



**An exploration of patient perception of the aesthetic presentation
and physical characteristics of homeopathic medicine**

BY

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DECLARATION

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is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources).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

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DEDICATION

This dissertation is dedicated to my mother Lufuno Irish Nengovhela. You have always been the reason I wake up every morning with hope and strength to shape my future. All that I am or ever hope to be I owe it to you. To my father, Tshifhiwa Nengovhela, thank you for being my father and continue to rest in eternal peace.

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ABSTRACT

Background

The British Homeopathic Association (2020) claims that homeopathy is a natural form of medicine used by over 200 million people across the globe to treat both acute and chronic conditions. It is based on a principle known as like cures like, which simply means that a substance that can produce symptoms of disease when administered in a healthy individual, can be given in a minimal dose to treat the same symptoms in the diseased individual (Burns and Burns 2002).

Homeopathy was discovered in the 1800s by the German physician Dr. Samuel Hahnemann. Hahnemann homeopathically prepared remedies in different physical forms (liquid, solid, and semi-solid form) and dispensed and stored them in a neutral brown glass bottle (Kayne 2006). In the present day, various forms of homeopathic medicines are dispensed to patients in different types of aesthetic presentations and in different colours. However, there is a lack of studies aimed to explore patients' perception of the aesthetic presentation and physical characteristics of homeopathic medicine.

Aim of the study

This study aimed to explore the patient perception of the aesthetic presentation and physical characteristics of homeopathic medicine.

Methodology

A qualitative, explorative, and descriptive design was employed. A convenience sampling method was used. Twelve semi-structured interviews were conducted at the DUT main homeopathic community health centre (HCHC) and one selected homeopathic private practice. Data collection took place until a point of saturation was reached, but three additional participants were recruited after this point to confirm data saturation. Data were analysed using thematic analysis guided by Tesch's eight steps of data analysis (Tesch 1990 cited in Creswell 2009).

Results

Patients' perceptions regarding the aesthetic presentation and the physical characteristics of homeopathic medicine were grouped into four major themes and several subthemes. The four major themes were: package appearance, package preference, physical characteristics and medium type preference. These themes emerged from homeopathic patients' responses. Participants discussed the appearance of the packages and expressed perception with regard to the sizes, shapes, colours and the lids of the packages. Dissatisfaction regarding the paper packages, the breakability of glass packages and the impact of plastic packages on land pollution were discussed by the majority of the participants. Amber bottles and glass vials were the most preferred packaging for medication by participants.

Regarding the physical characteristics of the homeopathic medicine, participants outlined the challenges they encounter while swallowing pills. Homeopathic medications were perceived as tasting sweet, too sweet and bitter. Participants were unhappy with the powder medications as it was perceived by them that powder forms do not exert any therapeutic effect and it was also expressed that they were unfamiliar with granule forms of medications.

Conclusion

This study explores patients' perception of the aesthetic presentation and the physical characteristics of homeopathic medicine. Feedback regarding the types of medicine and packaging was discussed. Dissatisfaction with some of the packaging and physical characteristics of homeopathic medicines was expressed by the participants, but participants also provided constructive feedback on the areas needing improvement. The main recommendation is that the paper packages used for packaging powders should be replaced with plastic packaging.

TABLE OF CONTENTS

DECLARATION	ii
DEDICATION	iii
ACKNOWLEDGEMENTS	iv
ABSTRACT	v
TABLE OF CONTENTS	vii
LIST OF TABLES	xiii
GLOSSARY OF TERMS	xiv
LIST OF ACRONYMS	xv
CHAPTER 1: INTRODUCTION	1
1.1 Introduction.....	1
1.2 Problem statement	2
1.3 Aim of the study.....	2
1.4 Research questions.....	2
1.4.1 Grand tour question	2
1.4.2 Probing questions	2
1.5 Delimitation.....	3
1.6 The assumptions	3
1.7 Overview of the research design	3
1.8 Structure of the dissertation.....	3
CHAPTER 2: LITERATURE REVIEW	4
2.1 Introduction.....	4
2.2 Patient perception	4
2.2.1 Components of perception.....	5
2.2.2 Factors that influence perception.....	6
2.2.3 Value of the interview method in perception studies.....	6
2.3 History of homeopathy and background.....	7
2.3.1 Principles of homeopathy.....	8
2.3.1.1 Law of similars.....	8

2.3.1.2	Law of totality	8
2.3.1.3	The law of infinitesimal dose	8
2.3.1.4	Hering's law of cure	8
2.4	Homeopathy in South Africa.....	8
2.4.1	Homeopathy training in South Africa	10
2.4.2	Homeopathic pharmacy	11
2.4.3	Homeopathic pharmacy training in South Africa	11
2.5	Prescribing techniques	12
2.5.1	Constitutional prescribing.....	12
2.5.2	Tautopathy and isopathy	12
2.5.3	Phytotherapy.....	13
2.5.4	Miasmatic prescribing	13
2.6	Preparation of homeopathic medicine	13
2.6.1	Selection of raw material.....	13
2.6.2	Trituration of raw material if insoluble in water or alcohol – grinding with mortar and pestle.....	14
2.6.3	Impregnating of blank pellets with liquid potencies	15
2.6.4	Drying of medicated pellets.....	15
2.6.5	Packaging of medicated pellets	15
2.7	Physical characteristics of medication	15
2.7.1	Solid vehicles.....	16
2.7.1.1	Powders	16
2.7.1.2	Granules and globules	16
2.7.1.3	Tablets	16
2.7.2	Liquid	17
2.7.3	Semi-solid.....	17
2.7.3.1	Creams.....	17
2.8	Aesthetic presentations of homeopathic remedies	17
2.8.1	Glass	17
2.8.1.1	Amber glass bottle.....	18
2.8.1.2	Glass vial.....	18
2.8.1.3	Glass cosmetic container/jar	18

2.8.2	Plastics	19
2.8.2.1	Plastic amber bottle	19
2.8.2.2	Plastic vial	19
2.8.2.3	Plastic cosmetic container/jar	19
2.8.3	Paper	19
2.9	Labelling	19
2.10	Directions for taking homeopathic medicines	20
CHAPTER 3: RESEARCH METHODOLOGY		21
3.1	Introduction.....	21
3.2	Research setting	21
3.3	Research design	21
3.4	Qualitative exploratory and descriptive study	21
3.4.1	In-depth interview	22
3.5	Study population.....	22
3.6	Sampling	22
3.6.1	Inclusion criteria	23
3.6.2	Exclusion criteria.....	23
3.7	Study procedure	23
3.7.1	Pilot study	24
3.7.2	Recruitment process	24
3.7.3	Interview process.....	25
3.7.4	COVID-19 preventative measures	25
3.8	Data analysis.....	26
3.9	Data management and storage	27
3.10	Ethical considerations	27
3.11	Credibility.....	27
3.12	Confirmability.....	27
3.13	Transferability.....	28
CHAPTER 4: RESULTS		29
4.1	Introduction.....	29
4.2	Sample size and demographic characteristics	29
4.2.1	Sample realisation	29

4.2.2	Demographic data	29
4.3	Thematic analysis.....	30
4.4	Presentation of findings.....	31
4.4.1	Major theme 1: Package appearance	31
4.4.1.1	Size of the packaging	31
4.4.1.2	Colour of the packaging	32
4.4.1.3	The shape of the packaging	33
4.4.1.4	Glass packaging breaks easily	33
4.4.1.5	Opening and Closing of the lid	34
4.4.1.6	Dissatisfied with paper packaging for powders.....	35
4.4.1.7	Impact of plastic packages on land pollution	36
4.4.2	Package preference.....	37
4.4.2.1	Amber bottles	37
4.4.2.2	Plastic vials.....	37
4.4.3	Physical characteristics.....	38
4.4.3.1	Taste of the medication	38
4.4.3.2	Placebo	39
4.4.3.3	Unfamiliar with granules	39
4.4.3.4	Complications of swallowing homeopathic pills	40
4.4.4	Medium type preference	40
4.4.4.1	Oral medications	40
4.5	Results presentation summary	41
CHAPTER 5: DISCUSSION	42
5.1	Introduction.....	42
5.2	Demographics	42
5.2.1	Age	42
5.2.2	Gender.....	43
5.2.3	Race	43
5.3	Package appearance	44
5.3.1	Size of the packaging	44
5.3.2	Colour of the packaging.....	44
5.3.3	The shape of the packaging.....	45

5.3.4	Glass packaging break easily	45
5.3.5	Opening and closing of the lid.....	46
5.3.6	Dissatisfied with paper packaging for powders	47
5.3.7	Impact of plastic packages on land pollution.....	47
5.4	Package preference	48
5.5	Physical characteristics	48
5.5.1	Taste of the medication	48
5.5.2	Placebo.....	49
5.5.3	Unfamiliar with granules.....	49
5.5.4	Complications of swallowing pills.....	50
5.6	Medium type preference.....	50
5.6.1	Oral medications.....	50
5.7	Conclusion.....	51
CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS		52
6.1	Introduction.....	52
6.2	Conclusion.....	53
6.3	Limitations	54
6.4	Recommendations	54
6.5	Conclusion.....	55
REFERENCE LIST		56
APPENDICES.....		66
	Appendix A1: Letter of information (English).....	66
	Appendix A2: Letter of information (isiZulu)	69
	Appendix B1: Consent (English)	72
	Appendix B2: Consent (isiZulu).....	74
	Appendix C 1: Gatekeeper permission – DUT main HCHC	76
	Appendix C 2:Gatekeeper permission – Private Practice	78
	Appendix D1: Interview Guide (English)	80
	Appendix D2: Interview Guide (isiZulu).....	81
	Appendix E:Permission to conduct research at the DUT	82
	AppendixF: Institutional Research Ethics Committee approval letter.....	83
	Appendix G: Themes and subthemes.....	84

Appendix H: Transcripts (English).....	85
Appendix I: Editing certificate.....	102

LIST OF TABLES

Table 4.1: Sample realisation based on the location of the interviews and the number of interviews	29
Table 4.2: Demographic details of the participants (n=12)	30
Table 4.3: Themes and subthemes that emerged from the interviews	31

GLOSSARY OF TERMS

Aesthetic presentation of the medication refers to the appearance of the packaging of medication.

Homeopathy is a natural form of medicine used by over 200 million people across the globe to treat both acute and chronic conditions(British Homeopathic Association 2020).

Perception is defined as the ability to become aware of something through the senses (visual, touch and smell, etc) (Milton 1981).

Physical characteristics of the medication is defined as form or medium of medication.

LIST OF ACRONYMS

Acronym	Full-term
AHPCSA	Allied Health Professions Council of South Africa
DUT	Durban University of Technology
HCHC	Homeopathic Community Healthcare Centre
HAS	Homeopathic Association of South Africa
IREC	Institutional Research Ethics Committee
M: Tech Hom	Master of Technology: Homeopathy
MSc Hom	Master's Degree in Homeopathy
P1 P2	Participant 1, Participant 2
UJ	University of Johannesburg

CHAPTER 1: INTRODUCTION

1.1 Introduction

Interest in homeopathy is growing and it is the second largest system of medicine in the world because of the costs and impersonal nature of modern medical care and the rise in infectious diseases that do not respond to allopathic medicine (Darby 2011). The British Homeopathic Association (2020) claims that homeopathy is a natural form of medicine used by over 200 million people across the globe to treat both acute and chronic conditions. It is based on a principle known as like cures like, which simply means that a substance that can produce symptoms of disease when administered in a healthy individual, can be given in a minimal dose to treat the same symptoms in the diseased individual (Burns and Burns 2002).

Homeopathy was discovered in the late 1700s by the German physician Dr. Samuel Hahnemann. The discovery was made after the Hahnemann experimented with quinine by administering a high dose to himself following his work on translating Cullens materia medica on cinchona bark (Vithoulkas 2002). During the experiment, symptoms similar to that of malaria were experienced. Hahnemann then invented the “law of similars” and also the idea of using small doses to treat a condition which in a large material dose produces the same symptoms as the disease (Campbell 2013). The law of similar also known as ‘like cures like’ and the law of infinitesimal doses are the two major fundamental principles in practicing homeopathy.

Hahnemann homeopathically prepared remedies in different physical forms (liquid, solid, and semi-solid form) and dispensed and stored them in neutral brown glass bottles (Kayne 2006). In the present day, various forms of homeopathic medicines are dispensed to patients in different types of aesthetic presentations and in different colours. In the allopathic world, tablets are the preferred medium of medication dispensed by physicians to their patients whereas in homeopathic medicine granules are most commonly dispensed (Lieberman, Lachman and Schwartz 1980). Homeopaths prescribe or dispense homeopathic medicine in a certain medium of medication depending on the presenting symptoms of the patient.

There is a lack of information in the homeopathic pharmacopoeia on the aesthetic presentation and physical characteristics of homeopathic remedies, and if these factors play a

role in patient perception of the medication prescribed to them. This study's aim was to gather patient perceptions of the aesthetic presentation and physical characteristics of homeopathic medicine.

1.2 Problem statement

According to the Allied Health Professions Act, 1982 (Act NO. 63 OF 1982) all registered homeopaths are legally allowed to prescribe and pharmaceutically dispense homeopathic medications to their patients. These medications can be dispensed in various aesthetic presentations depending on the physical characteristics of the medication. The number of patients consulting in homeopathic practices has increased every year making homeopathy more popular (Dube 2015). However, according to Paruk (2006), a large population of South Africans are uncertain regarding their understanding and use of homeopathy. Therefore, the researcher sought to explore this aspect of patient perception of the medication prescribed to them.

Patients' perception of the aesthetic presentation and physical characteristics of homeopathic medication has been underexplored in the field of homeopathy.

1.3 Aim of the study

This study aimed to explore the patient perception of the aesthetic presentation and physical characteristics of homeopathic medicine.

1.4 Research questions

The aim of the study was explored by employing a GRAND TOUR QUESTION and PROBING questions as this study adopted a qualitative design.

1.4.1 Grand tour question

What is your perception with regards to the appearance of presentation and physical characteristics of homeopathic medicine as the patient consulting at the DUT homeopathic community healthcare centre/ homeopathic private practice?

1.4.2 Probing questions

The additional questions were as follows:

1. What is your perception of the appearance of the packaging of homeopathic medication?

2. What type of packaging of medicine do you prefer?
3. What is your perception of the physical characteristic/medium/type of homeopathic medication?
4. What type of medium of medicine do you prefer?
5. What recommendations do you suggest about the medications prescribed by homeopaths?

1.5 Delimitation

The study was limited to the DUT main homeopathic community healthcare centre and one homeopathic private practice situated in Durban. The participants were between the age of 18-80 years old and had at least one homeopathic consultation at the healthcare centre where data was collected.

1.6 The assumptions

- All participants gave their honest perception during the interview.
- Interviews are open to any form of questions and can be guided by the researcher in real-time.

1.7 Overview of the research design

Convenience sampling was used to recruit participants from patients attending the main DUT homeopathic community health centre (HCHC) and one private practice located in Durban. Data collection was conducted by the researcher via interviews and data was analysed through thematic analysis.

1.8 Structure of the dissertation

- Chapter 1 covers the research study, purpose and rationale as well as study aims.
- Chapter 2 is a review of the literature related to the aesthetic presentation and physical characteristics of homeopathic medicine.
- Chapter 3 covers the methodologies used in the study.
- Chapter 4 presents the results of the study and analysis of the data.
- Chapter 5 discusses the results in relation to the literature reviewed.
- Chapter 6 presents the conclusion and recommendations.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The founder of homeopathy, Dr Samuel Hahnemann, stated that the physician should be able to pharmaceutically prepare and dispense their medications (Hahnemann 1996). The first homeopathic remedy was prepared and dispensed in 1801. As stated by Kayne (2006), when Hahnemann was practicing homeopathy, neutral glass bottles were used to dispense remedies and also utilised to store the medication to preserve the physical characteristics of medications. Hahnemann dispensed liquid, granules, and powder forms for a variety of conditions.

Pharmaceutical packaging materials serve as a barrier for the protection of medicinal substances from external influences that can change the properties of the product (Singh, Sharma and Malviya 2011). Packaging materials also play an important role in the identification of medicine and communication between the physician and the patient as it carries information such as how and when to administer medication (Singh, Sharma and Malviya 2011). Pharmaceutical packaging companies are responsible for the manufacturing of packaging materials, whereas it is the physician's responsibility to choose the aesthetic presentation for their patient. The aesthetic presentation is defined as the appearance of the packaging of medication.

2.2 Patient perception

Perception is defined as the ability to become aware of something through the senses (visual, touch and smell, etc) (Milton 1981). The perceptual process enables a person to translate and offer significance to stimuli (Given 2008). Dange (2016) argues that perception can also be understood as how something is understood or interpreted, involving organisation, identification, and interpretation of sensory information so as to represent and understand the situation. Patient perception of the aesthetic presentation and physical characteristics of medicine refers to how patients perceive based on their observation. Depending on the type of stimuli there are different types of perceptions (visual, sound and taste, etc).

The approach of investigating participants' perception is regarded as an effective tool to employ in various fields of study including in homeopathy. Previous studies at the DUT Homeopathic Clinic have demonstrated the value of this method and the reliability of determining patient perception. It is suggested that determining patient perception in DUT's main HCHC will also be useful in evaluating the service provided (this also includes the homeopathic medications) (Herr 2008).

2.2.1 Components of perception

There are three components of perception, namely the perceiver, the target, and the situation (Alan and Gary 2011).

- **The perceiver:** the patient who perceives the homeopathic medication based on the aesthetic presentation and medium of medicine. Physical characteristics and the packaging of medications are the external stimuli of this perception.
- **The target:** the perceived object or the perceived stimuli.
- **The situation:** the environmental factors such as timing or the degree in which the stimuli affect the perception process.

According to Pickens (2005: 57), there are four perceptual processes, namely, sensation, selection, organisation, and translation (the stage of the perceptual process at which stimuli are interpreted and given meaning). The sensation process refers to when an individual senses a stimulus from the external or internal environment. The selection process is the procedure a person uses to select a portion of the stimuli that have been sensed and to hold others for additional handling and translation: in this stage, the stimuli are being interpreted and given meaning.

How the perceiver perceives things is dependent on the perceiver's attitude (Bergh *et al.* 1999). Attitude is a mental predisposition that refers to a settled way in which the perceiver perceives things. Attitude can either be positive, negative, or neutral and there are three major components of attitude: cognitive, affective, and behavioural.

