether homeopathy is considered to be a legitimate form of healthcare;
- Part Three Question 3: Perception of the nature of homeopathy;
- Part Three Question 4: Perception of the kind of procedures homeopaths would be expected to perform on patients;
- Part Three Question 5: Perceptions of whether homeopaths request lab tests;
- Part Three Question 7: Perceptions of whether homeopathy can be used in conjunction with chiropractic;
- Part Three Question 8: Perceptions of whether homeopathic remedies are cheaper than conventional medication;
- Part Three Question 9: Perceptions as to average length of homeopathic consultation;
- Part Three Question 10: Other types of complementary medicine practiced;
- Part Three Question 11: Whether ever consulted with a homeopath as a patient;
- Part Three Question 12: Perception as to whether homeopathy can play a role in the treatment and management of HIV.

Significant correlations were established i.e.  $H_0$  was rejected for certain categories. The significant correlations are shown in Table 4.5.1.2.

Significant correlations are indicated by marking z- and p-values; if not noted, either no correlation was noted or the correlation was not statistically significant.

Table 4.5.1.2 Correlations between demographic, practice status variables and variables describing respondents perceptions of homeopathy.

Variables	Statistical Measures			Nature of Relationship
	Pearson Chi Square (p-Value)	Significance Value (Z Values)	Value of Asymmetric Measure (Phi)	
<b>Gender * Homoeopathy scientific basis</b>	6.022	0.049	0.189	<b>Weak correlation. Female respondents were more likely to feel homeopathy had a scientific basis. Male respondents were more likely to be unsure.</b>
<b>Age group * Homoeopathy scientific basis?</b>	25.832	0.004	0.390	<b>Moderate correlation. Respondents between the ages of 46 and 65 years were more likely to feel unsure of the scientific basis of homeopathy.</b>
<b>Age group * Average duration of homeopathic consultation?</b>	39.003	0.007	0.479	<b>Moderate correlation. Younger respondents were more likely to feel that the average length of the consultation was slightly longer 30 – 60 min. Older respondents were more likely to perceive the average length as 10 – 30 min.</b>
<b>Age group * Other complementary medicine practiced?</b>	53.832	0.000	0.578	<b>Strong correlation. Younger respondents were more likely to practice acupuncture as another modality.</b>
<b>Duration in practice * Homeopathic remedies cheaper than conventional?</b>	19.368	0.036	0.340	<b>Moderate correlation. Respondents in practice for shorter time were more likely to feel that homeopathic remedies were cheaper than conventional, while respondents in practice for longer were more likely to feel that they are not cheaper.</b>
<b>Duration in practice * Average duration of homeopathic consultation?</b>	43.807	0.002	0.508	<b>Strong correlation. Respondents in practice for a shorter time were more likely to perceive the average as 30 – 60 min while respondents in practice for a longer period of time were more likely to perceive the average as 10 – 30 min.</b>
<b>Duration in practice * Other complementary medicine practiced?</b>	61.454	0.000	0.601	<b>Strong correlation. Respondents in practice for a shorter period were more likely to use acupuncture as another modality. Respondents in practice for longer were less likely to practice another modality.</b>

4.5.1.3 Hypothesis testing 3: Personal information variables against Part Four (questions describing the respondents' perceptions of communication between homeopaths and chiropractors)

Null Hypothesis 3: There was no significant correlation between any of the personal information variables (as described by one of gender, ethnic group, age, duration in practice, country qualification obtained in, geographic location of practice, type of practice engaged in, professional boards registered with, distance to nearest homeopath, and whether practice is shared) and their perceptions of communication between homeopaths and chiropractors (as described by the questions in Part Four).

Alternative Hypothesis 3: There was a significant correlation between personal information variables (as described by one of gender, ethnic group, age, duration in practice, country qualification obtained in, geographic location of practice, type of practice engaged in, professional boards registered with, distance to nearest homeopath, and whether practice is shared) and their perceptions of communication between homeopaths and chiropractors (as described by the questions in Part Four).

Correlations between personal information variables (as described by one of gender, ethnic group, age, duration in practice, country qualification obtained in, geographic location of practice, type of practice engaged in, professional boards registered with, distance to nearest homeopath, and whether practice is shared) and the following variables/factors were assessed:

- Part Four Question 1: Perception as to state of communication;
- Part Four Question 2: Perception as to who would benefit from improved communications;
- Part 4 Question 3: Whether respondent has ever referred patients to a homeopath (and how often);
- Part Four Question 4: Whether respondent has received a referral from a homeopath;
- Part Four Question 5: Whether respondent gives feedback to the referring homeopath;
- Part Four Question 6: Whether respondent would like feedback on referred patient;
- Part Four Question 7: Whether respondent uses homeopathic remedies in practice;
- Part Four Question 8: Respondents overall view of homeopathy.

Significant correlations were established i.e.  $H_0$  was rejected for certain categories. The significant correlations are shown in Table 4.5.1.3.

Significant correlations are indicated by marking z- and p-values; if not noted, either no correlation was noted or the correlation was not statistically significant.

Table 4.5.1.3 Correlations between personal information variables and variables describing respondents perceptions of state of communication between homeopaths and chiropractors.

Variables	Statistical Measures			Nature of Relationship
	Pearson Chi Square (p-Value)	Significance Value (Z Values)	Value of Asymmetric Measure (Phi)	
<b>Age group * Communication between chiropractors and homeopaths?</b>	44.224	0.010	0.510	<b>Strong correlation. As the age of respondents increased respondents were more likely to feel that communication was moderate or good. Respondents between the age of 46 and 55 were significantly more likely to feel the state of communication to be very good.</b>
<b>Duration in practice * Communication between chiropractors and homeopaths?</b>	41.891	0.018	0.496	<b>Moderate correlation. Respondents with greater experience are more likely to feel that the state of communication is better. Respondents with fewer years in practice are less likely to feel that communication is good.</b>
<b>Type of practice * Do you give feedback?</b>	21.614	0.000	0.357	<b>Moderate correlation. Respondents in a multidisciplinary practice were far more likely to give feedback to a referring homeopath.</b>
<b>Province of practice * Would you like feedback?</b>	57.887	0.000	0.587	<b>Strong correlation. Respondents from KZN, Gauteng and the Western Cape were less likely to desire feedback.</b>
<b>Type of practice * Do you use homeopathic remedies in practice?</b>	7.472	0.024	0.210	<b>Weak correlation. Respondents in dual or multidisciplinary practices were far more likely to use homeopathic remedies in their practices.</b>

4.5.1.4 Hypothesis testing 4: Personal information variables against Part Five (questions describing the respondents' knowledge of the principles and philosophy of homeopathy)

Null Hypothesis 4: There was no significant correlation between any of the personal information variables (as described by one of gender, ethnic group, age, duration in practice, country qualification obtained in, geographic location of practice, type of practice engaged in, professional boards registered with,

distance to nearest homeopath, and whether practice is shared) and their knowledge of the principles and philosophy of homeopathy (as described by the questions in Part Five).

Alternative Hypothesis 4: There was a significant correlation between personal information variables (as described by one of gender, ethnic group, age, duration in practice, country qualification obtained in, geographic location of practice, type of practice engaged in, professional boards registered with, distance to nearest homeopath, and whether practice is shared) and their knowledge of the principles and philosophy of homeopathy (as described by the questions in Part Five).

Correlations between personal information variables (as described by one of gender, ethnic group, age, duration in practice, country qualification obtained in, geographic location of practice, type of practice engaged in, professional boards registered with, distance to nearest homeopath, and whether practice is shared) and the following variables/factors were assessed:

- Part Five Question 1: Understanding of the term 'Potentization';
- Part five Question 2: Understanding of the term 'Homeopathic Aggravation';
- Part Five Question 3: Understanding of the term 'Succussion';
- Part Five Question 4: Understanding of the term 'Law of Similars';
- Part Five Question 5: Understanding of the term 'Proving';
- Part Five Question 6: Understanding of the term 'Simplex';

- Part Five Question 7: Understanding of the term ‘Complex’;
- Part Five Question 8: Understanding of the term ‘Centesimal’;
- Part Five Question 9: Understanding of the term ‘Decimal’;
- Part Five Question 10: Knowledge of where homeopathy was founded.

Significant correlations were established i.e.  $H_0$  was rejected for certain categories. The significant correlations are shown in Table 4.5.1.4.

Significant correlations are indicated by marking z- and p-values; if not noted, either no correlation was noted or the correlation was not statistically significant.

Table 4.5.1.4 Correlations between personal information variables and variables describing respondents’ knowledge of principles and philosophy of homeopathy.

