



**PRESCRIBING TECHNIQUES OF KWAZULU NATAL  
HOMOEOPATHIC PRACTITIONERS FOR PAEDIATRIC PATIENTS**

**BY**

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## DECLARATION

I, Mzwandile Khumalo do hereby declare that this dissertation is representative of my own work, both in conception and in execution. Any works used outside of my own has been distinctly acknowledge in the text. The study has not been previously submitted to either The Durban University of Technology or to any other institution.

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Signature of student

Mzwandile Khumalo  
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Date of signature

## DEDICATION

This dissertation is dedicated to my mother Phumzile Khumalo, thank you for sacrificing your whole life and dreams into making sure that you give me and my siblings a better life. Raising four kids and taking care of your entire family, may have not been easy but you endured. I would have not finished this work if it wasn't for your continued support and prayers. My drive has always been to make sure that you live to see the fruits of all the sacrifices you have made to make it possible for me to be the first graduate in the family.

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# **Abstract**

## **Introduction**

The homoeopathic practice is polarised between the theoretical foundations of traditional homoeopathy and the contemporary practices as employed by homoeopathic practitioners in their respective practices. To date, the process of case taking and prescribing techniques for paediatric patient in homeopathy is largely unexplored and little is understood about its reliability. Despite a plethora of research showing the effectiveness of homoeopathic remedies in the treatment of paediatric patients. Little is known about the different skills and techniques used by homoeopathic practitioners in prescribing for paediatric patients.

The objectives of this study were to expand the database of knowledge regarding the prescribing techniques of homoeopathic practitioners when treating children, by investigating practitioners' diagnostic framework in the treatment of paediatric patients. The study was guided by the questions: to what theoretical and applied foundations do homoeopaths base their prescription for paediatric patients?

## **Methodology**

A qualitative, explorative, descriptive and contextual design was employed. Qualitative research in this study was considered the most appropriate method to gain an in-depth understanding of the prescribing techniques of homoeopathic practitioners. Convenience sampling was used to recruit a minimum of 10 and maximum of 15 potential research participants from qualified and registered homoeopathic practitioners, but the sample size was only determined once data saturation was obtained. The study population were experienced homoeopathic practitioners with a minimum of five(5) year experience in practice and treating children. The data was collected and analysed using Tesch's eight-step procedure.

## **Results**

Results obtained from this study showed that the study cohort had experienced challenges in the treatment of paediatric patients in their early practice, such challenges stem from the inability of children to sensationally express their symptoms. Homoeopathic practitioners have to rely on their own observation, physical examination and secondary information from the parent. Homoeopathic practitioners further added that homoeopathy is perceived as safe by the parents. Though homoeopathic practitioners foreground their practice on individualization principle, majority of the study groups reported that their focus is on the constitutional prescribing whilst also acquiring an in-depth knowledge of the child's past medical history, pregnancy and labour, physical symptoms and own observation of the child. Furthermore, the practitioners reported that general symptoms of the paediatric patient are very important as they are less subjected to interpretation. Despite the lack of consistency in the prescribing techniques of homoeopathic practitioners, the practitioners reported that homoeopathic remedies are very effective in the treatment of paediatric cases.

## **Conclusion**

The salient themes of this study suggests that homoeopathic practitioners encounter challenges on the case taking and treatment of paediatric patients. Such challenges are foregrounded on the child's inability to sensationally express their subjective symptoms, whilst the parent or guardian may have erroneous information based on their own interpretation of the child. Homoeopathic practitioners depend more on their own clinical observations to holistically prescribed for children. Based on this findings, the researcher recommends a development of a framework to serve as a guideline for newly qualified homoeopathic practitioners treating paediatric patients. Furthermore, the researcher suggests the focus on paediatric cases during the newly introduced in-service training.

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## **LIST OF ACRONYMS**

AHPCSA	Allied Health Professional Council of South Africa
CAM	Complementary and Alternative Medicine
DUT	Durban University of Technology
GPs	General Practitioners
UJ	University of Johannesburg
WHO	World Health Organization

## **GLOSSARY OF TERMS**

Allied Health Professions Council of South Africa: is a statutory council for natural health, responsible for the promotion and protection of the health of the population of South Africa and will affect this by regulating and setting standards for the profession of homoeopathy, under act 63 of 1982

Complementary and alternative medicine: this is a term used for medical product and practices that are not part of standard care, for example acupuncture, chiropractic and homoeopathy.

Disease: Is the inability of a system to respond adequately to various environmental stimuli. Psychological, emotional and physical stress all act to destroy homoeostasis or harmonious internal balance. This later results in a failure to produce an appropriate adaptive response, leading to impaired functioning of a system or systems (Nicolai, 2008)

Holistic approach: this is when you treat a patient considering the mental, emotional and physical aspect.

Homoeopathy: a system of medicine used around the world and based on the principle of "let likes be cured by likes." Patients who exhibit symptoms of disease are treated with administration of minute doses of substances to stimulate the individual's natural healing process in order to restore and maintain health.

Miasm: A miasm is an inherited or acquired predisposition that presents in an individual making them susceptible to a pattern of morbidity (Swayne,2000)

Miasmatic Treatment: A treatment method aimed at treating the miasm that presents in an individual (Swayne, 2000)

Materia Medica: This Latin terminology for 'materials of medicine'. Its role is to provide homoeopathic practitioners with a reference that describes the curative indications and therapeutic actions of a homoeopathic remedy (Block, 2003)

Patient: any individual who enters the health care facility seeking any health assistance. The term 'patient' is used interchangeable with the concept 'client'

Primary health care: is health care at a basic rather than specialized level for people making an initial approach to a doctor or nurse for treatment.

Repertory: An index of the homoeopathic materia medica by symptom. A list of remedies is indicated for each symptom.

Simillimum: The single remedy which best matches the symptoms of the patient

World Health Organisation: A United Nations agency to coordinate

Vital force: The invisible energy or life force present in all living organisms which creates balance, harmony and health international health activities and to help governments improve health services.



# **CHAPTER 1: OVERVIEW OF THE STUDY**

## **1.1 INTRODUCTION AND BACKGROUND OF THE STUDY**

Homoeopathy is the fastest growing medical modality in the world, the awareness of homoeopathy is changing and there is a growing interest to know more about this stream of medicine (Sarangi et al, 2019). This recognition of homoeopathy as an alternative modality of medicine is ascribed to its holistic, collaborative and empathic approach, and physician-patient relationship during a consultation. The homoeopathic practitioner is integral in optimizing the health outcomes in homoeopathic treatments (Eyles et al, 2009), through his or her skills and knowledge of case taking, interpretation of the totality of symptoms, prescribing techniques and the quality of the patient-practitioner relationship (Brien et al, 2004).

The recognition of homoeopathy is also apparent in the treatment of children as parents are anxious about the adverse effects of conventional prescriptions on their children's wellbeing. This makes homoeopathy safe to use when other forms of treatment may not be recommended, such as during pregnancy, as well as for infants and young children (Michalsen et al, 2015). Early homoeopathic treatment of paediatric patients can contribute to sound development and lead to a healthy adulthood (Herscu, 2001).

Though homoeopathy may be effective in the treatment of paediatric patients, practitioners may encounter challenges in the case-taking, diagnoses, prescription and treatment of children. Effectively eliciting, connecting and analyzing a patient's physical and mental information is critical for remedy diagnosis and posology; it requires experience which cannot be acquired from studying theory only. Every practitioner develops his / her own method and framework in case taking. However routine questioning may sometimes lead to valuable information being missed, which may impact on the choice of remedy (Ali, 2012).

There is little information examining how homoeopathic practitioners decide on the prescription for their patients, and no study have explored the actual techniques and diagnostic framework of making a decision on the prescription in homoeopathy (Brien et al, 2004).

In a study done by Daukes et al. (2004) investigating the extent of homoeopathic prescribing in primary care for childhood diseases, the authors concluded that although the levels of homoeopathic prescribing in paediatric cases is low, the increased use of homoeopathy suggests that some knowledge on the main indications for homoeopathy and preparations used would be of benefit to registered medical practitioners in the treatment of paediatric patients.

## **1.2 PROBLEM STATEMENT**

Homoeopathic practitioners encounter challenges in case- taking, diagnosing and treating children in their early years of practice. The challenges stem from the inability of the child to sensationally express their subjective symptoms. Each practitioner develops his own method of framework in case taking, which requires a great deal of experience (Witkons, 2017). However, subjective nature of this could render inconsistencies and lack of scientific reasoning, and thus lack of reliability in the case taking and treatment of paediatric patients.

This study aimed to explore the case taking and prescribing techniques of homoeopathic practitioners in the KwaZulu-Natal province, in order to generate new knowledge regarding the different approaches adopted by homoeopathic practitioners. This study directly contributes towards a research area in homeopathy that is under studied. Homoeopathic practitioners who are registered with the Allied Health Profession Council of South Africa (AHPCSA), currently in practice who treat paediatric patients were approached. Homoeopathic practitioners with at least five years of practice experience were included. It was assumed that experienced practitioners would provide more useful knowledge on the subject. Information gathered could potentially be used to assist newly qualified homoeopathic practitioners with basic case taking techniques and diagnostic frameworks, which could serve as a guideline whilst developing and gaining experience in practice, when treating children.

### **1.3 PURPOSE OF THIS STUDY**

The purpose of this study was to broaden the database of knowledge regarding prescription techniques of experienced homoeopathic practitioners for paediatric cases by investigating the challenges they encountered in early years of practice when treating paediatrics, and what tools/approach tools and approaches they developed to overcome those challenges.

### **1.4 AIM OF THE STUDY**

#### Aim

The aim of this study was to explore the case taking and prescribing techniques employed by homoeopathic practitioners in KwaZulu-Natal.

#### Grand-Tour Question

What theoretical foundations individual practitioners base their homoeopathic decision-making on, and understanding of homoeopathic clinical reasoning?

### **1.5 OBJECTIVES**

#### 1.5.1 The first objective

To investigate the case taking techniques utilized by homoeopathic practitioners in the treatment of paediatric patients.

#### 1.5.2 The second objective

To determine the prescribing techniques utilized by homoeopathic practitioners in the treatment of paediatric patients.

#### 1.5.3 The third objective

To identify any challenges experienced by homoeopathic practitioners in the case management of paediatric patients and how these are overcome by practitioners.

The context of this study is to investigate theoretical frameworks as well as case taking- and prescribing techniques used by individual homoeopathic practitioners in the management of paediatric cases.

### **1.6 SIGNIFICANCE OF THIS STUDY**

This study will assist in describing some of the prescribing techniques and diagnostic framework employed by experienced homoeopathic practitioners, in the treatment of paediatric patients. This study will further provide baseline information that would be made readily available to newly qualified practitioners to explore different prescribing techniques which may be used as guidelines during early practice. The study will add to the pool of knowledge needed by homoeopathic practitioners to effectively prescribe, and successfully treat paediatric cases

### **1.7 DELIMITATIONS**

Only homoeopathic practitioners with a minimum experience of five years, who treat paediatric patients were included in the study. Only homoeopathic practitioners registered with the Allied Health Profession Council of South Africa (AHPCSA), whose practice are within the KwaZulu-Natal province were included in the study. AHPCSA registration should not be a limitation it is an essential requirement, it is an excluding criteria but not a limitation. The respondents were those who were available and agreed to participate in the study, therefore the results obtained are not necessarily representative of the population as a whole.

## **1.8 OUTLINE OF THE DISSERTATION**

This dissertation was divided into six chapters;

Chapter 1: Overview of the study covering aspects such as introduction and background, aims and objectives, significance of the study and limitations

Chapter 2: Literature Review. This will include the four variables that were identified in the literature viz. Laws and principles of homoeopathy, differences between allopathic and homoeopathic practitioners, case taking, surveys on homoeopathic prescribing techniques.

Chapter 3: Described the research design and methodology by detailing the qualitative research design that is to be employed in this study. This will include an explanation of the study population, sampling process, and data analysis procedure.

Chapter 4: presents the results of the prescribing techniques of experienced homoeopathic practitioners. Data from semi-structured interviews was transcribed verbatim and used as such during discussion to accentuate the voice of the participants

Chapter 5: Provided vigorous discussion regarding the prescribing techniques of homoeopathic practitioners for paediatric cases by comparing findings of the study with relevant literature.

Chapter 6: Conclusion and recommendations that can be drawn from this study. The list of references and appendices follow this chapter.

## **1.9 CONCLUSION**

Though a plethora of research has proven the effectivity and success of homoeopathy in the treatment of paediatric patients, how homoeopaths process case making and prescription for children is understudied. The inability of a paediatric patient to sensationally express their symptoms remains a fundamental challenge in the process case taking and prescribing for children. The respondents of this study revealed that clinical observational skills and physical examination are vital components of the homoeopathic prescription for children. Furthermore, the respondents revealed the importance of focusing on the constitutional and miasm for successful treatment of

children. The respondents in this study have built extensive experience in paediatric case studies over a number of years. Research, such as this study, offer an opportunity to start to compile and bring together the learnings from experienced practitioners so that the homeopathic discipline in South Africa may offer more clear guides on the treatment of paediatric patients for young doctors entering into the field.

The data obtained from this study may also be used to enrich homoeopathic education. The data obtained from this study may also be used as motivation to consider the integration of homoeopathy as an effective stream of medicine in the treatment of paediatric patients. Such a proposal would be aimed at closing the gaps that exists in the curriculum of homoeopathy in the institutions of higher learning and experience of homoeopathic practitioners in practice.

## **CHAPTER 2: LITERATURE REVIEW**

This chapter reviewed literature related to the prescribing techniques of experienced homoeopathic practitioners in the treatment of paediatric cases. The review introduces the current discourses and homoeopathic principles that foregrounds the case taking and prescription of homoeopathic practitioners. The literature review is structured into four sections. Section one discusses the homoeopathic training and professional status of homoeopathy in South Africa and the principles of homoeopathy. The second section compares and outlines the distinction between the techniques of prescription homoeopathy and orthodox medicine. Section three discusses the evidence-based efficacy of homoeopathic treatment in paediatric cases. Section four reflects on the homoeopathic foregrounding principles and how they influence this model of treatment.

### **2.1 INTRODUCTION**

Homoeopathy is polarized between the scientific domain of randomized controlled clinical trials and traditional clinical approaches, and the idealism and artistic approach of the 21<sup>st</sup> century practice, largely influenced by developments in psychology, psychotherapy and related humanistic sciences. Underpinning the different views exists discourses that concern the theoretical foundation of traditional classical homoeopathy, and the contemporary practice of homoeopathic practitioners in their respective practice (Levy et al, 2010)

Despite more than two centuries of continuous practice and sizable numbers of randomized controlled clinical trials of varying quality, there is still limited knowledge about the prescribing techniques and reliability of the prescription techniques employed by homoeopathic practitioners in clinical practice thereof. Research up till now has focused on proving validity of the homoeopathic method itself (Levy et al, 2010). Understanding the prescribing techniques is a necessary precursor for any medical intervention in the treatment of patients (Nwolisa et al, 2006)

This stream of medicine continues to grow in recognition amongst medical practitioners and patients. The awareness of homoeopathy is changing and there is a growing interest to know more about homoeopathy (Prinsloo, 2011). This apparent

recognition of homoeopathy as an alternative stream of medicine is ascribed to its holistic, collaborative, empathic approach and physician-patient relationship, during a consultation. The homoeopathic practitioner is an important integral in optimizing the health outcomes in homoeopathic treatments (Eyles et al, 2009), through his skills and knowledge of case taking, interpretation of the totality of symptoms and the quality of the patient-practitioner relationship (Brien et al, 2004).

Homoeopathy acknowledges the knowledge of the body. It is a method that uses remedies that induces the body's own immune and defense system referred to as the 'vital force' to initiate the healing process. It is a system of medicine that is recognized as harmless. In a consultation, homoeopaths bring all aspects of patient's healthcare, diagnosing, prescribing, treatment and management, together with referrals and communication with other healthcare practitioners (Homoeopathic Association of South Africa, 2007).