- **Cognitive** refers to the beliefs, thoughts, and attributes that one associates with an object. It is the opinion or belief segment of an attitude. It refers to that part of attitude which is related to the general knowledge of a person.
- **Affective** is the emotional or feeling part of an attitude.
- **Behavioural** consists of a person's tendencies to behave in a certain way towards the stimuli. It reflects the intention of a person in the short-run or long-run.

2.2.2 Factors that influence perception

As stated by Dange (2016), perception involves organisation, identification, and interpretation of sensory stimuli so as to represent and understand the situation. However, sensory stimuli stimulate perception, but various factors influence how stimuli can be perceived. Therefore, individuals may face a similar stimulus but still respond or perceive it differently. Morris, Menon, and Ames (2001) claim that individuals of different cultures may have different perceptions when facing the same stimulus situation. Different perceptions within different cultures are the results of differences in subjective norms or frames of reference (Morris, Menon and Ames 2001). This can be affected by internal factors such as personality, experience, and motivation or/and affected by external factors such as the appearance (size or colour) of the object.

2.2.3 Value of the interview method in perception studies

An exploratory study aims to explore and provide detailed descriptions of a subject that has been under investigated or only a few studies have been published on the research subject. Blaxter, Hughes and Tight (2006: 172) suggest the use of interviews to obtain perceptions as this tool offers the researcher the ability to discover new information. Kvale (1996) supports the use of interviews as being the most effective method for attaining and exploring perceptions. The value of the interview is that it allows participants to respond in their own words and understanding.

According to Dörnyei (2007), the key features of good interviews are that the interview should naturally flow and should be detailed. A conversation during an interview is considered more detailed as it gives the interviewee the freedom to freely converse about their perception and allows the interviewer to accumulate information and seek explanation and interpretation on the subject. An interview should be a dialogue between the interviewer and the interviewee in order to gain in-depth knowledge on a specific subject.

There are various ways that interviews are managed in a perception study. The research questions and the objective of the study determine the most convenient type to be implemented. A structured interview is a highly controlled approach whereby the interviewer has pre-planned the exact question to ask the interviewee. This approach lacks flexibility therefore the information obtained is not detailed resulting in a lack of in-depth knowledge. This approach is most convenient to implement when the interviewer aims to strictly focus on

a certain topic (Bryman 2008).Dörnyei (2007) supports the use of structured interviews when the researchers knows the exact information they are looking for.

An unstructured interview is more flexible than a structured interview because the interviewee can elaborate on their answers. This approach is wide open leading to more data being obtained from the interview. Bryman (2008) views unstructured interviews as a conversation whereby the interviewer asks a question and the interviewee has no limit with regard to the extent to which they respond.

A semi-structured interview is a combination of an unstructured and structured interview. The researcher pre-plans the questions before the interview but still allows the interviewee to fully expand and explain the topic (Alsaawi 2014). This type of interview utilises open-ended questions and it is important to pilot these questions prior to conducting the actual study (Dörnyei 2007).

2.3 History of homeopathy and background

In 1796, the German physician Samuel Hahnemann (1755-1843) founded homeopathy in response, in part, to the heroic medicine practiced at the time, which included bloodletting, cupping, and the administration of massive doses of substances such as mercurous chloride. Other great minds of the past proposed ideas of similar to homeopathic theory, such as Hippocrates, Galen, Aristotle, and Paracelsus, but it was Hahnemann who was the first to systematically document and establish the homeopathic medical system of science (Herr 2008).

Homeopathy is derived from the Greek language whereby “homeo” means similar/like and “pathy” means suffering or disease (World Health Organization2009). Homeopathy is a complementary form of medicine that relies heavily on observation and experience. According to Bayley (1993) and Vithoukias (1998), homeopathy is based on four distinguishing characteristics: 1) remedies are prescribed on the totality of a person's symptoms, 2) the remedy likely to cure a person is a dilution of that substance which would cause the same symptoms in a healthy person, also known as the law of similars, 3) Hering’s law which explains the direction of cure, and 4) the law of infinitesimal dosage, that remedies are prepared using small doses of substances which are diluted and then vigorously shaken. These principles guide the practice of homeopathy.

2.3.1 Principles of homeopathy

2.3.1.1 Law of similars

The law of similars is the basic and most important law that defines homeopathy. The law of similars is also summed up in the Latin expression, "similia similibus curantur," generally translated as "like cures like". It refers to the assertion that a substance in high dilution that produces the cure of illness is capable of inducing the same symptoms of the illness when given in material form or low dilution to a healthy person (Leckridge 1997).

2.3.1.2 Law of totality

According to Das (2015), the selection and the prescription of the remedy by homeopaths and the administration of specific homeopathic remedies are guided by the patient's total symptom picture rather than by the pathological state of the patient's disease. The patient's totality of symptoms refers to how the patient is feeling in the mental, emotional, and physical state of being during and before they start to present the individual symptoms of the illness.

2.3.1.3 The law of infinitesimal dose

Homeopaths believe that the more a medicinal substance is diluted and shaken vigorously the more potent it becomes. During the preparation of the remedy Hahnemann discovered that when diluting and shaking, substances retained their potency regardless of the reduced concentration during dilution (Thomas 2012). Hahnemann named this procedure "potentisation". According to Vithoulkas (1998), a small dose of a medicinal substance is sufficient to produce the desired effect on the disease.

2.3.1.4 Hering's law of cure

Hering's law of direction of cure states that cure starts from the innermost organ outwards (e.g., from the kidneys to the skin), from top (head) to bottom (toes), and from the most vital organ to a lesser vital organ (Bandi 2009).

2.4 Homeopathy in South Africa

South Africa was introduced to homeopathy in the 1820s. It was formally implemented and instituted in South Africa in 1846 by a homeopath known as Dr Dos Santos (Salva and Portell 2001). The first homeopathic pharmacy was opened in Transvaal by Willem Last in 1941

(Vassan 2019). The practicing of homeopathy was initiated a few years after that when homeopathic pharmacies in Cape Town started importing remedies.

Lindlahr College was founded in 1956 and conducted a four-year part-time homeopathy course. By the year 1974, a few colleges were operating which had offered homeopathic courses, but all these colleges were closed by the government. In 1982 a new Act was created for South Africa's homeopaths, chiropractors, and allied health services, managed by the Allied Health Professions Council of South Africa (AHPCSA) which allowed the re-establishment of new educational institutions (Gower 2013). The AHPCSA was therefore developed to assist in the management, administration, and development of policies relating to any of the professions registered with AHPCSA. In 1987, the first five-year full-time homeopathy course was made available at Durban's Technikon Natal, now known as Durban University of Technology. This course was based on the curriculum of medicine. Currently, the Durban University of Technology and the University of Johannesburg offer a 5-year full-time homeopathy course (Gower 2013).

Regardless of statutory recognition and being guided by law, homeopathy in South Africa is still challenged at times due to a lack of knowledge, prejudice, and marginalisation by some sources in mainstream medicine (Ottermann 2012). Even though the practice of homeopathy in South Africa is mandated and recognised by South African law, homeopathy is not represented in the public health sector.

In South Africa, all qualified homeopaths have to register with the AHPCSA to practice as homeopathic physicians. Registered homeopaths are licensed by the Department of Health to compound and dispense homeopathic and herbal medicines. Homeopaths in South Africa are healthcare professionals who medically diagnose, treat, and manage patients using homeopathic medicines. They prescribe herbal medicines and also give nutritional advice in the treatment and management process of patients.

The Allied Health Professions Act, 63 of 1982 regulates the practice of homeopathy. The AHPCSA's function is to help protect and promote public health. The head office is in Pretoria and its role is to investigate any concerns regarding practitioners, students, and interns. It informs the Minister of Health and the national Department of Health of South Africa of any developments in the profession. The AHPCSA comprises three major divisions which are the council, professional boards, and administration (Allied Health Professions Council of South

Africa 2017). The council is responsible for enforcing the duties of the council as set out in legislation. The professional board provides the standards and policies for the profession.

The Homeopathic Association of South Africa (HSA) is a voluntary association formed by South African registered homeopaths and homeopathic students. It is recognised by the South African Department of Health and by the AHPCSA. The HSA promotes professional practices among its members and represents the profession with authority and credibility on behalf of its members. The HSA serves as a platform to address the professional needs of South African practitioners to allow them to practice homeopathy to the best of their skills and abilities and encourages homeopathy abroad and in South Africa (Homeopathic Association of South Africa 2018).

2.4.1 Homeopathy training in South Africa

To enrol to study for homeopathy in South Africa one has to register at the Durban University of Technology or the University of Johannesburg. The University of Johannesburg (UJ) offers the MTech (Hom) programme and the Durban University of Technology (DUT) offers the MTech (Hom) and the MSc (Hom) programmes.

During the first two years of study, modules that provide knowledge about human physiology and anatomy are studied. These modules include physiology, anatomy, chemistry, physics, microbiology, immunology, and epidemiology, etc. Students study modules such as diagnostics (practical and theory) in the 3rd and 4th year alongside homeopathic materia medica that provide a clear understanding of homeopathic medicines (Durban University of Technology [DUT] 2018; University of Johannesburg [UJ] 2018). In addition to clinical duties at universities and satellite clinics, students also cover modules such as jurisprudence and practice management, clinical homeopathy, and minor dissertation and research in homeopathy (DUT 2018; UJ 2018).

A module known as Homeopharmaceutics is studied in the 4th year of study. It is a one-year module that covers both the theory and practical part of homeopathic pharmacy. The purpose of homeopharmaceutics is to offer students training and knowledge on the preparation and the dispensing procedures of homeopathic medicines (DUT 2018; UJ 2018). This module also serves as the foundation for a compounding course that is embarked upon by the qualified homeopath prior to practicing homeopathy.

2.4.2 Homeopathic pharmacy

Pharmacy is defined as the science of collecting, combining, compounding, preparing, preserving, dispensing, and standardising drugs and medicines whereas homeopathic pharmacy is described as the pharmacy based on the homeopathic principles for the preparation and dispensing of the homeopathic medicines (Banerjee 2016). Banerjee (2016) claims that in 1805 Hahnemann introduced the basic principles of a homeopathic preparation of drugs and medicines.

The homeopathic pharmacy process that is implemented during medicine production includes the collection of drug substances from plants, minerals, and/or animals. The drug substances are identified by employing macroscopic and microscopic studies. After determining the quantity and quality of the drug substances, the drug substances are preserved to prevent the destruction of their medicinal powers. The final steps include standardising, combining, compounding, and dispensing. Combining and compounding are two processes of mixing of substances or of elements to give a new product. When medicine is prepared it is then standardised to the official homeopathic pharmacopoeia (the German pharmacopoeia is used in South Africa) to ensure uniformity in the preparation of medicines (Banerjee 2016). When the drug substances contain essential compounds within a pre-determined range of composition and the impurities do not exceed certain specified limits, the remedy can then be dispensed to the patient.

Standardising of homeopathic remedies is achieved by utilising a homeopathic pharmacopoeia. There are various homeopathic pharmacopoeia and each country has its official standard authoritative homeopathic pharmacopoeia book that homeopathic pharmacy obeys. A pharmacopoeia is published under the government's authority and containing a list of medicines, methods for making medicinal preparations, strength and purity specifications and tests.

2.4.3 Homeopathic pharmacy training in South Africa.

Homeopathic pharmacy training focuses on providing a great understanding of the pharmacology behind drug/remedy preparation. The South African homeopathic course offers homeopathic pharmacy through a module known as Homeopharmaceutics, which is an annual module and is enrolled in the fourth year of study (DUT, 2019; UJ 2018). Homeopharmaceutics provides knowledge on homeopathic dynamisation or the potentiation

of mother tinctures and the right dosage to be prescribed to the patient (Wulfsohn 2018). The pharmacy training module helps in writing a prescription in the proper form.

A short learning programme was implemented in compliance with the Medicines and Related Substances Control Act, Act 101 of 1965 to licence practitioners as dispensing practitioners. This course is implemented by the Allied Health Profession of South Africa for the registered practitioners (Mullinder 2013). The South African Pharmacy Council has certified and accredited the University of Johannesburg, Department of Complementary Medicine, as a provider of "The Dispensing and Compounding Course for Allied Health Professionals". The course includes the evaluation and analysis of patient data leading to a lawful prescription, the physical act of dispensing, and therapy to ensure effective and productive use of medication and compliance control. Ethical and legal aspects of dispensing and fundamental pharmacological concepts are also included in the material of this course.

2.5 Prescribing techniques

There are various prescribing methods employed by a homeopath in selecting treatment for a patient. Tautopathy, isopathy, constitutional prescribing, layer prescribing, miasmatic prescribing, and phytotherapy (homeopathic mother tincture) are the major methods employed when prescribing a homeopathic remedy (Kayne 2006).

2.5.1 Constitutional prescribing

Constitutional prescribing is also known as classical prescribing. A homeopath prescribes the remedy aiming to treat not only the symptoms of the disease but also the miasm. It is applied when treating chronic conditions, aiming to boost the patient's immune system (Das 2015). Watson (1991: 13) claims that constitutional prescribing is the most preferred method used in homeopathic practice; it is also the most difficult one to apply. Watson (1991) added that constitutional prescribing involves taking a patient's full case and treating a patient on all three levels i.e. mental, emotional and physical.

2.5.2 Tautopathy and isopathy

Tautopathy (tauto-same) is a method of treating the side effects of drugs by iso-intoxication (curing by means of the identical harmful agent in a potentised form) (Ramanlal 2015). Isopathy is a form of homeopathy in which the remedy is chosen based on identifying the offending substance that is thought to cause a set of symptoms in a patient. In isopathy, the

homeopath prescribes nosodes and/or sarcodes. Nayak and Varanasi (2020) state that isopathy is employed and accepted in conventional medicine in the form of vaccines.

2.5.3 Phytotherapy

Phytotherapy is commonly defined as the study of the use of extracts of natural origin as medicines or health-promoting agents (Ghosh 2016). There are groups of remedies that are clinically proven to treat certain diseases. This method focuses on treating patient disease rather than a patient.

2.5.4 Miasmatic prescribing

Miasm in homeopathy refers to the susceptibility of an individual to be prone to certain conditions or the predisposition of an individual (Banerjea 2007). Miasms can be inherited and passed on from one generation to another or it can be acquired due to environmental factors such as temperature. Homeopaths prescribe or select a remedy aimed to treat the miasm. These remedies are known as anti-miasmatic remedies.

2.6 Preparation of homeopathic medicine

Preparation of homeopathic medicine follows homeopathic pharmacopoeia monographs to ensure the safety and efficacy of the medication. There are several steps that are followed in the process of preparing homeopathic medicines: selection of raw material, trituration of raw material if insoluble in water or alcohol, potentisation, medication of blank pellets with liquid potencies, drying of medicated pellets, and packaging of medicated pellets (Quinn 2020).

2.6.1 Selection of raw material

Homeopathic medicinal substances are extracted from raw materials of animals, minerals, and/or plants. Medicinal substance belonging to animal or plant kingdom possess their quality most perfectly in their crude state (-*Aphorism 266*, Hahnemann 1869).

Plants- The selection or the collection of medicinal substances from plants should be conducted by a botanist or individual with knowledge in taxonomy and systemic botany, and who has a great understanding of homeopathy (Mandal and Mandal 1994). According to Mandal and Mandal (1994), plants that contain a great quality of medicinal substances are located in areas which they are indigenous to. They grow in a natural environment where they can develop into a healthy and fresh plant.

Animal- The selection and the collection of medicinal substances from animals should be completed by a zoologist who has a great understanding of homeopathy. All animals should be healthy, fresh, and examined by an animal doctor such as a veterinarian (Mandal and Mandal 1994). The general rules on how/when/where they are selected and collected are dependent on the kingdom of the animal.

Mineral –A mineral is an element and/or a compound which is crystallised and is formed by geological processes(Nickel 1995). For instance, sulphur is a common mineral substance that is homeopathically potentised to prepare a homeopathic remedy. These materials should be collected very carefully, and their nature should be studied before collecting them.

Imponderabilia- These are remedies also referred to as imponderables, made from an intangible source. This category was identified by Hahnemann as he addressed the effect of invisible forces in the *Organon*, such as heat and magnets (aph. 286, 287 Hahnemann 1869).

2.6.2 Trituration of raw material if insoluble in water or alcohol – grinding with mortar and pestle

Kalliantas, Kassalia, and Karigianni (2017) stated that trituration is a process of grinding of raw materials with milk powder (lactose) which is applied if the raw material is insoluble in water. According to Hahnemann (1869), all raw materials should be soluble in water after being triturated into the sixth decimal place. The process of trituration requires the use of mortar and pestle, with each trituration taking up to an hour divided into three parts.

One part of the medicinal substance and nine parts of the lactose powder is taken (Kalliantas, Kassalia and Karigianni 2017). The lactose is divided into three parts. The first step is when the medicinal substance is added to one-third of the lactose and ground in a mortar with a pestle for 2 minutes, after which the second part is added to the mortar and ground, followed by the third part (Holandino *et al.* 2017).

Dilution and succussion processes are vital in preparing homeopathic remedies. Hahnemann believed that the more a medicinal substance was diluted the more energetic it became, increasing its medicinal qualities through this process (Hahnemann 2002). Diluting a substance and then succussing it is a way to apply friction to it so as to develop its inherent medicinal qualities. Each substance contains natural energy and it can only be stimulated by applying friction to it. This is proved and supported by Albert Einstein through his formula ($E=mc^2$), that all matter has energy (Haisch, Rueda and Puthoff 1994).

There are different scales used to make a certain potency including centesimal (CM), decimal (M) and 50 millesimal (LM) potency. The decimal potency ratio is 1:9 which means that one particle of a drug substance is diluted with 9 particles of water or alcohol and succussed ten times (Upadhyay 2017). The centesimal ratio is 1:99, the M ratio is 1:999 and the LM ratio is 1:49999 etc. If a homeopath aims to make 6CM of a certain substance it means the dilution process will be repeated six times by taking one particle of the previous potency to prepare the next potency and ten vigorous successions after each dilution (Upadhyay 2017).