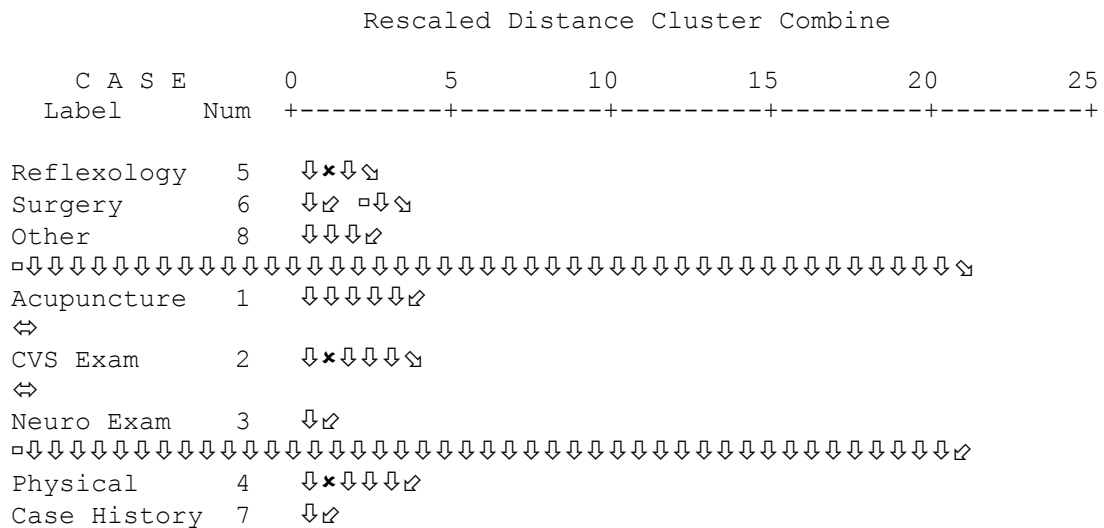
Variables	Statistical Measures			Nature of Relationship
	Pearson Chi Square (p- Value)	Significance Value (Z Values)	Value of Asymmetric Measure (Phi)	
<b>Ethnicity * Understanding of law of similars?</b>	<b>33.832</b>	<b>0.001</b>	<b>0.446</b>	<b>Moderate Correlation. White respondents were slightly more likely to either understand the correct meaning or not have heard of the term than other ethnic groups.</b>
<b>Province of practice * Understand of proving?</b>	<b>49.928</b>	<b>0.001</b>	<b>0.545</b>	<b>Strong Correlation. Respondents practicing in KZN were far more likely than in other provinces to know the correct meaning of the term.</b>
<b>Province of practice * Understanding of centesimal?</b>	<b>39.718</b>	<b>0.002</b>	<b>0.486</b>	<b>Moderate Correlation. Respondents practicing in KZN, Western Cape or Gauteng were more likely to know the correct meaning of the term. However KZN respondents were more likely to have heard of the term if they did not know the meaning.</b>
<b>Province of</b>	<b>31.723</b>	<b>0.024</b>	<b>0.435</b>	<b>Moderate Correlation.</b>

practice * Understanding of decimal?				Respondents practicing in KZN, Western Cape or Gauteng were more likely to know the correct meaning of the term. However KZN respondents were more likely to have heard of the term if they did not know the meaning.
Type of practice * Understanding of centesimal?	13.913	0.031	0.286	Weak Correlation. Respondents in a dual or multidisciplinary practice were more likely to understand the meaning of the term.
Closest homoeopath? * Understanding of decimal?	21.936	0.038	0.360	Moderate Correlation. Respondents who were geographically closer to a homeopath were more likely to understand the correct meaning of the term or have heard of it before.
Do you share a practice? * Understanding of homeopathic aggravation?	10.793	0.029	0.252	Weak Correlation. Respondents who shared a practice were more likely to understand the correct meaning of the term.
Do you share a practice? * Understand of proving?	12.068	0.017	0.266	Weak Correlation. Respondents who shared a practice were more likely to understand the correct meaning of the term.
Do you share a practice? * Understanding of decimal?	8.631	0.035	0.225	Weak Correlation. Respondents who shared a practice were more likely to understand the correct meaning of the term or have heard of it before.

#### 4.5.5 Correlations within questions

For questions where respondents could choose more than one response, hierarchical cluster analyses were performed. This allows the identification of clustered themes within responses e.g. respondents answering to one component would be more likely to indicate an answer to another component.

4.5.5.1 Part 3: Question 4 Perceived reasons for procedures homeopaths could be expected to perform - Dendrogram using Ward Method.



The dendrogram suggests that Cardiovascular (CVS) Exam, Neurological Exam, Physical Examination and Case History were clustered in respondents answers i.e. respondents who felt that a homeopath would be expected to perform one of these, also felt that a homeopath would be expected to perform the others.

Likewise reflexology and surgery are clustered with each other and then with other procedures and Acupuncture. Note the clustering does not refer to the extent of the perception, but rather to the tendency for responses to be grouped around certain themes i.e. respondents who felt that homeopaths would be expected to perform surgery would also be expected to perform reflexology. The tendency to feel that these are expected competencies of a homeopath was also associated with the expectation of being able to perform acupuncture as well as “Other” modalities.



Table 4.5.1.5 Question 3.6: Perceptions of what conditions homeopathy is useful in treating - Dendrogram using Ward Method.

Abbreviated Label	Category Name
<b>Asthma (1)</b>	<b>Asthma</b>
<b>Appendicitis (2)</b>	<b>Appendicitis</b>
<b>Allergies (3)</b>	<b>Allergies</b>
<b>Cancer (4)</b>	<b>Cancer</b>
<b>Chiro cond (5)</b>	<b>Chiropractic conditions e.g whiplash</b>
<b>Cystitis (6)</b>	<b>Cystitis</b>
<b>Depression (7)</b>	<b>Depression</b>
<b>Diabetes M (8)</b>	<b>Diabetes mellitus</b>
<b>Gynae cond (9)</b>	<b>Gynaecological conditions</b>
<b>Headaches (10)</b>	<b>Headaches</b>
<b>Hypertension (11)</b>	<b>Hypertension</b>
<b>Insomnia (12)</b>	<b>Insomnia</b>
<b>Inflam cond (13)</b>	<b>Inflammatory conditions</b>
<b>Influ/Colds (14)</b>	<b>Influenza and colds</b>
<b>Low back P (15)</b>	<b>Low back pain</b>
<b>Neck Pain (16)</b>	<b>Neck pain</b>
<b>Parkinson's (17)</b>	<b>Parkinson's disease</b>
<b>Rheumatoid A (18)</b>	<b>Rheumatoid arthritis</b>
<b>Sinusitis (19)</b>	<b>Sinusitis</b>
<b>Skin problems (20)</b>	<b>Skin problems</b>
<b>Surgery (21)</b>	<b>Surgery</b>
<b>Systemic Inf (22)</b>	<b>Systemic infections</b>

The above dendrogram exhibits two main clusters which are further subdivided. The first (uppermost branch) groups the more serious/pathological conditions together. The first subdivision of the first cluster consists of low back and neck pain, chiropractic conditions and systemic infections, cancer, appendicitis, and surgery. The second subdivision consists of Parkinson's disease, rheumatoid arthritis, diabetes mellitus and hypertension. This is understood in terms of likelihood i.e. respondents who felt that homeopathy could treat hypertension were more likely to feel that homeopathy could also treat diabetes mellitus.

The second cluster has three subdivisions: first consisting of gynaecological conditions, insomnia, inflammatory conditions and headaches, the second consists of influenza and colds, sinusitis, skin problems and allergies, and the third consists of asthma, depression and cystitis.

Note: The hierarchical cluster analysis does not in any way refer to the number of respondents who felt that homeopathy would be useful in the treatment of a certain condition. It merely clusters the responses of the respondents in terms of the relative associations of responses.

These clusters are discussed further in Chapter 5.

## **CHAPTER 5**

### **DISCUSSION**

The results of the statistical analysis of the responses to the questionnaire (Appendix B), from Chapter Four will be analysed and evaluated further in this chapter.

#### **5.1 Personal information (Part One)**

##### **5.1.1 Gender**

The gender distribution of the sample population indicates that 55% were male and 45% female. No data on the relative gender representations in the chiropractic profession was available - the AHPCSA do not keep records of gender demographics (Pillay, 2007). Thus it is not possible to determine whether this distribution is consistent with the profession as a whole. Results of Pillay's study (2006) showed that 58.1% of chiropractors were male and 41.9% of chiropractors were female.

##### **5.1.2 Ethnicity**

The ethnic composition of the sample indicates that 89% of the respondents were white, 9.4% Indian, 0.6% coloured and 0% black. No data on the relative ethnic representations in the chiropractic profession was available - the

AHPCSA do not keep records of gender demographics (Pillay, 2007). Thus it is not possible to determine whether this distribution is consistent with the profession as a whole.

### **5.1.3 Age**

Most of the respondents were between the ages of 25-35 years (64%) with a total of 78.2% between 25 and 45 years. Thereafter the number decreased as the age group increased. This indicates that chiropractors that responded were generally younger. This distribution may also reflect a growing popularity and awareness of chiropractic as a profession. Few chiropractors qualify before the age of 25 years due to the duration of the course. [Education and training of chiropractors in South Africa is spread over six years, after which a Master's degree in Chiropractic is awarded (CASA, 2006)]. Results of Pillay's (2006) study showed that chiropractors (41.9%) in the sample seemed to be slightly older with a predominance of practitioners in the 30-40 year age group.

### **5.1.4 Duration in practice**

Most respondents had been practising for less than five years (51.8%). This correlates with the finding that most of the respondents were in the 25-35 age group (64%). The implication is that the majority of responses were received from chiropractors with less experience. 22.9% of respondents were in practice for 6 to 10 years. In Pillay's study (2006) contrasting results were

found in that 38.7% were in practice for 4-8 years, while 9.7% of the homeopaths were in practice for 0-4 years.

#### **5.1.5 Qualification obtained**

The majority of the respondents obtained a Master's degree in chiropractic in South Africa (65%) or Doctor in chiropractic in the United States of America (20.9%). Results of Pillay's (2006) study showed that the majority of chiropractors (77%) and homeopaths (87%) qualified at D.U.T (formerly known as Durban Institute of Technology and Technikon Natal) and it can therefore be seen that the majority of respondents qualified in South Africa, while only four chiropractors having qualified in the United States of America and one chiropractor having qualified in the United Kingdom.