The medicines used in Homoeopathy are derived from carefully selected natural substances, including plant and mineral sources and are prescribed as minute doses, to enhance the body's own healing processes. Its strength lies in its marked effectiveness as it takes a holistic approach towards the sick individual through promotion of inner balance at mental, emotional, spiritual, and physical levels. Homeopathy treats the patient as a whole and not just the disease. Homeopathy believes in a Holistic, Total symptomatology, and Individualistic approach (Sevak, 2002). according to (De Schepper 2001), "the homeopath does not treat disease, he treats sick individuals, and no two patients with the same disease are ill in exactly the same way". Accuracy of homeopathic prescribing is dependent upon the similarity between the characteristics of the medicine and the individual characteristics of the patient's illness. Homeopathic prescriptions are thus individualized to the patient (Kayne, 2003)

A treatment cannot produce a good effect if the principles and practice of homoeopathic prescribing are not observed. Various factors may affect how homoeopaths derive and prescribe a remedy in a clinical context, such as the homoeopath's skills in taking the case history and the interpretation, analysis and weighing of the presenting symptoms. The credibility of deciding on a prescription in homoeopathy has remained under-researched (Brien et al, 2004).



This chapter will present only the selected literature to give background to the study in the quest to explore the various techniques employed by homeopathic practitioners for a successful prescription and treatment of paediatric cases. This chapter starts reviewing the laws and principles of homeopathy that governs prescription in homeopathy. The subsequent headings outline the contrast of treating models used in homeopathy versus orthodox medicine, the scope and effectivity of homeopathy in paediatric cases, case taking and analysis and related literature on the subject under probe.

## **2.2 HOMEOPATHIC TRAINING AND PROFESSIONAL STATUS IN SOUTH AFRICA**

Homeopathic registration in South Africa allows practitioners privileges and rights similar to those of medical practitioners. Homeopathic practitioners are recognized as primary contact professionals, with the same status as allopathic practitioners. The main route to qualification and registration involves a five-year full-time course leading to the degree, Master of Technology (Homeopathy) (M. Tech. (Hom)). Graduates of this programme are required to register with the appropriate statutory body, namely, the Allied Health Professions Council of South Africa (AHPCSA). This body was established in terms of the Allied Health Professions Act, 1982 (Act 63 of 1982). This body has equivalent legal status to the body that medical graduates register with, namely, the Health Professions Council of South Africa (HPCSA) (HSA, 2007).

From August 2005 it became compulsory for homeopaths who dispense their own medication to obtain a Compounding and Dispensing Certificate issued by the Pharmacy Council of South Africa, and then obtain the relevant license from the Department of Health (HSA, 2007).

Previously, The M. Tech. (Hom) degree was offered at the Durban University of Technology and the University of Johannesburg. The degree extends over five years of which the first three provide a thorough grounding in traditional medical subjects with special emphasis on diagnostic skills. These subjects include Chemistry I, Biochemistry I, Physics I, Biology I, Pharmacology I, Anatomy I and II, Physiology I and II, Pathology I and II and Diagnostics I and II. In the final two years, emphasis is

placed on the practical application of homeopathic, herbal and naturopathic principles, including aspects such as preventative medicine, community health care, nutrition, physical exercise and related therapies. Subjects include Auxiliary Therapy I, Materia Medica I, II and III, Clinical Homeopathy I and II, and Homeopharmaceutics I. The student is guided to consider the patient as a whole and relate all peculiarities, reactions and modalities to the homeopathic method of treatment (Department of Homeopathy, D.U.T, 2009).

The training is now offered in the institutions as a Bachelor of Health Sciences: Homoeopathy, allowing candidates to exit and find employment in the private and public sector. However, for a candidate to be able to practice as a qualified homoeopathic practitioner and register with the Allied Health Practitioner's Counsel of South Africa (AHPCSA). Candidates need to finish a Master of Health Sciences: Homoeopathy as a prerequisite. (Department of Homoeopathy, D.U.T, 2019)

### **2.3 THE LAWS AND PRINCIPLES OF HOMOEOPATHY**

Homoeopathy was founded and established by the German physician, Samuel Hahnemann in the late 18th century (De Schepper, 2001). This medical stream treats disease by remedies prescribed in minute doses, which when administered to a healthy individual would manifest a totality of symptoms like those of a particular disease. Samuel Hahnemann who introduced homoeopathy provided the basic guidelines of homoeopathic practices (Chauhan and Gupta 2007).

(Chauhan and Gupta, 2007) explains the basic principles of homoeopathy as follows:

a. Law of similia – the symptoms experienced by the patient have no disease origin, but are a reaction of the body's defense mechanism. The remedy prescription is based on the principle of "similia similibus curentur" interpreted as "like cures like". The remedy must have ability to produce similar symptoms of the disease to be treated when administered to a healthy individual.

b. Law of simplex – only one single, simple remedy is to be prescribed in a given case at a time, which is called a simillimum.

c. Law of minimum – reduction of the drug dose by succession of trituration at every step of dilution employing an inert medium like alcohol or lactose (Chauhan and Gupta 2007).

A fundamental principle of homeopathy is that of prescribing a single remedy at a time. The use of a single remedy allows unambiguous evaluation of any beneficial or adverse effects that may be produced following administration of the remedy to the patient (Vithoulkas, 1998:217). The homeopathic remedy works by stimulating the vital force. The symptom picture of the remedy matches as closely as possible to the symptom picture of the patient's illness and it does not make sense to confuse the vital force by stimulating it with two or more remedies, each with its own energy. Therefore, only one remedy should be prescribed at a time (De Schepper, 2001:29-32).

Provings are experiments conducted to determine what a homeopathic substance is able to cure (Ullman, 1991:9). Provings investigate the effects of repeated doses of homeopathic medicines in healthy volunteers (provers) in order to reveal their properties and therapeutic capabilities (Swayne, 1998:170-171). Provings are extremely important to gain vast information about major remedies and their effects, not only on all the tissues, organs and functions of the body, but even on the mind, the emotions and the energy level. The proving of remedies is a great undertaking, a fascinating adventure, for we never know what we will find. A properly conducted proving produces a living monument of value for all time (De Schepper, 2001:32- 38).

Homeopathic remedies have very little, if in fact any original substance left in them (Ullman and Reichenberg-Ullman, 1995:35). These minute potencies are prepared through a series of dilution, succussion and trituration (Swayne, 1998:169). This step-by-step process makes the remedy powerful, but at the same time harmless.

The remedies are extremely dilute, have no side effects and are very safe to use (Ullman and Reichenberg-Ullman, 1995:35).

Hering's Law is extremely useful to homeopathic practitioners in order to measure the progress of chronic disease states, and is described below (Leckridge, 1997:32). The direction of cure is said to have four axes:

1. From most important organs to less important organs

2. From inside out
3. From top to bottom
4. Disappearance of symptoms in reverse order of their appearance (Leckridge, 1997:32).

According to De Schepper (2001:42), “the homeopath does not treat disease, he treats sick individuals, and no two patients with the same disease are ill in exactly the same way”. Accuracy of homeopathic prescribing is dependent upon the similarity between the characteristics of the medicine and the individual characteristics of the patient’s illness. Homeopathic prescriptions are thus individualized to the patient (Swayne, 1998:23).

Homoeopathic remedies aid the body to heal itself, by stimulating the body’s own energy or vital force (Bloch and Lewis 2003).

## **2.4 HOMOEOPATHIC TREATMENT FOR CHILDREN**

Since the science of homoeopathy was introduced more than 200 years ago by the German physician, Samuel Hahnemann, it has been used for the treatment of paediatric patients (Shah,2006).

Parents bring their children to homeopaths because homeopathic medicines is much safer since there are no side effects compared to conventional medicines. The second reason is that children respond well to homeopathic medicines because they have a strong vital force. Bell et al (2004) defines vital force as the spirit like dynamism that flows through the material human organism. In homoeopathy, the prescribed remedies can induce the vital force to coordinate self-healing response throughout the individual. Homoeopathic practitioners can evaluate the vital force clinically through individualized and subjective observation (Bell et al,2004). A child’s life can be changed both physically and psychologically, with the correct homeopathic remedy (Ullman, 2004).

Parents today are anxious about the adverse effects of conventional prescriptions, especially in the treatment of paediatric patients. This makes homoeopathy safe to use when other forms of treatment may not be recommended, such as during gestation, in babies and young children (Sevak, 2002). Early homoeopathic treatment of paediatric patients can contribute to sound development and lead to a healthy adulthood (Herscu, 2001).

Homeopathic treatment is prescribed based on the needs of each individual and only the minimum amount of stimulation needs to be given in order to begin the self-healing process. Children are susceptible to many ailments and have a tendency to fall ill, but their recovery is fast. It is considered inappropriate to suppress the common childhood ailments, because the body of the growing child is adapting resistance to disease by means of earaches, fevers and other minor illnesses as these enhance the immune system (The Society of Homeopaths, 2005). When the disease cured is aided through medication, the body's own immune system does not learn to heal on its own (Ullman, 1991).

According to the Society of Homeopaths (2005) the homoeopathic approach helps in building a stronger immune resistance in children who have recurring infection due to lowered resistance. Homeopathic treatment being based on the constitutional approach treats the root cause of a disease. Childhood illnesses therefore are part of the development milestones and a child who copes well with these challenges will be laying the basis of healthy maturity.

## **2.5 LIMITATIONS OF CONVENTIONAL DRUGS**

Ullman (1992) argues that most orthodox remedies are not clinically tested on children. The safety and effectiveness of giving drugs to children have not been established. When it comes to calculating doses or anticipating side effects, children are often considered little adults.

Conservative use of conventional drugs with paediatric patients is recommended, since their bodies are still developing, the organs and glands are learning how to function together, and the immune and defense mechanisms are in the process of maturation. During gestation, it is acknowledged that pregnant women should avoid medications, and yet post birth, it is forgotten that their bodies are still in the process

of growth and development, a delicate state that can be significantly affected by many commonly used medications (Ullman, 1991).

Conventional medicines are proven to suppress the natural way of the body to fight against childhood illnesses, examples of medications used which can cause suppression in the body. For example, aspirin prescribed to suppress children's fever has been found to lead to Reyes Syndrome, a potentially fatal neurological condition. Antihistamines, decongestants and nasal sprays inhibit the elimination of nasal discharge, which is a natural defense mechanism of the body. Children are frequently given cough suppressants while a cough is a natural defense of the body in its effort to clear a breathing passageway (Ullman, 1991).

Although some conventional drugs are more dangerous than others for children, there is little controversy about the fact that we must use drugs with greater caution in the treatment of paediatric patients than in the treatment of adults (Ullman, 1991).

Nwolisa et al. (2006) in their study aimed at assessing the prescribing practices of doctors treating patients under the age of five years in a children's outpatient clinic in Nigeria concludes that there is a significant inadequacy in the prescribing practices of health practitioners. Particularly the low rate of generics, the high rate of antibiotic prescription, improper prescription of multivitamin preparation and vitamin C, and a relatively high rate of poly pharmacy.

#### 2.5.1 Orthodox versus Homoeopathic treatment model

Launso and Rieper (2005) conducted qualitative research on the treatment model of experienced orthodox practitioners and classical homoeopaths, limiting the study to the treatment of asthma and allergy. The study focused on the understanding of the disease (asthma and allergy), diagnostic approaches used, choice of treatment method and expectations of effect of the treatment used and connection between the different components in their treatment. Orthodox practitioners reflected that they understand asthma and allergy as independent diseases in terms of physiological reaction and condition, whilst Classical homoeopaths understands that symptoms react with each other and reflects an underlying imbalance which must be viewed in

connection with an innate predisposing factor. The researcher further differentiates between orthodox and homoeopathic physicians as follows:

- I. Diagnostic approach: in the conventional medicine, treatment begins with the history of the disease, diagnosis may also be determined by testing the effects of certain types of medicine. In Homoeopathy, the method of revealing the patient's diagnosis or problem uncovering is mostly based on interview and observation to elicit a general picture of the patient's physical, emotional and mental condition. The patient is encouraged to discuss what is peculiar and individual. It is not the disease that determines which homoeopathic remedy is prescribed but the patients' total symptomatology or reaction pattern.
- II. Treatment: Both orthodox and homoeopathic practitioners understand their treatment as individualized. Orthodox practitioners specify that individualized treatment requires more experience than standardized treatment. For homoeopathic practitioners, a constitutional treatment acknowledges the individualization of each case. Both practitioners prescribe medicine but their clinical reasoning are grounded on different principles. For the orthodox practitioner, the purpose of prescribing medicine is to suppress the symptoms directly whilst homoeopaths prescribe remedies to initiate a curative process indirectly and aimed to the patient, not the symptoms
- III. Choice of treatment and expected effects: Orthodox practitioner's experience is that they palliate symptoms. But medical treatment cannot cure the disease. Classical Homoeopaths understand treatment effects in terms of curative laws. Treatment is tracked on the basis of Hering's law, it is presumed that during a treatment, the symptoms move inside out and from more to less vital organs. There is very limited connection between the understanding of disease and the treatment model employed by orthodox practitioners, whilst such a connection is well reflected in the homoeopathic practitioner's model (Launso and Rieper, 2005).

In homeopathy, the prescriptions are made by tailoring of remedies to the patient's personality type, causation of the illness and totality of symptoms. This method differs

from prescriptions in other medical systems, wherein prescriptions are mainly based on the name of the diseases or main causative factors. The physicians of the orthodox medicine would prescribe the same medication or treatment regimen to all patients with the same disease, whereas a homeopathic practitioner would ask detailed question about each patient's symptoms and the modalities, or factors, that make them better or worse, his or her likings and dislikes. The main focus is to individualize the person from other patients with similar diseases. In view of this difference, the homeopath might prescribe different remedies for different patients with the same illness (Das,2015).

Response to conventional medical treatment is typically measured along a linear, mono-dimensional scale. This is exemplified by the widespread use of visual analogue scores to quantify subjective response to conventional treatment. Responses are graded by a single digit, lacking 'volume', 'depth' or scope. Subjective experience, while possibly of personal interest to the physician, carries no weight in therapeutic reasoning.(Das,2015)

The homeopathic response, by contrast, is characterized by subtle changes in the character of symptoms, the patient's mood, appetite, energy level, and overall well-being, not just the severity of the symptom. Moreover, these changes cannot be judged in isolation: only the overall pattern of changes reveals the nature of the response. The patient's rash may be exacerbating, but due to improvement in the patient's mood, relationships and sleep pattern, the diligent homeopath will judge that the patient is proceeding toward cure. (Das, 2015)

In contrast to the mono-dimensional measure of conventional improvement, the homeopathic response typically carries 'colour': The stitching pain may change to burning, numbness may replace formication, clarity of vision may ensue. The description, 'cheerful- ness after stool', beyond curiosity value, has no meaning in conventional medicine. Only resolution of constipation carries therapeutic relevance for the conventional physician. The homeopathic physician, in contrast, would find such a symptom of great practical import, possibly indicating a healing process or the need to change a prescription.



The mono-dimensional dynamics of conventional medicine is thus traded for a multidimensional one, with appearance of new 'symptoms', recurrence of past symptoms, development of symptoms remote to the main complaint, and sweeping changes in the general, mental and emotional spheres (Das, 2015).

### **2.5.2 Scope and effectivity of homeopathic treatment for children**

The scope of homeopathic treatment includes almost any illness. Children respond well to homeopathic treatment. Complaints that are successfully treated using homeopathy in children include: colds, coughs, ear infections, teething, colic, allergies, chest infections, tonsillitis, asthma, diarrhoea, constipation, eczema, bed wetting, sleep disorders, slow development, growth disorders, worms, attention deficit hyperactivity disorder (ADHD), behavioral disorders and many more. Many parents take their children for homeopathic treatment when their children fail to respond to antibiotics / other drugs or the parents do not want their children to be reliant on medication. Homeopathy is an excellent immune system booster and makes children less susceptible to illness (Anello, 2007).