2.6.3 Impregnating of blank pellets with liquid potencies

Medicating blank pellets is achieved by adding a drop solution of the homeopathic medicine to the container of pellets and shaking the container to distribute the alcohol uniformly over the pellets. The shaking process should take five minutes. This process is referred to as an impregnating process.

2.6.4 Drying of medicated pellets

Drying of the medicated pellets is achieved by continuously shaking the container. After shaking, the container should be placed in an area of dry air for a few minutes. Normally pellets dry within the five minutes of shaking after adding a medicating solution.

2.6.5 Packaging of medicated pellets

Packaging of homeopathic remedies is done by the practitioners. There are different types of packaging varying in shape, size, and possibly in colour. The dry pellets are then placed into the packaging.

2.7 Physical characteristics of medication

Homeopathic medicines can be prepared in solid, semi-solid, and liquid forms. The vehicles of the homeopathic substance are tablets, granules, globules, and other forms include eye drops, injections, and nasal sprays (Sahani 2007). The administration methods of these various forms to the patient often vary. It is the dispenser or practitioner's responsibility to instruct the patient on how the treatment should be administered.

Sahani (2007) stated that vehicles are chemically neutral, therapeutically inert substances that are intended to carry the dynamic power of the drug safely to the inner organs of the organism in order to treat disease. Vehicles provide the physical characteristics of the medication. There is a wide variety of vehicles that physicians use worldwide, these can be

classified into three categories: solids, liquids, and semi-solids. Solid vehicles include granules, globules, powders, and tablets. Liquid vehicles include alcohol, olive oil, and distilled water. Semi-solid vehicles include Vaseline, waxes, and starch. Powders, tablets, liquid potencies, and creams are commonly prescribed at DUT homeopathic community health centres.

2.7.1 Solid vehicles

The solid forms of medication include tablets, granules, globules, and powders. They are orally administered for internal use.

2.7.1.1 Powders

Powders are white folded packages contain lactose which is then impregnated by a medicinal substance by either adding drop/s or granules as stated by Wulfsohn (2018). The powder form is commonly used by practitioners to prescribe remedies in varying potencies for a wide variety of conditions, including sensitive skin conditions. There is a lack of evidence if this vehicle impacts patient compliance and adherence to medicinal instructions. Powders are white in colour and more stable than liquid dosages. Compared to tablets or capsules, powders are easier to swallow, possess good chemical stability, and offer a large surface area for rapid absorption in the gastrointestinal tract (Ambedkar 2017).

2.7.1.2 Granules and globules

Globules and granules are mostly used for dispensing the medicines in homeopathic practices, they are prepared from either pure cane sugar or milk sugar and children like them since they are sweet, small, round, and easy to ingest (B. JainPharmaceuticals 2018). They carry the medicinal substance to treat any condition that is affecting the patient. Globules are larger in circumference compared to granules. They are administered to the body for absorption by pouring using a lid below the tongue for fast absorption.

2.7.1.3 Tablets

A recent study showed that patients comply more with tablet type of medication rather than all other types of medication (MacKenzie-Smith *et al.* 2018). The tablet form of medication is one of the most widely used pharmaceutical oral solid dosage forms for the delivery of a medicinal substance to the body (Eyjolfsson 2014). The author further states that the advantages of the tablet include high physical and chemical stability, easy administration, low manufacturing

cost, and outstanding patient compliance. Tablets that are prescribed in homeopathic practices are mostly white in colour.

2.7.2 Liquid

Mother tinctures or homeopathic liquid medicine are highly diluted into water and alcohol and are administered orally. The liquid form can be prescribed to a patient with any condition and they usually vary in colour. Eye drops, nasal sprays, and injections are other forms of liquid used to treat localised pain (Kayne 2006).

2.7.3 Semi-solid

2.7.3.1 Creams

Some studies claim that patients and physicians prefer cream or other topical dosage forms for dermatological conditions as they believe that these bring quicker relief of pain. Topical medications are ointments, creams, and solutions that are applied to your skin.

2.8 Aesthetic presentations of homeopathic remedies

After the correct remedy has been established and the type of vehicle has been chosen, the dispenser then decides on the type of packaging to dispense the medication in. The aesthetic presentation must be sterile and free from micro-organisms (Watson 1991). There is a lack of evidence whether the aesthetic presentation of homeopathic medicine influences patient compliance with medicine. The patient's perception of the aesthetic presentation of homeopathic medication has been underexplored.

There are various types of packaging utilised to dispense homeopathic medication, namely, glass, plastic, and paper. All the types of packaging serve the same purpose which is to carry the medicinal substance for different forms of medication.

2.8.1 Glass

The U.S. Food and Drug Administration considers glass packaging as the only packaging material which is safe. Glass is easily recycled and can be reused which reduces its untoward environmental impact (Marsh and Bugusu 2007). Glass packaging is highly recommended for parenteral use because it is simple to sterilise and has clear visibility. Glass packaging weighs more than other dispensing materials. There are various types of glass packaging that are

utilised by homeopaths namely amber glass bottle, glass vial, and glass cosmetic container (glass jar).

2.8.1.1 Amber glass bottle

Bottles are mostly used when dispensing remedies that are in liquid form. Banerjee (2016) claims that there are various sizes of bottles used varying from 15ml, 25ml, and 50ml, etc. The author also stated that amber glass bottles are preferred over plastic bottles in pharmaceutical companies due to chemical contamination that is associated with plastic. Amber glass bottles are brown in colour and slightly heavier than a plastic amber bottle. For dispensing or carrying liquid medicine, dropper tops are recommended as it makes it easy for the patient to count drops. A screw-top cap is used only when tablets or other forms of medication other than liquid are being dispensed using the glass bottle.

2.8.1.2 Glass vial

Glass vials are classified in numbers according to the size/volume. Glass vials are cylindrical in shape and the major problem with the use of glass vials is the great probability that the vial will be broken and might cut the patient (Howard and Roehm 1988). Granules and globules are dispensed using vials. Glass vials use a plastic screw cap for the closing of which it is used to measure the amount of granule or globules the patient should take per dosage and it is usually white in colour. Screw-top caps require care when opening, as they are hard to open and vials easily slip which may result in spilling of the medicine.

2.8.1.3 Glass cosmetic container/jar

Cosmetic jars are constructed in a cylindrical shape, with one end being closed and the other ending in an externally threaded portion of the neck (Carluccio 1980). The neck component is built to match a circular hat (Carluccio 1980). This packaging is used for holding creams. As described before, creams contain a medicinal substance intended for the treatment of skin conditions. Glass cosmetic containers range in size, but 50ml and 100ml are the most widely used ones. They are transparent and use the top cap of a screw to seal. Glass cosmetic tubes, unlike glass vials, are made stronger so are harder to break, and are easy to recycle.

2.8.2 Plastics

2.8.2.1 Plastic amber bottle

A plastic amber bottle is used for the preservation and dispensing of liquid medication. Tablets and other forms of physical characteristics of medication can also be dispensed or stored in a plastic bottle. Unlike the glass amber bottle, the plastic amber bottle is light and weighs less than a glass amber bottle. Depending on the physical characteristic of medication it is the dispenser's responsibility to know which type of top to close with.

2.8.2.2 Plastic vial

Plastic vials are manufactured with a cap lid attached on the open end. Patients are instructed to cut off the lid using a pair of scissors so that they can measure the amount of granule or globules using the lid. It is clear and lightweight.

2.8.2.3 Plastic cosmetic container/jar

Plastic cosmetic containers/jars are distinguished by colour and not on the basis of their shapes (Carluccio 1980). Cosmetic jars are made with or use airtight sealing so as to avoid leaking of the creams or the cosmetic substance (Eng 2019). Plastic jars used by homeopaths are light in weight and clear in colour.

2.8.3 Paper

Paper packaging was mostly used in the 19th century. This type of packaging is made up of an interlaced network of cellulose fibres which is obtained from plants (Singh, Sharma and Malviya 2011). Paper packaging is only used when dispensing different potencies in powder form.

2.9 Labelling

Labelling of the medicine includes the patient's name or initials, surname, remedy name, potency, instruction on how to take the medication, expiry date, physician's practice number, and address (Wulfsohn 2018). Labelling of homeopathic medication that is dispensed at the DUT HCHC and **most** private practices is done using a printer machine.

2.10 Directions for taking homeopathic medicines

The physical characteristics and the packaging of medications play a critical role in how patients administer their remedies. The pharmaceutical companies manufacture various types of packaging that allow patients to conveniently administer medicine to their bodies. It is the dispenser's duty to know which packaging is most convenient for certain patients. Packages are also selected for dispensing medication depending on what type of medicine is being dispensed. Some packaging materials are manufactured with a lid or cap with measurements. Most containers use a "twist cap" mechanism whereby patients are advised to twist the cap and a pellet will fall out (Feder 2008).

The powder forms of medication are dispensed in a paper package which allows for oral administration. Patients are advised to allow the powder to dissolve under the tongue for a few minutes. The patient can swallow the medication once the powder has fully dissolved. They are labelled in numerical order and patients are required to administer them in the numerical order. Powder remedies can be dispensed in different potencies; labelling them and taking them in a numerical order allows the patient to take a certain potency at a certain time. Homeopathic granules, globules, pellets and tablets are chewable but patients are advised to place them under the tongue and allow them to dissolve before swallowing. Homeopathic granules and globules contain sugar therefore they are easily administered to children.

The recommended dose of drops by a practitioner can be placed directly into the mouth and can also be added it onto a metal spoon or in glass with some water and then poured into the mouth after shaking the bottle 10 times. If a patient has several homeopathic liquid medicines to take at the same time, it is recommended to mix and administer them as one dose (Pegasus Homeopathics 2015).

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter focuses on the research methodology which was used to design and execute this study. It covers various aspects of the research methodology which include sampling, research setting, research design, and data collection.

3.2 Research setting

The study was conducted at the DUT main HCHC located in the DUT Ritson campus and a selected private practice in Durban. The study interviews were all conducted during the clinic working hours in private in an allocated clinic room. The main HCHC is operated by the Department of Homeopathy which is under the Faculty of Health Sciences. The clinic operates on weekdays for four hours a day including during school days. The study was further conducted at the selected private practice situated in central Durban, KwaZulu-Natal.

3.3 Research design

Research design is defined as the plan of a study outlining a research question, including specifications for enhancing the study's integrity (Polit and Beck 2012:99). According to Schwartz-Shea and Yanow (2013:16), a research design is a structure and plan for conducting the investigation which focuses on answering the research questions that concern the researchers.

3.4 Qualitative exploratory and descriptive study

A qualitative, exploratory, and descriptive study was conducted on patients of homeopathy to ascertain their perception of the aesthetic presentation and physical characteristics of the medication received. Interviews were used to gather views/perceptions of participants to understand participants' meanings obtained from their experience (Denzin and Lincoln 2008). Holloway and Wheeler (2010) encourage the use of qualitative exploratory and descriptive study as it is an efficient tool to obtain patient perspectives on care and treatment received in the healthcare system. Johnson and Christensen (2012) claim that this approach allows the researcher to develop theories and assess and develop solutions due to its flexibility and rigour.

3.4.1 In-depth interview

To attain patient perception, an in-depth interview method was employed. In-depth, qualitative interviews utilise open-ended questions and a discovery-orientated method which makes it a valuable tool because it enables the researcher/interviewer to fully explore the interviewee's feelings and perceptions on the researched subject (Guion, Diehl and McDonald 2001).

In this study, open-ended questions for in-depth interviews were constructed to allow the interviewee to deeply explain and expand on the subject (Guion, Diehl and McDonald 2001). According to Guion, Diehl, and McDonald (2001), open-ended questions are considered the key characteristics of an in-depth interview. The interviews were semi-structured whereby the interviewer and the interviewee engaged in a conversation, and where necessary the researcher sought understanding, interpretation, and clarification of the interviewee's response.

3.5 Study population

The target population for this study was patients consulting at the DUT main HCHC and the selected private practice located in Durban. The study was conducted in KwaZulu-Natal therefore data were collected in English and isiZulu. The data collection process was not limited to any race or gender.

3.6 Sampling

Participants were easily accessible due to their location (research setting), availability at a given time, and the willingness of the patients to participate. Therefore, a convenience sampling method was applied in this study. It was also considered as an "accidental sample" because participants were selected by the researcher due to their availability to the researcher (Suen, Huang, and Lee 2014). Convenience sampling is a form of non-random sampling. The researcher conducted interviews until data saturation was achieved, which is the point at which no new information or ideas emerge from the interviews (Fusch and Ness 2015).

Morse (1994) suggested 30 to 50 participants, while Creswell (1998) suggested 20 to 30 participants. For phenomenological studies, Creswell (1998) recommends 5 to 25 participants, and Morse (1994) suggests at least six for qualitative research. In this research, 12 participants were interviewed.

3.6.1 Inclusion criteria

- Age of 18 and above.
- Follow-up patients.
- First-time patients who have already received their medication.

3.6.2 Exclusion criteria

- Patients who did not give consent for this study.
- Patients who are under 18 years of age.
- Patients who are critically ill.

3.7 Study procedure

Interviews were conducted in English or isiZulu, and all the documentation was available in English or isiZulu. The interviews were conducted according to an interview guide (Appendices D1 and D2). A letter of information (Appendices A1 and A2) was provided to each participant, and a consent form (Appendices B1 and B2) was completed by each participant. Permission to conduct the research was obtained from the Clinic Director (Appendix C1) and the homeopathic practitioner at the private practice (Appendix C2). Interviews were conducted on first-time patients who had already received their medication and/or patients who had returned for a follow-up consultation.

All types of packaging materials and mediums of medication that are dispensed by homeopaths were made available in the interview room to ensure that the researcher and participants could point to the packaging and mediums of medication they were referring to avoid any confusion. Data were collected up to the point where no new information was derived from the interviews (Fusch and Ness 2015). The sample size was not pre-set, but a number of 12 participants were achieved.

A pilot study was conducted using a qualitative, exploratory, and descriptive format to ensure that the questions from the interview would be understood by the participants. The pilot study was conducted at the DUT main HCHC, with prior gatekeeper permission obtained by the researcher from the Clinic Director and Head of Department of Homeopathy. Five participants were interviewed.

3.7.1 Pilot study

Yin (2011) claims that a pilot study is a test of the proposed research design. As there is a lack of studies reported in the literature in this area of research, a pilot study was conducted. Pilot studies are conducted to evaluate the feasibility of some crucial component(s) of the full-scale study. The pilot study aimed to investigate if patients understood the questions and if they were able to respond to them. Five participants from the DUT main HCHC participated. The results of the pilot study were not used for the research conclusion but rather to evaluate if the questions were understood.

3.7.2 Recruitment process

Permission to recruit participants was obtained from the Director of Research and Postgraduate Support at the Durban University of Technology (Appendix E), the Clinic Director of DUT HCHCs (Appendix C1) and the practitioner of the randomly selected private practice (Appendix C2) located in Durban.

Due to the Covid-19 pandemic, and in compliance with the Covid-19 safety protocols, safety precautions were followed during the recruitment process. Each participant's hands were sanitised and their temperature was taken on entry to the DUT main HCHC and the private practice. The researcher and the participants were wearing masks during the interview sessions in compliance with the COVID-19 regulations aiming to minimise the spread of coronavirus.

The researcher informed the clinic receptionists about the study process. The receptionists randomly approached potential participants as they visited the clinic for their consultations and/or for bookings. The receptionist outlined the process, aim, and benefits of the study as it was explained by the researcher and provided a letter of information (Appendix A1 and A2). Participants interested in participating in the research were taken to a private consultation room by the receptionist. The researcher then further explained the process, aim, and benefits of the study in detail and then sought formal consent (Appendix B1 and B2) from the patient to continue with the interview. It was emphasised that should the patient not wish to participate or decide to opt-out of the research study they would be treated no differently.

3.7.3 Interview process

Interviews took place after the participant's consultation at the DUT main HCHC or the private practice. Interviews were conducted in a clinic room which was private and conducive for the interview process. The interviews were conducted with participants who met the inclusion criteria. Participants were required to sign the consent form (Appendix B1 or B2) with their own pen or a sanitised pen from the researcher.

The interviews were facilitated and conducted by the researcher and were captured on audio recordings for accuracy of the participant's words, but the participant's name remained confidential. The audio recordings were only accessible to the researcher and the supervisors of the study. The researcher conducted interviews using an interview guide (Appendix D1 and D2).

The researcher continued the data collection process until data saturation was attained. Data saturation is when variations in data are identifiable and explainable, and when no new data relevant to the existing categories emerge from the data collection (Polit and Beck 2012). Data saturation point was achieved in the ninth interview when no new information and themes emerged. However, the researcher interviewed three more participants to confirm the data saturation point.

Observational data were collected by the researcher on an on-going basis, this included the non-verbal behaviour of interviewees. This data was useful in enhancing the understanding of the participants' experience beyond verbal explanation and was recorded in the form of field notes by the researcher soon after the interview (Padgett 2012).

3.7.4 COVID-19 preventative measures

To reduce the risk of corona virus infection and spread, the following preventative measures were implemented during the data collection process as per HSA Guidelines (Homeopathic Association of South Africa, 2020):

- Participants' temperatures were recorded before the interview.
- The participant's hands were sanitised with hand sanitiser containing at least 70% alcohol.
- All equipment (pen, recording devices, desk, chair and research materials) that were used during the interviews, were sanitised with ethanol containing at least 70% alcohol before and after the interview session.

- The researcher and the participants were required to wear a face mask during the interviews.
- During the interview, the researcher and the participants kept a social distance of 2metres.
- Interviews were atleast 15 minutes apart to allow sanitising of the surfaces after each participant.

3.8 Data analysis

The researcher analysed data after each interview, this was necessary since the interview was then still well understood and remembered by the researcher.

In order to identify the emerging themes, the researcher analysed the collected data under the guidance of the supervisors who are experts in qualitative research. Thematic and Tesch's eight-step procedure of data analysis was applied (Tesch cited in Cresswell 2009) as follows:

- Interviews were transcribed verbatim and analysed by the researcher.
- The researcher read the transcripts, compared them with the audiotaped interviews, and used the field notes to confirm the selected information.
- The researcher read and reread the transcript to identify and fully understand the underlying meaning.
- The researcher then selected the most interesting and informative interview and made notes in the margins of the transcribed interview. The process was repeated for the rest of the interviews.
- Similar topics were then clustered together under topics.
- From these topics, the researcher formed themes and subthemes.
- An experienced person in the field of qualitative research, which in this case were the two research supervisors, double-checked and confirmed the data separately. The identified themes were discussed and agreed upon between the researcher and the supervisors.
- Merging themes and subthemes were identified and confirmed by the researcher and the supervisors and are presented in Chapter 4 where they are supported by verbatim statements by the participants. These were triangulated with demographic information to gain a deeper understanding of the study findings. Finally, literature was reviewed to verify and support the findings and to draw conclusions as presented in Chapter 5.