#### **5.1.6 Country qualified in**

Since each country has a different training program and qualification, the country in which respondents qualified will be a determinant of the type of qualification. It can be seen that the majority of respondents qualified in South Africa (72%), while only 22.4% of respondents qualified in the United States of America and 2.9% qualified in the United Kingdom.

One can conclude that the vast majority of chiropractors either qualified at the Durban University of Technology (D.U.T) (formerly D.I.T/Technikon Natal) or

University of Johannesburg (U.J) (formerly Technikon Witwatersrand) in South Africa.

### **5.1.7 Province of practice**

The location of practice showed that the majority of the respondents (97.6%) were from Gauteng, Kwazulu-Natal, Western Cape and Eastern Cape. The largest populations are expected to be found in these provinces. These are thus proportionally best represented in the chiropractic profession (CASA, 2006).

### **5.1.8 Type of practice and sharing a practice**

The majority of respondents (46.5%) were engaged in single practice situations. 38.2% of respondents were engaged in multidisciplinary situations and 15.3% of respondents engaged in dual practice situations. Most of the respondents shared a practice (52%). Interesting to note is that if a respondent is involved with other practitioners then they were most likely to be in a multidisciplinary situation rather than in a dual practice. This is supported by Figure 4.11. Forty-seven (20.26%) of the respondents were in a dual or multidisciplinary practice with chiropractors, 31 (13.36%) of the respondents were in dual or multidisciplinary practice with homeopaths. Results of Sukdev's (1998) study showed that the majority of medical practitioners were engaged in single practice situations (59.63%) and 31.99% were in partnership. Results of Pillay's (2006) study showed that sharing of practices

was more common between chiropractors and homeopaths than between chiropractors and other chiropractors or between homeopaths and other homeopaths or between these professions and physiotherapists or GPs. Pillay's (2006) study also showed that more homeopaths than chiropractors shared their practice with a chiropractor ( $p = 0.430$ ) and that more chiropractors than homeopaths shared their practice with a homeopath ( $p = 0.015$ ).

### **5.1.9 Distance to nearest homeopath**

The majority of chiropractors (58.6%) work within 2 km of a homeopath. This reflects a trend to geographical clustering of chiropractors and homeopaths. This is similar to the findings by Pillay (2006).

## **5.2 General knowledge of homeopathy (Part Two)**

### **5.2.1 Level of awareness of homeopathy**

A significant percentage of the respondents have referred patients to (26.5%), studied with (33.5%), or had direct contact on at least a few occasions (27.1%) with a homeopath. This indicates that there appears to be a high level of contact between the two professions. It also reflects current, on-going (consultation with and referral to a homeopath) and historical (studied with and have had direct contact twice or more with homeopaths) professional associations. The question asked respondents to choose one option only and

this may have limited respondents from describing components of current, ongoing and historical associations. It's encouraging to note that a number of respondents gave an indication of a good level of awareness of homeopathy in the "Comments" after the question.

The correlation analysis showed a significant correlation between duration in practice and level of awareness of homeopathy. Respondents who were longer in practice were far more likely to have referred patients to homeopaths. This may be due to experience and knowledge about homeopathy gained over the years. The respondents who were longer in practice referred patients to homeopaths more often, although they had a limited knowledge of homeopathic education. This may be due to experience, obtaining knowledge of homeopathy through reading material or literature and level of contact obtained with homeopaths over years. Respondents who were in practice for less than 15 years were far more likely to have studied with a homeopath at either Durban University of Technology or University of Johannesburg and therefore were more aware of homeopathy.

Correlation analysis showed that respondents qualified in South Africa were more likely to have studied with a homeopath, were far more aware of the level of education and aware of the internship required, than respondents qualified in the United States of America.

The respondents who qualified in other countries were more likely to have referred patients to a homeopath but were less likely to know about the level

of education required, the homeopathic training courses in South Africa, the time to qualify as a homeopath and existence of clinic facilities for homeopathic education. This indicates that respondents who qualified overseas did not have exposure to homeopaths to the same degree as chiropractors who qualified locally and therefore have a limited knowledge of homeopathy but appear to have a good level of contact with homeopaths based on the referrals given to homeopaths.

### **5.2.2 Awareness of whether homeopathy is recognised by law in South Africa**

The majority of respondents (95.3%) perceived that South African law recognizes homeopathy as a therapy. Considering the fact that there is a high level of contact between these two professions (87.1%), one would naturally expect them to know the legal recognition of homeopathy. A small percentage (4.7%) was unsure of the legal recognition of homeopathy in South Africa. Results of Maharajh's (2005) study showed that 86% of pharmacists and 74% of GPs believed that South African law recognizes homeopathy.

### **5.2.3 Awareness of whether medical aid schemes recognise homeopathy**

The majority of respondents were aware that medical aid schemes recognise homeopathy in South Africa (71.8%). A significant percentage of respondents were unsure (26.5%). Results of Maharajh's (2005) study showed that 55% of

pharmacists and 42% of GPs agreed that homeopathy was funded by health care insurers, while 29% of pharmacists and 38% of GPs were unsure.

Correlation analysis showed that chiropractors who were in a shared practice were more likely to be aware of the status of homeopathy with respect to medical aid schemes in South Africa.

#### **5.2.4 Education and training of homeopaths (Part Two: Questions 4 - 7)**

Most chiropractors agreed that training courses for homeopathy exist in South Africa (97%) and that D.U.T and U.J offered training courses for homeopathy (92.8%). This was expected because most respondents will have studied with homeopaths either at the D.U.T or U.J where homeopathic training courses are offered. Results of Maharajh's (2005) study is in keeping with this study, in that 87.9% of pharmacists and 84.5% of GPs were aware that training courses for homeopathy exist in South Africa.

The majority of chiropractors were aware of the correct duration of the homeopathic course in South Africa (72.4%). Although these were spread out over three responses, namely 5-6 years, 6 years and 6-7 years this can be understood by considering that not all graduates complete the full course requirements (namely master's dissertation) within the 5 study years. Length of time to qualification is therefore a variable centred around 5-6 years. Results of Maharajh's (2005) study showed that 26.79% of pharmacists and 21.98% of GPs were aware that the course in homeopathy was of 5 years duration.

The majority of respondents (77%) were aware that a Master's degree is necessary to practice as a homeopath in South Africa. 17.8% of the respondents perceived that homeopaths received a degree. The respondents who were correct may comprise the South African trained chiropractors, while respondents who thought a degree or diploma was necessary to practice homeopathy were most likely respondents who had qualified overseas and who were not in direct contact with homeopathic students as they did not study with them at the same institution. Therefore, these respondents may have less knowledge about the level of education necessary to practice as a homeopath. However, the term "degree" may have been too broad, because it can include "Honours" and "Master's". The terms "Bachelors degree", "Honours degree" and "Master's degree" should rather have been used.

Correlation analysis showed that white respondents were more likely to respond that a degree or diploma instead of a Master's degree was required to practice homeopathy and that it takes less than 5 years to qualify. This could be influenced by the fact that a number of older white practitioners qualified outside of the country, therefore they would not be familiar with current requirements. The correlation analysis between province of practice and knowledge of homeopathy showed that respondents who are practicing in the Western or Eastern Cape were far more likely to be incorrect as to the level of education required to practice homeopathy as compared to Gauteng and Kwazulu-Natal.

Most respondents (81.2%) perceived that homeopaths were required to do an internship to practice homeopathy. This indicates that there is a high level of knowledge regarding homeopathic training. 12.9% of respondents were unsure.

An important point to note is that a formal internship program for homeopaths is not yet established, so this question may have been inappropriate. The lack of formal internship was pointed out by a number of the respondents in the “Comments” after the question.

74.7% of respondents were aware of homeopathic clinics for students to gain clinical experience. 25% of respondents were unaware. The respondents were aware that D.U.T (58.5%) and U.J (39.4%) provided training opportunities for homeopathic students.

The correlation analysis between age and knowledge of homeopathy showed that younger respondents were more likely to have studied with a homeopath or consulted with a homeopath than older respondents. The younger respondents also knew that the time to qualify as a homeopath takes an average of 6 years and that a Master’s degree is required to practice homeopathy. The reason is possibly because the chiropractic and homeopathic students study together at the same institutions in South Africa, resulting in an awareness of each other’s course structure. Older respondents were likely to have referred a patient or had direct contact with a homeopath. A reason for this may be that these practitioners are longer in practice and

therefore have more knowledge of homeopathy and more clinical experience than younger respondents. Older respondents were more likely to respond that a degree is required to practice homeopathy and were more likely to be unaware of homeopathic training in South Africa. The reason may possibly be that older respondents most likely trained overseas and did not have contact with homeopathic students, as is presently the case. This may indicate that older respondents were not trained and educated at tertiary institutions in South Africa since the course has only been offered since 1989.

However, respondents who were longer in practice were uncertain as to the level of education required, the length of time required to qualify as a homeopath and unaware of homeopathic training courses in South Africa. This may be due to the fact that these chiropractors did not study and train with homeopaths at the same institutions in South Africa but may have studied abroad.

Correlation analysis between the country of qualification and awareness of homeopathic clinics showed that respondents who qualified in the United States of America or in the United Kingdom were less likely to be aware of the existence of clinic facilities for homeopathic education. This shows that it is quite possible that foreign graduates did not study and train with homeopathic students and were therefore less aware of the status of homeopathic education. This indicates that foreign graduates may have a limited knowledge of the homeopathic training in South Africa.