Rossi et al. (2012) provide an informative study on the effect of homoeopathy in paediatric atopic dermatitis. The researcher prescribed homoeopathic remedies to 551 children and 213(38,6%) of the children with atopic diseases were constantly examined from September 1998 to December 2008. In this cohort 83(39%) were affected by asthma, 51(24%) by allergic rhino-conjunctivitis, 76(36%) by atopic dermatitis and 3(1%) by food intolerance. Follow up patients were 104(48.8%) and 65(67.5%) of them reported a major improvement or complete cure.

The prescription of homoeopathic remedies is also apparent amongst paediatricians and general practitioners. Beer et al. (2015) illustrate this with a survey conducted by to provide an understanding into physician's attitude towards the use of natural and homoeopathic remedies for paediatric patients. Out of the total population of participants of 582, 80% were paediatricians and 20% were general practitioners who treated paediatric cases for a minimum of 3 months prior to the commencement of the research study. The physicians reported the frequent prescription of homoeopathic remedies for upper respiratory tract infections, allergies, acute abdominal complaints,

recurrent infections, ear- aches and infant colic. In the previous 12 months before the study, almost all the physicians prescribed/recommended to their paediatric patients natural or homoeopathic remedies to 76% in the cases. 47% of the physicians showed interest in homoeopathy. Paediatricians and general practitioners treating children concur to principles of alternative medicine, particularly the requirement of a holistic approaches due interaction of the body, mind and environment and the importance of activating self-healing processes to prevent and treat paediatric diseases. In addition, 70% concur that homoeopathy is associated with lower adverse effects (Beer et al,2015).

## **2.6 PAEDIATRIC CASE TAKING AND ANALYSIS**

Case taking with the objective of discovering the simillimum, is to allow the patient to express himself in his or her own way without interruption. The patient should be allowed to paint his own clinical picture. In the case of paediatric patients, the parents or someone who knows the child very well is best fitted to provide secondary information about the child. Case taking is a basis for a successful prescription.

Paediatric cases require keen observation on the part of the physician and the parent being an important integral in describing the child's behavior in the accurate manner as possible (Sankaran, 2005). The physician should keep confined to describing the facts of their observation, rather than their interpretations (Sankaran, 2005)

Close (1996) states "a case well taken is more than half cured". Effectively eliciting, connecting and analyzing both the patient's physical and mental information is critical for remedy diagnosis and posology.

Case taking, which largely form the basis on which prescription is made, has not received the attention it demands. Each homoeopathic practitioner, after learning the basic principle, gradually develops his or her own techniques. There is thus a very considerate amount of expert knowledge on case-taking which if brought together and synthesized might save the beginner from repeating the mistakes of his predecessors and generally help towards more accurate prescribing (Eyles et al, 2010).

Numerous factors may influence how homoeopathic practitioners decide on the prescription in a clinical context, such as the quality of the patient-physician relationship, the skills in taking the case history, experience and interpretation and analysis of prescribing symptoms.

A homoeopath may give an incorrect prescription because he or she does not have the essential information he or she needs to make a diagnosis (De Schepper, 2001). Parents may have an erroneous view of the child's developmental progress due to their inappropriate expectations. Parents often have little understanding of symptoms and are not always well educated to notice and observe mental and emotional delays or changes. The parent may anticipate too much of the child and have fears that the child's development is delayed or not normal when the child is in fact progressing well (Neustaedter,1991).

### **2.6.1 Case taking in Homoeopathy**

Case taking and analysis is the process of finding the most accurate prescription by evaluating the total symptomatology of the patient and correlating these with materia medica information, which may either/not involve the use of a repertory. Hahnemann states that “the role of a physician is to clearly perceive what has to be cured in disease and match this with what is curative in medicine” as quoted in (Aghudiuno,2002). Totality of symptomatology observed in each individual case is the only indication which may direct a physician to the choice of the remedy.

The purpose of homoeopathic case taking is to accurately arrive at the totality of symptoms, which are meaningful to the patients mentally, emotionally and physically. A homoeopathic practitioner has to be able to translate the expression of the patient into useful information to fit into the homoeopathic framework. That would enable the practitioner to arrive at a prescription that would best fit the totality of the patient's symptomatology thus assuring a successful treatment (Borland, 2004).

When taking a case and prescribing, the child must be treated as an individual and not just for the disease (Pinto and Feldman, 2011). The child may reveal their symptoms spontaneously, just by showing their true essence: their natural capacity for health and ability to self- heal is not yet distorted by their feelings, anxieties and beliefs about life (Pinto and Feldman, 2011).

Treatment of children in homoeopathy may present challenges because of the inherent difficulties in communicating with the paediatric patient. Such challenges may last until the child can effectively comprehend the questions and communicate what is particular in their illness. It is of vital importance that homoeopathic practitioners develop various tools and techniques in their diagnostic framework, when treating children (Witko, 2017).

Homoeopathic practitioners rely on the secondary information from the parents, may present with its own idiosyncrasies, as the details of the case is most of the time not obtained from the patient him/herself but from parents and / or care givers (Imhauser,1988). Many parents today put their children into crèches and nursery schools or leave them with carers from a very young age; they spent very little time with their children. They hardly know the child's emotional state and might not be aware of any changes, until a physical shift from the healthy state is established (Neustaedter, 1991).

It is for the aforementioned reason that homoeopathic practitioners prescribed a limited range of commonly known paediatric remedies because of the little information on the material medica for children. There was no distinct approach as to how to take a case history of a child. Every homoeopathic practitioner seemed to be observing children and prescribed remedies based on their own way of interpretation of the observation. There is no structural, methodical or scientific approach, hence the more experienced homoeopaths, because of their experience were achieving good treatment results but those who were inexperienced may not be so successful (Witko, 2017).

Challenges encountered in case- taking, diagnosing and treating children in early years of practice has created a critical juncture in the prescribing techniques employed by homoeopathic practitioners. Each practitioner develops his own method of framework in case taking, which requires a great deal of experience. Having a routine of questioning may sometimes lead to missing valuable information, which may impact on the choice of remedy (Ali, 2012).

The development of different prescribing techniques amongst experienced homoeopathic practitioners has fostered a critical discourse between diverse practitioners. Although some profess adherence to the orthodox protocol, others are

eager to develop new prescribing techniques beyond the orthodox prescribing techniques (Levy et al, 2009).

Experienced physicians switch from one method to another based on the case, availability of symptoms and also based on their experience. Some adhere to the technical-rationalist approach whilst others adhere to the more artistic-therapeutic approach. The correct prescription is as a result of the physician's perception of the symptoms, through his skills, knowledge and observation (Levy, 2009)

### **2.6.2 Individualization of Each Case**

The general principle in homoeopathy towards treatment is “treat the individual with the disease and not merely the disease. This basic principle explains that the ill patient is an individual whose health has got deranged due to multitude of factors. This external factor influence the susceptibility of the individual and deranges the weaker parts of the immune system(vital force). This brings changes in the pathophysiological frame of the individual and thus the wellness person become the sick. The susceptibility of the individual depends on his genomic states (constitution), lifestyle, living conditions, habits, past history, family history. This explains rationally, why certain people fall sick, and other don't, in similar situations, despite reasonable exposure to similar situations. This also explains why the expressions of the same disease is different for each individual ( National Health portal, 2015).

The symptoms of the patient collected during case taking are repertorized and compared to various remedies in the Materia medica in order to find a single remedy whose recorded symptoms are similar to the totality of the symptoms described by the patient; the remedy is therefore called a similimum (Sankaran,1991).

Homoeopathy has gained wide acceptance in the past and recent times because of its ability to successfully treat patients with remedies which are declared safe, non-suppressive and non-toxic (Neustaedter, 1991). Parents often seek homoeopathic treatment in order to avoid the use of antibiotics in acute illnesses for their children. Parents increasingly recognize that conventional drug treatment pose potential health threats to their children (Neustaedter, 1991).

Through constitutional treatment with homoeopathic remedies, the homoeopath ought to facilitate the child's development, create a harmony in the child's body and boost the function of all the systems for optimum health and development (Neustaedter,1991).

## **2.7 HOMOEOPATHIC DIAGNOSTIC APPROACHES**

Homoeopathic practitioners may employ different methods and approaches to arrive to a remedy that would best fit the symptomatology of the patient. Such approaches may include constitutional prescribing, symptoms' prescribing (clinical) and essence and theme (observational) prescribing (Owen, 2007).

Constitutional treatment is treatment of the patient in totality as far as possible. This means that more is taken into account about a patient during the consultation than only the disease the person is presenting with. This form of prescribing looks into the treatment of the patient simultaneously on all planes of their being, namely mentally, physically and emotionally (Watson, 1991).

Essence and theme (observational) prescribing is when the homoeopathic practitioner may prescribe a remedy through a comparison of patterns of symptoms, sign and behaviors of the patient. The symptomatology of the patient is then compared to the pattern of an already existing remedy based on the previous knowledge of the *Materia medica*. Common themes and an essence may emerge, giving the homoeopathic practitioner a chance to decide on the prescription of the remedy that would best fit the patient. When treating symptomatically, the approach is to prescribe a single remedy selected on the presenting main or group of symptoms or diagnosis (Owen, 2007).

However, in paediatric case taking this may be difficult to elicit because the history of the paediatric patient is often given by the parent. Parents observations and interpretations of the signs and symptoms are all the physician may rely on as part of the prescribing components (Hesham, 2013).

A homoeopathic practitioner has to be able to translate the expression of the patient into useful information to fit into the homoeopathic framework. That would enable the practitioner to arrive at a prescription that would best fit the totality of the patient's symptomatology thus assuring a successful treatment (Borland, 2004).

## **2.8 THE HOMOEOPATHIC MODEL**

The homoeopathic consultation is an extension of a general medical consultation. (Taylor, 2003). The Materia medica and philosophy direct a need for deeper understanding of the patient than a narrow bio-medical approach.

In the Organon of medicine (O' Rielly, 2001), or the reference you got this information from Hahnemann presents the ideal model of the homoeopathic relationship- the 'unprejudiced observer' relationship. Emphasis is placed on observation of the patients' disease symptoms- manifesting in physiological, mental and emotional symptomatology. This entails observing the patients' conceptual frameworks in operation in their lives.

Homoeopathic literature describes in depth the quanta of information that the physician needs to consider when pursuing the patients' symptom picture (i.e. the patient's characteristic individualising symptoms within the conceptual framework governing his/her life), however little or no description is given of discourse tools or useful conversational/interrogative techniques and skills. (Sankaran, 1991: 23; Close, 1996: 280).

The Patient-centred method closely parallels the homoeopathic approach. (Kaplan, 2001: 206; Close, 1996: 280). The method encapsulates, within the allopathic model, the homoeopathic focus on the patient with an aim to full understanding of symptomatology, experience of illness, life context and outlook and social, mental and emotional dimensions of disease.

## **2.9 THE HOMOEOPATHIC PHYSICIAN**

Homoeopaths in South Africa need to be capable primary health care practitioners in a medical context as well as satisfy the principles expressed by Hahnemann in *The Organon of Medicine*. Medically and homoeopathically, the physician needs to have a repertoire of basic relationship skills, beyond the clinical competencies of primary health care. (De Schepper, 2001: 572). These include recognising indirectly expressed emotions, inviting exploration of unexpressed feelings, and acknowledging these feelings (Schuman et al, 1997: 678). Effective communication dynamics is critical to the successful application of these skills

Sankaran (1991: 24) uses the term 'case discovering' (rather than 'case taking' or 'case receiving') as it reflects the necessarily skilful nature of the physicians role-neither active (taking) nor passive (receiving). A physician's communication level and his/her interaction with the patient are critically important in articulating the state of the patient.

## **2.10 RELEVANT RESEARCH STUDIES**

The prescription of a broader spectrum of homoeopathic remedies for paediatric patients and the inconsistency thereof is apparent in a survey done by Cornu, et al. (1995). The researcher conducted a placebo-controlled clinical trial survey of the treatment of recurrent ENT/ respiratory tract infection in children, the diversity of the remedies prescribed and the acceptability of a clinical trial to homoeopathic practitioners. A questionnaire was sent to 237 homoeopathic practitioners asking for details of prescription for 10 consecutive paediatric patient consulting for ENT/respiratory tract recurrent infection, and for two simulated cases. Their view on homoeopathic treatment evaluation were also sought. Only 18(20%) of the questionnaires were returned completed. This reflected 309 various acute-treatment and 442 different preventative treatment for the 10 consecutive paediatric patients. Case histories of 2 paediatric patients with recurrent respiratory tract infection to 48 homoeopaths who recommended 44 different prescriptions for one child and 43 for the other. A total of 467 different drugs were used.

Brien et al. (2004) examined the validity and consistency of clinical decision-making



processes amongst homoeopaths. Analyzing the diaries of 206 re-provers of Belladonna 30c versus placebo this study used a questionnaire in order to establish whether the prover produced a proving response. The homoeopaths reported whether the provers exhibited a proving response, no proving response or whether they are undecided. In the process of determining the report, participants were requested to rate their decisions were based on clinical facts or intuition.

The results of the study demonstrated a low level of consensus between the two experienced and resourceful homoeopathic practitioners, even against limited data. The study further showed that the homoeopathic practitioners employed higher intuition when interpreting proving response than when classifying those who had no proving response, which was greatly decided based on clinical facts. Homoeopathic practitioners recognize that clinical reasoning and prescribing techniques are highly individualized and based on tacit knowledge which is acquired through experience in practice (Brien et al, 2004).

A study entitled "Paediatric homeopathy in general practice: where, when and why?" was conducted by Ekins-Daukes et al, in 2005 in Britain. This survey aimed to investigate the extent of homeopathic prescribing in primary care for childhood disease and assessed the attitudes of GPs towards the use of homeopathy in children. This study was performed in 161 representative general practices in Scotland. Results showed that during the year 1999-2000 22% of general practices prescribed homeopathic medicines to 190 children. The majority of such prescriptions were issued to children under 1 year of age. The most frequently prescribed homeopathic medicines were for common self-limiting infantile conditions such as colic (85%), cuts and bruises (52%), teething (49%), dermatological conditions (32%), earache (21%), influenza and upper respiratory tract infections (16%), cough (16%), vomiting (16%), irritability (15%) and diarrhoea (12%). A total of 259 completed questionnaires were returned by GPs giving a response rate of 75%. The majority of GPs who prescribed homeopathic medicines did so when conventional treatments had apparently failed (76%), while 94% also perceived homeopathy to be safe. The main disadvantages to homeopathic paediatric prescribing were reported as lack of training, lack of efficacy, difficulty in using and prolonged consultation times (Ekins-Daukes et al, 2005).

Burch et al. (2008) further conducted a qualitative study to explore how 14 homoeopathic practitioners make prescribing decision during their first consultation with new patients. The researcher found that homoeopathic practitioners use cognitive processes in as their prescribing technique, including pattern recognition and hypothetico-deductive reasoning, leading to an accurate similimum. Four main themes emerged from the study, Building and seeing the clinical picture (1), matching clinical picture to remedy knowledge (2), matching a remedy (3) and influence on whole process (4) (Burch et al, 2008).

A study was done by Daukes et al. (2004) to investigate the extent of homoeopathic prescribing in primary care for childhood diseases. The authors concluded that although the current levels of homoeopathic prescribing in paediatric cases is low, the increased use of homoeopathy suggests that some knowledge of the main indications for homoeopathy and preparations used would be of benefit to registered medical practitioners.

## **2.11 CONCLUSION**

Throughout the literature review, it is reflected that the various laws and principles forming the foundation of Homoeopathic practice and the reality of practicing have arrived at a critical juncture. Prescribing techniques for successful treatment of a paediatric case may require a certain amount of experience which may not be acquired through reading books, but through repeated practice. Homoeopathy as a system of medicine, treats each patient individually. A successful treatment for a homoeopath may be hindered by little or erroneous information provided by the parent of a child since at young ages, a child cannot express his/her own perception for a true essence of the picture of his symptomatology. A homoeopath, through his own observation and gathered information from a parent and also the clinical presentation of a child, should be aware of prejudice and not allow his or her own thought processes and perception to distort the true picture of the paediatric patient.