3.9 Data management and storage

Data collected was stored in a manner that ensured that participants' confidentiality was maintained throughout the study. During the interviews, the participants' details were not recorded in any of the interviews, field notes, or audio recordings. At the onset of the study, numbers were assigned to the participants. A record of each participant's name and the assigned code was held by the researcher only. Access to the stored data was given only to the researcher and supervisors. Subsequent reports/articles/publications will maintain participant confidentiality. Every effort will be made to ensure that no information identifying the participant is revealed through password protection.

3.10 Ethical considerations

The Institutional Research Ethics Committee and postgraduate research office at DUT provided full approval for this study to be conducted. The Clinic Director of the DUT main HCHC and the homeopathic practitioner in private practice permitted the conduct of the study.

Participants' confidentiality was maintained as there was no requirement for names or any other personal information to be supplied by the participant during voice recording. All information collected in the study was kept strictly confidential. Participation in this study was voluntary and there was no coercion or pressure to participate and participants were free to withdraw at any stage with no explanation necessary and they were not treated any differently.

3.11 Credibility

The researcher discussed the findings of the pilot study as well as the results of the actual study with the supervisors. The researcher used field notes and an audio recorder to collect data, the data was transcribed, and the researcher ensured that the transcribed notes were a true reflection of the participants' experiences.

3.12 Confirmability

Voice recordings were obtained to reflect the participants' voice and accurate responses (Graneheim and Lundman 2004).

3.13 Transferability

To facilitate transferability, the researcher has provided a clear and distinct description of the context, selection of participants, data collection and the process of data analysis.

CHAPTER 4: RESULTS

4.1 Introduction

This chapter outlines the results of qualitative data collection obtained from in-depth semi-structured interviews with homeopathic patients at the DUT main HCHC and the selected private homeopathic practice situated in Durban. The thematic and Tesch's eight-step method for data analysis was employed (Tesch 1990, cited in Creswell 2009).

4.2 Sample size and demographic characteristics

4.2.1 Sample realisation

Twelve interviews were conducted over a period of two weeks. All twelve interviews were in-depth face-to-face interviews. Interviews were conducted on homeopathic patients visiting for consultation at the DUT main HCHC and a private homeopathic practice. Participants were of varying ages, genders and races. The data saturation point was reached after the ninth interview and the researcher went on to conduct three more interviews for confirmation of the data saturation. Table 4.1 presents sample realisation based on the location of the interviews and the number of interviews.

Table 4.1: Sample realisation based on the location of the interviews and the number of interviews

Location	Number of interviews
DUT main HCHC	8
Private homeopathic practice	4
TOTAL	12


4.2.2 Demographic data

One (8.3%) participant was white from the DUT main HCHC and eleven (91.7%) participants were black of which four (36.4%) of them were from the private homeopathic practice and seven (63.6%) were from the DUT main HCHC. Out of twelve participants, five (41.7%) were male and seven (58.3%) were female. The mean age of the participants was 31.6 years and the range was 23 to 64 years, with the majority of the participants being aged between 23 and 25 years (Table 4.2).

Table 4.2: Demographic details of the participants (n=12)

Participant	Age	Gender	Race	Location
1	52	Female	Black	DUT main HCHC
2	25	Male	Black	
3	23	Male	Black	Homeopathic private practice.
4	23	Female	Black	
5	24	Female	Black	
6	25	Male	Black	
7	25	Female	Black	DUT main HCHC
8	64	Male	White	
9	33	Female	Black	
10	24	Female	Black	
11	34	Female	Black	
12	28	Male	Black	

Key

 Data saturation point

4.3 Thematic analysis

The data was analysed using a thematic analysis process, with four major themes emerging. Every major theme consisted of numerous subthemes reflecting various ideas that arose during each interview. Table 4.3 shows the main themes and subthemes as presented in the thematic tables in Appendix H. Major Themes that emerged from the interviews with the participants included:

- Package appearance
- Package preference
- Physical characteristics
- Medium type preference

Table 4.3: Themes and subthemes that emerged from the interviews

Major themes	Subthemes
Package appearance	Size of the packaging
	Colour of the packaging
	The shape of the packaging
	Glass packaging breaks easily
	Opening and Closing of the lid
	Dissatisfied with paper packaging for powders
	Impact of plastic packages on land pollution
Package preference	Amber bottles
	Plastic vials
Physical characteristics	Taste of the medication
	Complications of swallowing homeopathic pills
	Placebo
	Unfamiliar with granules
Medium type preference	Oral medications

4.4 Presentation of findings

4.4.1 Major theme 1: Package appearance

Packaging materials used to dispense homeopathic medication vary in their appearance. The packaging appearance is referred to as the aesthetic presentation of the medicine. Participants outlined their perception of the aesthetic presentation of homeopathic medicine and six subthemes emerged from the interviews.

4.4.1.1 Size of the packaging

There are variations in the sizes (ranging from 10ml to 200ml) of the packaging used to dispense medicine. Depending on the amount of medicine needed to be dispensed to the patient, the size of packaging is then chosen. The majority of the interviewees commented on the size of packaging whereby some were satisfied and others were not satisfied and they complained about the packaging either being too small or too big.

On my side, I am happy with the amber glass bottle it's simple to take medication from it. With regard to the rest of the packaging, I am fine as long as they serve the purpose but I am happier with the glass amber bottles because of the shape and its size.-P1

Other participants stated that some packages were too small.

The vials are too small in size. They are supposed to be bigger vials at least 30ml. The vials should be at least larger than this one (number 2 vials/10ml).-P3

They look different from the packaging that I am used to. When I go to the doctor [orthodox] they usually give me in a form of plastic packaging that are different from these ones. I am unfamiliar with most of these packaging. I have seen an amber bottle (at GP practice) but it was bigger than this one. I have also seen the dropper bottle for eyes medication but not as big as the one it's dispensed here. When I see medicine in a small bottle I always feel like it won't work for me but I will give it a try and see what will happen. -P9

One participant recommended that the cream jars should be small in size.

For the cream container, I think the size is too big, I prefer to take my medication wherever I go. At least it should be 25ml or less.-P6

4.4.1.2 Colour of the packaging

Interviewees mentioned the effect of the colour of certain aesthetic presentations on their perception. The majority of the interviewees had a similar perception. The transparency of the vials and cream jars were acknowledged and the interest was expressed by the majority. Whoever some participants showed a great satisfaction with the brown colour of amber bottles.

When I see these packaging I probably think it is carrying medication because I have seen lots of them being used to carry medication. Lots of packaging for medications are in this colour. The colour is okay especially the ones that are not brown, I prefer the transparent ones.-P2

I think they are good. Most of them are transparent so you can see what is inside and they are reliable.-P5

For the vials, one good thing is that they are clear even the cream container they are both clear and it's easy to see what is inside.-P7

The vials and cream jars look nice, they are proper and clear and I can see what is inside. I can be able to see the amount of medicine inside them.-P10

Two participants expressed a lack of interest in the transparent packages. Participant 11 and 12 further added that transparent packages do not maintain a patient's confidentiality. These participants suggested that packages should be brown and showed interest in dark coloured packages.

You can see the remedy inside it's unnecessary to see the remedy before opening the packaging. Having to see a medication before I open it makes me have lots of questions. The vials are too transparent...The glass containers for carrying the cream are well designed but they are too transparent at least they should be coloured... I like the brown colour for the amber bottle.-P3

I prefer the plastic ones but they mustn't be transparent because for most people confidentiality or privacy is more important. The colour of the packages should be at least darker and not transparent.-P11

On the colour of the packaging, I noticed that there are transparent ones and dark ones. I prefer the dark ones (brown) because I feel like the transparent one there is not much privacy. Someone can easily see the medication inside.-P12

4.4.1.3 The shape of the packaging

Positive feedback was acknowledged by one participant concerning the shape of the packaging. The shape was considered an important factor for holding the medication.

The appearance of the plastic amber bottle is very good. The plastic amber bottle of its shape makes it perfect to grip.-P4

4.4.1.4 Glass packaging breaks easily

Regardless of the positive feedback about the packaging made of glass, there was a concern about them. Participants expressed that glass packaging easily breaks thus can further cause loss of the medicine.

The amber bottles, the plastic, and the glass one are both good but I am a little bit worried about the glass one, it is easy to break. When it falls down it can easily break and the remedy will spill and that will be a waste and will force you to go again to the homeopath to buy another remedy. So I will prefer the plastic ones...And in terms of the vials, I think both of them are okay, the glass vial and the plastic vial, and but we have to consider the fact that the glass one can break.-P4

The plastic vial leaks but they are more reliable in terms of breaking than glass ones. I have once had a case whereby kids at home broke the vial because I had left it on the table but with the plastic one when it falls maybe only the lid will come off.-P5

I prefer the plastic amber bottle because even if it falls down it doesn't break. I don't like the glass amber bottle because if it falls down on the floor it breaks.-P6

When it comes to the vials; the first one which is made of glass it is easy to break it.-P7

I prefer the ones that are made of plastic because the glass ones easily break.-P11

4.4.1.5 Opening and Closing of the lid

The participants verbalised their interpretation of the packaging lids. Some of the participants provided positive feedback on the closure and opening of the lid for certain packages. The tight closing of certain lids was verbalised and viewed as a positive feature by some participants while one participant stated that this is a concern for patients with joint pain on their hands.

I think most of them are good but obviously, the one that carries cream is perfect. It is easy to open it and then you can take whatever amount you want and apply to your skin. It's easy to close it again and seal it so that the remedy won't spill... When it comes to using the remedy inside the vials it is very good and for the plastic one you can just break the lid and pour on the lid and it makes it perfect... In terms of the closing, an amber bottle gets sealed perfectly so that the remedy won't spill out. Also even if it falls down it won't break because of its plastic. -P4

The glass vial is more attractive in its appearance than all other packaging. The lid for the glass vial it closes very well than of the plastic vial. It tightens when closed whereas with the plastic one it doesn't. -P6

While others had a positive perception of certain features of the lids of packaging, others found those factors to be a negative feature.

The plastic vial is easy to open but difficult to measure the amount of the granules using the lid. The glass vial is difficult to open and you can usually spill out the remedy while trying to open.-P3

There are just two that I have issues with: the plastic vials and the glass amber bottles the medication easily leak that is why I am not comfortable with using them but the rest are fine.-P5

One participant furthermore outlined the complication of the opening and closing of certain lids due to the patient's diagnosis.

The plastic vial makes it difficult for opening it because you have to break the lid so that you can use the lid to measure the remedy. Sometimes when you have a joint problem it is difficult to break it.-P7

There were participants who recommended an improvement on the lids for closing and opening of the packages.

I do recommend that homeopaths find a way to make glass vial work because it is really difficult to open especially the lid and that's number one. -P3

I think the lid for plastic vial should be changed so that it tightens when close to avoid leaks. Glass easily breaks so they should not be used. -P5

And with the vials, since there are the plastic and glass ones I suggest that you only give the glass one which is easy to close. -P7

4.4.1.6 Dissatisfied with paper packaging for powders

Participants expressed their concerns with regards to the homeopathic paper packaging. It was considered dissatisfying and unprofessional packaging for dispensing medication. Other participants added that they feared facing legal charges for using the paper package and the powders as it looks like drugs, which are illegal to use by the law.

The paper packaging I would probably say it carry drugs like cocaine because it is very unusual. Even the police might think you are carrying drugs because of the design of the paper packaging. -P2

Paper can easily get wet, easy to contaminate the remedy inside, and it is a white paper which gets dirty easily. Packaging powder directly to a paper it doesn't seem professional for a doctor. It is difficult to open them. -P3

Paper packaging would be reliable only if you put them together and place them in one plastic bag. Even if it happens to leak it will only leak in the plastic packaging. -P5

I don't trust medication dispensed in papers because even random people just sell medication in a paper on the streets. Even for hygiene, it doesn't look hygienic to dispense medication in paper because papers easily get dirty. -P6

Firstly I would say that the packaging look professional except for the one that carries powders which is the paper. I think the need to upgrade it. -P7

Paper deteriorates in a certain amount of time whereas with the plastic one it never deteriorates. -P8

The paper packaging looks fine for carrying powders but mistakes can happen what if I go out and there is rain because not everyone carries their medication in their bags I prefer not to

carry bags. So I think because it's paper it can easily get wet. I think paper packages for powders should be placed in glass vials too. I think all these packagings appear to look good, neat, and safe but I am not really impressed with paper one because a lot of danger can happen with these ones like contamination of the remedy.-P10

With the paper one, I wouldn't recommend the use of it because it can easily be damaged by just putting it in a bag.-p11

I am not happy with the paper package. Once the paper gets wet the medication is already ruined. I would prefer other forms of packaging other than paper. I am recommending that maybe use plastic instead of paper.-P12

It was suggested by one participant that homeopaths should stop dispensing medicine in a paper package.

I came here because I was not feeling well so regardless of what is given a patient has to get better so for as long it helps it's fine to use it. Even though some of the packagings are unfamiliar as long as it helps the patient it is fine to dispense it. I will only suggest that at least change the paper packaging at least use small plastics bags that are used to put pills. -P2

However, participants 4 and 9 were satisfied with the paper package and they described paper packages as well designed. They perceived paper packaging as easy to use and easy to open compared to other types of packaging.

The paper reminds me of grandpa medicine. They normally dispense grandpa in the paper packaging. It is a good thing because grandpa does work for treating pain so whenever I take a medicine in a paper package I know for sure that it will work.-P9

The paper packaging for powders is perfect, it is easy to open, it is easy to pour inside the mouth it's good because the powder is already measured in the paper package.-P4

4.4.1.7 Impact of plastic packages on land pollution

One participant outlined the major concerns of plastic on land pollution and also verbalised the effect it has on the medicine carried by plastic packages.

I have nothing much about this packaging. They all have got a specific purpose for a specific medicine, that's it. I presume that you people know what you are doing. I am happy with all of them, I have no problem with any sort of packaging. Certain plastic reacts with certain chemicals of medicine and it is always decomposing which will get into the medication, whereas with the glass as long as you just look after glasses it's not a problem. I recommend

and prefer the use of glass packaging. Plastic packaging are poisoning the planet. I disagree with the use of plastic (packaging) and that's just a personal preference. -P8

4.4.2 Package preference

4.4.2.1 Amber bottles

The plastic amber bottles, glass amber bottles, and plastic vials were preferred over the cream containers and paper packages by the majority of the participants.

I prefer glass bottles. It's easy to take medication from it. -P1

I prefer a glass amber bottle because it looks pretty. The composition of glass is better than plastic. The remedy inside the glass is hardly get affected by the sun. Plastic ones easily get distorted. The glass doesn't get distorted when shaking the remedy. -P3

I prefer glass packaging. -P8

I prefer glass amber and glass vials because they are safe for carrying medication. The lids are proper and the amber one has the dropper in it which makes it easy for counting drops. -P10

I would go with the amber bottle. The plastic one because of the colour and the plastic one doesn't easily break. Even though I know that medication is safer in a glass bottle but because it does break I would still go with the plastic bottle. -P11

I prefer glass amber bottles because they are convenient, and they are classy. -P12

While some participants prefer the glass amber bottles, others expressed plastic amber bottles as their preferred packaging. Plastic amber bottles are described as being convenient for administering liquid medication in drops. It was reported that plastic bottles are preferred over glass amber bottles because they do not easily break.

I prefer the plastic amber bottle because it is easy when you have to pour drops because you can just squeeze and easily count the drops as they come out. -P4

As I said I prefer the plastic amber bottle because it doesn't break even when it falls down. -P6

4.4.2.2 Plastic vials

I will choose the plastic vial as it is easy to carry and it doesn't break easily like the glass ones. I prefer any form of packaging but as long as it is colourless. because it is easy to see

what is inside for example you wouldn't know what is in the inside of dark packaging. I am usually curious about what is inside the bottle.-P2

I prefer the plastic vial because I have kids at home so I would prefer it than having a glass one which they will easily break and it will hurt them.-P5

4.4.3 Physical characteristics

Physical characteristics of medicine refer to the type/medium/vehicle of medicine. There are various mediums for homeopathic remedies and including liquids, semi-solids, and solids. The participants touched on several aspects of the physical characteristics of medicines and various subthemes emerged.

4.4.3.1 Taste of the medication

Several interviewees mentioned the taste of certain medicine. Some participants were positive with the taste of certain medicine but concerns were also raised. Some medications were described as too sweet and others were perceived to taste bitter. Participants described liquid homeopathic medications to be the ones that taste bitter. However, it was also raised by some participants that medicine should taste bitter. One participant outlined the adverse effect of granule medication due to its taste which was described as too sweet. A satisfaction with the taste of lactose pills was expressed by the majority of the participants.

Pills are good they do not taste bad at all. The taste of the powder is not bad is almost the same as the powders. The liquid ones I am not sure if it is just me but I have once got a liquid that tasted not bad and not too sweet but a very strange that is why I don't like them.-P4

If the medication is sweet I can be able to finish it. If they are bitter I am not going to take it because I don't like it. I have tasted the pills they taste a bit sugary and I like them. Sugary taste is also very important for the kids because it is hard to give them a medication which is not sweet.-P5

I don't like pills because they taste bad compared to the liquid medication more especially powders they taste terrible but I wouldn't mind if they can prescribe powders that have a nice taste.-P11

The issue with granules is that they are too sweet for me. They even cause nausea to me and I will need to throw-up because they too sweet. The problem with the liquid is that it has alcohol and it tastes bitter. I am not sure if it is because of alcohol but liquid medicine tastes bitter to me.-P7

Granules and powders don't taste like medication. I feel like I am just eating sweets whenever I am taking them. They are too sweet. Medication shouldn't be sweet it should taste bitter or sour.-P6

4.4.3.2 Placebo

The majority of the participants expressed that the powder form of medications do not seem to have a therapeutic effect.