Overall, it can be inferred that chiropractors in South Africa have a high level of knowledge of the status of homeopathic education and training. Most respondents were aware of the necessity of an internship, the existence of training courses, the existence of homeopathic clinics and the length of time to qualify as a homeopath. This may be due to most chiropractors studying with homeopaths at the same institution in South Africa where chiropractors would have been exposed to homeopathy and thus taking a keen interest in the homeopathic program.

Further, knowledge of one of the above variable was well correlated with knowledge of others. This indicates that respondents who are aware of the status of homeopathic education in one aspect are likely to be aware of the status of homeopathic education in other aspects i.e. knowledge is clustered in individuals and not randomly distributed.

### **5.3 Perception of Homeopathy (Part Three)**

#### **5.3.1 Scientific basis**

90.6% of all respondents perceived that homeopathy does have a scientific basis. This result provides a very good opinion of homeopathy. Results of Maharajh's study (2005) showed that more GPs (51.55%) than pharmacists (42.86%) perceived that homeopathy does have a scientific basis.

The scientific basis of homeopathy was confirmed by a few respondents in the “Comments” after the question.

Correlation analysis showed that respondents between the ages of 46 and 65 years were more likely to be unsure of the scientific basis of homeopathy.

This may be due to the fact that the homeopathic course at the two institutions in South Africa have only been available since 1989 and therefore older respondents studied abroad and did not study together with homeopaths where they would have become aware of the homeopathic subjects, including general sciences, clinically orientated subjects and also clinical trials and drug provings being done as projects for Master’s degrees.

### **5.3.2 Legitimacy of homeopathy**

The majority of respondents (97.6%) perceived that homeopathy is a legitimate form of medicine. This result indicates that the level of knowledge about homeopathy is good. This is supported by the fact that 87% of the respondents consulted a homeopath as a patient themselves, 26.5% referred a patient to a homeopath and 27.1% had direct contact with a homeopath on two or more occasions.

### **5.3.3 Nature of homeopathic treatment**

The majority of respondents (67.6%) perceived that homeopathy is a form of natural medicine. However, a significant percentage (20%) perceived that

homeopathy is a form of energy medicine. These results indicate some confusion between natural and energy medicine. This is further complicated by the fact that the nature of homeopathy in terms of these descriptors is not clear. Only 5.3% considered homeopathy to be a form of herbal medicine indicating that respondents are aware that homeopathy differs from herbal medicine in that plant, animal and mineral sources are used in homeopathy whereas only plants are used in herbal medicine and that it differs as far as the manufacturing processes of their medicines. A need definitely exists to further educate and define these two terms clearly. Only 0.6% of respondents considered homeopathy to be placebo.

No significant correlations were found.

Maharajh's study (2005) found that 55.17% of pharmacists and 48.96% of GPs perceived homeopathy to be a form of natural medicine. Brolinson *et al.* (2001) found that those nurses who disagreed that CAM therapies were a placebo effect (46%) perceived that anti-oxidants, art therapies, body cleansing, chiropractic, garlic, ginseng, and humour therapy were more effective, while 15% of respondents who perceived that these therapies were placebos were more likely to believe in the effectiveness of acupuncture.

#### **5.3.4 Procedures conducted by homeopaths on their patients**

Almost all respondents (98%) perceived that homeopaths take case histories of their patients. The majority of respondents perceived that homeopaths

performed a thorough physical examination (94.7%), cardiovascular examinations (80.6%) and neurological examinations (77%) suggesting that homeopaths undergo relevant and extensive training and are competent to perform examinations that are essential when providing primary health care. Results of Maharajh's study (2005) showed that most GPs perceived that homeopaths perform cardiovascular examinations and neurological examination (71.9% and 68.8% respectively) on their patients, while nearly half of the pharmacists perceived that homeopaths did not perform cardiovascular examinations and neurological examinations (48.1% and 44.4% respectively).

The dendrogram in Chapter 4.5.5.1 (p. 125) reveals that two cluster patterns were found. In Cluster 1, respondents who answered "Reflexology" were also more likely to answer "Surgery", "Other" and "Acupuncture" all of which are not accurate perceptions.

In Cluster 2, respondents who answered "Cardiovascular examination" were more likely to answer "Neurological examination", "Physical examination" and "Case history", but were more likely to answer "Neurological examination" and least likely to answer "Case history". These four procedures are basic core competencies for a primary health care practitioner, which would be expected to be performed. According to this cluster it seems that homeopathy is well understood. This is confirmed by the fact that the respondents have a good knowledge of homeopathy.

### **5.3.5 Laboratory tests**

The majority of respondents (87.6%) are aware that homeopaths request laboratory tests suggesting that homeopaths are primary health care professionals who require the need to request laboratory tests in order to diagnose diseases.

### **5.3.6 Applicability of homeopathy in various conditions**

The respondents perceived the following conditions to be treatable by homeopathy: allergies (70.2%), asthma (58.3%), cystitis (52.1%), depression (54.1%), gynaecological conditions (59.8%), insomnia (63.3%), inflammatory diseases (58.3%), influenza and colds (67.1%), sinusitis/hayfever (65.9%) and skin problems (61.5%). This shows that chiropractors are aware that homeopaths are trained to diagnose a majority of diseases indicating a general awareness of the applicability of homeopathy in various conditions.

Of all the conditions listed in the question, homeopathy was considered to be useful in the following order: allergies (70.2%), influenza/colds (67.1%), sinusitis/hayfever (65.9%), insomnia (63.3%) and skin problems (61.5%).

Most of the respondents perceived that the following conditions in which homeopathy can be used as an adjunct are cancer (60%), chiropractic conditions (71.2%), diabetes (58.6%), appendicitis (41.2%), headaches (39.9%), hypertension (45.2%), low back pain (67.6%), neck pain (67.1%),

Parkinson's disease (50.6%), rheumatoid arthritis (58%), systemic infections (47.1%) and surgery (30.1%). It is apparent that if respondents perceived that these conditions were not suitable for homeopathic treatment, then it was perceived to be suitable as an adjunct to other treatments indicating that these respondents perceived that homeopathy has limitations in treating certain conditions.

These results indicate that chiropractors perceived that homeopathic treatment can be effective in treating a wide variety of health conditions. This confirms the view of the homeopathic establishment, that homeopathy can treat patients of all ages and both genders, suffering from almost any ailment (De Schepper, 2001: 7). Medical practitioners have the expertise in treating conditions such as appendicitis, diabetes, hypertension, and surgery that are serious, life-threatening conditions and are therefore the best suitable health profession to do so while homeopathic treatment can be effective as an adjunct to these types of conditions. Chiropractors on the other hand have the expertise in treating musculoskeletal conditions such as arthritis, neck pain, chiropractic conditions like sprains and whiplash and these conditions are therefore best treated by them while homeopathic treatment can be effective as an adjunct to these types of conditions. Pillay's study (2006) showed that most participants indicated homeopaths and GPs as being able to treat diabetes, cold and flu, cancer, skin problems, asthma, arthritis and appendicitis. More chiropractors than homeopaths indicated GPs and more homeopaths than chiropractors indicated homeopaths and GPs for treating these conditions. In addition, Pillay's (2006) study showed that appendicitis

seems to be the domain of the GP, with the majority of patients being referred to them from the chiropractors and the homeopaths consistently. In Pillay's study (2006) it was also found that chiropractors seem to understand the limitations of their practice, which is restricted to musculoskeletal care of patients. This is supported by the fact that the results show that most arthritic patients were referred by homeopaths to chiropractors. This could be because homeopaths and chiropractors perceive that this condition has more mechanical problems, which chiropractors can treat.

In Question 3.6b), comments by respondents stated that a homeopath could treat a wider range of conditions other than the ones listed in 6a, which indicates that homeopathy can assist patients with many different conditions.

The dendrogram in Chapter 4.5.5.2 (p. 126), two main cluster patterns, which are further subdivided, were found. Cluster 1 has two subdivisions and Cluster 2 has three subdivisions.

In the first subdivision of Cluster 1, respondents who answered "Low back pain" were more likely to answer "Neck pain", "Chiropractic conditions", "Systemic infections", "Cancer", "Appendicitis" and "Surgery" but were more likely to answer "Neck pain" and least likely to answer "Surgery".

In the second subdivision of Cluster 1, respondents who answered "Parkinson's disease" were more likely to answer "Rheumatoid arthritis", "Diabetes mellitus" and "Hypertension". All of these conditions are more

serious or pathological conditions, which are also difficult to treat. This indicates that some respondents may perceive that homeopathy can be effective in treating serious conditions, while others may perceive that it can be effective in treating musculoskeletal conditions.

In the first subdivision of Cluster 2, respondents who answered “Gynaecological conditions” were more likely to answer “Insomnia”, “Inflammatory conditions” and “Headaches”, but were more likely to answer “Insomnia” and least likely to answer “Headaches”.

In the second subdivision of Cluster 2, respondents who answered “Influenza/Colds” were more likely to answer “Sinusitis”, “Skin problems” and ‘Allergies” but were more likely to answer “Sinusitis” and least likely to answer “Allergies”. In the third subdivision of Cluster 2, respondents who answered “Asthma” were more likely to answer “Depression” and “Cystitis”. This cluster shows various types of general conditions, which are far less serious/pathological than conditions in Cluster 1. This indicates that some respondents may perceive that homeopathy can be used in treatment of various types of health conditions whether its serious/pathological conditions, life-threatening or basic general conditions which in fact is similar to what general practitioners treat. Since the level of knowledge of homeopathy is good amongst the respondents these answers were expected.