## **CHAPTER 3: RESEARCH METHODOLOGY**

This chapter details the research design and the methodological rationale as adopted in the study. The collection of data is discussed and the sampling used to generate data is described. Finally, this chapter discusses the technique employed to the analysis of data.

### **3.1 INTRODUCTION**

Qualitative research is a method of enquiry that gathers non-numerical data and in its own right, crosscuts disciplines, fields, and subject matter (Denzin and Lincoln, 2011). It sets to interpret meanings from data that helps to understand social life by studying a target population or place. Accordingly, there are numerous methods that are clustered under the category of qualitative research, such as interviewing, participant observation and visual methods. Hollow and Wheeler (2010) articulate that qualitative research is used to answer the research questions around experiences and perceptions, as it is well-suited to explore the prescribing techniques of experienced homoeopathic practitioners in the treatment of paediatric patients. The qualitative research study approach aligns things in their natural setting, focuses/on the subject experiences of social reality and exploratory method, attempting to make sense of or interpret, phenomena in terms of the meaning peoples bring to them (Denzin and Lincoln, 2011).

### **3.2 RESEARCH DESIGN**

A qualitative, explorative, descriptive and contextual design was employed in this study. In healthcare research qualitative research is frequently employed to establish how people think of the experiences and their suffering, and to further explore people's perspective on care and treatment within the healthcare system (Holloway and Wheeler, 2010). A qualitative research design was deemed the most appropriate method to gain depth understanding of the prescribing techniques of homoeopathic practitioner in the treatment.

Purposive sampling was used to recruit a minimum of 10 potential research

participants from AHPCSA registered homeopathic practitioners with an experience of five years in practice (Padgett, 2012). Sampling is a process of selecting cases to represent the entire population so that inferences about the population can be made (Polit & Beck 2012: 275). In this study purposive sampling was done. The sample size was defined during the course of the study and it was dependent on data saturation (Holloway and Wheeler 2010).

### **3.2.1 Inclusion criteria**

- The participant must be registered as a Homoeopathic practitioner with the Allied Health Profession Council of South Africa (AHPCSA)
- Participant must currently be in practice and treating paediatric patients.
- Participants who have experience of 5 years or more, in practice.

Exploratory studies purpose is seeking answers to the question of 'what' or 'who'. The data collection method such as interviews, questionnaires, experiment and more, may be employed during the exploratory study (Yin, 2014).

Descriptive research design is used to acquire information regarding the current position of the phenomena and to describe 'what exists' with respect to conditions in a situation (Yin, 2014). In the context of this study, the prescribing techniques is considered as a unique context for research.

## **3.3 SETTING**

The study took place at the respective consultation rooms of the KwaZulu-Natal homoeopathic practitioners.

## **3.4 SAMPLING PROCEDURE**

### **3.4.1 Exclusion Criteria**

- Homoeopathic practitioners who does not meet the inclusion criteria

### **3.5 Data Collection Process**

Homoeopathic practitioners were approached by the researcher, informed of the study being conducted and offered the opportunity to voluntarily take part in the research. Interviews took place at the convenience of the participant which was in their respective consultation rooms. Interviews were conducted in a quiet and private environment where the participants were feeling comfortable and free to discuss relevant topics without distraction or coercion. Prior to the interview, participants who were willing and who met the inclusion criteria received a Letter of information (Appendices A and B), and were required to provide written informed consent (Appendices C). Each interview took approximately 30-45 minutes. The researcher conducted the interviews using the interview guide (Appendices D), the interviews were conducted in English which ensured each participant the freedom to express themselves fully and adequately in the interview. The researcher conducted and facilitated the interviews. The interviews were captured by audio-recordings in order to accurately preserve the participant's words.

Observational data was collected by the researcher on an on-going basis, this included the non-verbal behavior 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).

Data collection continued until data saturation was achieved. Saturation is said to take place when each category is conceptually dense, when variations in data are identifiable and explainable, and when no new data relevant to the existing categories emerges during collection (Polit and Beck 2012).

### 3.6 DATA ANALYSIS

Theories can't be made with actual occurrences or activities as observed or reported; that is raw data. The occurrences, events, happenings are taken as, or analysed as, potential pointers of phenomena, which are thereby given conceptual labels (Strauss and Corbin, 1990). Therefore, in analysis the first step is conceptualising data. Strauss and Corbin further state that once the particular phenomena in the data have been identified, the researcher can then begin to group concepts around them to decrease the number of units to work with. These authors refer to the process of grouping concepts that seem to apply to the same phenomena, as grouping (Strauss and Corbin 1990). In qualitative research the process of group data is also understood to be grouping data into emerging themes. Theme can be descriptive where data that describes similar events or experiences are grouped together, or explanatory where the reasons for the event or experiences are group thematically. This study uses descriptive themes to analyse the data. In order to identify the emerging themes, the researcher personally analyzed data under the guidance of the co-supervisor who is an expert in qualitative research. Tesch's eight-step procedure of data analysis was applied (Tesch, cited in Cresswell, 2009) as follows:

- Interviews were transcribed verbatim and analyzed by the researcher.
- The researcher read the transcript and compared them with the audio-taped interviews
- The researcher read the transcript for the second time so as to identify the underlying meaning
- The researcher selected the most interesting and informative interviews and notes were made in the margins of the transcribed interview. The process was repeated for the rest of the interviews
- Similar topics were clustered together under topics
- From the topics, the researcher formed themes and sub-themes
- Literature was reviewed to verify the findings.

## **3.7 RESEARCH RIGOUR AND TRUSTWORTHINESS**

Lincoln and Guba (1985) suggest four criteria for developing the trustworthiness of a qualitative inquiry. To ensure trustworthiness in this study, the following criteria were used.

### **3.7.1 Credibility**

In order to ensure credibility of the study, the researcher discussed the research process and the findings with the co-supervisor who is qualified and competent in the field and gave insight into factors about which the researcher may be concerned. The researcher used field notes and tape recorder to collect data, the data was transcribed and the researcher made sure that the transcribed notes were a true reflection of the participants' experiences.

### **3.7.2 Dependability**

An audit trail was maintained through safe keeping of the raw data of each interview for future reference.

### **3.7.3 Confirmability**

Following the transcription of the voice-recorded interviews, each participant was given an opportunity to review the notes to confirm if they were a true reflection of his/her views regarding their experiences. Voice recordings were made so as to reflect the participant's voice (Graneheim and Lundman 2004).

### **3.7.4 Transferability**

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

### **3.8 ETHICAL CONSIDERATIONS**

Approval was obtained from the Institutional Research Ethics Committee at DUT, IREC reference number: Rec 188/18. The study was explained in an information letter (Appendices A and B). Each participant gave written consent (Appendices C). During data collection, participants were given numbers that only the researcher had access to. These numbers represented their personal details and no names were mentioned at any point. Confidentiality was maintained, there was no coercion.

Three basic ethical principles were adhered to at all times namely, the principles of respect for persons, beneficence and justice. Respect for persons refers to respecting their autonomy and that if they have reduced autonomy, respect that they are entitled to protection. Beneficence refers to doing no harm and to giving consideration to the potential benefits and/or risks that the individual may encounter as a result of this research. The researcher looked for ways to maximize any possible benefits that the research may embody for research participants while still upholding the principle of justice. Of utmost importance was the maintenance of the safety and confidentiality of all the participants, both in the data analysis and discussion and dissemination of findings (Polit and Beck 2012).



### **3.9 CONCLUSION**

The purpose of this chapter was to describe the research methodology of this study, explain the sample selection, describe the procedure used in collecting the data, and provide an explanation of the data analysis procedures used to analyze the data. The results that were obtained from the data collected will appear in Chapter 4 and be discussed in Chapter 5.

## **CHAPTER 4: PRESENTATION OF RESULTS**

### **4.1 Introduction**

The findings presented in this chapter are the results of the interviews with the Kwa-Zulu Natal homoeopathic practitioners. Henceforth, presentation of the results of the data in this study is therefore organized under the main themes and subthemes (Sibiya 2009). As outlined in the previous chapter the analysis of data was completed using Tesch's eight-step procedure (sited Cresswell, 2009). The outline is as follows: (a) common illnesses for paediatric patients.(b) challenges faced by homoeopathic practitioners, (c) parents dynamics, (d) diagnostic framework, ( e) improvements

### **4.2 Common illnesses that children present with, when coming for consultation**

Homoeopathic practitioners reported the following common illnesses that paediatric patients present with when they come for consultation.

The common illnesses children present with to homoeopathic-practitioners ranges from upper respiratory tract infections, inclusive of bronchitis, hoax, cough and tonsillitis. Behavioral conditions; attention deficit disorder, attention deficit hyperactivity disorder, mainly related to coping at school, and autism. Most of the respondents reported on dermatological conditions such as; dermatitis, and eczemas. A few of the practitioners interviewed reported the treatment of digestive disorders inclusive; mainly diarrhoea and constipation. Ear, Nose and Throat (ENT) related condition was mainly Otitis media as a commonly treated condition. Furthermore, homoeopathic practitioners reported the treatment of childhood infection commonly known as chicken pox.

As shown in table 4.3 the analysis of the data gathered from the interviews resulted in the identification of the following three broad themes and subthemes

### 4.3 Themes and Sub-themes

Themes	Subthemes
Challenges faced by homoeopath	<ul style="list-style-type: none"> <li>a) Inability of the child to comprehend and sensationally? express symptoms</li> <li>b) Physical examination</li> <li>c) Observation skills</li> </ul>
Parent dynamics	<ul style="list-style-type: none"> <li>a) Perceptions and knowledge of parents</li> <li>b) Relevance of secondary information</li> </ul>
Approach/ diagnostic framework	<ul style="list-style-type: none"> <li>a) Diagnostic framework for paediatric patients</li> <li>b) Point of focus</li> </ul>
Suggestions or improvements	<ul style="list-style-type: none"> <li>a) Use of alternative medicines</li> <li>b) Learning new skills for newly discovered diseases</li> <li>c) Use of technology for reliability</li> </ul>

### 4.4. Theme 1: Challenges faced by homoeopathic practitioners

4.4.1 In treating children, what are the challenges you encounter when taking a case?

Whilst homoeopathic practitioners have experience in the treatment of paediatric patients, much time is invested in the process of collecting a clinical history from the patient. This is primarily because the clinical process is quasi- individualized and also because the context in which diseases and its symptomatology as described by the

patient informs the choice of a remedy (Malcolm, 2009). The interviewed homoeopathic practitioners perceived the case taking process as a challenge when treating a paediatric patient, particularly because children cannot comprehend nor express themselves in a homoeopathic inclined manner. This can be further buttressed by the following excerpts that emerged from the interviewed homoeopathic practitioners.

*“ Depending on the age, the child cannot completely express themselves, so you often rely on the parent to express the child for you what the child is going through. What I get to do is to make the child do some drawing or actually speak to the child, no matter how small the child is, to try to get some form of personal expression from the child. So the main thing is that the child cannot communicate but we know that observation is the key when taking a child case” (RP 1)*

*“Depending on the age, and the child can’t speak for themselves, then you just listen to the parent, their relation of the signs and symptoms” (RP 4)*

*“depending on the age, when they very little, they obviously can’t talk, and when they older they can talk but cannot understand very well what you asking, so you have to rely strongly on the mother, occasionally on the father and sometimes the grandmother who may know very little, so you have to rely on what you can see. More on your signs and symptoms” (RP 9)*

*“There’s an immediate recall where I wasn’t taking a case, as much as I was having a conversation with him. When I first started practicing, I would take the Child’s case more from the parent, depending on the age of the child if the child is very young. But as soon as the child is able to engage, if they 5 years old even”. (RP3)*

Whilst patients’ expression of the symptoms is important, the reliability of the remedy prescription may be qualified by the physical examination. Some of the homoeopathic practitioners expressed some challenges with physical examination

*“I think the hardest part is the examination because some of them don’t like it and some of it won’t sit still and some, some of them are screaming and you feel like you torturing them because you have to look at their throat” (RP8)*

*“Also maybe difficulties would be they cry on examination. Most of the time it’s quite smooth and running, and don’t really have a problem but also the major drawback would be I try to be as less invasive as possible, so if I’m needing blood tests, I try to be less invasive with children but sometimes it is necessary to get bloods and results from kids” (RP5)*

*“The physical examination is obviously very important because I get a lot of direct information from that, which would be what I am seeing but what I am feeling temperature wise, skin clammy or not, I check the lymph-nodes thoroughly, ear nose and throat, listen to chest. If there is a skin. I would locate it with my ophthalmoscope for magnification, abdominal examination. I think physical examination is important. So with a child, one need to be very careful, be very gentle and slow and I try to include the child in the examination, for an instance with an ear, I would ask them which ear to look at first, so they then cooperate, they collaborating and sometimes if I need to use the tongue depressor, I would bring the box and ask them to pick one of the sticks to use it in your mouth” (RP6)*

Relying on the parent present its own challenges as they may have limited or erroneous information about their children

*I generally don’t find it but the worst is parents don’t know how to answer your questions because they don’t generally observe their children, and that’s problematic (RP5)*

*“The only time I have had few issues is when the parents are divorced or separated, so then they bringing, its either the mother, but most of the time the father, that’s bringing the child and they cannot give me all the information per se, so that’s one case where I have encountered issues”. (RP 7)*

*“.....you have to rely strongly on the mother, occasionally on the father and sometimes the grandmother who may know very little, so you have to rely on what you can see. More on your signs and symptoms”. (RP9)*

*“The challenges comes about by taking the history. Most of the time the mothers have been referred, and have never been to a homoeopath before, so you ask the mother about the child’s sleeping, where he’s sweating, some of the questions are not related to medicine so they get a bit weary” (RP11)*

*“The fact that moms are not always that in touch with their children. I find that when people initially come to see me, because they haven’t been to a homoeopath before, they don’t know what to look out for. So if you say is your child thirsty or not thirsty, they don’t know, they haven’t really noticed those things. But as they come to see you and they get used to your line of questioning, they start to know what you, they start knowing what you going to ask, so they take notice of it. I find that grannies know more about their grand- children than mommy do. I think grannies have more time. Mommies always running around and they probably have 3 children, and its taking the attention away, whereas if a granny is looking after a sick child, she notices and is attentive, but you have had moms who have said I will send granny with and that fine. But I have also had moms who said they will send the child with a friend, where I’ve had to say I can’t do that because the friend and often the father don’t really know, and then its really hard to find information” (RP12)*

#### **4.4. 2 How are those challenges different from those you faced when you started practicing?**

To overcome the aforementioned challenges, homoeopaths rely more on their observation and physical examination to aid the accuracy and reliability of prescription, however the challenges remains the same.