The powders are good only if you taking them in the doctor's office but not as the medication that I have to take home and take on my own. It won't give me that feeling that I am taking medication. Powders don't look professional. But they are easy to dissolve.-P3

I don't like powders simply because of their presentation. It doesn't look like a real medication.-P6

I think I am so against the use of powders because of the packaging first and the first time I was given powder when I open them they didn't give me that confidence that it is a medication. Powders make me feel like they are nothing. I even doubted if this thing is going to work.-P7

On the powders one, when I take them, I don't feel like they are effective enough. That is why I have used many pills than powders. I have once taken a powder grandpa, but I didn't feel like it works so I went on and get Panado pills. I just feel like powders don't work. On their packaging, they are usually a small amount of them, so I feel like they are not effective enough.-P12

4.4.3.3 Unfamiliar with granules

There was a majority of participants who were unfamiliar with granules. Participants argued that they were unfamiliar with granules, and among those participants, one used a gesture to express this point.

Most of these types of medication it's my first time I am seeing them. I am very unfamiliar with them for example I have never seen these ones (points at the granules) before, it's my first time. Even though they are unfamiliar I wouldn't mind using them for as long as they will help me.-P2

I like pills and liquid medication because even when I was a kid I grew up only taking pills and liquid medications. I am not used to these other forms of medication. -P6

I think pills are more appealing to me because I am used to seeing them from the doctors and the nurses. You said these are granules right? I am not used to granules so I can't comment much on them. Granules are like for children and for people who can't swallow pills because granules are very small in size so they will be easy to swallow.-P9

I am not used to the granules and I am not sure if they work as much as tablets or what. They don't work as much as tablets because I feel like the tablet is much bigger and I can only take one whereas with granules I don't know how much I have to take if it is like this for it to work. -P10

Even though I am not that familiar with granules that much, I have once had a medication containing granules. The taste was nice and I wouldn't mind taking granules.-P11

I don't have any idea about granules because I have never come across them. I have never used granules before.-P12

4.4.3.4 Complications of swallowing homeopathic pills

I prefer liquid medication. I have got a problem with the pills (homeopathic pills) they block the throat. The powder, granules, and liquid medications don't get stuck in the throat.-P1

I don't like taking pills because of the feeling they give me when I swallow them. I prefer granules they just dissolve.-P7

I am going to start with pills. I feel like the pills are the easiest medication to take but I also feel like they also get stuck in the throat because some of them are very big.-P12

4.4.4 Medium type preference

4.4.4.1 Oral medications

Interviewees listed their preferred forms of medicine. Most of the participants reported that they found it comfortable and strongly preferred to take oral medicine. Liquid forms were the most favoured of all forms of oral medicine, and tablets were the least preferred.

I prefer liquid medication. I have got a problem with the pills they block the throat. The powder, granules, and liquid medications don't get stuck in the throat.-P1

I prefer to take liquid medication. It is easy to take I don't have to count like when counting granules. I can just pour drops of liquid medication and drink whereas with granules, powder, and tablets I have to wait and let them dissolve under my tongue of which I don't have time." -P3

I prefer the medication that I will drink.-P8

I prefer the liquid, tablets, and cream medication because I am used to taking them. I don't know much about the others like granules and powders.-P10

I prefer liquid medicine to powders and granules. Liquid medications taste less sour than the powders.-P11

Regardless of the criticism made against the powder packaging, some participants still prefer taking powder forms over other forms of medicine.

I prefer taking powders because they are already measured and I don't have to measure them again. They also have a good taste. -P5

I prefer taking the powders. It is easy to open their packaging and it is easy to pour inside the mouth. powders are good because they are already measured so for me as a patient I just have to pour inside the mouth.-P4

Two participants verbalised that granules are the type of oral medicine they prefer the most.

I prefer granules because they seem easy to use.-P2

I prefer granules except for their taste.-P7

Other participants prefer taking tablet medications over other forms of oral medication.

I prefer pills.-P9

I prefer pills medication and liquid medications.-P6

I prefer pills because you can take them on the go, you can put them in your pocket, and they are convenient.-P12

4.5 Results presentation summary

In summary, this chapter has thematically examined the understanding of the aesthetic appearance and the physical characteristics of homeopathic medicine. Themes and subthemes shown above reflect the reactions of the participants to the interviews. Four major themes and many subthemes that arose from the data analysis were presented. The discussion of the results of the analysis is discussed in Chapter 5.

CHAPTER 5: DISCUSSION

5.1 Introduction

This chapter aimed to discuss and interpret the research results in line with the existing literature. However, there was a limited source of related literature since there is a lack of studies exploring patient perception of the aesthetic presentation and physical characteristics of homeopathic medicine. It is evident that patients' perception with regards to medicine packaging and the type of medicine dispensed by homeopaths is a field that has not been previously investigated in homeopathic pharmacy. This chapter discusses the four major themes that emerged in chapter 4. These themes are discussed as follows:

- Demographics
- Package appearance
- Package preference
- Physical characteristics
- Medium type preference

5.2 Demographics

5.2.1 Age

As indicated in Table 4.2, the age of participants ranged between 23 and 64 years old. The majority of the participants were aged between 23 and 25 years old (58.3%), followed by participants aged 30 and above (33.3%) with participants between the age of 25 and 30 being the lowest proportion of the total research population (8.3%). There were 83.3% of young adults (18-35 years old), 8.3% of middle-aged adults (35-55 years old), and 8.3% older adults (56 and above years old).

A major age gap between young adults, middle-aged adults and older adults was noticed. This is in contrast to Dube's (2015) study on patients' perception of their first homeopathic consultation at Ukuba Nesibindi Homeopathic Community Clinic which revealed that adults seek the services of health professionals more than the young generation. Dube (2015) stated that the results of a high percentage of old patients participating in that study was a result of the high risk of health issues among adults. The researcher concluded that the difference is due to the timing of the research data collection which coincided with the COVID-19 pandemic. It is claimed that adults are more susceptible to contracting the corona virus than

young people therefore adults were encouraged to remain indoors at all times during the COVID-19 lockdown (Ayalon *et al.* 2020). It has been proposed that younger adults are at higher risk of psychological distress and loneliness during COVID-19 lockdowns than older adults hence the high percentage of young adults seeking healthcare (Losada-Baltar *et al.* 2020).

The researcher proposes that the predominance of young adults participating in this study could be attributed to the fact that research data collection occurred at the DUT main HCHC where homeopathic treatment is offered as a free service to DUT students. The DUT is occupied by more young adults and middle-aged adults than older adults, with the majority of young adults being of the age group between 17 and 25 years old (Macquet2007).

5.2.2 Gender

Twelve participants were interviewed, five participants were males (41.7%) and seven were females (58.3%). Out of all four interviews conducted at the private homeopathic practice, 50% were male and 50% were males. Five participants were females (62.5%) and three were males (37.5%) out of the eight participants interviewed at the DUT main HCHC. In this analysis, it was observed that the number of female and male participants were almost equally distributed.

Macquet (2007) claims that the high number of female participants is because females are more likely to have attended the clinics as a patient than males. This observation is further supported by statistics from the South Africa Demographic and Health Survey (South Africa, Department of Health 1998) which indicated that females seek health services health services more than males. It is claimed that females are more likely to consult with homeopaths than males. More females (82.5%) seek health care services from complementary and alternative medicine compared to males (77%) (Feldman and Laura 2004). In general, males find it more difficult to speak about their personal issues, and for these reasons, their willingness to contact health professionals may be lower than that of females when sick (Banks 2001).

5.2.3 Race

The race distribution was indicated in Table 4:2. The majority of participants were black (91.7%) and 8.3% were white. This suggests that in the black community, homeopathy is becoming more common. In order to balance the race distribution, the study did not stratify.

5.3 Package appearance

5.3.1 Size of the packaging

The size of the package indicates the amount of medicine dispensed. The amount of medicine plays a major role in the dosing duration of medication. In the present study, participants perceived sizes of various packages as too big or too small and some being of appropriate size.

It was observed that participants were satisfied with the size of the amber bottles which are used to dispense liquid form of medications. The most dispensed amber bottles are 20ml, 25ml, and 30ml. It suggests that the amount of 20ml, 25ml, or 30ml of liquid medications has a positive therapeutic effect on patients hence it is perceived that the size of dispensed amber bottles is of appropriate size.

Homeopaths use vials to dispense granules and globules and in rare cases for tablets. It is argued that patients should adhere and comply with prescription instructions and take their medication until the medicine is finished. It was declared by participants that the size of the vials which normally range from 10ml to 15ml considered too small and carries little medication leaving patients still wanting to take more. Participants purport that the medicine dispensed in vials is too little therefore does not have sufficient therapeutic effect to impact their specific medical conditions.

The cream containers were described as too big by the participants. The patients also claim that they found it difficult to carry their medicine wherever they go with them because of how big the container was. If participants are unable to carry their medicine to where they go this can have a great negative impact as they won't be able to administer the remedy or repeat the dose at the time stipulated by the homeopath. The U.S. Food and Drug Administration (2016) claims that patients should take medicine as prescribed as it is vital for managing chronic illnesses, treating temporary conditions and overall long-term health and well-being.

5.3.2 Colour of the packaging

Musaus and Bahr (2012) argues that adherence or patient compliance with medicinal instructions can be enhanced by the colour of the package used to dispense the medicine. Homeopathic packages vary in colours, with brown and transparent ones being the most common colours.

Das (2018) argues that the attractiveness of the aesthetic presentation of medicine is a major component used in the marketing of pharmaceutical products. It is suggested that the patient's compliance with medicine is relative to the presentation of the packages of medication (Das 2018). Participants suggest that the transparent packages appear attractive compared to the dark ones, and for that reason the majority of the participants expressed their interest in transparent packages. Patients stated that the preference is due to the fact that the medicine can be seen through the package. This concurs with the study that was conducted by Simmonds, Woods, and Spence (2018) whereby it was revealed that transparent packages are classified as attractive, and products within transparent packaging are perceived to be fresh and of good quality. A study conducted by Billeter, Zhu, and Inman (2012) found that transparent (as opposed to non-transparent) packaging increases the perception of product trustworthiness thus transparent packaging is preferred.

Regardless of the attractiveness of transparent packaging claimed by the majority of participants, others argue that transparent packaging is not appropriate for packaging medicinal substances that have to be dispensed to the patient, and for that reason, darker packages were preferred. The dispensing of transparent packages was opposed as some participants claim that such packages do not maintain their confidentiality due to the fact that other people may see the type of medicine. It is assumed that some designs of the type of medicine are specific to particular medical conditions and the ability of others to see through the package may result in them knowing what kind of condition the patient is suffering from.

5.3.3 The shape of the packaging

Cylinder-shaped packages (bottles) have become increasingly popular over the past few decades (Lindsey 2020). One of the great features of the cylinder-shaped bottles is that it is designed to make it possible to hold it, regardless of not having a handle. This was supported by participants as it was stated that the shape of homeopathic amber bottles permits one to grip and hold the bottle. Participants expressed their satisfaction with regard to the shape of bottles.

5.3.4 Glass packaging break easily

Various packages are made of glass and including vials, amber bottles, and cream containers. It was reported that packages made of glass break easily. In rare cases glass even breaks for no reason, this is referred to as spontaneous glass breakage (Gelderie and

Kasper 2008). Glass is made as a liquid by heating sand, soda ash and lime to very high temperatures to a syrupy texture and thereafter the syrup is cooled into the material we know as glass. For that reason glass does not have a good large-area orderly crystalline structure hence they break easily (Deeglass 2018). Due to the breakability, glass packaging has a short life span.

Glass packages are more harmful when broken than other pharmaceutical packaging materials because it can cut the skin of a human thus be life-threatening. It was also mentioned that due to the breakability of glass packages participants are forced to return to consult or buy another medication since it won't be usable after the package breaks. Administering or applying the medicine of which the package has broken is discouraged because it can result in complications for the patient and contamination of the remedy.

5.3.5 Opening and closing of the lid

Depending on the type of package, pharmaceutical companies manufacture various closures (screw-top, lids, cap, etc). The majority of the participants only verbalised their perception of the lids rather than all types of closures. Pharmaceutical companies manufacture lids that can effectively close and still allow access to what is within the package. Closures that close tightly are manufactured to improve the longevity of perishable products with an airtight seal when closed (Packaging Strategies 2015). In this study, participants expressed that the lids of the vials, cream containers and amber bottles close very tightly. Closing tightly of the lids was perceived as a great feature of the packages and participants stated that it also minimises leaking of the medicine from the package.

However, other participants expressed wrap rage and frustration with lids that close very tight. The participants stated that some packages are sealed very tightly up to a point where it is difficult to open and when it finally opens they tend to spill the remedy. Wrap rage or package rage is provoked and exacerbated by the fact that limited information or clues on opening and closing the package is offered (Wever and Castillo 2006).

Arthritis can be explained as pain in the joints, it can affect many joints of the body but mainly of the hands and wrist. Arthritis affecting the wrist is characterised by inflammation, swelling, and pain in the wrist (Akhondi and Panginikkod 2020). Some participants with joint pain said they found it difficult to open packages that are sealed tightly. This complication is because

patients with joint pain in the hand or wrist have a limited range of motion and experience stiffness of the affected joints as well (Akhondi and Panginikkod 2020).

5.3.6 Dissatisfied with paper packaging for powders

Paper packaging has little risk to the environment or human health (Leks-Stepien, 2011). However, in this study, it was found that the majority of participants were dissatisfied with the appearance of the paper packages. Various concerns were raised and recommendations suggested that the replacement of paper packages should be considered. The homeopathic paper packages were described as unprofessional and not convenient to dispense medicine. This is because paper gets dirty easily, and paper easily loses its form when exposed to water resulting in ruining the medication within.

There is a great lack of trust in the medication dispensed in paper packages, according to the participant responses. Participants added that this lack of trust is because even random people with no knowledge of medicine sell medication in paper packages on the streets. It is argued that patient trust in medicine is vital in managing and improving one's health (Clark 2002). The patient's lack of trust in the package will result in mistrust in the medicine therefore lack of trust in the doctor. It was outlined that for various reasons worldwide the public is losing trust in doctors who should be providing healthcare service to them (Girgis 2017).

However, it was found that paper packages for homeopathic powders are designed in a way that the medication within is already measured. It means that the chances of the patient overdosing or under dosing are highly limited as compared to medicine dispensed in other packages. It is the homeopath's responsibility to measure the amount of powder in each paper wrap.

5.3.7 Impact of plastic packages on land pollution

Plastic packages are considered to be a significant cause of the water and soil pollution as plastic is not bio-degradable, and there is a major problem worldwide of improper dumping of disused or abandoned plastic packages (Chae and An 2018). Plastics have caused pollution and adversely affected life in the marine world and on land. Plastic pollution remains a global concern and many precautions have been put in place to try and minimise this matter. It was stated by some of the participants that plastic packages for medication have a negative effect on the environment.

5.4 Package preference

In this study, the majority of the participants revealed that amber bottles are the form of package they prefer for dispensed medication. This is because amber bottles are designed well, of an appropriate size and convenient to use. However, out of all participants who chose the amber bottles as their preference, the majority chose the glass amber bottles. Regardless of the fact that glass packaging breaks easily, participants felt that medicine is safer within a glass than other packaging. Glass amber bottles were regarded as the most reliable in terms of closing and opening. They use a lid or a screw-top closure and it was stated that they close tightly. Due to their well designed closures, glass amber bottles have little chance of allowing the medicine to leak.

Plastic amber bottles are convenient for clumsy patients because they do not break as easily as the glass ones. It was mentioned by participants who showed a great interest in the plastic bottles that plastic amber bottles do not break easily hence they prefer them. Plastic amber bottles are more flexible and elastic making them easy to squeeze.

The findings of this study suggest that participants who prefer plastic vials are impressed with the vials' colour (transparency makes them more attractive) and the low risk of them breaking.

5.5 Physical characteristics

5.5.1 Taste of the medication

Many active pharmaceutical ingredients including homeopathic medicine possess a bitter taste (Mennella *et al.* 2013). The bitter taste is normally described as a bad taste and people do not want to eat/drink something that tastes bitter. It was expressed by participants that they find it difficult to finish bitter tasting remedies. However reports claim that adding a flavour or making medicine taste better may interfere with the chemicals which are involved with the therapeutic action of a medicine (Sonya 2018). Mannella *et al.* (2013) reported that the bitter taste of medicine affects compliance particularly in children. However, some participants perceived that the bitter taste of medicine is an expected norm, and medications that taste bitter are regarded as having a greater therapeutic effect.

Homeopathic powders and tablets were reported to taste sweet. The majority of the participants encouraged the dispensing of remedies that taste sweet or sugary as it enhanced compliance especially in children. Milne and Bruss (2008) reported that more than 90% of

children worldwide indicated that the flavour and palatability of a medication were the major obstacles to completion of medicine protocols (Milne and Bruss 2008). The sweet taste is considered to be more child-friendly because children have a great desire for food or drinks that taste sweet. Mannella *et al.* (2013) argued that a better-tasting medication may enhance compliance to medicine therapy.

The research findings reported that granules were perceived as tasting too sweet. One participant reported that they experienced nausea because of the taste of granules. According to Silver (2018) eating food or drinks that contain high levels of sugar can result in nausea and vomiting and this can be exacerbated by other underlying conditions such as diabetes.

5.5.2 Placebo

Placebo is defined as a medicine that has no medicinal benefit, used as a control in the testing of experimental medicines (Benedetti 2014). Researchers use placebos as controls in the process of clinical trials to help them consider the effect a new medication or any other therapy might have on a specific disorder.

The findings of this study are that the majority of the participants were dissatisfied with powder medications. Some participants felt as if the medicine in a powder form does not exert any therapeutic effect to inhibit pain or enhance healing. This study also found that patients have no faith that the powder medicine will work. Some of the participants reported that they did not feel any improvement after taking powders. Some participants reported that powders do not work and they often end up taking another form of medicine. This perception of powder medication was also provoked by their paper packaging. However, in the HCHC and the private practice involved in this study, patients are always advised to have confidence and belief in the medicine they are taking because having this confidence and belief will help them feel better.