### **5.3.7 Use of homeopathy in conjunction with chiropractic care**

The majority of respondents perceive that homeopathy is suitable for use in conjunction with chiropractic treatment (95.3%). This suggests that homeopathic treatment may be effective when used together with chiropractic care to bring about improved patient-care and that they are having success with homeopathy together with chiropractic treatment. No significant correlations were found. In the “Comments” after the question, a number of the respondents confirmed that homeopathy can be used effectively in conjunction with chiropractic treatment.

### **5.3.8 Are homeopathic remedies cheaper than conventional medicine?**

54% of chiropractors perceive that homeopathic remedies are cheaper than conventional medicines. This is in line with a study conducted by a homeopathic GP in the United Kingdom comparing the costs of homeopathic prescribing with that of conventional drug prescribing and found that the average cost savings were 60 pounds per patient (Jain, 2003). A significant percentage of respondents (30.4%) were unsure and this may be due to the fact that the cost factor was not clearly defined. This could have been interpreted as the cost to the patient or the actual cost of the raw materials and manufacturing of remedies or the unit cost of a dose. This question should rather have read: “Do you think prescribed homeopathic remedies are cheaper than prescribed conventional medicines?” as opposed to “Do you think homeopathic remedies are cheaper than conventional medication?”.

### **5.3.9 Duration of the homeopathic consultation**

64.1% of respondents perceived that the homeopathic consultation lasted 30-60 minutes. 22.9% perceived that it was of 10-30 minutes duration. This indicates that most of the respondents perceived that the average length of the homeopathic consultation was less than 60 minutes (87%). The conclusions drawn from this question are limited by the lack of definition. This question does not distinguish between the initial consultation or follow-up consultations. Respondents who answered that it took 10-30 minutes may have thought of a follow-up consultation and those who answered 30-60 minutes may have thought of an initial consultation. Therefore, this question should rather have read as follows:” What is the average initial homeopathic consultation?” as opposed to “What is the average homeopathic consultation?” In reality it is quite difficult even for the homeopath to estimate the initial consultation time as this depends on the individual practitioner, the type of patient and the type of case history. This factor may change the time taken and hence their perceptions of the average time taken.

Correlation analysis showed that respondents in practice for a shorter time period were more likely to perceive the average consultation as 30-60 minutes, while respondents in practice for longer periods of time were more likely to perceive the average consultation as 10-30 minutes. The older respondents did not study with homeopaths at the same institution and therefore did not know exactly how patient case studies were taken, thus showing limited knowledge of homeopathy. It is quite possible that younger

chiropractors studied with homeopaths attended the homeopathic day clinic situated in the same institution and thus became aware of the average length of time of the homeopathic consultation.

### **5.3.10 Other modalities practiced**

54.1% of respondents do not practice any other modality of complementary and alternative medicine (CAM). There may however be a wide variation in the way that respondents practice chiropractic i.e. use of dry needling, electrotherapies, infra-red therapies, soft tissue massage, sports medicine, acupuncture etc. which may be described as other modalities in some sense. Future questionnaires could be reworded to bear this in mind.

Correlation analysis showed that younger respondents and those in practice for a shorter period were more likely to use acupuncture as another modality, while respondents in practice for longer were less likely to practice another modality. This could be explained by the fact that an introduction to acupuncture is part of the academic curriculum at D.U.T. and U.J. and is employed to assist in treatment of chiropractic conditions.

### **5.3.11 Treatment by a homeopath**

The majority of respondents (87.1%) had consulted with a homeopath before and 12.9% of respondents had not. The respondents were also asked to provide a reason for consulting with a homeopath. Aside from health

conditions such as colds and influenza etc., respondents stated that they consulted a homeopath because they believed in the homeopathic philosophy and principles and methods of treatment (3 respondents) and preferred to avoid drugs (5 respondents). Results of Wilkinson and Simpson's (2001) study showed that 56% of the respondents had visited a complementary therapy practitioner.

### **5.3.12 Role of homeopathy in the treatment of HIV**

66.5% of respondents perceived that homeopathy could play a role in treatment or management of HIV, which is encouraging. No significant correlations were found.

## **5.4 Communication (Part Four)**

### **5.4.1 Communication and cooperation (Questions 1 - 2)**

Communication between chiropractors and homeopaths was perceived to be moderate to good in South Africa (68.2%). 30.6% of chiropractors perceived communication between homeopaths and chiropractors to be poor. These results reflect that there is a relatively good interaction between these two professions in South Africa. Both chiropractic and homeopathic courses are offered at the same institutions in South Africa, therefore it is not surprising that interaction is good between these two professions. Results of Maharajh's (2005) study showed that most GPs (57%) perceived communication with

homeopaths to be poor, while most pharmacists (48%) perceived communication with homeopaths to be non-existent. More inter-professional communication would enable practitioners to better understand one another's approach to healthcare and scope of practice, whether conventional or unconventional (Hawk *et al.*,1999). In the "Comments" after the question a number of respondents pointed out that interaction and communication seems to be better between the two professions as a result of studying together and working together.

Most of the respondents (94.1%) perceived co-operation to be beneficial to all parties involved. This indicates that there is a very good understanding and relationship between the two professions and their patients. Most of the respondents who provided reasons as to why co-operation between chiropractors and homeopaths would be beneficial perceived that it was for the better treatment of the patient (29 respondents). Other comments included that chiropractors and homeopaths would learn and achieve greater knowledge and understanding from each other and provide better treatment management for the patient (14 respondents), holistic treatment of the patient would be achieved (10 respondents) and it would benefit all if the patient gets better (5 respondents). These reasons reflect that patient treatment is of top priority and that co-operation between the two professions would enhance better understanding thereby achieving holistic treatment of the patient. In Maharajh's study (2005) similar results were found in that most respondents (68.4% of pharmacists and 79.7% of GPs) perceived that co-operation would be beneficial to all parties.

Correlation analysis showed that older respondents were more likely to perceive that communication between the homeopaths and chiropractors was very good. This could be due to the fact that older respondents over the years have been exposed to more knowledge of homeopathy.

#### **5.4.2 Referrals (Part Four Questions 3 - 6)**

90% of respondents had referred patients to a homeopath and 41% had referred patients to a homeopath more than once in the last three months. Of the respondents who had referred patients to a homeopath, 66% had referred patients to a homeopath on two or more occasions in the last three months indicating that having once referred patients to a homeopath, there is a likelihood of increased referrals.

Correlation analysis showed that those respondents who had consulted a homeopath and who perceived that there was better communication were more likely to have referred patients to a homeopath. 75.3% of the respondents had patients referred to chiropractors by homeopaths.

Correlation analysis showed that chiropractors who had received a referral from a homeopath were more likely to have referred patients to a homeopath. This correlation was also seen in Pillay's study (2006) who found that if chiropractors received referrals from homeopaths, they were more likely to refer to homeopaths. These results indicate that there is a good referral rate between homeopaths and chiropractors, probably due to the fact that they were in direct contact with each other during their years of study, developed

relationships and have still kept this social contact. These results are in keeping with those obtained by Pillay (2006), who found that 68% of chiropractors referred patients to homeopaths, and 97% of homeopaths referred patients to chiropractors indicating a good referral relationship between the two professions. Pillay's (2006) study showed that homeopaths referred patients to chiropractors more often than chiropractors referred to other chiropractors. Referrals to homeopaths in the last six months by chiropractors was slightly more than for homeopaths to refer to other homeopaths ( $p = 0.110$ ) (No percentages were supplied). However, in Maharajh's study (2005) contrasting results were found in that more than 60% of all respondents (GPs and pharmacists) had not referred patients to homeopaths or had patients referred to them by homeopaths. In Sukdev's study (1998) results showed that 50% of medical practitioners referred patients to the chiropractic profession and this was followed by homeopathy (26.4%). However, the United States chiropractors referred patients to nonmedical providers for massage (49%), acupuncture (34%), TCM (18%), herbal medicine (17%) and homeopathy (17%) (Hawk, *et al.*, 1999). Wharton and Lewith's (1986) study showed that more than 40% of British physicians refer patients to homeopathic doctors.

70% of all respondents stated that they would give feedback to homeopaths and 95.9% of all respondents stated that they would like feedback from homeopaths regarding referred patients. It is clear from these results that there is a desire for improved communication and co-operation between the two professions for the benefit of the patients. Respondents were asked why

they would give feedback or not on a referred patient to a homeopath. 59% of respondents who answered “Yes” provided a reason grouped into the following 18 reasons: (1) professional courtesy; (2) for follow-up on patients progress; (3) it benefits everyone; (4) better patient management and treatment; (5) it was a referral therefore he gave feedback; (6) to keep the homeopath informed (record purposes); (7) it would benefit the patient; (8) it would be for inter-communication and co-operation between the two professions for the benefit of the patient; (9) all referring doctors get a report of progress; (10) we all needed to learn therefore feedback is given; (11) the homeopath was the initial treating doctor and therefore needed the information on the patient; (12) because it is an adjunctive therapy between chiropractic and homeopathy; (13) because the same would be expected from a homeopath; (14) feedback provides better understanding of the patients’ complete findings and treatment; (15) for diagnostic purposes; (16) it would help the homeopath and patient; (17) it would help determine what the best course of treatment was for the patient and (18) it would assist in the development of further treatment plans. These reasons clearly indicate that the respondents are willing to co-operate and have a desire for better communication and understanding for the ultimate benefit of the patient.