*‘I have more experience now, so I am able to tell easier what is going on with the child diagnostically, and you can diagnose something a mile away now and you obviously exam the child completely. Every child must be examined completely. Remove the child’s clothing, look at the spine, look at the skin. Its ok if the child cannot express themselves. On the physical examination, undress the child, you will get more symptoms and signs. Observation, physical examination, getting the child to draw, observing the child in the room, from where they go. How they communicate to their*

parents, how they move about in the room and how they respond to reprimands”.  
(RP1)

“the difference is now I get a lot of my information from observation and less necessarily from the parent. I get a lot from the first couple of seconds 10-15 sec of observing how the baby or child sees me and how they respond to me and the environment of coming to the doctor’s room. How they behaving with the parent, getting as much information from that as possible and obviously the body structure, the way the child present its self, how they clean or dirty. How well-groomed they are. I’m looking more these days to that sort of information that 10-15 years ago”. (RP5)

“..... I needed to learn a lot, I needed to be observant and do a lot of reading because I did not have to learn from my children. So I’m more comfortable with children now than I was when I first started as a practitioner.” (RP6)

“with the examination, as this has been the biggest challenge. When I first started practicing and mean I actually has a child I was looking down the throat and they vomited. Which makes you feel terrible as a practitioner, you feel like you torturing them. Now I actually use the child’s reaction to help me examine and I’m more ok with that. So if they burst out crying when I’m examining them, I would use that opportunity to examine their throat because I can see clearly when they cry. And not feel terrible.”  
(RP8)

“Through your experience dealing with children, familiar with what is normal and so it becomes a lot less theoretical and lot more artistic, so you develop comfort. at the moment 24 years later, I am totally relaxed with children and enjoy taking their cases cos they are not as complex mostly, they are much easier to read, but I use much more a play, taking a case is sometimes serious and intellectual. Even if you taking a fairly open case, there’s like stuff to be achieve with the child you have to play a little bit more, and as you develop your skills as a homoeopath and develop confidence in your skills and your knowledge of Materia Medica it becomes easier to just relax and play. The remedy options in my experience option are relatively”. (RP3)

## 4.5 Theme: Parents Dynamics

### 4.5.1 What perceptions and education do parents have towards Homoeopathy regarding the treatment of children?

Homoeopathic practitioners reflected that most parents have a good knowledge and perception about homoeopathy in general, based on the results and effectiveness of the homoeopathic remedies on paediatric patients.

*“Parents are much more open to homoeopathy than they were 20 years ago, I have children that were born in my practice and are now adults and make their own appointments. those parents have educated their children about homoeopathy and these children are now the new adults, young adult and they see homoeopathy as a first line of treatment. parents now also have their own first aid kit, and they reading about homoeopathy online, they understand what an aggravation and fever is. They know when to go to the paediatrician, they know when to use an antibiotic. So parents are lot more open and educated about homoeopathy by virtue of their experience in homoeopathy.” (RP1)*

*“They slowly beginning to understand that we can treat anything and everything, and that we do have a good understanding of disease as well as health and how to maintain it. And once a parent has seen a child from a fever of 40,41 and convulsing and to a normal temperature within a matter of half an hour to an hour. They start to have faith in homoeopathy and the more they walk this path with you the more they have faith in homoeopathy, and the more they sell homoeopathy to other parents, which is good to us as homoeopath because it’s all word of mouth”. (RP2)*

*“Because children respond very well to homoeopathic medicine, and I think if the homoeopath is clued up with kids and remedies. They do miracles. So I have many*



*mothers who have never taken their children to a GP or given them antibiotics for years, because they know that homoeopathy work". (RP3)*

*"...You have those that are loyal and will only come here and a paediatrician is a last resort. But knowledge wise, I think most of them know that we are trying to make better choices and healthier choices instead of suppressive medication that is not finding the root cause of the problem". (RP4)*

*"over the nine years I can say its progressed quite a lot. In my second year of practice, I specialized on fertility. You treating patients on getting pregnant, most of the time they stick with you after getting their children". (RP7)*

*"They like homoeopathy because they think it has no side effect, and they always prefer to go the homoeopathic route instead of giving their child antibiotics". (RP8)*

*"Over time I have ended up treating quite a lot of doctors and nurses children. Where they do not use homoeopathy for themselves but they use it for their children. Because often is regarded as safer where if they have bronchitis they are happy to take antibiotics but they do not want to overload it for their children with antibiotics". (RP9)*

Whilst a few homoeopathic practitioners believe that the education and perception of parents is not good at all, as they see homoeopathy as last resort, when allopathic medicine seem to have worked.

*"Generally not good, there's a lot of time spent, obviously if the parent is already a patient then that's different story. If it is a completely fresh patient with no experience of the family and they have no experience of me. Then there is a lot of education required to begin with." (RP5)*

*“The people that come eventually and choose to see us, have been down the route of standard treatment, there are few children that I have been their private practitioner or homoeopath from birth. They have always been in standard treatment protocols but they just not getting well, they not thriving or they still get the runny nose, or they still have the skin problem and they have had too many antibiotics. They come to us because somebody had said they must try homoeopathy” (RP6)*

*” Lot of the time people come to you because they have not had any luck with other things. Then it almost becomes your fault. The child may have had ear infection their whole life, you get a month to fix it and if you don’t then homoeopathy get labelled as rubbish.” (RP9)*

*“It’s often very weak, often confused with naturopathy, or supplements or a visit to a health food store asking for vitamins or supplements. So they get quite surprised when I asked for their history during the pregnancy, the history of their emotional and mental state during the pregnancy..... in general most parents do not have too much perception, They also like if they can get different remedies every day, one for the cough, one for the eczema, one for the ADHD. Whereas its, sometimes very difficult to explain that the constitutional remedy is getting to the core of everything and it will filter out to the ADHD, and to the eczema.” (RP10)*

*“I think lot of people don’t know how it works and what it does, I think we need to educate people a lot more..... I get people who are desperate, their child have been on 5 antibiotics for the year but they keep getting sick, and they desperate, they here but they don’t know what it entails, what I’m going to do, what I’m going to ask. Their education is not right.” (RP12)*

#### **4.5.2 How relevant is the information from the parent into diagnosing a remedy for the child?**

Most of the respondents alluded on the importance and relevance of the information from parents or guardian. The relevance of this information stems from the different behavior and reaction of the child in the consultation room, compared with their reaction a nurturing environment. The parents also provide important information on family and medical history, and modalities.

*“It relevant because I direct the question. You cannot have an open question with the parent because they are not experiencing the symptoms but they observe. Once you start taking the case, the parent start describing the main complaint. Then you go to qualify the main complaint, you clams it. Then I direct question to the parent from their observation. So if the child was coughing, when and how, do he complain of pain, what does he do when coughing, at what time, do you have to get out of bed, what does he describe anything, is it that intense so the information becomes relevant because I am trying to qualify the case.” (RP1)*

*“It is very important, because how the child is when they in my room compared to how they are when they are home is different. I need to know how the child is, when the child is in a comfortable and nurturing environment. I need to know how the child is when they are at their worst, how the child is when is with friends and siblings, how they child is when they are in “threatening” situation and how the child is when they reacted when they were first being dropped off at school. All that is very important.” (RP2)*

*“It is very relevant but also it depends on the parent and the accuracy of their observation and details that they giving you. I do not generally get the sense that they making things up, but they can be variably observant and you also get the parents who are more concerned about how it’s affecting them.” (RP5)*

*“You just need that information to get a remedy. how relevant? It depends on the kind of question you asking, but they giving you everything, from the symptoms, to modalities, to if they feel the child change in terms of their emotions. To diet wise, to what is done already, to how many antibiotics the child has had before they tried homoeopathy. I think it is all relevant. I focus on whatever the mom feel is the most pressing symptom and often with children , say the child got cough, and it going to be agitating the mother the most, I’m going to make sure that the remedy covers the cough, which is agitating the mother and the child so whatever is important to them. Although you may have to treat whatever is causing the cough but I would always keep that in mind”. (RP8)*

*“Very relevant, I rely of that hugely. Depending on how you looking at things, from a miasmatic point of view. You need the information from the parent and the background of the whole family. If you looking at classical homoeopathy, you start looking at the character of the child, and how they sleep. The way they respond different things, you can only get that from the parent or the caregiver. You cannot just see that.*

*A large part from the parent and a small part from the clinical homoeopathy. If it is a recurrent ear infection and it is a little fair girl that quite shy then palsatilla would be something I would consider. I look from a miasmatic to a degree but largely about the child and what the parent give”. (RP9)*

*“It is very relevant. I take it very seriously. I ask them a lot more about it, so if they say to me, ‘this child is very angry and upset all the time’. I don’t tell myself, oh its must me chamomile. I take the parent in quite a bit of depth in describing the child. In some ways, I am directing the process and forcing the relevance of the information they giving to me but I also give them free space to give me strange, rare, peculiar. Because those do individualize the child a lot, but once I’ve got some sort of sensation, I can pursue and crystalize it a lot stronger, until I’ve got a rubric I can be sure of.” (RP10)*

*“It depends on the age of the child of course, sometimes the pregnancy and labor history is quite important, sometimes the parents have a bit of a whooped perception about their children and that is where the observation is important, but in general I think parent’s information of the child is quite useful. Sometimes parents observe things about their children that you wouldn’t never see in a consultation so, you dependent on that.” (RP3)*

*“...But is the secondary information relevant: definitely! Especially where you have children who can’t speak. Majority of the children I see are probably under 2 so they can’t speak, even if they can, they can’t describe something. Like how exactly does your throat feel like, they don’t have the mental capacity, so the parents information is very important. (RP12)*

However, other homoeopaths find the information not relevant for their successful prescription

*“I don’t think it would ever be enough, because at the end of the day we are not entirely sure, maybe kids under two, what is going on in their head. And children perceive things differently and parents perceive things differently”. (RP4)*

*“I don’t think it is absolutely crucial, seeing the child and doing physical examination, I’ve got enough knowledge and experience now and I think I can prescribe on that alone”. (RP7)*

*“I don’t think it is relevant for the parent, they don’t really care what you’re giving, so long as they get better. That is their biggest struggle”. (RP12)*

## 4.6 Theme Three: Diagnostic framework

### 4.6.1 In your own understanding, why is it important to have a different approach of case taking and treatment of paediatric cases?

Homoeopathic practitioners reflected that homoeopathy foregrounds itself in the principle of individualization, which is to acquire as much symptoms relevant to the Materia medica. Therefore, the approach is more artistic than the use of a guideline for a particular approach.

*“There’s one approach of case taking, that individualized case taking. You need different approaches because the children are individuals, so the approach is the same but the approach becomes individualized according to the case that you are receiving. So there is no different approaches but there’s individualization, the parent give you their individual observation, you have your own individual observation and the child is an individual in their own. So the approach is you sit there and receive the case, you qualify the case and it becomes different to individualized because you treating an individual.*

*Why is this important to take that kind of an approach, like it allopathy if a child has a Ear-Nose-Throat (ENT) complaint, like an ear infection, the doctor will give a cortisone ear drop, or antibiotic. now with us, because we have various remedies for that ear complaint, you then have to individualize the approach, in order to ascertain the exact individual symptom.in order to tailor make the exact remedy the patient requires. Like pulsatilla, kali muriaticum, mag”. (RP1)*

*“I think its because you have to go quite a bit of insight and you need to be very observant, because the child can’t tell you the type of his, especially when looking in to very paediatric, so when they very young. When they get to the age of 4, they can say I got a bit of pain. But when they babies up to the age of 4 it’s very difficult to know exactly so you need to observe, your observation skills need to be good”. (RP2)*

*“One of the reason is because there’s less scratching that needs to be done, you don’t need to dig as hard, in the adults, there’s more digging that has to happen. And you get less from observation. So in a paediatric case, maybe 60% of the information comes from the observation maybe more and because if you think of an eczema its about how the skin looks. and maybe 40% from the interrogation. And maybe adults don’t know why they hold certain perceptions or think certain things. So you gonna ask those sort of questions almost in the realm of psychology. Much less of a psychological case when dealing with children. I joke that paediatric case taking is a bit more like veterinary case taking, and of course the child can express themselves. In a way that animal never would be able to from a particular age of course little babies from the age 1,2 and 3 years old it is largely like veterinary homoeopathy, and the child can express themselves in increasing amount. So in a sense the veterinary homoeopathy because more paediatric as the child is able to engage more. But when the child start getting a little bit older, at the age of 10 11 and 12. then you get all the compensations and you have to do the dig and probe and ask the patient to reflect. Young children don’t have that capacity. The light come on when you hit puberty so 12,13 14 you can have a guy think why they do what they do or what drive something, but if you take a 8 year old, very difficult to ask why they do what they do because they are simply just reacting. So they are in a different space, and their capacity to give you what you need from a case is underdeveloped, not impossible. So your case taking has to shift as your patient’s capacity to respond to that case taking shift”. (RP3)*

*“Because like I said, children cannot understand what is going on with them, or do not have a level of understanding for what we are looking for, and we cant really explain what is going on with them. Like for most children, their tummy is paining. That’s it for them. But we are taught to understand that maybe we are dealing with anxiety here. But the child can’t understand what is anxiety. So I think we are sitting in a much better position to diagnose and to assist with treatment of possible mental condition that a child is completely unaware of and they just living their life and that’s his life”. (RP4)*

*“Because generally kids are not communicative but you do get kids that are extremely communicative. They scared of you and they do not know you yet. And some are very happy and different constitutional types you get different reactions, but you have to rely on other source of information and not necessary what the patient can tell you, like observation and the parent report. Like any patient you might like to get bloods, but that’s the same as in any patient but certainly from consultation you have to rely on other sources of information and not just what the patient can tell you because generally they can’t tell you anything”. (RP5)*

*“Yes, but only in general sense. Not particular, in other words, we still looking for the physical symptoms, for the generals and the emotional and mental state. The only real difference is I would ask more details the pregnancy and childbirth, and I would make more means to understand the context of the family. Are the other siblings or the parents together? What kind of work both the parents do, is there a family network within the child vicinity, what kind of housing. I just try to get an ideas of what the child’s life setting. I wouldn’t do that with much details with an adult, but in terms of getting a case and prescribing, I would say its similar actually”. (RP6)*

*“Because the amount of information is you getting is limited. But also the most interesting thing is that paediatric cases are pure. Because they haven’t got years and years of medication. And they can be quite simple, so if it’s the chronic diseases its eczema stuff, but lot of the time with paediatric cases its acute cases than in adults where its more chronic staff”. (RP9)*

*“Because there can be a limited verbal communication, whereas they can be a better imaginative communication through games, drawing or assembling stuff. There can also be a no verbal communication, a pre verbal child and that’s where the parent’s experiences during the pregnancy and their assumption of who the child is, because they do live with the child, but parents know their child much more I can discover in a one hour consultation”. (RP10)*



#### **4.6.2 Do you have a particular diagnostic framework you apply when taking a case of a child, how does it differ from that of an adult?**

The homoeopathic practitioners reported that there is no specific diagnostic framework employed for paediatric case taking, as each case ought to be treated as individual with its own uniqueness. However, miasmatic/ constitutional prescribing is best fitted in children's cases. Practitioners apply clinical observational skills, physical examination, past medical and family history as precursor to successful prescribing and treatment of paediatric cases. The Homoeopathic principle of individualization of each case, forms the basic foundation to which homoeopaths base their practices on.