5.5.3 Unfamiliar with granules

Most participants stated that they are unfamiliar with granules, stating that this was their first time receiving such medicine, while others stated that it was their second or third time. According to Mui (2017), liquid and tablets forms of medication are highly prescribed and the most common forms of medication in allopathic medicine. However, there is a lack of literature to elucidate which form of homeopathic medicines are highly prescribed. The high volume of prescription and dispensing of liquid and tablets in allopathic medicine is due to

convenience. Arising from the findings of this study it is suggested that the majority of health care providers, including homeopaths, rarely prescribe or dispense medicine in granule form, hence patients are unfamiliar with granules.

5.5.4 Complications of swallowing pills

When there is not enough moisture to help the pills slip down, they can get stuck in the throat. Without liquid, tablets, including coated ones and gel caps, are also difficult to swallow. Pills can get trapped in the cricopharyngeal muscle or the sphincter at the top of the oesophagus. This is described by the participants as the most common concern about tablets, and Krans (2018) suggests that it is more severe in people who have underlying diseases that affect the oesophagus and also have trouble swallowing pills. Children also have the most difficulties swallowing pills hence they are more likely to be given a liquid form of medicine.

Certain studies suggest that a pill stuck in the throat can cause further complications that persist after the pill has slid down the throat. Corrosive esophagitis is one of the complications which is characterised by inflammation of the throat caused by corrosive agents (Seo *et al.* 2015). Pills can get caught and damage the oesophagus possibly resulting in esophagitis in patients with a narrow oesophagus. It is reported that pills may get stuck in the oesophagus if patients do not drink enough water while take them.

5.6 Medium type preference

5.6.1 Oral medications

The oral administration route of medicine is the most common and easiest route of administration of medication. It is considered the safest and most cost-effective route (Dreyer *et al.* 2016). Oral medication includes liquid, tablets, powders, and granules, etc.

Studies have found that liquid medicine has a better absorption rate, higher optimisation rates, and is more easily digestible than all other types of oral medications (Alagga and Gupta 2020). The findings of this study reveal that the majority of participants prefer liquid forms and this is because liquids can have a great advantage over tablets when it comes to swallowing. Most people, particularly the elderly and young children, appear to have trouble swallowing tablet medications.

Participants explained that tablets and liquid forms are the most common types of medication that they are familiar with and they grew up taking either tablets or liquid medicine. Being

unfamiliar with other forms of medicine and due to the taste of the liquid medication, participants showed a great interest in pills and it was stipulated as their preferred type of medicine. Other solid medications that participants showed a great preference for were powders and granules.

5.7 Conclusion

This chapter discussed the results of the study regarding the patient perceptions of the aesthetic presentation and physical characteristics of homeopathic medicine. This research offered a deeper view of homeopathic patients' experiences, perceptions and recommendations. To end this research study, the next chapter summarises details of the intentions, results, conclusions and discussion.

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This study aimed to explore patient perception of the aesthetic presentation and physical characteristics of homeopathic medicine at the DUT main HCHC and the selected homeopathic private practice situated in Durban.

The objective of this study was to ascertain patient perceptions regarding the aesthetic presentation and physical characteristics of homeopathic medicine and to broaden information in field of homeopathic pharmacy.

Twelve in-depth semi-structured interviews were conducted with homeopathic patients at the DUT main HCHC and the selected private practice. The explorative descriptive qualitative design was employed. The research findings were discussed with relevant literature in the previous chapter. This chapter presents the conclusions and the recommendations that emerged in the study.

The overview of the results show how the five research questions have been answered. The research questions were:

1. What is your perception of the aesthetic presentation/packaging and physical characteristics of homeopathic medication?
2. What type of aesthetic presentations/packaging of medicine do you prefer?
3. What is your perception of the physical characteristic/medium/type of homeopathic medication?
4. What type of medium of medicine do you prefer?
5. What recommendations do you suggest about the medications prescribed by homeopaths?

This chapter contains the conclusion of the research and the recommendations that emerged from the results. It is expected that the findings of this study will be an important source of information on homeopathic pharmaceuticals and maybe employed for the improvement of homeopathic pharmacies.

6.2 Conclusion

The findings of the thematic analysis revealed that patient perception of the homeopathic medicine was fully explored. This has answered the ground grand tour question: “What is your perception, with regards to the aesthetic presentation and physical characteristics of homeopathic medicine as the patient consulting at the DUT homeopathic community healthcare centre/ homeopathic private practice?”

The patient perception of the aesthetic presentation of homeopathic medicine was explored. Based on the findings of this study, positive and negative perceptions of the packaging used to dispense homeopathic medicine were discussed. Participants showed great dissatisfaction with the paper packages, the breakability of glass packaging, and the pollution caused by plastic packaging. However, participants showed great satisfaction with the shape of the packaging mainly the amber bottles as it was stated that the shape enables patients to hold the medication bottle well. The sizes of vials were described as too small and cream containers were perceived to be too big by some participants. However, the majority were satisfied with the sizes of amber bottles which are mostly used to dispense the liquid medications. The transparency of homeopathic packaging was perceived to be attractive but it was also argued that it doesn't maintain patient confidentiality. The findings also suggest that the majority of the patients' experience “wrap rage” while opening or closing the lids of medication.

Amber bottles were the form of packaging most preferred by the majority. The majority of the participants specifically showed a great preference for the glass amber bottles despite their breakability. However, plastic vials were also preferred because they do not easily break. Vials were among the packaging are preferred by participants because of their colour which makes them more attractive and their well designed lids that close and open perfectly.

Patient perception of the physical characteristics of homeopathic medicine was also explored by the researcher. Homeopathic medications were perceived to taste either bitter, sweet, or too sweet. Granules were described as tasting too sweet, liquid forms were perceived to taste bitter by the majority of the patients whereas pills and powder forms were described as tasting sweet. Patients showed that it was their first or second time being exposed to homeopathic medications in granule form therefore they were unfamiliar with granules. Powders are perceived to be a medication that does not work or exert sufficient therapeutic effect whereas

pills were described as causing complications while swallowing because they tend to get stuck in the throat.

In terms of the preference of the type of medication, participants stated that liquid medication does not cause any complications when swallowing. In conclusion, liquid forms of medications were the most preferred form of medication. However, tablets, powders and granules were verbalised to be the preferred form of medication by some patients.

6.3 Limitations

- For a qualitative study the sample size was adequate as it allowed for rich description and narrative. A quantitative study is recommended to capture larger amounts of data that can have statistical significance.
- The data was collected in two locations which are urban areas in Durban. Suburban areas were not explored therefore the results cannot be used to generalise patient perception.
- The study was limited to explore homeopathic medicine only. A comparative study with other forms of medicine could enhance the relative perceptions of the medicines.
- There was a limited background or previous research on this subject. However, this study can serve as a foundation for future research on this subject and form a frame of reference for comparative studies.

6.4 Recommendations

The recommendations of this study fall within two categories; the first being the emerged recommendations for those that manufacture, compound, dispense and administer medicines. The second category of recommendation is for further research. The findings of the study can be implemented by the Department of Homeopathy at DUT HCHCs, other homeopathic institutions and homeopathic practitioners.

Noteworthy recommendations for the dispensing of homeopathic medicines that arose out of the perceptions of participants are:

- Powders should be packaged in plastic packages instead of paper.
- Guidelines should be reviewed by homeopathic professional boards and regulatory bodies and implemented.

- An instruction pamphlet/handbook should be provided to patients. Clear instructions should be provided in the pamphlet/handbook on the handling, opening and closing of the homeopathic medicine dispensed.
- It should be the practitioner's/dispenser's responsibility to teach patients about the negative impact plastic pollution can have on their health and how and where to dispose of plastic packages after use.
- Clear instruction on how to administer homeopathic medicine should be given to patients to avoid complications when taking oral homeopathic medications.
- Patient faith in the medication should be encouraged by practitioner more especially on powder forms.

The second category of recommendation is for further research models such as:

- Comparative research can be performed on a wider population using a quantitative approach and analyses, so that the results can be generalised.
- Further research is recommended with the participants recruited from other areas and sub-areas of Durban. Participants' access to health care and socioeconomic categorisation should also be reviewed in the next study as an influence on their perceptions.
- A study should explore the various demographics of the participants so as to enhance the socioeconomic impact of aesthetic perceptions.
- A study describing and comparing the aesthetic presentation and physical appearance of other forms of alternative and complementary medicines.
- Further study is recommended to investigate the impact of the aesthetic presentation and physical characteristics of homeopathic medicine on patient compliance and adherence to homeopathic medication prescriptions.

6.5 Conclusion

It was a wonderful opportunity for the researcher to perform this study and the researcher got a snapshot of the views of the research participants. The researcher was able to obtain knowledge and perspectives of homeopathic medicine from participants' responses.

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APPENDICES

Appendix A1: Letter of information (English)



Appendix A: Letter of information

Title of the Research Study: An exploration of patient perception of the aesthetic presentation and physical characteristics of homeopathic medicines.

Principal Investigator/s/researcher: Mr M Nengovhela

Co-Investigator/s/supervisor/s: Dr V Alwar - M.Tech: Homeopathy

Dr M Maharaj - M.Tech: Homeopathy

Brief Introduction and Purpose of the Study: Homeopathy is an alternative form of medicine which aims to treat the body as a whole (mental, emotional and physical symptoms). Homeopaths are medically trained to treat disease by prescribing medication to patients in liquid, solid or powder form. Medication can be dispensed in different aesthetic presentations, which can either be powder form, amber glass bottles, screw top bottles or vials etc. This study aims to explore patient perception of the aesthetic presentation and physical characteristics of homeopathic medicine.

Outline of the Procedures: Due to the Covid-19 pandemic and in compliance with the Covid-19 safety protocols in order to minimise the transmission, participants hands will be sanitised and temperatures taken on entry to the DUT HCHC. The clinic receptionist will approach the participants as they visit the clinic for their consultation and/or for bookings. The receptionist will outline the process, aim and benefits of the study as it has been explained by the researcher. Participants interested in participating in the research will be taken to a private consultation room. The researcher will further explain the process, aim and benefits of the

study in detail and then seek formal consent from the patient to continue with the interview. The interview will be recorded though the name of the participant will remain confidential. The interview will take 30-40 minutes per participant.

To reduce the risk of Corona virus infection and spread, the following preventative measures will be implemented during the data collection process as per HSA Guidelines. (Homeopathic Association of South Africa, 2020)

- Participants temperatures will be tested before the interview
- Participants hands will be sanitised with hand sanitiser containing atleast 70% alcohol
- All equipments (pen, recording devices, desk, chair and research materials) to be used during the interviews, will be sanitised with ethanol containing atleast 70% alcohol before and after the interview session.
- The researcher and the participants will be required to wear face mask during the interviews.
- During the interview the researcher and the participants will keep a social distance of 2meter.

Interviews will take place atleast 15 minutes apart so as to allow for ventilation and surface hygiene protocols between participants

Risks or Discomforts to the Participant: Participating should not result in you experiencing any discomfort or any significant risks, there shall be no painful procedures that will be performed in this research.

Benefits: This study may help in broadening your knowledge about homeopathy and homeopathic pharmacy.

Reason/s why the Participant May Be Withdrawn from the Study: There will be no coercion or pressure to participate; and participants are free to withdraw at any stage with no explanation necessary.

Remuneration: There will not be any payment for your participation in this study.

Costs of the Study: There are no costs.

Confidentiality: Participant anonymity will be maintained as there will be no requirement for names or any other personal information to be supplied by the participant during voice

recording. All information collected in the study will be kept strictly confidential. Your information will not be available to anyone except the researcher and the research supervisors. When I write up the results of this study, there will be no mention of names and everything you tell me during the interview will remain confidential.

Research-related Injury: The study shall not cause any injuries to the participants as there will be no medication or medical procedure administered to the participants; the study will mainly involve verbal interviewing of participants by the researcher.

Persons to Contact in the Event of Any Problems or Queries: Please contact the researcher Mr M Nengovhela cell no 0712471565, Supervisor Dr V Alwar - 031-373-2514, Co-supervisor Dr M Maharaj 031 – 373 2514 or the Institutional Research Ethics Administrator on 031 3732375.

Complaints can be reported to the DVC: Research, Innovation and Engagement Prof S Moyo on 0313732577 or moyos@dut.ac.za.

Appendix A2: Letter of information (isiZulu)



Isithasiselo A2: Incwadi yolwazi

Isihloko Sesifundo Sokucwaninga: Ukuhlola ukubona kwesiguli isethulo sobuhle kanye nezimpawu zomzimba zemithi ye-homeopathic.

Umphenyi / umphenyi omkhulu: Mnu M Nengovhela

Umphenyi / umphathi : UDkt V Alwar - M.Tech: I-Homeopathy

UDkt M Maharaj - M.Tech: I-Homeopathy

Isingeniso esifushane nenhloso yocwaningo: I-Homeopathy ngenye indlela esetshenziswayo ukwelapha umzimba ngokupheleleyo (izimpawu zengqondo, imizwa nezomzimba). Ama-Homeopaths aqeqeshelwe ukwelapha izifo ngokunikeza umuthi ezigulini, umuthi uba sesimeni sokuba luketshezi, sa-solid noma impuphu. Imithi ingasatshalaliswa ngezindlela ezahlukile nangokubukeka, okungaba impuphu, amabhodlela engilazi ama-amber, namabhodlela anezimbotshana phezulu. Lolucwaningo luhlose ukuthola umbono wesiguli mayelana ngemdlela imithi ye-Homeopathy ethulwa ngayo nangendlela ebukeya ngayo.

Ukucaciswa kwezinqubo: Ngenxa yobhubhane uKhufethe ukuze kunciphiseke ukubhebhethaka nokulandela inqubo mgomo yokuphepha ku-Khufethe, abemukeli bazokwamukela ababambiqhaza njengoba bevakashela umtholampilo ukuyobonisana noma/futhi ukubhuka. Umemukeli uzochaza inqubo, inhloso kanye nezinzuzo zocwaningo njengoba esechazile umcwaningi. Abahlanganyeli abanesifiso sokubamba iqhaza ocwaningweni bayoyiswa egumbini lokubonisana langasese. Umcwaningi uzochaza kabanzi inqubo, inhloso kanye nezinzuzo zocwaningo ngemininingwane abese efuna imvume ehlelekile evela esigulini ukuze aqhubeke ingxoxo yenhlolo khono. Ingxoxo yenhlolokhono izoqoshwa yize igama lomhlanganyeli lizohlala liyimfihlo. Ingxoxo yenhlolokhono izothatha imizuzu engamashumi amathathu (30) kuya kwengamashumi amane (40) kumhlanganyeli ngamunye.

Ukunciphisa ingozi yokutheleleka ngegciwane leCorona futhi kusakazeke, lezi zindlela zokuvimbela ezilandelayo zizosetshenziswa ngesikhathi senqubo yokuqoqwa kwedatha ngokuya Ngezinkombandlela ze-HSA. (Homeopathic Association of South Africa, 2020)

- Ababambe iqhaza emazingeni okushisa bazohlolwa ngaphambi kwengxoxo
- Zonke izinto zokusebenza (ipeni, amadivaysi okuqopha, ideski, isihlalo kanye nezinto zokucwaninga) ezizosetshenziswa ngenkathi kwenziwa izingxoxo, zizohanjiswa nge-ethanol equkethe i-atleast 70% yotshwala ngaphambi nangemva kweseshini lengxoxo.
- Umphenyi kanye nezimbumbulu kuzodingeka ukuthi bagqoke imaski yobuso ngesikhathi sezingxoxo.
- Ngesikhathi senhlokhono umcwaningi kanye nalabo ababambe iqhaza bazocina ibanga lomphakathi le-2meter.
- Izingxoxo zizokwenzeka ngempumelelo engafani nemizuzu eyi-15 ukuze kuvunyelwe izimiso zokungena komoya nezindawo zokuhlanzeka phakathi kwabahlanganyeli

Izingozi noma ukungajabuli kulowo obambe iqhaza: Ukubamba iqhaza angeke kuholele ekutheni ubhekane nobunzima noma obunye ubungozi obukhulu, ngeke kube nezinqubo ezibuhlungu ezizokwenziwa kulolucwaningo.

Izinzuzo: Lolucwaningo lungasiza ekwandiseni ulwazi lwakho mayelana ne-homeopathy kanye nemuthi ye-homeopathy.

Izizathu / izizathu zokuthi kungani Umhlanganyeli Engahoxiswa esifundweni: Ngeke kube khona ukuphoqwa noma ingcindezi yokuzibandakanya; futhi ababambiqhaza bakhululekile ukuhoxa kunoma yisiphi isigaba ngaphandle kwencazelo edingekayo.

Ukuholelwa: Ngeke kube khona ukukhokha ngokuhlanganyela kwakho kulolucwaningo.

Izindleko zesifundo: Azikho izindleko.

Ubumfihlo: Ukungaziwa komuntu obambe iqhaza kuzogcinwa njengoba kungeke kube nesidingo sokuthi amagama noma olunye ulwazi lomuntu siqu lunikezwe ngumhlanganyeli ngesikhathi sokuqoshwa kwezwi. Yonke imininingwane eqoqwe ocwaningweni izogcinwa iyimfihlo ngokuphelele. Imininingwane yakho ngeke itholakale kunoma ngubani ngaphandle komcwaningi nabaqondisi bocwaningo. Uma ngibhala imiphumela yalolu cwaningo, ngeke kushiwo magama futhi konke ongitshela khona lapho kuxoxwa khona kuzohlala kuyimfihlo.

Ukulimala Okuhlobene Nocwaningo: Ucwanningo ngeke ludale ukulimala kubahlanganyeli njengoba kungeke kube khona umuthi noma inqubo yezokwelapha ezonikezwa kwababamiqhaza; ucwanningo luzobandakanya ikakhulukazi ukuxoxisana ngomlomo kwabahlanganyeli nomphenyi.

Abantu Ongathintana Nabo Uma Zikhona Izinkinga noma Imibuzo: Sicela uxhumane nomcwanningi uM. M Nengovhela cell no 0712471565, Supervisor UDkt V Alwar - 031-373-2514, Umqondisi wokudidiyela uDkt M Maharaj 031 - 373 2514 noma uMqondisi Wezokuziphatha Kwezikhungo. ku-031 373 2375.