Respondents were asked to provide reasons as to why they would like to receive feedback or not on a referred patient from a homeopath. 77% of respondents, who would like to receive feedback, supplied a reason, grouped into the following 17 reasons: (1) professional courtesy to get feedback on a referred patient; (2) future referral basis; (3) benefit of the patient; (4) record

purposes; (5) follow-up on the progress of the patient; (6) better patient care and management; (7) it was a referral; (8) to increase inter-professional understanding and co-operation; (9) to keep communication open for the progress of the patient; (10) to learn; (11) to get the homeopath's perspective; (12) it would give better understanding of the patients treatment and diagnosis; (13) to help with the patient treatment plan; (14) patients never tell the whole story; (15) to know if an alternative treatment option must be considered; (16) to know if the treatment had any effect on the patients condition, medication and diagnosis and (17) to know what works for certain conditions and presentation in order to help the next patient who would present similarly. These reasons clearly indicate a desire to improve co-operation between the two professions for the benefit of all the parties involved.

Overall it can be inferred that there is a desire for mutual co-operation, communication and better understanding for the benefit of the patient.

Results of Pillay's (2006) study indicated that the majority of respondents would consider that the chiropractor (58.3%), homeopath (50%), physiotherapist (46.7%) and the GP (55%) would report back to the referring provider with regard to the referred patient.

From the correlation analysis it appears that respondents in a multidisciplinary practice were far more likely to give feedback to a referring homeopath. This

may be due to the fact that the practices are in close proximity allowing easier feedback.

Correlation analysis showed that respondents from KZN, Gauteng and the Western Cape were less likely to desire feedback. The reason for this is not clear.

#### **5.4.3 Use of homeopathic remedies in chiropractic practice**

Most of the respondents (65.3%) do not use homeopathic remedies in their practice, which is in accordance with legislation. Nevertheless, 34.7% do use homeopathic medicine, which is a substantial proportion. From the comments supplied, medicines used by respondents included *Arnica* homeopathic simplex, Traumeel homeopathic complex, *Chamomilla* for infantile colic, homotoxicology, *Ruta graveolens* homeopathic simplex, “Heel” products and Lymphomyosot homeopathic complex. A number of respondents pointed out that they were not trained or qualified to use homeopathic remedies in their practice.

A study conducted by Hawk *et al.* (1999) in the United States found that the therapies most commonly used by the U.S chiropractors in their practice were acupuncture (72%), massage (72%), mineral supplements (63%), and herbs (56%). The respondents also used homeopathy (43%) in their practice.

#### **5.4.4 Overall view of homeopathy**

The majority of respondents (90.6%) were comfortable with homeopathy. 7.1% of respondents thought that they were not informed enough to comment. These results indicate that the knowledge of homeopathy that exists within the chiropractic fraternity in South Africa is good and that there is generally a good awareness regarding legal recognition and education status of homeopathy. Figure 4.14 and Figure 4.16 confirm this. Maharaj's study (2006) showed contrasting results in that most pharmacists (46.6%) and GPs (41.2%) were uncomfortable with homeopathy but found it effective for some patients. A large percentage of pharmacists (36.2%) and GPs (42.3%) perceived that they were not informed enough to comment.

#### **5.5 Homeopathic philosophy and principles (Part Five)**

68.2% of all respondents understood the term 'Potentization' in homeopathy. No significant correlations between demographics or practice status and knowledge of principles and philosophy were found.

The term 'Homeopathic Aggravation' in homeopathy was understood by 58.8% of the respondents.

The term 'Succussion' was understood by 45.3% of respondents, while 34.1% of respondents never heard of it indicating a limited knowledge of principles and philosophy of homeopathy. No significant correlations were found.

40.6% of respondents never heard of the term 'Proving', while 37.6% of respondents knew the meaning. Correlation analysis showed that respondents in KZN were far more likely to know the meaning of 'Proving' than in other provinces.

48.2% of respondents knew the term 'Simplex' but 37.1% never heard of it. However, the term 'Complex' was better understood (57.6%). This may be due to the fact that homeopathic complexes are marketed and are available at most pharmacies and health shops and come to the notice of chiropractors.

45.9% of all respondents never heard of the term 'Centesimal' and 39.4% never heard of the term 'Decimal'. Correlation analysis showed that respondents who are geographically closer to a homeopath were more likely to understand the term 'Decimal'. This may be due to more personal contact allowing easier communication between the two professions. Correlation analysis also showed that respondents practising in KZN, Gauteng or the Western Cape were more likely to know the correct meaning of 'Centesimal' and 'Decimal'. This may be due to improved and advanced education in these provinces.

64.1% of respondents knew that homeopathy was founded in Germany by Dr. Samuel Hahnemann and also had knowledge of the 'Law of Similars'.

Overall, it can be inferred that there is a good level of knowledge amongst participants with regards to homeopathic principles and philosophy.

## CHAPTER 6

### CONCLUSIONS AND RECOMMENDATIONS

#### 6.1 Conclusions

The aim of this study was to gain information with regards to chiropractors' general knowledge of homeopathy, perception of homeopathy, perception of communication between chiropractors and homeopaths, and their knowledge of homeopathic principles and philosophy.

The results of this study indicate that chiropractors generally have a high level of knowledge of the status of homeopathic education, homeopathic training, existence of training clinics in South Africa and legal recognition of homeopathy in South Africa. The majority of respondents (97.6%) perceived that homeopathy is a legitimate form of medicine. However, older respondents in South Africa seem to have a limited knowledge of the status of homeopathic education, training, existence of training clinics in South Africa in comparison to the younger respondents in South Africa. This indicates that further education of this sector is warranted.

Furthermore, communication and co-operation between homeopaths and chiropractors in South Africa was considered to be moderate to good (68.2%) and 90% of the respondents reported that they refer patients to homeopaths.

The results of this study bode well for the future of the relationship between chiropractors and homeopaths.

## **6.2 Recommendations**

The researcher recognized the following points as shortcomings of this study. In the event of this study being repeated, the amendments discussed below with regards to methodology should be considered.

The following changes should be made to the “Perceptions of Homeopathy” questionnaire (Appendix B):

- Instruction to Question 9 of Part One should be altered as follows:  
“Which other chiropractic professional board/s besides the Allied Health Professions Council of South Africa are you registered with?”  
This may give a clearer picture of the professional board/s other than the one mentioned.
- Instruction to Question 11 of Part One “If so, with whom” should be omitted as it is a repetition of Question 1.8b).
- Instruction to Question 1 of Part Two should be altered as follows:  
“How would you describe your level of awareness of homeopathy? Tick more than one option if needed”. This may give a clearer picture as to

which form of association (i.e. current or historical) is the most common.

- The term “degree” in Question 4 of Part Two should be altered to “Bachelors degree” and the two terms following to “Honours degree” and “Masters degree”.
- Instruction to Question 5 of Part Two should be altered as follows: “Are homeopaths required to undergo any clinical/practical training program during their period of study?” as a formal internship program for homeopaths is not yet established and this may give a clearer picture to the respondents.
- Instruction to Question 9 of Part Three should be altered as follows: “The average initial homeopathic consultation lasts approximately how long?” This may give a clearer perception of the average time taken to take a case.

#### Recommendations for future studies:

- Surveys of other South African complementary medicine practitioners need to be conducted, to ascertain the perceptions of other complementary and alternative medical practitioners towards homeopathy to improve inter-relations between homeopaths and other CAM professions.

- Surveys of chiropractic students need to be conducted in South Africa, to assess their knowledge regarding homeopathy, and to ascertain their perceptions of homeopathy so that results be compared with those obtained in this study.
- Research with regards to the demographic and epidemiological factors affecting referral patterns between chiropractors and homeopaths in the greater Durban Metro area has been conducted (Pillay, 2006). In the future, this type of research needs to be conducted in the whole of South Africa to obtain a better picture regarding referrals between the two professions.

#### General recommendations:

- Many of the chiropractors who qualified overseas were unaware of the Homeopathic Day Clinics at D.U.T and U.J. A concerted effort should be made to advertise and promote the Homeopathic Day Clinics to that group of practitioners.
- Short talks should be offered by homeopathic practitioners at chiropractic professional meetings in order to further educate and improve the chiropractic profession's knowledge of homeopathy and to improve communication and cooperation.

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## APPENDIX A

Dear Chiropractor

I am currently a student at the Durban University of Technology and I am involved in a research project to fulfil the requirements for my course.

The topic I have chosen is a survey to assess the perceptions of homeopathy by chiropractors in South Africa. The reason I have chosen this topic is that no survey assessing perceptions of homeopathy by chiropractors has been done before in South Africa. I hope that the outcome of the results of this survey would be valuable and beneficial, considering that both chiropractic and homeopathic professions are regarded as complementary medicine and also the fact that tremendous changes are occurring in our national health system with regards to homeopathy.

Included is a questionnaire for your completion. Please note that it is important that you answer all the statements and your honest response to the questions is required. The data obtained by means of this questionnaire will allow for further assessment of the role of homeopathy by chiropractors. The questions will be concerned with your views of homeopathic utilization as well as its therapeutic efficacy and inter-professional relations.

The information you provide will be treated as confidential. Anonymity will be maintained by: 1) Respondents are not asked to provide their names, addresses or any other information that would allow identification. 2) There will be no way of identifying respondents from their returned questionnaires. Returned questionnaires will be received by an independent 3<sup>rd</sup> party to prevent any possible influence the researcher might have on their answers to the questionnaire and to preserve the anonymity of the participants. The party's address will be the return address. There is therefore no risk involved.

All the registered chiropractors currently practising in South Africa will be included in this survey. Details of all the Chiropractors are obtained from the Allied Health Professions Council. This prevents bias and provides a large well-represented sample group.

It would be greatly appreciated if you could please return the questionnaire as soon as possible in the stamped envelope included for your convenience.

If you would like further information, please contact Dr. Corne Hall at the Durban University of Technology – Day Clinic: Telephone 031-2042041.