“In terms of a diagnostic framework that you use, you first take the case from the mother or whoever bring the child in. You write the symptoms down then you qualify the symptoms, you might ask for more information depending whether its acute or chronic. If there's a chronic disease, you might want to prescribe constitutionally, there might be a miasmatic layer you want to remove, there might be a layer of grief or shock trauma you want to remove, you start of by wanting to understand what this it and that is your homoeopathic diagnosis, how you understand it in order to prescribe. Once that's done, then you examine the child, which is part of your diagnosis framework. You examine the child, you observe the child so it the parent describing, your qualifying of the symptoms, your observation of the child, your examination of the child and then you decide whether its chronic, acute, miasmatic or there's another layer or constitutional

*“The framework is the same with an adults, the only main difference is that an adult can describe the main symptoms sensationally to the best of their ability, so in that way you can follow it and get to the down to the vital sensation of the adult's main complaint. The importance difference between an adult and a child case taking is that children don't lie, they don't have a mask on. What you observe is what you observe. If the child is picking their nose, they would pick their nose. Whereas an adult could have a mountain in their nose but because they sitting next to a doctor they would not pick their nose, an adult can mask symptoms, they become closed, they can be*

*socialized in such a way that they do not disclose all their symptoms to you. That is the big difference between the two”. (RP1)*

*“I very often with a case, and that is in the normal case, to ask patients to give me the shopping list. They would itemize, I have a pain on my knee which worries me, I have a bloating in the evening which worries me, I’ve been experiencing headache and I battle to sleep and I have this funny thing on my toes. I would take a list of those things and then systematically go through each of them. I would start with the shopping list and then go through the CLAMIT variation to sort of make connection. Obviously through that process you got most of the generals and PQRS coming up. I consciously throw patients language back to them. Ignatia patient, I cannot control my bladder, control, control..... they have said it 3 or 4 times in the first 10 min. I would say to them, I don’t know if you have aware of it, but you have mentioned the word control 5 times since you came into this consultation. Can we talk about what that word mean, so I would consciously hear words that they use repeatedly or a sensation and or you keep talking about feelings of restriction, let’s talk more about where in your life you feel restricted, I very consciously do that with an adult case, I do it less consciously with paediatric cases. But probably because of how I determine my remedy, I would go through the shopping list but I jump around quite a lot so past medical history, surgical history, family history comes in when it is appropriate, then without fail I go through the GIT, Cravings and aversions. General GIT function, sleep, generalities then talk about the environment with which people feel most comfortable then I go through the head to toe. But that is because in those areas, GIT, energy, cravings, sleep, temperature modalities, that where I look for generalities”. (RP3)*

*“The frame work is usually my normal case history, trying to get as much information from the parent as possible, even about the pregnancy and the birth and the child’s nutrition and observing the child behavior and demeanor in the room, and like I said I try not to be invasive when its come to blood tests. but if necessary, then we have to get it done. I try as much to use medication and supplementation as a therapeutic probe to see, if its helping then we pretty much deficient in that”. (RP4)*

*“The only difference is there is a little bit of emphasis on the pregnancy, the preconception. Through the nine months, what has happened”. (RP7)*

*“I mix a lot of approaches, I use a lot more of observations with children than in adults because adults can explain. So with kids you often watch them running around or their interaction with their parents”. (RP8)*

*“Majority will go to the information from the parent, depending on how simple the case it was. If its jumping out screaming like a merc sol case then I would probably go towards that. The more complicated the, less like a poly-crest or a major the more I will look more on the rest of other techniques. My own observation probably will count more differentiating between remedies that I might be thinking of. The first remedies that are likely to pop-up would be majority or 60% of what the parent tell me”. (RP8)*

*“The important thing is looking at the history of pregnancy of the mother, noticing things that happened to her, that she was experiencing, that were not normal or usual to her, and the idea is that, this was the child expressing through the mother. These new symptoms, sensation, mind state and all.” (RP9)*

*“I am quite organic in my case taking so I start with what is presenting and I let my patient to lead me in that extent and by the end of the consultation I would add things that were not mentioned, like fluid preference or thirst. Where children are concerned, things like the immunization, how well the pregnancy was whether the birth was traumatic those things does play a role. Because I have treated babies that have sleep problems or attachment problems with their parents. I have found that it does play a role. Much more than an adult, with an adult, it is unlikely to ask them how their mom’s pregnancy was with them. If it was very traumatic, they are would probably to mention it. But where children are concerned that is an immediate history for me to take” (RP12)*

#### **4.6.3 Which other diagnostic framework/methods have you tried when treating children, and what is their effectiveness in your own practice?**

Homoeopathic practitioners supplement their general practice by incorporating other modalities of medicine; inclusive of Chinese medicine, through which the tongue and pulse of the child plays a significant role in diagnosing and ultimately in the prescription for paediatric patients. Homoeopathic practitioners may use the inter-current nosode approach. Furthermore, some practitioners approach paediatric cases with the notion that the child needs the exact same remedy as the mother during the early days after birth.

*“There are elements of other methods that I have seen to be useful, so for instance, in children I would very often prescribe what would be called inter-current nosode. For kids I would prescribe far more remedies than I would for adults. That I got from Eizayaga, the ideas of giving a remedy for the lesion of layer, if they come for an acute I give them the remedy for the acute and then I give them the nosode or the acute and constitutional remedy. Which is not entirely standard practice but the sort of ideas that, there may be multiple remedies that the child need, so I tend to straddle between two remedies for children than I would with adults”. (RP3).*

*I’m also trained in Chinese diagnosis/medicine so tongue and pulse, but pulse is difficult with paediatrics because it’s such a small area where you get the pulse and ones fingers are generally too big. You can definitely look at the tongue and get a lot of information from the tongue. Like other homoeopaths may do iridology, you tongue diagnosis, pulse diagnosis, very useful because it doesn’t require any information from the patient, just observation. (RP5)*

*“I have used the method of using the parent as a proxy for the child, I think it was too cumbersome, and time consuming and I don’t think the results were than good that you would justify doing it on a regular basis” (RP10)*

Whilst other homoeopathic practitioners argue there is only one approach or method of case taking.

*“There is no various methods, there is one method, one approach one framework but there’s various types of preparing the remedy or deciding what medication the patient needs. If the actual complaint is a medical complaint then you prescribe a homoeopathic remedy. If the child have a nutritional deficiency or they need to be nourished in some way, they not really unwell then you prescribe a tissue salt, or an electroid or a vitamin syrup, then if the child is not eating or they just under the weather indisposed, then you prescribe a particular diet, in conjunction with the remedy. Sometimes with the skin complain you advise on how to bath the child, the type of oils or cream to use.” (RP1)*

*“I spend a lot of time asking around the family medical history and the state of the mom through pregnancy. I do not finish a paediatric case without asking that. It put the baby in a more specific vulnerable space. If there was a huge trauma, not even a huge trauma, more around what was the mother feeling when she was pregnant. Was she the one who wanted the pregnancy or not and was it an exciting time or was it actually a stressful time because of finances, work who knows but it is very important to pay attention to that as well to be able to differentiate your remedies.*

*When you look at the cortisol level on the mother, they will penetrate and have an effect on the foetus. Therefore the foetus will be born with a sympathetic overdrive because cortisol level have been higher. The stress level have been higher during the pregnancy, so you’ve got that and you have to think, if there is a sympathetic overdrive, what are we looking at, so we know sympathetic nervous system keeps us alive, keeps us going and the parasympathetic nervous system is a scalding, relaxing, healing and digesting. If I have a child that’s got problems with colic then I know that there’s a possibility that it might have happened with the stress process that happened during the pregnancy. Was there stressful delivery, that needs to be kept in mind” (RP2)*

*I can’t say I have a specific framework that I use for a child. I’m just maybe nicer and friendly with a child. I very much try to do both the clinical and classical, I try to match the clinical and classical way of homoeopathy or case taking and its very much patient led”. (RP4)*

*“I don’t have any specific framework no, it’s more specific to what the problem is. If it is a snotty nose, I would focus on the snotty nose, and if it’s an adult, I’m going to ask them what their stress level are and if it’s a child, I would ask a bit on their digestion and allergies, but with an adult, I would do a bit of the background, especially if its an chronic, I’m going to do a bit more on the background. I don’t have a set protocol for children though, I see what mom has to say”. (RP8)*

*”There’s certain things I have found along the way. Like, almost anytime I look at a child that presents with eczema on the hands I’ve found in practice that they tend to be fairly high anxiety children, so I would automatically incorporate that, even if it doesn’t come up clinically. But I incorporate it in my diagnosis process. Not based on theoretical foundation, but what I have found over the years. There’s easier things to treat and certain remedies that tend to work better for certain things. And kind of lean towards even though classically main not be indicated.” (RP9)*

*“With a child I start with the pregnancy, was there any trauma, we look at miasmatic treat. Sometimes you can give the best- selected remedy, but if there’s a miasmatic block, you wasting your time. So we give miasmatic treatment initially. That would differ from the adults because in most time you can give the constitutional remedy then if there’s a block you look at miasmatic which don’t come easy with adults”. (RP11)*

#### **4.6.4 What is your point of focus when treating a child?**

The respondents revealed that their focus is mainly on miasmatic status of the child. The role of PQRS, general symptoms and family history is depicted as vital in the prescription for paediatric patients. Homoeopathic practitioners also added the constitutional status and medical history as an area of focus.

*“I focus on the constitution, because the constitution is the main mode of action of any complaint that the child would have, whether its cough, flu, toe ache or whatever it is. I focus on the constitution, miasm and my own observation” (RP1)*

*“With a child, I’m less worried about the acute manifestation of the disease other than PQRS symptoms, I’m most interested in generals, relationships and miasmatic classification, more so than in adults, I would see a child as a miasm and to a significant extent my choice of a remedy will tie up to that miasm and generalities” (RP3)*

*“Definitely the first time I see them is miasmatic treatment, almost always first treatment is miasmatic” (RP5)*

*“I think in all of my cases my focus is on the constitutional terrain, and the elements that helps which lefts that individual to become stronger within themselves, their autonomy. Therefore I always consult my repertory, I will always looking for at least one or two physical symptoms, one or two mind related symptoms and sometimes general symptoms” (RP6)*

*My focus is on finding the good constitution and it’s also on finding good lifestyle for the parents. I am a strong believer on the aphorisms on the organon that chronic diseases have three causes. One is the constitutional state of the miasm, one is from the lifestyle and also through the ietrogenic expenses, i.e vaccinations, antibiotics, anti- inflammatory, anti- cough, anti piuretic, but through the lifestyle, I always try to get the parents to get more natural real food as opposed to made up baby foods. (RP10)*

*“The personality of the child, the generalities are very important to me and the little things thing they like to do or don’t like and the environment they like and they don’t like. And I do pay a lot of attention to their fears because there’s many instinctive fears in children, those are very important, those that are fearless and those that fear everything and anything” (RP 2)*

*“It just depends, what it the main complaint, what are we treating for but every child’s mental situation needs to be taken into account and its hard to get that mental picture but I do try. I ask about the child’s demeanour, their character. Anger or tantrum, their friendliness, what do they like doing, when are they happy, what makes them angry,*

*are they easily going to other people. Do they like to play by themselves. So pretty much I try to let the patient lead me towards those unless the child is old enough to talk about things they really like or talk about their friends” (RP 4)*

#### **4.7 Theme four: suggestions and improvements**

##### **4.7.1 What would you improve in your own diagnostic framework/ methods of case taking, when treating a paediatric?**

Respondents alluded on the importance of developing skills to actively engage the child in their case instead of being passive. Such may include drawing and play area, and medical/homoeopathic interpretations therein. Learning, interpreting and prescribing in behavioral or mental disorders also came through as an important improvement. Homoeopathic practitioners mentioned the use of technology such as video tapping and medical equipment as another area of improvement.

*“I’d like to video record the cases, not to necessarily improve my approach, it will enhance my analysis, because if the patient has left and I have not come to my remedy, then I have a video recording and I can go back and look at it. Maybe I can do more courses and training and learn new techniques in diseases such as aspergers syndrome and autism, which are becoming more and more common now in children” (RP 1)*

*“To improve it, I would have to give it more time, as much as Hahnemann says we cannot be prejudice observer, our viewpoints can be skewed opinions or ideas when the parents are giving you the case, because sometime the parent state can have an impact on how the parent perceive the child’s behavior” (RP 2)*

*“I think maybe activity-wise, it is a bit tedious for child to sit in a consult. Which is why I have a play area, and I feel I could improve on that aspect when they are a bit more entertained, it is much more challenging when a child is not being apprehensive to be*



*here just for a common cold, or maybe for a chronic issue or not. So an environmentally more pleasing place for a child” (RP 4)*

*“In some ways, if I learnt more techniques, almost like play therapy, to watch them when they play or to get them draw something and be able to interpret those drawings, so potentially some tools like that” (RP6)*

*“I might look at a way that I might have all the questions on some kind of a screen. Sometimes I would forget to ask about family history, which may be important. I do generally remember to ask about pregnancy, just a reminder of some sort because when you in that situation and the child is screaming, and mom is battling to get the information out. Then it would be good to have a reminder” (RP 8)*

*“I could probably improve my diagnostic skill from an examination point of view” (RP 9)*

*“I suppose some of the technology, like measuring of fever through the ears, I wouldn't really do it because I'm happy doing it in the head or the body. If my hand burn on the body, I give belladonna. Quite a few children who come to me are chronically sick, so they have see lot of paediatrician so they come with diagnosis, so I may be more of a homoeopathic physician than a first like homoeopathic” (RP 10)*

*“More equipment would help but they come with a big price, the reality of it is that the kids have been in the paediatrics before, and I've picked up a lot things that the paediatricians miss.” (RP 11)*

#### **4.7.2 What kind of diagnostic framework would have been useful to you when you started in practice?**

Even though practitioners had no specific framework in early practice. Most reported the use of a guideline, which could have led to missing of important information. The style of treatment for older homoeopathic was foregrounded on the French method, which was more clinical/ symptoms based, as taught in the university. Homoeopathic practitioners were limited and therefore had to do more reading on classical homoeopathy.

“We had a French system that we were taught, so the lot of the older homoeopaths of my generation were taught a French system where the highest potency was 30ch and it was structured more around clinical prescriptions. So when we went out into practice, we knew more clinical prescriptions better than the material medica. When you get there and give clinical prescription and not consider the constitution, you realize the patient was not getting better. If you did not consider the miasm, the patient will not get better, so that forced me. It was a deficiency in our education at that time, that forced me to go and study Materia medica. To the best of my ability that why today I lecture material medica, because out of desperation to run a practice successfully. I can't rely on clinical prescription, that doesn't always hold true, its palliative. Even Hahnemann says this on the organon, he says you always need to understand the basic of the patient, the depth of the patient before you prescribe and not just palliatively and he is very strong about allopathic homoeopathy that we do.

*Sometimes there are in practice, after having been in practice for years being in practice, you understand how diseases work, how pathology work and you know what direction the pathology can go depending on the constitution of the patient” (RP1)*

*“I had a much more simplistic view of homoeopathy and of paediatric, so I had no ideas and obviously I was afraid of them, so I had a simplistic view, it has to be calc carb or tuberculinum. Very little the in between, so I was very frightened when it came to acute treatment of children, I had no idea, many times I would prescribe, rather than just going with the acute remedy, I would prescribe constitutional remedy, which might have not been the best.” (RP2)*

*“Kids are fun, and paediatric case taking is really nice, and homoeopathy is good with children, if there's any way to convince someone that homoeopathy is spectacular is with children. So you can become big and strong and you don't need allopathic drugs. Adults are much more difficult to treat, so if you can actually use your homoeopathy in kids its excellent marketing but its requires a little bit of a play. No experienced homoeopath takes a case the way you were taught in class, because you start developing sign posts, the first time you want to get from A TO B you follow the most direct roads. When you know, at any given day you can get there any way you want.”*

*(RP 3)*

*“I use to have that sort of page with the list of systems to go through but now I don’t use that list, because the case just flows. Definitely experience has taught me so much especially on how children react to the medication. Very often I get phone calls or text throughout the week of parents updating me whether they getting better or not and now I have learned on much more now on how to deal with that, if they not getting better, what to do next on each scenario.” (RP 4)*

*“Again I cannot think of any framework in a sense other than what we are broadly speaking, which are particular symptoms, modalities, generalities, the mentals, aversions, for me the context is also very relevant and any issues that are trauma related and the environment. I was older when I started practicing, so I had a deeper understanding of awareness of health and everyday life and relationships. So I can’t remember actually following a particular formula, it was just rather than I was adapting my education to whether it was a child or an older person, or adult or young person, and that is the sound framework. From 25 years ago, what I learned to how to take cases, and what to look, how to use a repertory and how to use a Materia medica its completely solid even now. I did not need to learn something new other than what I had been taught. I just need to expand.” (RP 6)*

*“There’s always gonna be constitutional homoeopaths. But if you look at the future of homoeopathy, its gonna be homoeopaths with clinical knowledge, clinical remedies and utilize nutro-genomics. Homoeopathy is changing and its gaining a lot of popularity but the future, especially in paediatric cases, they are the best because they are not tainted, you cant get away with just giving one or 2 remedies, the child needs to get better by a day or 2. There is no consistency in the way homoeopathy is practiced. That’s why the OTC homoeopaths are successful because they have protocols, they tick a box and prescribe the sinusitis remedy. We need to be able to reproduce and maintain the results. Pay more case as an individual. Early in practice I must’ve used more of the repertory”. (RP 11)*

*“I think when I started practicing there was definitely a framework, but it takes very few patients before you know the recipe. And in terms of prescribing, one of the most valuable things that anyone has said to me was Dr Hopkins who said to me with the poly-crests, you have all the remedies you need, you can always add to it, but the*

*polycrests are always the most important things. So when you starting out , if you focus on the poly-crests and you know them really well, both acute and chronic, you will be able to build a nice practice and then you add to them as you need. So there's no recipe.” (RP 12)*

# **Chapter 5: Discussion of Results**

## **5.1 INTRODUCTION**

In the previous chapter, the research results were presented and this chapter focuses on the discussion of the results. The discussion of the results is guided by the research question described in the first chapter as well as by the themes that emerged from the analysis of the interviews.