Izikhhalazo zingabikwa kwa-DVC: Ezokucwanninga, Zokusungula kanye Nezokuxhumana Kwamanje uProf S Moyo ku-031 373 2577 noma moyos@dut.ac.za

Appendix B1: Consent (English)



Appendix B1: Consent

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, _____ about the nature, conduct, benefits and risks of this study-Research Ethics Clearance
Number: _____,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own freewill) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

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

I, _____ here with confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher Date Signature

Full Name of Witness (If applicable) Date

Signature

Full Name of Legal Guardian (If applicable) Date

Signature

Appendix B2: Consent (isiZulu)



Isithasiselo B2: Imvume

Isitatimende sesivumelwano sokubamba iqhaza esifundweni sokucwaninga:

- Ngiyaqinisekisa ukuthi ngitshelwe ngumcwaningi, _____, mayelana nohlobo, ukuziphatha, izinzuzo kanye nobungozi balolu cwaningo – Research Ethics Clearance Inombolo: _
- Ngitholile, ngafunda futhi ngaqonda imininingwane ebhalwe ngaphezulu (Encwadini yolwazi yobambe iqhaza) mayelana nocwaningo.
- Ngiyazi ukuthi imiphumela yocwaningo, kufaka phakathi imininingwane maqondana nobulili bami, iminyaka yami, usuku lokuzalwa, izinhlinzeko zokuxilonga nokuxilonga zizocutshungulwa ngokungaziwa kumbikowalolucwaningo.
- Ngokubheka izidingo zokucwaninga, ngiyavuma ukuthi imininingwane eqoqwe ngalesi sifundo ingacutshungulwa ohlelweni olwenziwe ngekhompyutha ngumcwaningi.
- Kungathi yinomaingasiphi isigaba, ngaphandle kobandlululo, ngingahoxisa imvume yami kanye nokuzibandakanya kwami ocwaningweni.
- Ngithole ithuba elanele lokubuza imibuzo futhi (ngokwenkululeko yami yokuzikhethela) ngizazise ngilungele ukubamba iqhaza ocwaningweni.
- Ngiyaqonda ukuthi ukutholwa kwemiphumela emisha kulocwaningo embandakanya ukuzibandakanya kwami iyokwenziwa ukuthi yithole nami.

_____Igama eligcwele LomhlanganyeliUsukuIsikhathilSiginesha /
Kwesokudla Isithonjana

Mina,___ngalokhu kuqinisekisa ukuthi umhlanganyeli ongenhla unolwazi oluphelele mayelana nohlobo, ukuziphatha kanye nengozi yocwaningo olungenhla.

— _____

Igama eligcwele LomphenyiUsukuisiginesha

Igama eligcwele Lofakazi (Uma kusebenza)Usuku isiginesha

Igama eliphelele Lomgcini WezomthethoUsuku isiginesha

Appendix C 1: Gatekeeper permission – DUT main HCHC



Gatekeeper permission - To conduct research at the Durban University of Technology homeopathic community health centre

Request for Permission to Conduct Research

Dear Dr Couchman

My name is Muphulusi Nengovhela, currently registered for a Masters degree in Technology in Homeopathy at the Durban University of Technology (DUT). The research I wish to conduct for my Masters dissertation involves an exploration of patient perception of the aesthetic presentation and physical characteristics of homeopathic medicines.

I am hereby seeking your consent to perform this patient-based study at the DUT homeopathic community health centres.

I will explain the process of the research study to the clinic receptionists of the DUT Main homeopathic clinic. Due to the Covid-19 pandemic in order to minimise the transmission and also to comply to the Covid-19 safety protocols, the receptionist will approach the participants as they visit the clinic for their consultation and/or for bookings. The receptionist will explain the process, aim and benefits of the study as it has been explained by the researcher. Participants interested in participating in the research will be taken to a private consultation room. I will further explain the process, aim and benefits of the study in details and then seek formal consent from the patient to continue with the interview. The interview will be recorded though the name of the participant will remain confidential. The interview will take 30-40 minutes per participant.

To reduce the risk of Corona virus infection and spread, the following preventative measures will be implemented during the data collection process as per HSA Guidelines. (Homeopathic Association of South Africa, 2020)

- Participants temperatures will be tested before the interview
- Participants hands will be sanitised with hand sanitiser containing atleast 70% alcohol
- All equipments (pen, recording devices, desk, chair and research materials) to be used during the interviews, will be sanitised with ethanol containing atleast 70% alcohol before and after the interview session.
- The researcher and the participants will be required to wear face mask during the interviews.
- During the interview the researcher and the participants will keep a social distance of 2meter.
- Interviews will take place atleast 15 minutes apart so as to allow for ventilation and surface hygiene protocols between participants.

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and/or assent forms to be used in the research process, as well as a copy of the approval letter which I received from the Institutional Research Ethics Committee (IREC).

If you require any further information, please do not hesitate to contact me Cell no 0712471565 email address muphulusi01266@gmail.com. Thank you for your time and consideration in this matter.

Yours sincerely,

Nengovhela Muphulusi
Durban University of Technology

Researcher

Clinic Director: Department of Homeopathy

Appendix C 2: Gatekeeper permission – Private Practice



Gatekeeper permission- To conduct research at a Private Practice

Request for Permission to Conduct Research

Unit 14 Section A1 Durdoc Centre
460 Anton Lambede Street
Durban 4001
KwaZulu-Natal, South Africa

Dear Dr N. Shange

My name is Muphulusi Nengovhela, currently registered for a Masters degree in Technology in Homeopathy at the Durban University of Technology. The research I wish to conduct for my Masters dissertation involves an exploration of patient perception of the aesthetic presentation and physical characteristics of homeopathic medicines.

I am hereby seeking your consent to perform this patient-based study at your homeopathic practice.

I will explain the process of the research study to the clinic receptionist. Due to the Covid-19 pandemic in order to minimise the transmission and also to comply to the Covid-19 safety protocols, the receptionist will approach the participants as they visit the clinic for their consultation and/or for bookings. The receptionist will explain the process, aim and benefits of the study as it has been explained by the researcher. Participants interested in participating in the research will be taken to a private consultation room. I will further explain the process, aim and benefits of the study in details and then seek formal consent from the patient to continue with the interview. The interview will be recorded though the name of the participant will remain confidential.

To reduce the risk of Corona virus infection and spread, the following preventative measures will be implemented during the data collection process as per HSA Guidelines. (Homeopathic Association of South Africa, 2020)

- Participants temperatures will be tested before the interview
- Participants hands will be sanitised with hand sanitiser containing atleast 70% alcohol
- All equipments (pen, recording devices, desk, chair and research materials) to be used during the interviews, will be sanitised with ethanol containing atleast 70% alcohol before and after the interview session.
- The researcher and the participants will be required to wear face mask during the interviews.
- During the interview the researcher and the participants will keep a social distance of 2meter.
- Interviews will take place atleast 15 minutes apart so as to allow for ventilation and surface hygiene protocols between participants.

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and/or assent forms to be used in the research process, as well as a copy of the approval letter which I received from the Institutional Research Ethics Committee (IREC).

If you require any further information, please do not hesitate to contact me Cell no 0712471565 email address muphulusi01266@gmail.com. Thank you for your time and consideration in this matter.

Yours sincerely,

Nengovhela Muphulusi

Durban University of Technology

Researcher

Homeopathic Practitioner

Appendix D1: Interview Guide (English)



Appendix D1: Interview Guide

Participant's age	
Participant's gender	
Participant's race	

Grand tour question

What is your perception, with regards to the aesthetic presentation and physical characteristics of homeopathic medicine as the patient consulting at the DUT homeopathic community healthcare centre/ homeopathic private practice?

Probing questions

The additional questions include the following:

1. What is your perception of the appearance of the packaging of homeopathic medication?
2. What type of packaging of medicine do you prefer?
3. What is your perception of the physical characteristic/medium/type of homeopathic medication?
4. What type of medium of medicine do you prefer?
5. What recommendations do you suggest about the medications prescribed by homeopaths?

Appendix D2: Interview Guide (isiZulu)



Appendix D2:ingxoxo

Iminyaka yomhlanganyeli	
Ubulili bomhlanganyeli	
Ubuzwe bomhlanganyeli	

Umbuzo omkhulu wokuvakasha

Uthini umbono wakho, maqondana nesethulo sobuhle kanye nezimpawu ezibonakalayo zomuthi we-homeopathy ngesesiguli esibonwa esikhungweni sezempilo somphakthisase-DUT /nasekuprakithizweni kwe-homeopathic ngokuzimela?

Imibuzo efunisisayo

Imibuzo eyengeziwe ifaka okulandelayo:

1. Uyini umbono wakho wokwethulwa kobuhle / ukupakishwa kwemithi ye-homeopathy?
2. Luhlobo luni lobuhle kokwethulwa / nokupakishwa komuthi okuqokayo?
3. Uthini umbono wakho mayelana nendlela umuthi we-Homeopathy obukeka ngayo/ nohlobo lomuthi/ nengandlela yohlobo lomuthi?
4. Ngabe luhlobo luni lomuthi oluqokayo?
5. Yiziphi izincomo oziphakamisayo ngemithiebhalwa t ekhishwa ama-homeopaths?

Appendix E: Permission to conduct research at the DUT



28th February 2020

Mr Muphursi Nengovhela
c/o Department of Homeopathy
Faculty of Health Sciences
Durban University of Technology

Dear Mr Nengovhela

PERMISSION TO CONDUCT RESEARCH AT THE DUT

Your email correspondence in respect of the above refers. I am pleased to inform you that the Institutional Research and Innovation Committee (IRIC) has granted **Full Permission** for you to conduct your research "An exploration of patient perception of the aesthetic presentation and physical characteristics of homeopathic medicine." at the Durban University of Technology.

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

We would be grateful if a summary of your key research findings can be submitted to the IRIC on completion of your studies.

Kindest regards
Yours sincerely

PROF KEVIN DUFFY
ACTING DIRECTOR: RESEARCH AND POSTGRADUATE SUPPORT DIRECTORATE

AppendixF: Institutional Research Ethics Committee approval letter



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

P O Box 1334, Durban, South Africa, 4001

Tel: 031 373 1375
Email: lavishad@dut.ac.za
http://www.dut.ac.za/research/institutional_research_ethics

www.dut.ac.za

29 June 2020

Mr M Nengovhela
79 Steve Biko Road
Durban
4001

Dear Mr Nengovhela

An exploration of patient perception of the aesthetic presentation and physical characteristics of homoeopathic medicine
Ethical Clearance number IREC 006/20

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

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

In addition, the IREC acknowledges receipt of your gatekeeper permission letters.

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

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

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

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'J K Adam', written over a horizontal line.

Professor J K Adam
Chairperson: IREC

Appendix G: Themes and subthemes

Themes and subthemes that emerged from the interviews

Major themes	Subthemes
Package appearance	Size of the packaging
	Colour of the packaging
	The shape of the packaging
	Glass packaging easily breaks
	Opening and Closing of the lid.
	Dissatisfied with paper packaging for powders.
	Impact of plastic packages on land pollution.
Package preference	Amber bottles.
	Plastic vials
Physical characteristics	Taste of the medication
	Complications of swallowing pills.
	Placebo
	Unfamiliar with granules.
Medium type preference	Oral medications.

Appendix H: Transcripts (English)

PARTICIPANT 1 FEMALE 52 BLACK

Interview questions	Responses	Codes	Major themes	Subthemes
1	On my side, I am happy with the amber glass bottle its simple to take medication from it. With regard to the rest of the packaging, I am fine as long as they serve the purpose but I am happier with the glass amber bottles because of the shape and its size.	Satisfied. Size	Package appearance	Size
2	I prefer glass bottles. It's easy to take medication from it.	Glass amber bottle.	Package preference	Glass amber bottle.
3	As long as it will help. I don't mind. The powders and liquid they are easy to swallow.	Easy to swallow	Physical characteristics	Administering of medicine.
4	I prefer liquid medication. I have got a problem with the pills they block the throat. The powder, granules, and liquid medications don't get stuck in the throat.	Liquid	Medium type preference	Complications of swallowing pills..
5	I do not have any recommendations. The packaging and type of medication are satisfying.			

PARTICIPANT 2 MALE 25 BLACK

Interview questions	Responses	Codes	Major themes	subthemes
1	When I see these packagings I probably think it is carrying medication because I have seen lots of them being used to carry medication. Lots of packagings for medications are in this colour. The colour is okay especially the ones that are not brown, I prefer the transparent ones. The paper packaging I would probably say it carry drugs like cocaine because it is very unusual. Even the police might think you are carrying drugs because of the design of the paper packaging.	Colour Unusual	Package appearance	Colour Dissatisfied with paper packaging.
2	I will choose the plastic vial as it is easy to carry and it doesn't break easily like the glass ones. I prefer any form of packaging but as		Package preference	plastic vials

	long as it is colourless. because it is easy to see what is inside for example you wouldn't know what is in the inside of dark packaging. I am usually curious about what is inside the bottle.			
3	Most of these types of medication it's my first time I am seeing them. I am very unfamiliar with them for example I have never seen these ones (points at the granules) before, it's my first time. Even though they are unfamiliar I wouldn't mind using them for as long as they will help me.	Unfamiliar	Physical characteristics	Unfamiliar with granules.
4	I prefer granules because they seem easy to use.	Granules	Medium type preference	granules
5	I came here because I was not feeling well so regardless of what is given a patient has to get better so for as long it helps it's fine to use it. Even though some of the packagings are unfamiliar as long as it helps the patient it is fine to dispense it. I will only suggest that at least change the paper packaging at least use small plastics bags that are used to put pills.	Change the paper packaging		Replace paper packages

PARTICIPANT 3 MALE 23 BLACK

Interview questions	Responses	Codes	Major themes	subthemes
1	<p>Vials: You can see the remedy inside its unnecessary to see the remedy before opening the packaging. Having to see a medication before I open it makes me have lots of questions. The vials are too transparent</p> <p>The vials are too small in size. They are supposed to be bigger vials at least 30ml. The vials should be at least larger than this one (number 2 vials/10ml).</p> <p>The plastic vial is easy to open but difficult to measure the amount of the granules using the lid. The glass vial is difficult to open and you can usually spill out the remedy</p>	<p>Lack of interest in transparent packages.</p> <p>Too small in size</p> <p>difficult to open</p>	Package appearance	<p>Colour</p> <p>Size</p> <p>Opening/ Closing of the lid.</p>

	<p>while trying to open.</p> <p>Bottles: I like the brown colour for the amber bottles. they are preserved. Amber bottles are good for dispensing liquid because they make it simple to take drops. One can easily count the number of drops. I choose the glass amber bottle because it makes it difficult for the sun to affect the remedy inside.</p> <p>Cream jars: The glass containers for carrying the cream are well designed but they are too transparent at least they should be coloured. I prefer a large size too 50ml.</p> <p>Paper: paper can easily get wet, easy to contaminate the remedy inside, and it is a white paper which gets dirty easily. Packaging powder directly to a paper it doesn't seem professional for a doctor. It is difficult to open them.</p>	<p>Well designed Too transparent</p> <p>Unprofessional Unhygienic</p>		<p>Design Colour</p> <p>Professionalism</p>
2	<p>I prefer a glass amber bottle because it looks pretty. The composition of glass is better than plastic. The remedy inside the glass is hardly get affected by the sun. plastic ones easily get distorted. The glass doesn't get distorted when shaking the remedy.</p>		Package preference	glass amber bottle
3	<p>The granules are too many and too small making it very difficult to count on how many to take but they easily dissolve in the mouth and they are sweet. They easily get contaminated too. The liquid medication is fine because homeopathic liquids don't contain too much of alcohol.</p> <p>The powders are good only if you taking them in the doctor's office but not as the medication that I have to take home and take on my own. It won't give me that feeling that I am taking medication. Powders don't look professional.</p>	<p>Granules taste sweet. Granules dissolve easily.</p> <p>Doesn't look like a</p>	Physical characteristics	Placebo

	<p>But they are easy to dissolve.</p> <p>I think that the tablets are fine, but wouldn't be possible to add colour to the pills? Because I know most of the homeopathic pills you take them under the tongue so they don't need to have the capsule because they are not going through GIT but I think it will be nice to have something like that since I grew up taking tablets orally and not having to let it dissolve under the tongue.</p>	<p>medication</p> <p>There should be in a variety of colours</p>		<p>Colour</p>
4	<p>I prefer to take liquid medication. It is easy to take I don't have to count like when counting granules. I can just pour drops of liquid medication and drink whereas with granules, powder, and tablets I have to wait and let them dissolve under my tongue of which I don't have time.</p>		<p>Medium type preference</p>	<p>Liquid form</p>
5	<p>I do recommend that homeopaths find a way to make glass vial work because it is really difficult to open especially the lid and that's number one. Number two looking at the cream, they should be in a larger container like the ones we usually get from the store. With the granules I have to say that you have to get rid of them and get rid of the vials and instead of vials use plastic paper bag that we usually get from the Gp's and use pills instead of granules to minimise to waste time on counting granules. I am pleased with the glass but the plastic I don't think we should be using plastic as the container but as a lid it is fine. This is because in South Africa is very hot and plastic create a lot of moisture and same thing with the paper.</p>			

PARTICIPANT 4 FEMALE 23 BLACK

Interview questions	Responses	Codes	Major themes	subthemes
1	<p>I think most of them are good but obviously, the one that carries cream is perfect. It is easy to open it and then you can take whatever amount you want and apply to your skin. It's easy to close it again and seal it so that the remedy won't spill.</p> <p>The amber bottles, the plastic, and the glass one are both good but I am a little bit worried about the glass one, it is easy to break. When it falls down it can easily break and the remedy will spill and that will be a waste and will force you to go again to the homeopath to buy another remedy. so I will prefer the plastic ones.</p> <p>And in terms of the vials, I think both of them are okay, the glass vial and the plastic vial, and also considering the fact that the glass one can break. When it comes to using the remedy inside the vials it is very good and for the plastic one you can just break the lid and pour on the lid and it makes it perfect.</p> <p>The paper packaging for powders is perfect, it is easy to open, it is easy to pour inside the mouth it's good because the powder is already measured in the paper package.</p> <p>The appearance of the plastic amber bottle is very good. The plastic amber bottle of its shape makes it perfect to grip. In terms of the closing, an amber bottle gets sealed perfectly so that the remedy won't spill out. Also even if it falls down it won't break because of its plastic.</p>	<p>Look good</p> <p>Easy to open/close</p> <p>Break easily</p> <p>the glass one can break.</p> <p>The shape makes it simple to hold it</p>	<p>Package appearance</p>	<p>Open and closing of the lid.</p> <p>Glass packagings easily break.</p> <p>Glass packagings easily break.</p> <p>Open and closing of the lid.</p> <p>Satisfied with paper package. Shape</p> <p>Closing and opening of the lid.</p>
2	<p>I prefer the plastic amber bottle because it is easy when you have to pour drops because you can just squeeze and easily count the drops as they come out.</p>		<p>Package preference</p>	<p>Amber bottles</p>