Thank - you for your time and co-operation.

Yours sincerely

-----  
Bharti Khoosal  
0735783977

## APPENDIX B

### PERCEPTIONS OF HOMEOPATHY QUESTIONNAIRE

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

*Please answer by ticking the appropriate box.*

#### **PART ONE: PERSONAL INFORMATION**

1. Are you:

Female	
Male	

2. Which race/ethnic group do you belong to? (Please note: this is for statistical purposes only)

Black	
Coloured	
Indian	
White	
Chinese	
Other (please specify)	

3. Which age group are you in?

Younger than 25 years	
25-35 years	
36-45 years	
46-55 years	
56-65 years	
Older than 65 years	

4. Duration in practice as a chiropractor:

Younger than 5 years	
6-10 years	
11-15years	
16-20 years	
21-30 years	
Older than 30 years	

5. State your exact qualification.

---

6. In which country did you obtain your qualification in chiropractic?

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

7. a) In which town or city in South Africa is your practice?

---

---

b) In which suburb of the city or town that you've mentioned in 6a) is your practice?

---

---

8. a) State the type of practice you are in i.e. single, dual or multi-disciplinary practice?

---

---

b) If a dual or multi-disciplinary practice, please specify.

---

---

9. Which professional board/s are you registered with?

---

10. How close is the next nearest homeopath to your practice?

0-2 km	
3-4 km	
5-6 km	
7-8 km	
>8 km	

11. a) Do you share your practice with anyone e.g. GP's?

Yes	
No	

b) If so, with whom

---

---

**PART TWO: GENERAL KNOWLEDGE OF HOMEOPATHY**

1. How would you describe your level of awareness of homeopathy? Tick one option only.

Never heard of it	
Consulted with a homeopath	
Referred a patient to a homeopath	
Studied with a homeopath	

Comments \_\_\_\_\_

2. Is homeopathy recognised by law in South Africa? Tick one option only.

Yes	
No	
Unsure	

Comments \_\_\_\_\_

3. Do the majority of medical aid schemes in South Africa recognise homeopathy? Tick one option only.

Yes	
No	
Unsure	

Comments \_\_\_\_\_

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

None	
Diploma	
Degree	
Honours	
Masters	
PhD	

Comments \_\_\_\_\_

5. Are homeopaths required to undergo any internship during their period of study?

Yes	
No	
Unsure	

Comments \_\_\_\_\_

6. a) Are you aware of any places that offer homeopathic training in S.A.?

Yes	
No	

b) If so, name them

---



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

---

8. a) Are you aware of any facilities or clinics that provide training opportunities for homeopathic studies?

Yes	
No	

b) If so, name them

---



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**PART THREE: PERCEPTION OF HOMEOPATHY**

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

Yes	
No	
Unsure	

Comments \_\_\_\_\_

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

Yes	
No	
Unsure	

Comments \_\_\_\_\_

3. Which do you consider homeopathic 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 homeopath to perform on his or her patient? Tick more than one option if needed.

Acupuncture	
Cardiovascular examination	
Neurological examination	
Physical examination	
Reflexology	
Surgery	
Take a case history	
Other (please specify)	

Comments \_\_\_\_\_

5. Do homeopaths request laboratory tests?

Yes	
No	
Unsure	

Comments \_\_\_\_\_

6. a) From the conditions listed below, do you think homeopathic treatment could be useful in treating which of the following conditions? Tick more than one option if needed.

Condition	Yes you can	No you can't	As an adjunct	Sole treatment
Asthma				
Appendicitis				
Allergies				
Cancer				
Chiropractic conditions e.g. whiplash, sprains				
Cystitis				
Depression				
Diabetes				
Gynaecological conditions e.g. dysmenorrhoea, menopause				
Headaches				
Hypertension				
Insomnia				
Inflammatory disease e.g. IBS				
Influenza and colds				
Low back pain				
Neck pain				
Parkinson's disease				
Rheumatoid arthritis				
Sinusitis/Hayfever				
Skin problems				
Surgery				
Systemic infections e.g. meningitis				

b) Do you think there is anything else that is not included in 6a, that a homeopath can treat? Please state \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Do you believe that homeopathy can be used in conjunction with chiropractic treatment? Tick one option only.

Yes	
No	
Unsure	

Comments \_\_\_\_\_

8. Do you think homeopathic remedies are cheaper than conventional medication?

Yes	
No	
Unsure	

Comments \_\_\_\_\_

9. How long does the average homeopathic consultation last?

10-30 minutes	
30-60 minutes	
60-90 minutes	
90-120 minutes	
More than 2 hours	

Comments \_\_\_\_\_

10. Which other type of complementary/alternative medicine do you practice? Tick more than one option if needed.

Acupuncture	
Ayurveda	
Chinese medicine	
Homeopathy	
Phytotherapy	
Reflexology	
Other (please specify)	

11. Have you ever consulted a homeopath as a patient?

Yes	
No	

If yes, why?

---

---

If no, why?

---

---

12. Do you think that homeopathy can play a role in the treatment or management of HIV?

Yes	
No	
Unsure	

Comments \_\_\_\_\_

#### **PART FOUR: COMMUNICATION**

1. How do you consider communication to be between chiropractors and homeopaths? Tick one option only)

Non-existent	
Poor	
Moderate	
Good	
Very good	

Comments \_\_\_\_\_

2. Do you think co-operation between chiropractors and homeopaths will be beneficial to the following individuals? Tick more than one option if necessary.

The patient	
The homeopath	
The chiropractor	
All of the above	

Why?

---

---

---

3. a) Do you refer patients to a homeopath?

Yes	
No	
Unsure	

b) If yes, how often in the last 3 months did you refer?

Seldom i.e. once	
Often i.e. 2-3 times	
Very often i.e. 4-5 times	

4. Has a homeopath ever referred a patient to you?

Yes	
No	
Unsure	

Comments \_\_\_\_\_

5. Do you give feedback on a referred patient to a homeopath?

Yes	
No	
Unsure	

If yes, why?

---

---

---

If no, why?

---

---

---

6. Would you like feedback on a referred patient from a homeopath?

Yes	
No	
Unsure	

If yes, why?

---

---

If no, why?

---

---

7. Do you use homeopathic remedies in your practice?

Yes	
No	

Comments \_\_\_\_\_

8. Which of the following best reflects your view of homeopathy? Tick one option only.

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

Comments \_\_\_\_\_

### **PART FIVE: HOMEOPATHIC PHILOSOPHY AND PRINCIPLES**

1. Which of the following statements indicates your understanding of the term 'Potentization' in homeopathy? Tick one option only.

Never heard of it	
Heard of the term but don't know anything about it	
A specific method used by homeopaths to study a patient's case	
A specific method used by homeopaths to prepare homeopathic medicines	
A specific method used by homeopaths to treat male patients	

Comments \_\_\_\_\_

2. Which of the following statements indicates your understanding of the term 'Homeopathic Aggravation' in homeopathy? Tick one option only.

Never heard of it	
Heard of the term, don't know anything about it	
A sign that the condition is worsening	
Increased mental irritability caused by the medicine	
Increase in intensity of symptoms already present	

Comments \_\_\_\_\_

3. Which of the following statements indicates your understanding of the term 'Succession' in homeopathy? Tick one option only.

Never heard of it	
Heard of the term, don't know anything about it	
A method of shaking the medicine between dilutions	
A method in homeopathy used to treat concussion	
Increase in intensity of symptoms	

Comments \_\_\_\_\_

4. Which of the following statements indicates your understanding of the term 'Law of Similars' in homeopathy? Tick one option only.

Never heard of it	
Heard of the term, don't know anything about it	
Many people have similar symptoms	
Because there are so many medicines there are many similarities	
Like cures like	

Comments \_\_\_\_\_

5. Which of the following statements indicates your understanding of the term 'Proving' in homeopathy? Tick one option only.

Never heard of it	
Heard of the term, don't know anything about it	
Substances given to healthy individuals to find out what symptoms are curable by that particular substance	
A person receiving a homeopathic medicine who has a dramatic improvement, proves the effectiveness of that particular medicine	
A placebo-based clinical trial that scientifically proves the effectiveness of homeopathy	

Comments \_\_\_\_\_

6. Which of the following statements indicates your understanding of the term 'Simplex' in homeopathy? Tick one option only.

Never heard of it	
Heard of the term, don't know anything about it	
The simplicity of the medicines and their application	
A single remedy	
An uncomplicated case	

Comments \_\_\_\_\_

7. Which of the following statements indicates your understanding of the term 'Complex' in homeopathy? Tick one option only.

Never heard of it	
Heard of the term, don't know anything about it	
The complexity of the medicines and their application	
A complicated case	
More than one homeopathic remedy that has been combined into one medicine	

Comments \_\_\_\_\_

8. Which of the following statements indicates your understanding of the term 'Centesimal' in homeopathic medicines e.g. 30CH? Tick one option only.

Never heard of it	
Heard of the term, don't know anything about it	
A category of homeopathic medicines	
The medicine has been diluted in the ratio 1:99	
Carbon	

Comments \_\_\_\_\_

9. Which of the following statements indicates your understanding of the term 'Decimal' in homeopathic medicines e.g. 30D? Tick one option only.