## **5.2 OVERVIEW OF THE RESEARCH DISCUSSION**

The main objective of the study was to ascertain the prescribing techniques of homoeopathic practitioners for paediatric cases. In this study six major themes were identified, namely:

Theme 1: Challenges encountered by homoeopathic practitioners

Theme 2: Parents' dynamics

Theme 3: Approach/ diagnostic framework

Theme 4: Suggestions and improvements

These themes and their sub-themes are interpreted below and validated by means of relevant literature to support the interpretation of the findings.

## **5.3 Challenges in the homoeopathic consultation**

### **5.3.1 Challenges encountered by homoeopathic practitioners**

Findings from the study revealed that the interviewed homoeopathic practitioners perceive the case taking process as a challenge when treating a paediatric patient, particularly because children cannot comprehend nor express themselves in a homoeopathic inclined manner. This makes it difficult for practitioners to elicit symptoms that informs prescription.

Homoeopathic practitioners also reported challenges on the physical examination as a tool to qualify the diagnostic framework for paediatric patients.

“I think the hardest part is the examination because some of them don’t like it and some of it won’t sit still and some, some of them are screaming and you feel like you torturing them because you have to look at their throat”

The physical examination provides a clinical symptomatology of the patient, and thus plays an important role in the diagnosis and ultimately prescription of a similimum. The important challenge, as reported by practitioners, is the apparent need to involve the child seamlessly and rather use reactive skills to successfully conduct physical examination and maneuver through the child’s resistance.

“I think physical examination is important. So with a child, one need to be very careful, be very gentle and slow and I try to include the child in the examination, for an instance with an ear, I would ask them which ear to look at first, so they then cooperate, they collaborating and sometimes if I need to use the tongue depressor, I would bring the box and ask them to pick one of the sticks to use it in your mouth” (RP 6).

Owen (2007) alludes that taking a homoeopathic case history and physical examination of the patient is complementary in understanding the total symptomatology of the patients in relation to the presenting pathology vital to reach a diagnosis.

One of the homoeopathic practitioners alluded that *“observation, physical examination, getting the child to draw, observing the child in the room, from where they go. How they communicate to their parents, how they move about in the room and how they respond to reprimands” (RP 1)*

In the process of taking a case, parents may present limited or erroneous information about their children, thus further present challenges with case taking and acquiring holistic symptoms relevant to the homoeopathic prescription.

*“I generally don’t find it but the worst is parents don’t know how to answer your questions because they don’t generally observe their children, and that’s problematic”(RP5)*

*“The challenges come about by taking the history. Most of the time the mothers have been referred, and have never been to a homoeopath before, so you ask the mother*

*about the child's sleeping, where he's sweating, some of the questions are not related to medicine so they get a bit weary”(RP11)*

*“sometimes the parents have a bit of a whooped perception about their children and that is where the observation is important” (RP3)*

Although parents increasingly opt for the use of homoeopathy in the treatment of their children, less is known about their skills to observe what is healthy and deviation thereof. Their observation may be subjected to their own state of health/constitution.

### **5.3.2. Overcoming case taking challenges**

#### **5.3.2.1 Observation**

The responses to the question regarding how homoeopaths overcome the challenges they faced in early practice revealed that homoeopaths compensate and acquire symptoms through the implementation of the observation technique of the child. This involved observing how the child respond to the environment, child-parent relation, child practitioner relation, communication, drawing and how the child presents themselves. In homoeopathy, mental and physical symptoms are an expression of the vital molecular disturbances. The subjective and objective feelings and sensation of the patient are considered as peculiar and characteristic symptoms of the individual. The different levels of the individual ought to be treated with a remedy that has an affinity beyond the physical and molecular level of the individual, to restore absolute health.

Patel et al (2018) discusses that Homeopathic case-taking is a very complex phenomenon. Knowing the patient as a person is essential for successful Homoeopathic prescribing. This inquiry demands mastery over observation skills and communication skills. Competency of finer observation evolves over time since the very complex task, that of observing all three components – patient, physician, and one's own inner mechanisms of prejudices – is very challenging for a young professional. The study confirmed that experience is an important factor in mastering the observational skills and interpretation for the purpose of prescribing for paediatric patients. Homoeopathic practitioners reported that in the early stages of practice, the

approach was more rigid as taught at the university, coupled with a feeling of uncertainty on what to treat and how to arrive to the desired remedy. Through experience and knowledge of diseases and their prognosis, homoeopathic practitioners know which remedy complement each other at the different states of treatment and anticipated reactions of the individual.

Furthermore (Rastovsky, 2008) in the study of perceptions of graduates revealed that communication skills were also considered as important skills in order to implement appropriate treatment. As indicated these skills include: Listening and language skills as well as observation of non- verbal cues.

*“the difference is now I get a lot of my information from observation and less necessarily from the parent. I get a lot from the first couple of seconds 10-15 sec of observing how the baby or child sees me and how they respond to me and the environment of coming to the doctor’s room. How they behaving with the parent, getting as much information from that as possible and obviously the body structure, the way the child present its self, how they clean or dirty. How well- groomed they are”*(RP5)

Hahnemann’s aphorism on practitioners’ observation states that “The unprejudiced observer realizes the futility of metaphysical speculations that cannot be verified by experiment, and no matter how clever he is, he sees in any given case of disease only the disturbances of body and soul which are perceptible to the senses: subjective symptoms, incidental symptoms, objective symptoms” (O’Rielly, 2001)

The aforementioned aphorism connote the importance of homoeopathic practitioners to observe each individual/patient as a unique and distinct case. Whilst observing the clinical symptoms of the patient and the disease, the homoeopathic practitioner ought to observe the subjective symptoms as presented by the patient, without judging or concluding based on the practitioner’s own experience and knowledge of diseases.

### **5.3.2.2 Clinical Experience**

The respondents reported that the challenges they have faced in the case taking of paediatric cases improved with clinical experience. According to a study (Rostovsky,2008) revealed that the skills involved in assessing the health status of a patient are affected by the number of patients a student/practitioner has gained



experience by consulting. Seventeen out of twenty four (74%) responses identified the amount of clinical experience obtained during their studying and training in homoeopathy as a weakness and mentioned that it was inadequate to achieve or was not achievable at the end of the degree.

*“Through your experience dealing with children, familiar with what is normal and so it becomes a lot less theoretical and lot more artistic, so you develop comfort.(RP3)*

*“I have more experience now, so I am able to tell easier what is going on with the child diagnostically, and you can diagnose something a mile away now and you obviously exam the child completely.”(RP1)*

The connotation of the above responses from homoeopathic practitioners is the importance of experience in refining and developing an effective framework that is more artistic as foregrounded on the principle of individualization.

### **5.3.2.3 Physical examination**

Some homoeopathic practitioners revealed that physical examination may be a useful tool to qualify the symptomatology of the patient, not subjected to one’s own interpretation but based on clinical evidence.

This correlates with (Nell, 2004) reporting that practitioners may direct patients only to examine relevant physical systems whereas students were required to perform full general physical examinations as part of the consultation.

## **5.4 PARENT'S DYNAMICS**

### **5.4.1 Parent's perceptions and knowledge of homoeopathy**

Findings from this study revealed that majority of the homoeopathic practitioners who participated in the study felt that parents had a better, although a diverse range, understanding of homoeopathy. This was reiterated amongst homoeopathic practitioners who are practicing in communities with well-developed socio-economical backgrounds. Furthermore, the study reveals that parents' knowledge of homoeopathy may be limited to referral with no clue of what is expected. Contrary to that, the participants reported that parents who bring their children for consultation are often also patients and have direct experience and knowledge of the effectivity of homoeopathic medicine.

Whilst a few homoeopathic practitioners believe that the education and perception of parents is not good at all, as they see homoeopathy as last resort, when allopathic medicine seem to have worked.

Friedenfels (2015) states that homoeopathy is known as being the fastest developing medical modality and used type of medical system in the world, the awareness of homoeopathy is changing and there is a growing request to learn more about homoeopathy.

In 2009, Von Bardeleben conducted a survey to determine the perceptions of homoeopathy amongst parents of children aged 3 to 7 years old at pre- primary schools in the Pinetown district. The study concluded that fifty six point one percent(56.1%) of the respondents had heard of homoeopathy before and 22.7% of the respondents had taken their children to a homoeopath with 48.6% of the parents being satisfied with the homoeopathic treatment their child had received. Almost two thirds (65.6%) of the respondents thought homoeopathy should be made available in clinics and hospitals. The survey concluded that even though more than half the respondents were aware of homoeopathy, their levels of knowledge of homoeopathy were poor (Von Bardeleben 2009).

Paruk (2006) carried out a survey to determine the perception that exists amongst pregnant women regarding the use of homoeopathy during pregnancy. The results

revealed a great lack of knowledge about homoeopathy not being required as a form of treatment during pregnancy.

Harripershard (2009) articulated that perception studies conducted so far in South Africa have discovered that there is a degree of unawareness or misinterpretation of homeopathy, and that varied views on its application and effectiveness exist among the general public. However, Love (2016) argues that patients who utilized the homoeopathic facilities trusted the homoeopathic provider and treatment outcomes and subsequently demonstrated a positive influence on the utilisation of homoeopathic services in the population study

Khumalo (2015) reported that there was a very good understanding of homeopathy among the patients who utilized the homoeopathic services at the Redhill clinic of the nature of consultation and mode of treatment. The findings in this study, however, suggest that majority of the participants had a vague and poor understanding of homoeopathic philosophies.

Respondents from this study suggest that many parents are quicker to use Homeopathy for their children and not themselves, as people view it safer therefore, this may be a reason why they do not know a lot when compared to the adult patient.

#### **5.4.2 Relevance of parents' information for prescription**

Whilst Homoeopathic practitioners admit that parents may sometimes have erroneous information and observation about their children, the secondary information from the parent or guardian is considered relevant in the process of case taking. The parent presents what is important to treat in a form of a main complaint. The parent provides information about the child which may not be observable in the consultation room but may be observable in a comfortable nurturing environment, such as; the child's behaviour and character and how they respond to different things.

*"Sometimes parents observe things about their children that you wouldn't ever see in a consultation so, you dependant on that."(RP1)*

*“It is very important, because how the child is when they in my room compared to how they are when they are home is different. I need to know how the child is, when the child is in a comfortable and nurturing environment.” (RP2)*

Furthermore, parents’ information is extended from rare, peculiar symptoms to modalities and history on antibiotics and family or pregnancy history.

Homoeopaths revealed that the information provided by parents is an important integral when qualifying the case, especially when asking relevant questions to qualify the case.

“You cannot have an open question with the parent because they are not experiencing the symptoms but they observe. Once you start taking the case, the parent start describing the main complaint”

Homoeopathic practitioners reported that the relevance and accuracy of the secondary information as provided by the parent is dependent on the questions asked by the practitioners.

## **5.5 Framework**

### **Why is it important to have a different approach for treating a paediatric case**

Homoeopathic practitioners agree that a homoeopathic approach to treatment is individualized, where each case is treated basis of the presenting main complaint. The interviewed Homoeopathic practitioners in this study reported that the different approaches in the treatment of paediatric cases are foregrounded on limited communication and comprehension, thus limited primary information. Homoeopaths rely mainly on their own clinical observation and qualify the case with direct questions to the parents or guardian of the child. Furthermore, homoeopaths use physical examination as an integral of the case taking. The combined approaches ultimately governs the prescription of a similimum. It was also reported that in paediatric patients there’s not much questioning that needs to be done to find the total symptomatology of the child. The child has less clinical history and suppressive medication. Psychologically, children don’t hold particular perceptions that may dictate their

behaviour and how they react in the social spaces, thus making observation relatively accurate to prescribe on

“One of the reasons is because there’s less scratching that needs to be done, you don’t need to dig as hard, in the adults, there’s more digging that has to happen. And you get less from observation. So in a paediatric case, maybe 60% of the information comes from the observation maybe more and because if you think of an eczema its about how the skin looks, and maybe 40% from the interrogation”

Pinto and Feldman (1996) alluded that paediatric patient case history is different particularly because they reveal their symptoms spontaneously by being themselves. The natural response to restore health, and happiness has not been reduced or distorted by a long medical history or by their interpretation of feelings, beliefs and perceptions about life.

#### **5.5.1 Framework for paediatric cases**

Although homoeopathic practitioners mentioned that the paediatric case is almost similar to that of an adult, the paediatric case has elements of which are important and specific because the child cannot express nor describe their sensation. However, importantly the information from the parent or guardant opens the case and provides grounds of symptoms observed by the parent. To qualify the symptoms as described by the parent, a practitioner may ask follow-up and direct questions. Thereafter the practitioners outlined CLAMSIT for the symptoms reported by the parent.

C- Concomitants

L- Location

A-Aetiology

M- Modality

S- Sensation

More, direct questions are then asked depending on whether the case is chronic or acute. If the presenting case is chronic, one may wish to prescribe constitutionally or miasmatically. Boenninghausen developed the above prescribing technique as a guide to the acquisition of a total symptomatology of the patient. This technique was developed on philosophical basis, every symptom is a modulation of the disorder in the whole individual. If the total symptoms stems from the same source, then CLAMS could be used to traced each symptom in order to holistically acquire the necessary information for prescription (Watson, 2004)

Tiwari (2009) articulated that every individual is unique and thus requires a unique remedy when ill. Furthermore, he / she states that homoeopathic treatment is capable of handling each individual case according to its individual presentation because of the nature of the medication and its therapeutic application based on the law of similar.

Though practitioners reported the similarities between a paediatric and adult case, foregrounded on the fact that adults can describe the main symptoms sensationally to the best of their ability, so that a practitioner get to the total symptomatology. Homoeopathic practitioners also reported on the use of their observation as the important integral of the homoeopathic framework.

*“I would go through the shopping list but I jump around quite a lot so past medical history, surgical history, family history comes in when it is appropriate, then without fail I go through the GIT, Cravings and aversions. General GIT function, sleep, generalities then talk about the environment with which people feel most comfortable then I go through the head to toe. But that is because in those areas, GIT, energy, cravings, sleep, temperature modalities, that where I look for generalities. The important thing*

*is looking at the history of pregnancy of the mother, noticing things that happened to her, that she was experiencing, that were not normal or usual to her, and the idea is that, this was the child expressing through the mother. These new symptoms, sensation, mind state and all. Immunization.”(RP6)*

### **5.5.2 Other frameworks employed by homoeopaths in the treatment of paediatrics**

Homoeopathic practitioners reflected that there are elements of other methods that they have seen to be useful. In children some responded they would very often prescribe inter-current nosodes. For children, homoeopaths prescribe more remedies than they would for adults. Implementing the Eizayaga approach, which prescribes a remedy for the lesion of layer. if paediatric patients come for an acute, homoeopaths prescribe remedy for the acute and for the nosode or the acute and constitutional remedy. According to Watson (2015) the Eizayaga’s approach to prescribing is foregrounded on the understanding that each individual has distinct layers of disease and predispositions, which may require a different remedy. The layers ought to be treated in the reverse sequence order to which the layers occurred to successfully and sustainably treat the patient. The layers are namely;

1. Miasmatic layer: hereditary predispositions that affect and influence the patients.
2. Constitutional layer: healthy and normal characteristics of an individual, these is inclusive of body type, hair colour, food cravings and aversion. The characteristics are not curable or pathological.
3. Fundamental layer: Symptoms relating to the individual rather than the disease process, these may include food cravings and aversions since the illness and generalities.
4. Lesion Layer: pathological manifestation of the disease and its location into the system, organ or tissue based on clinical diagnosis. The diseases may be curable or incurable.