3	<p>I like the cream especially when it is for skin complaints because as a patient it gives you that reassurance when applying the cream directly to the condition.</p> <p>The drops (liquid) they are good</p> <p>I like the powder because you do not have to count like when you counting granules. With powders, you can just pour under the tongue.</p> <p>With granules, you measure them by pouring them in a vial lid and it is difficult to measure so if I pour too much on the lid I will be forced to pour back to the vial which increases the chance of contamination</p> <p>Pills are good they do not taste bad at all. The taste of the powder is not bad is almost the same as the powders. The liquid ones I am not sure if it is just me but I have once got a liquid that tasted not bad and not too sweet but a very strange that is why I don't like them.</p>	Taste	Physical characteristics	Taste
4	<p>I prefer taking the powders. It is easy to open their packaging and it is easy to pour inside the mouth. powders are good because they are already measured so for me as a patient I just have to pour inside the mouth.</p>		Medium type preference	Powders
5	<p>My recommendation is that if possible could homeopaths ask the patient first which type of packaging do they want or prefer its either glass or plastic ones.</p>			

PARTICIPANT 5 FEMALE 24 BLACK

Interview questions	Responses	codes	Major themes	subthemes
1	<p>I think they are good. Most of them are transparent so you can see what is inside and they are reliable.</p> <p>There are just two that I have issues with, the plastic vials and the glass amber bottles the medication easily leak that is why I am not comfortable with using them but the rest are fine.</p> <p>The plastic vial leaks but they are reliable in terms of breaking than glass ones. I have once had a case whereby kids at home broke the vial because I had left it on the table but with the plastic one when it falls maybe only the lid will come off.</p> <p>Paper packaging would be reliable only if you put them together and place them in one plastic bag. Even if it happens to leak it will only leak in the plastic packaging.</p>	<p>Transparent</p> <p>Leak</p> <p>Glass breaks</p>	<p>Package appearance</p>	<p>Colour</p> <p>Closing and opening of the lid</p> <p>Glass packaging easily breaks</p> <p>Dissatisfied with paper packaging.</p>
2	<p>I prefer the plastic vial because I have kids at home so I would prefer it than having a glass one which they will easily break and it will hurt them.</p>		<p>Package preference</p>	<p>Plastic vials</p>
3	<p>I think having a variety of medium of medicine it is good because we have people who prefer different forms of medicine. It will be even great if you ask the patient which type of medication they would like to take it is either in liquid or granule etc.</p> <p>If you dispense this much of granules I don't think I will finish them I will just stop midway.</p> <p>It is easy to take liquid because you can just pour and mix with water and I can be able to finish that.</p> <p>If the medication is sweet I can be able to finish it. If they are bitter I am not going to take it because I don't like it. I have tasted the pills they taste a bit sugary and I like them. Sugary taste is also very</p>	<p>The amount is too much</p> <p>Pills taste sweet.</p>	<p>Physical characteristics</p>	<p>Taste</p>

	important for the kids because it is hard to give them a medication which is not sweet. Granules also take time to dissolve in mouth.			
4	I prefer taking powders because they are already measured and I don't have to measure them again. They also have a good taste.		Medium type preference	Powders
5	I think the lid for plastic vial should be changed so that it tightens when close to avoid leaks. Glass easily break so they should not be used.			

PARTICIPANT 6 25 MALE BLACK

Interview questions	Responses	Themes	Major themes	subthemes
1	<p>I prefer the plastic amber bottle because even if it falls down it doesn't break. I don't like the glass amber bottle because if it falls down on the floor it breaks.</p> <p>For the cream container, I think the size is too big, I prefer to take my medication wherever I go. At least it should be 25ml or less.</p> <p>The glass vial is more attractive in its appearance than all other packagings. The lid for the glass vial it closes very well than of the plastic vial. It tightens when closed whereas with the plastic one it doesn't.</p> <p>I don't trust medication dispensed in papers because even random people just sell medication in a paper on the streets. Even for hygiene, it doesn't look hygienic to dispense medication in paper because papers easily get dirty.</p>	<p>Amber bottles break easily</p> <p>Cream containers are too big</p> <p>Vials are attractive</p> <p>Vial close well</p> <p>Trustworthiness</p>	Package appearance	<p>Glass packaging easily breaks.</p> <p>Size</p> <p>Opening and closing of the lid.</p> <p>Dissatisfied with paper packaging.</p>
2	As I said I prefer the plastic amber bottle because it doesn't break even when it falls down.	Plastic doesn't break easily	Package preference	Glass packaging breaks easily
3	I like pills and liquid medication because even when I was a kid I grew up only taking pills and liquid	Familiar with pills and liquid forms of	Physical characteristics	Unfamiliar with granules.

	<p>medications. I am not used to these other forms of medication.</p> <p>Granules and powders doesn't taste like medication. I feel like I am just eating sweets whenever I am taking them. They are too sweet. Medication shouldn't be sweet it should taste bitter or sour.</p> <p>I don't like powders simply because of their presentation. It doesn't look like a real medication.</p>	<p>medication</p> <p>Taste too sweet</p> <p>Don't present as medicine</p>		<p>Taste</p> <p>placebo</p>
4	I prefer pills medication and liquid medications.		Medium type preference	Pills
5	I think with the granules you should stop prescribing them and prescribe tablets instead.			

PARTICIPANT 7 25 FEMALE BLACK

Interview questions	Responses	Themes	Major themes	subthemes
1	<p>Firstly I would say that the packagings look professional except for the one that carries powders which is the paper. I think the need to upgrade it.</p> <p>When it comes to the vials; the first one which is made of glass it is easy to break it.</p> <p>The plastic vial makes it difficult for opening it because you have to break the lid so that you can use the lid to measure the remedy. Sometimes when you have a joint problem it is difficult to break it.</p> <p>There are two types of amber bottles one made of plastic and one made of glass which also breaks easily.</p> <p>The thing I like about amber bottles is that they are easy to use and it is easy to measure and count drops using them.</p> <p>For the vials, one good thing is that</p>	<p>Professionalism</p> <p>Glass vials easily break</p> <p>Difficult to open the lid while having joint pain.</p>	Package appearance	<p>Dissatisfied with paper packaging.</p> <p>Glass packagings easily break.</p> <p>Opening and closing of the lid.</p>

	<p>they are clear even the cream container they are both clear and it's easy to see what is inside.</p> <p>The glass vial it is easy to open and use the remedy inside it than the plastic one.</p>	Cream containers are clear		Colour
2	I prefer the cream container because it looks very beautiful. It is very attractive and for that reason, it is the one I like the most. It is also transparent.		Package preference	Cream containers
3	<p>The granules are easy to dissolve under the tongue and I don't need to have water to take them. Even when I am travelling I can just take them without having to drink it with water.</p> <p>The issue with granules is that they are too sweet for me. They even cause nausea to me and I will need to throw-up because they too sweet.</p> <p>The problem with the liquid is that it has alcohol and it tastes bitter. I am not sure if it is because of alcohol but liquid medicine tastes bitter to me.</p> <p>I think I am so against the use of powders because of the packaging first and the first time I was given powder when I open them they didn't give me that confidence that it is a medication. Powders make me feel like they are nothing. I even doubted if this thing is going to work.</p> <p>I don't like taking pills because of the feeling they give me when I swallow them. I prefer granules they just dissolve.</p> <p>I have never been given the cream before in my life but I think they are good. I even like its packaging</p>	<p>Easily dissolves</p> <p>Taste too sweet</p> <p>Doesn't look like medication</p>	Physical characteristics	<p>Taste</p> <p>Placebo</p> <p>Complications of swallowing pills.</p>
4	I prefer granules except for their taste		Medium type preference	Granules
5	I have seen lots of homeopaths I have received lots of homeopathic medication but I think for other people it is so weird to for them when they get powders because			

	<p>they are too small and I think they even lose trust in them.</p> <p>And with the vials, since there are the plastic and glass one I suggest that you only give the glass one which is easy to close.</p>			
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PARTICIPANT 8 64 MALE WHITE

Interview questions	Responses	Themes	Major Themes	subthemes
1	<p>I have nothing much about this packaging. They all have got a specific purpose for a specific medicine, that's it. I presume that you people know what you are doing. I am happy with all of them, I have no problem with any sort of packaging.</p> <p>Certain plastic reacts with certain chemicals of medicine and it is always decomposing which will get into the medication, whereas with the glass as long as you just look after glasses it's not a problem.</p> <p>I recommend and prefer the use of glass packaging. Plastic packagings are poisoning the planet. I disagree with the use of plastic (packaging) and that's just a personal preference.</p> <p>Paper deteriorates in a certain amount of time whereas with the plastic one it never deteriorates.</p>		Package appearance	Impact of plastic packages on land pollution.
2	I prefer glass packaging.		Package preference	prefer glass packaging
3	<p>Medication is medication if the doctor prescribes it I must just take it because I believe he is doing the right thing.</p> <p>It is still the same with the packaging, I prefer you give me medicine in a glass but if you give me in plastic I presume the doctor knows what he is doing and I will take the medicine. I have trust in the doctor's opinion.</p>		Physical characteristics	
4	I prefer the medication that I will drink.		Medium type preference	Liquid form
5	No, I don't have any recommendations but maybe you can prescribe more of			

	THC (Tetrahydrocannabinol) powders.			
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PARTICIPANT 9 33 FEMALE BLACK

Interview questions	Responses	Themes	Major themes	Subthemes
1	<p>They look different from the packaging that I am used to. When I go to the doctor(orthodox) they usually give me in a form of plastic packagings that are different from these ones. I am unfamiliar with most of these packagings.</p> <p>I have seen an amber bottle (at GP practice) but it was bigger than this one. I have also seen the dropper bottle for eyes medication but not as big as the one it's dispensed here. When I see medicine in a small bottle I always feel like it won't work for me but I will give it a try and see what will happen.</p> <p>I have never seen vials somewhere else before and I can't comment much about it.</p> <p>The paper reminds me of grandpa medicine. They normally dispense grandpa in the paper packaging. It is a good thing because grandpa does work for treating pain so whenever I take a medicine in a paper package I know for sure that it will work.</p>		Package appearance	Size
2	I prefer the paper one.		Package preference	
3	<p>I think pills are more appealing to me because I am used to seeing them from the doctors and the nurses.</p> <p>You said these are granules right? I am not used to granules so I can't comment much on them. Granules are like for children and for people who can't swallow pills because granules are very small in size so they will be easy to swallow.</p> <p>If I were to be asked which one I would use. I would use the pills. They are appealing and I am used to pills.</p> <p>Liquid form: you know I am a Zulu person so when I see something (liquid form) like this I think of Imbiza (traditional</p>		Physical characteristics	Unfamiliar with granules.

	<p>herb). This is because of the bottle and the appearance of the liquid inside the bottle it just reminds me of Imbiza the traditional syrup. It is not a bad thing because I also use those traditional herbs but when I come it then makes me feel like I am going to a traditional healer or herbalist.</p> <p>Powders just remind me of the Grandpa</p>			
4	I prefer pills		Medium type preference	pills
5	If homeopaths prescribe more pills then it will make us as patients feel like we are going to get healed.			

PARTICIPANT 10 24 FEMALE BLACK

Interview questions	Responses	Themes	Major themes	subthemes
1	<p>Ok. Am I allowed to ask questions also?do they always come without the labelling?</p> <p>I think the amber bottles look bland like they carry traditional medicine. I am referring to the brown ones they look like they carry traditional medicine.</p> <p>The vials and cream jars look nice, they are proper and clear and I can see what is inside. I can be able to see the amount of medicine inside them.</p> <p>It is not a bad thing that they look like they carry traditional medicine because it gives you that feeling that this is carrying medicine and a child cannot just play with it.</p> <p>The paper packaging looks fine for carrying powders but mistakes can happen what if I go out and there is rain because not everyone carries their medication in their bags I prefer not to carry bags. So I think because it's paper it can easily get wet. I think paper packages for powders should be placed in glass vials too. I think all these packagings appear to look good, neat,</p>		Package appearance	<p>Colour</p> <p>Dissatisfied with paper packaging.</p>

	and safe but I am not really impressed with the paper one because a lot of danger can happen with these ones like contamination of the remedy.			
2	I prefer glass amber and glass vials because they are safe for carrying medication. The lids are proper and the amber one has the dropper in it which makes it easy for counting drops.	glass amber	Package preference	glass amber
3	<p>I think they are normal medication.</p> <p>I am not used to the granules and I am not sure if they work as much as tablets or what. They don't work as much as tablets because I feel like the tablet is much bigger and I can only take one whereas with granules i don't know how much I have to take if it is like this for it to work.</p> <p>The powders look like drugs and I think that bit alarming. When I look at it I will definitely ask you how am I suppose to take them because they look like drugs and drugs.</p> <p>I think pills they are okay, they are normal and everyone knows how to take them.</p>		Physical characteristics	Unfamiliar with granules.
4	I prefer the liquid, tablets and cream medication because I am used to taking them. I don't know much about the others like granules and powders.	liquid, tablets and cream	Medium type preference	liquid, tablets and cream
5	I don't have anything that I can recommend.			

PARTICIPANT 11 34 FEMALE BLACK

Interview questions	Responses	Themes	Major themes	subthemes
1	<p>I prefer the ones that are made of plastic because the glass ones easily break.</p> <p>I prefer the plastic ones but they must be transparent because for most people the confidentiality or privacy is more important. The colour of the packages should be at least darker and not transparent.</p> <p>With the paper one, I wouldn't recommend the use of it because it can easily be damaged by just putting it in a bag.</p> <p>These packages they look fine and as long as they completely sealed because as far as I know medication is not supposed to get fresh or what so ever all because of not closing tightly.</p>		Package appearance	<p>Glass packages easily break.</p> <p>Colour of the package.</p> <p>Dissatisfied with paper packaging for powders.</p>
2	<p>I would go with the amber bottle. The plastic one because of the colour and the plastic one doesn't easily break. Even though I know that medication is safer in a glass bottle but because it does break I would still go with the plastic bottle.</p>		Package preference	Amber bottle
3	<p>I don't like pills because they taste bad compared to the liquid medication more especially powders they taste terrible but I wouldn't mind if they can prescribe powders that have a nice taste.</p> <p>Even though I am not that familiar with granules that much, I have once had a medication containing granules. The taste was nice and I wouldn't mind taking granules.</p>		Physical characteristics	<p>Taste of medicine.</p> <p>Unfamiliar with granules</p>
4	<p>I prefer liquid medicine to powders and granules. Liquid medications taste less sour than the powders.</p>		Medium type preference	Liquid medicine
5	<p>I would suggest that at pharmacies and clinics they should give clear instructions on how to use the medication.</p>			

PARTICIPANT 12 28 MALE BLACK

Interview questions	Responses	Themes	Major themes	subthemes
1	<p>Firstly, I would like to comment on the amber bottles for me I think glass ones are much easier to use and the plastic one becomes sticky over time. As much as the glass ones easily break, I still prefer them.</p> <p>I am not happy with the paper package. Once the paper gets wet the medication is already ruined. I would prefer other forms of packaging other than paper. I am recommending that maybe use plastic instead of paper.</p> <p>As much as I am not used to the cream container, I can say they are great.</p> <p>On the colour of the packaging, I noticed that there are transparent ones and dark ones. I prefer the dark ones (brown) because I feel like the transparent one there is not much privacy. Someone can easily see the medication inside</p>		Package appearance	<p>Glass packaging easily breaks.</p> <p>Dissatisfied with paper packaging for powders.</p> <p>Colour of the packaging</p>
2	<p>I prefer glass amber bottles because they are convenient, and they are classy.</p>		Package preference	Amber bottle
3	<p>I am going to start with pills. I feel like the pills are the easiest medication to take but I also feel like they also get stuck in the throat because some of them are very big.</p> <p>I have never used the cream before, so I won't comment much about them.</p> <p>On the powders one, when I take them, I don't feel like they are effective enough. That is why I have used many pills than powders. I have once taken a powder grandpa, but I didn't feel like it works so I went on and get Panado pills. I just feel like powders don't work. On their packaging, they are usually a small amount of them, so I feel like they are not effective enough.</p> <p>The liquid medication's taste is too much and every time I take the liquid medication there is an after taste.</p>		Physical characteristics	<p>Complications of swallowing pills.</p> <p>Placebo.</p> <p>Taste of the medication.</p>

	<p>Liquid medicine they have flavours sometimes it's sour, but they just have a different taste from the actual medicine itself.</p> <p>I don't have any idea about granules because I have never come across them. I have never used granules before.</p>			Unfamiliar with granules.
4	I prefer pills because you can take them on the go, you can put them in your pocket, and they are convenient.		Medium type preference	Pills
5	<p>As I have said before the paper packaging has to be replaced with plastic packaging.</p> <p>On the liquid medication try to minimise the after taste.</p>			

Appendix I: Editing certificate

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EDITING CERTIFICATE

Re: **Muphulusi Nengovhela**

Master's dissertation: **An exploration of patient perception of the aesthetic presentation and physical characteristics of homeopathic medicine**

I confirm that I have edited this dissertation and the references for clarity, language and layout. I returned the document to the author with track changes so correct implementation of the changes and clarifications requested in the text and references is the responsibility of the author. I am a freelance editor specialising in proofreading and editing academic documents. My original tertiary degree which I obtained at the University of Cape Town was a B.A. with English as a major and I went on to complete an H.D.E. (P.G.) Sec. with English as my teaching subject. I obtained a distinction for my M.Tech. dissertation in the Department of Homoeopathy at Technikon Natal in 1999 (now the Durban University of Technology). I was a part-time lecturer in the Department of Homoeopathy at the Durban University of Technology for 13 years.

Dr Richard Steele

2021-01-18

per email