Never heard of it	
Heard of the term, don't know anything about it	
A category of homeopathic medicines	
The medicine has been diluted in the ratio 1:9	
Diamond	

Comments \_\_\_\_\_

10. Where was homeopathy founded? Tick one option only.

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

Comments \_\_\_\_\_

*Thank you for participating in this survey.*

## **APPENDIX C**

### **Standard statement for reminder telephone call:**

“Hello. This is Bharti Khoosal and I am a student at the Durban University of Technology. I recently posted a questionnaire regarding homeopathy to you, and this is just a reminder telephone call. I request that you kindly return the completed questionnaire at your earliest convenience. Thank you”.

APPENDIX D



015231/5002 GP ZA

**Traumeel<sup>s</sup>**

Scheduling status: Not scheduled.

Proprietary name (and dosage form): Traumeel<sup>s</sup> Tablets

Composition: 1 tablet cont.: Arnica montana D2 15 mg; Calendula officinalis D2 15 mg; Hamamelis virginiana D2 15 mg; Achillea millefolium D3 15 mg; Atropa belladonna D4 75 mg; Aconitum napellus D3 30 mg; Mercurius solubilis Hahnemanni D8 30 mg; Hepar sulfuris D8 30 mg; Chamomilla recutita D3 24 mg; Symphytum officinale D8 24 mg; Bellis perennis D2 6 mg; Echinacea angustifolia D2 6 mg; Echinacea purpurea D2 6 mg; Hypericum perforatum D2 3 mg. 1 tablet contains approx. 300 mg lactose.

Pharmacological classification: A. 34. Other.

Pharmacological action: Action based on homeopathic principles.

Indications: This medicine is prepared in accordance with homeopathic principles and is proposed for use in injuries such as sprains, dislocations, contusions, effusions of blood and effusions into a joint, fractures; post-operative and post-traumatic oedema and swelling of the soft tissues; inflammatory processes and degenerative processes associated with inflammation on the various organs and tissues, including, in particular, on the support and mobility apparatus (tendovaginitis, styloiditis, epicondylitis, bursitis, scapulohumeral periarthritis); arthrosis of the hip, knee and small joints; commotio cerebri acuta.

Contra-indications: Hypersensitivity to one of the active ingredients or excipients, or hypersensitivity to members of the Compositae family. Principally contraindicated for patients with progressive systemic disease such as tuberculosis, leukose, collagen disorders, multiple sclerosis, AIDS, HIV infection, and other autoimmune disorders.

Warnings: This preparation contains natural lactose. Although the quantity of lactose present is probably not sufficient to cause discomfort, a health professional should be consulted in strong cases of lactose intolerance. A temporary aggravation of the existing symptoms is possible after taking a homeopathic preparation.

**-Heel**



Dosage and directions for use: Adults and children over 3 years of age Dissolve 1 tablet in the mouth 3 times daily. Infants: Half the adult dose.

Side effects and special precautions: Increased flow of saliva may occur after taking this medication; in such an event, do not continue therapy with this preparation. Hypersensitivity reactions may occur in individual cases. The following have been observed among patients taking medication containing preparations from rudbeckia: rashes, itching, facial swelling (rare), acute respiratory distress, vertigo, and acute hypotension.

Known symptoms of overdosage and particulars of its treatment: None known.

Conditions of registration: None.

Identification: White to light yellow tablets, sometimes small orange dots.

Presentation: Containers of 50 and 250 tablets.

Storage instructions: Store in a cool (below 25 °C) dry place beyond the reach of children.

Registration number: U 5514 (Act 101/1965)

Manufactured by:

Biologische Heilmittel Heel GmbH  
Baden-Baden  
Germany

Name and business address of the applicant:

Heel South Africa (Pty) Ltd.  
Unit A5  
Mini Factories  
Linbro Business Park  
5 Galaxy Avenue  
Sandton  
Johannesburg  
2106

Date of publication of this package insert: Sept. 1986.

APPENDIX E



**SCHEDULING STATUS** Unscheduled, Grade C0

**PROPRIETARY NAME (and DOSAGE FORM)**  
Rescue (Liquid drops) / Rescue (Tablets)

**COMPOSITION**

<b>Liquid:</b> Each 1ml of liquid contains:	<b>Tablets:</b> Each 250mg tablet contains:
Ambra grisea D6	Ambra grisea D6
Banisteriopsis caapi (Banjage) Spag D60	Banisteriopsis caapi (Banjage) Spag D60
Clematis vitalba (Clematis) Flos. aq. inf. 0.04mg	Clematis vitalba (Clematis) Flos. aq. inf. 0.01mg
Helianthemum nummularium (Rock Rose) Flos. aq. inf. 0.04mg	Helianthemum nummularium (Rock Rose) Flos. aq. inf. 0.01mg
Impatiens glandulifera (Impatiens) Flos. aq. inf. 0.04mg	Impatiens glandulifera (Impatiens) Flos. aq. inf. 0.01mg
Melissa officinalis Spag D3	Melissa officinalis Spag D3
Moschus moschiferus D6	Moschus moschiferus D6
Ornithogalum umbellatum (Star of Bethlehem) Flos. aq. inf. 0.04mg	Ornithogalum umbellatum (Star of Bethlehem) Flos. aq. inf. 0.01mg
Prunus cerasifera (Cherry plum) Flos. aq. inf. 0.04mg	Prunus cerasifera (Cherry plum) Flos. aq. inf. 0.01mg
Preservative: 36% Alcohol	

**CATEGORY OF COMPLEMENTARY MEDICINE**

Homeopathic-flower essence combination complementary medicine

**HOMOEOPATHIC MODE OF ACTION**

Ambra grisea supports the functioning of the nervous system to treat anxiety, fear, hypersensitivity, shyness and numbness of the body. Banisteriopsis caapi helps calm extreme nervous hypersensitivity. Clematis is a flower essence indicated for inability to focus on reality and the present and is useful in the treatment of shock. Rock Rose is the flower essence that relieves extreme fear and a feeling of panic. Impatiens flower essence acts on the nervous system to relieve irritability, restlessness, hyperactivity and impatience. Melissa officinalis has a curative and sedative action to help induce restful sleep, prevent insomnia, soothe irritability and help cope with stress and tension. Moschus moschiferus acts on the central nervous system to relieve fainting, shock, anxiety and fear. Star of Bethlehem is the principle flower essence specifically indicated for shock. Cherry plum is a flower essence that acts on the nervous system to treat anxiety and fear.

**INDICATIONS**

This is a homeopathic-flower essence combination complementary medicine for use in the relief and treatment of mild anxiety, emotional shock, fear, grief, mild depression, tearfulness, irritability, stress, tension and recurrent sleeplessness (insomnia) due to worry. This medicine also assists in the treatment of hyperactive behaviour. It is an effective first aid remedy to assist in the treatment of fainting due to emotional shock or physical trauma. This medicine is an adjunct for treatment of hyperactive behaviour and fainting and may be used to complement existing medication for the treatment of these conditions.

**CONTRAINDICATIONS**

**Liquid:** The drops contain alcohol and should not be used by individuals with a sensitivity or intolerance to alcohol.  
**Tablet:** The tablets contains lactose and should be used with caution by individuals with lactose intolerance or severe diabetes.

**WARNINGS**

Please consult your practitioner if symptoms are severe or persist for longer than the following time limits without improvement: Shock-induced effects should be alleviated within 24 hours; sleeplessness, symptoms of stress, irritability, nervous tension and tearfulness should improve within three weeks and mild depression and anxiety should show improvement within four weeks. In the rare event of hypersensitivity to an ingredient, discontinue usage. Substitute existing medical treatment under professional supervision only.

**DOSAGE AND DIRECTIONS FOR USE**

**Liquid:** Take ten drops directly on the tongue or diluted with a little water three times daily. In acute cases while symptoms are severe, the frequency of dose may be increased to ten drops every 15 minutes for one hour, thereafter, hourly for up to one day. It is seldom necessary to continue acute dosage for longer than 24 hours. For infants, reduce dosage to five to ten drops diluted with water and allow to stand for a short time before administering.  
**Tablets:** Dissolve two tablets in the mouth three times daily. Infants take one crushed tablet. In acute cases while symptoms are severe, the frequency of dosage may be increased to one to two tablets every 15 minutes for one hour, thereafter, hourly for up to one day. It is seldom necessary to continue acute dosage for longer than 24 hours.

As absorption of homeopathic medicines occurs mainly through the mucous membrane of the mouth, it is desirable to hold the medicine in the mouth for a short period and for the mouth to be free of any other tastes (toothpaste, peppermint, etc.) when taking the medicine. Avoid taking this medicine within half an hour of strong coffee, chocolate, tannin or aromatic substances which may reduce the efficacy of the homeopathic components.

**SIDE EFFECTS AND SPECIAL PRECAUTIONS**

There are no known side effects.

**KNOWN SYMPTOMS OF OVERDOSE AND PARTICULARS OF TREATMENT**

There are no known symptoms of overdose. Treatment is symptomatic and supportive.

**IDENTIFICATION**

**Liquid:** Clear, amber liquid with brandy aroma. Minor variations in colour are possible.  
**Tablets:** White, round, bi-convex tablets.

**PRESENTATION**

**Liquid:** 25ml Liquid in amber glass bottle with dropper insert and white, tamper-evident screw cap.  
**Tablet:** 150 Tablets in a white securitainer with tamper-evident seal.

**STORAGE INSTRUCTIONS**

Keep the container sealed and store below 25°C. Protect from sunlight.  
Keep out of reach of children.

**REGISTRATION NUMBER**

Rescue Liquid U1113 (Act 101/1965); Rescue Tablets U1114 (Act 101/1965)

**APPLICANT**

Natura Laboratory, 8, 18th Street, Hazelwood, Pretoria, 0081

**DATE OF PUBLICATION**

November 2000

Pro-Print

SPRESDA/00K1