Fairclough (2015) reflect that the Eizayaga's approach has been effective in the treatment of HIV and AIDS patients at the Maun clinic. Fairclough (2015) reports that through experience, feedback from patients and observation, the approach has since proven to be an effective treatment approach which addresses different aspects of each complex case. This approach can be tailormade for each individualised case in a clear and structured manner.

### **5.5.3 Chinese medicine**

Some homoeopaths revealed that they received trained training in Chinese diagnosis/medicine and are using tongue and pulse diagnosis. However, further alluded that pulse is difficult with paediatrics because it's such a small area where you get the pulse and ones fingers are generally too big. Therefore, they examine at the tongue and get a lot of information from the tongue.

"I'm also trained in Chinese diagnosis/medicine so tongue and pulse, but pulse is difficult with paediatrics because it's such a small area where you get the pulse and one's fingers are generally too big. You can definitely look at the tongue and get a lot of information from the tongue"

According to (Liao et al, 2014) tongue observation and assessment is vital in the diagnosis of physiological and pathological deviation of internal organs. In traditional Chinese medicine, the prognosis and progression of disease can be observed through the tongue as it is connected to body organs through the meridians.

### **5.5.4 Parent as proxy for the child**

Some homoeopathic practitioners revealed that they use the method of using the parent as a proxy for the child. This approach is foregrounded on the understanding



that the mother and child are one during pregnancy. The child feels, eat and experience whatever is experienced by the mother. However, practitioners further reported that the approach is too cumbersome, and time consuming and results are not reliant that one would justify doing it on a regular basis.

However, (Heirs, 2007) states that less guidance on the treatment of children has been published (Herscu,1991) which leaves a question of how much does the homoeopathic practitioner acquire directly from the paediatric patient or through the parent as the child's proxy

“I have used the method of using the parent as a proxy for the child, I think it was too cumbersome, and time consuming and I don't think the results were than good that you would justify doing it on a regular basis”

### **5.6 Point of focus when treating a child**

The homoeopathic practitioners reported to focus more on the constitution of the child, generalities and miasmatic terrain which helps the individual become stronger. Homoeopathic practitioners also reported that the main focus is on their own observation, generalities, relationship, past medical history such as vaccination, and antibiotics.

“I focus on the constitution, because the constitution is the main mode of action of any compliant that the child would have, whether its cough, flu, toe ache or whatever it is. I focus on the constitution, miasm and my own observation”

Definitely the first time I see them is miasmatic treatment, almost always first treatment is miasmatic”

The interviewed homoeopathic practitioners also reported the importance of generalities as symptoms easily observable by the parent or the guardian.

the generalities are very important to me and the little things thing they like to do or don't like and the environment they like and they don't like”

“With a child, I’m less worried about the acute manifestation of the disease other than PQRS symptoms, I’m most interested in generals, relationships and miasmatic classification, more so than in adults, I would see a child as a miasm and to a significant extent my choice of a remedy will tie up to that miasm and generalities”

## **5.7 Improving current diagnostic framework**

The respondents highlight a number of aspects they will consider for the future in order to improve paediatric case taking. The aspects of improvement include video recording cases to enhance analysis, do more courses and training and learn new techniques in diseases such as aspergers syndrome and autism, which are becoming more common in children. Furthermore, the respondents reported the importance of learning more techniques such as play therapy, let them draw something and be able to interpret. More diagnostic technology like fever measuring tools through the ear are also used.

“I’d like to video record the cases, not to necessarily improve my approach, it will enhance my analysis, because if the patient has left and I have not come to my remedy, then I have a video recording and I can go back and look at it. Maybe I can do more courses and training and learn new techniques in diseases such as aspergers syndrome and autism, which are becoming more and more common now in children”

Homoeopathic practitioners need to improve more on the inclusion of the children in their own treatment, such as activities, drawing and be able to interpret the drawings into materia medica language and symptoms.

“I think maybe activity-wise, it is a bit tedious for child to sit in a consult.”

## **5.8 Diagnostic Framework for the treatment of children in early practice**

Homoeopathic practitioners reported that the older generation of practitioners were trained the French system where the highest potency prescribed was 30CH, which was more structured around clinical prescriptions.

The understanding of disease prognosis based on the constitutional type of the child is also an important factor that homoeopathic practitioners reported on. This presented as a challenge to many practitioners in early practice. Furthermore, practitioners reported the use of a template of questions when taking a case, which was a difficult to follow as patients may jump from one system to the other when expressing their symptoms.

“And in terms of prescribing, one of the most valuable things that anyone has said to me was Dr Hopkins who said to me with the poly-crests, you have all the remedies you need, you can always add to it, but the poly-crests are always the most important things. When you starting out, if you focus on the poly-crests and you know them really well, both acute and chronic, you will be able to build a nice practice and then you add to them as you need”

The respondents also revealed the use of poly-crests in the early practice due to limited knowledge of the Materia Medica of paediatric patients. The understanding is that, poly-crest remedies may cover the total symptomology of the patient where the case is not clear.

## **CHAPTER 6: CONCLUSION AND RECOMMENDATIONS**

### **6.1 CONCLUSION**

The results of this qualitative study provided data on the prescribing techniques of experienced homoeopathic practitioners for paediatric patients. Their challenges when treating children and how they counteract them, the parents' perceptions or knowledge of homoeopathy and its relevance in the treatment of paediatric patients. Furthermore, the study explored the various diagnostic frameworks and approaches employed by homoeopathic practitioners in prescribing for children. The study designated that experienced homoeopathic practitioners do not follow a specific framework but foreground each case on the principles of individualization. This is common practice in homoeopathy. However, homoeopathic practitioners who participated in the study agreed that treating a paediatric case may be difficult as children cannot provide a sensational expression of their symptomatology. Underpinning the different views exists discourses that concern the theoretical foundation of traditional classical homoeopathy, and the contemporary practice of homoeopathic practitioners in their respective practice (Levy et al, 2010)

The data presented on this study showed that through experience, homoeopaths develop skills in case history taking, and interpretation and weighing of symptoms of children during a consultation. Furthermore, the study revealed the paucity that currently exist amongst homoeopathic practitioners on the process of making clinical decisions leading to the prescription for paediatric patients. Each practitioner had to develop their own system for improving paediatric case studies based on their own learnings and experiences.

Historically many homeopaths seemed to prescribe only a limited range of "commonly known child remedies". This is because information on Paediatric Materia medica was limited and there was no clear approach as to how to take the case in paediatrics. So everyone seemed to be observing children in their own way and using their own interpretations of these observations. There was no methodical, scientific approach and hence, consistent results were often lacking. Senior homeopaths, because

of their experience, were achieving good results, whilst newly qualified practitioners were perhaps not so successful.

The study also revealed the dynamic nature of the homoeopathic practice that foregrounds itself to foundational theories dating from the period of the founder Samuel Hahnemann and other prominent practitioners in subsequent and recent years. This authenticates the effectiveness of homoeopathic philosophy in the treatment of patients and thus allows practitioners to artistically adopt these theories and principles in their respective practices as it suits the demography, culture and environment and lifestyle of the patients he/she is exposed to. The aforementioned synergizes homoeopathic practices that do not view patients as objects but as subjects to their own treatment.

Furthermore, homoeopathic practitioners in this study do not follow a specific guideline for case taking, as it may not allow the patient to sensationally express themselves whilst also allowing the practitioner to follow the case and observe the actions and reactions of the patient. The findings represent individuals who participated in the study, and not the entire population of qualified and experienced homoeopathic practitioners. Therefore, generalisation of findings and assumptions concerning the prescribing techniques of homoeopathic practitioners for paediatric cases is not possible. However, the researcher argues that some form of framework may assist newly qualified practitioners to understand what to look for, useful strategies for paediatric case taking and what to treat in a paediatric patient. The need to educate homoeopathic students on interpretation of observed symptoms and its use in the *Materia Medica* is paramount.

## **6.2 LIMITATIONS**

The results of this study are limited in that convenience sampling was used and the interviewed homoeopathic practitioners were those who showed interest, were easily accessible and available during the period of the study. Therefore, the results cannot be generalized to other homoeopathic practitioners. Homoeopathic practitioners with a minimum of five(5) year experience in practice, registered with the Allied Health

Professions Council of South Africa (AHPCSA) and those who treat paediatric patients were included in the study.

The respondents were those who were available during the time of the study and who wanted to be part of the study. Homoeopathic practitioners who were not available were not included in the study. The findings of this qualitative, explorative, descriptive and contextual study although not generalizable, may provide further information on the prescribing techniques of experienced homoeopathic practitioners for paediatric cases. The findings of the study obtained are not necessarily representative of the population as a whole.

### **6.3 RECOMMENDATIONS**

Based on the outcomes of the study, the following recommendations were established with special reference to the challenges faced by homoeopaths in the treatment of paediatric cases. A “diagnostic and prescription” framework should be developed and made available to final year homoeopathic students, interns and newly qualified practitioners. This is something that could be done as far as a collaboration between training institutions such as DUT and UJ in conjunction with the AHPCSA’s internship committee to ensure some baseline uniformity, but still allowing for individualisation. The need to standardize practices may provide reliability and consistency in the prescription practices as employed in the homoeopathic stream of medicine.

Further studies to explore the validity of clinical decision making processes employed by homoeopaths in their respective practices should be conducted. A larger sample size will allow for more generalised information and improve the validity of the data collected. More studies to explore the observation techniques and their interpretation for Materia Medica prescription. This may need to be included in the curriculum and taught in the academic institutions.

Computer software technology is needed to improve the reliability of the process of clinical decision making and prescribing. Institutions offering training in homoeopathy

should work on developing a local prescription software that would be cost effective and affordable for newly qualified practitioner.

With the newly introduced internship, the focus should mainly be in the treatment of paediatric patients and development of one's own technique of case taking. The students should be allowed to be knowers of the homoeopathic epistemology, thus be able to critique and develop new frameworks that works best for each. The data presented on the study revealed that homoeopathic practitioners only begin to develop their own framework and technique after extensive experience in the field. Such should be encouraged from the latter years of training, the internship should focus on developing independency and development of own technique, foregrounded on the basic guideline as suggested on the study.

This study was conducted in a qualitative paradigm; an additional quantitative study which aims to ascertain the prescribing techniques employed by homoeopathic practitioners for paediatric cases would be necessary because it will cover a larger sample size as compared to this qualitative study which was directed by data saturation. Future studies should include a larger sample size which would gather a broader perspective. Yes again add everything that speaks to future studies in one paragraph

- Further studies may be conducted to develop a model/diagnostic framework for paediatric patients to inform prescription practices as employed by homoeopathic practitioners. The framework should not be a head to toes questions about the patient but should allow the practitioner to be guided into what sort of questions and aspects of the holistic case taking to be covered.
- The framework should cover components of the child proxy and weighing of the information through follow up questions. It should also include the aspect of constitutional and miasmatic terrain.

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## Appendices

### APPENDIX A : LETTER OF INFORMATION

Dear Participant,

Welcome to my study, and thank you for showing interest in it.

**Title of Research Study:**

The prescribing techniques of KwaZulu Natal homoeopathic practitioners for paediatric patients

**Principal Investigator/s/researcher:** Mzwandile Khumalo, BTech Homoeopathy)

**Co-Investigator/s/supervisor/s:** Dr C Hall (MTech Homoeopathy), Dr K Erwin (PhD phil)

**Brief Introduction and purpose of the study:**

This study involves research on Homoeopathic practitioners with a minimum of 5 years of experience in practice. A minimum of 10-15 Homoeopathic practitioners are interviewed using an audio-tape device to describe and explain the challenges, experienced homoeopathic practitioners encounter when taking paediatric cases during their early practice of homoeopathy and to evaluate the different aspects of prescribing techniques that are important to ensure a successful prescription and cure of a paediatric case.

**Outline of the Procedures:**

The researcher will set up an appointment in your respective place of practice. An interview will be conducted, which will be tape recorded. You will be given the interview questions and respond to each. You may be asked to clarify some of the responses, further questions will be asked based on the responses a homoeopathic practitioner provides during the discussion, to elicit a more depth information.

**Risks/Discomforts/Costs:**

There are no risk/discomforts or costs involved from your participation in this study.

**Benefits:**

The results of the study will be analysed and a general guideline for paediatric case taking will be generated and distributed to newly qualified homoeopathic practitioners. Results from this research will be published and participants may will be granted access to the final results of this research upon request.

**Reason/s why the participant may be withdrawn from the study:**

Reasons for withdrawal include no longer having time to conduct the discussion or no longer filling the inclusion criteria. However, there will be no adverse reactions should you withdraw from the study.



**Remuneration:**

participants will not receive any form of remuneration for participating in this research study

**Costs of the study:** Participants are not expected to cover any costs towards the proceedings and completion of this research study.

**Confidentiality:**

All your information is confidential and the results of the study will be used for research purposes only. The researcher will be the only person who has access to the letters of consent and questionnaire, and after the data collection process the transcribed interviews will be coded. You are entitled to be informed of any findings that are made from the study, and you are free to ask questions of an independent source. If you feel unsatisfied with any area of the study, please feel free to contact the Durban University of Technology Research Ethics Committee.

**Research-Related Injury:**

the research does not foresee any research related injury, as this research study does not include any physical contact with the participants but an interview.

**Persons to contact in the event of any problems or queries:**

Please contact the researcher (071 646 1916), my supervisor (031 373 2483) or the institutional Research Ethics Administrator on 031 373 2375. Complaints can be reported to the Director: Research and Postgraduate support, Prof S Moyo on 031 373 2577 or [moyos@dut.ac.za](mailto:moyos@dut.ac.za).

## APPENDIX B: CONSENT



### Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, Mzwandile Khumalo, about the nature, conduct, benefits and risks of this study- Research Ethics Clearance Number: IREC 188/18
- 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 researches, I agree that the data collected during this study can be processed by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

\_\_\_\_\_  
Full Name of Participant  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_

I, Mzwandile Khumalo herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

\_\_\_\_\_  
Full Name of Researcher  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_

## APPENDIX C: INTERVIEW GUIDE

**Topic:** Prescribing techniques of KwaZulu Natal Homoeopathic practitioners for paediatric cases

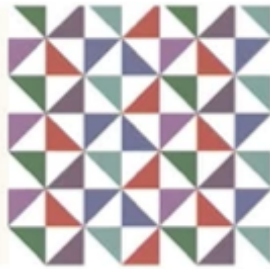
**Researcher:** Mr Mzwandile Khumalo (Btech:Hom)

**Supervisor:** Dr C. Hall (Mtech:Hom)

**Co-supervisor:** Dr K.Erwin

1. How many years have you been in practice?
2. How many children cases do you see in your practice a day/week/month?
3. Which are the common illnesses that children present with, when coming in for consultation?
4. In treating children, what are the challenges you encounter when taking a case?
5. How are those challenges different from those you faced when you started practicing?
6. What perceptions and education do parents have towards Homoeopathy?
7. How relevant is the information from the parent into diagnosing a remedy for the child?
8. In your own understanding, why is it important to have a different approach of case taking and treatment of paediatric cases?
9. Do you have a particular diagnostic framework you apply when taking a case of a child, how does it differ from that of an adult?
10. Which other diagnostic framework/methods have you tried when treating children, and what is their effectiveness in your own practice?
11. What is your point of focus when treating a child?
12. What would you improve in your own diagnostic framework/ methods of case taking, when treating a paediatric?
13. What kind of a diagnostic framework for treating children when you first started practising would have been useful to you?

## APPENDIX D: ETHICS CLEARANCE CERTIFICATE



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

P O Box 1334, Durban, South Africa, 4001

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[http://www.dut.ac.za/research/institutional\\_research\\_ethics](http://www.dut.ac.za/research/institutional_research_ethics)

[www.dut.ac.za](http://www.dut.ac.za)

13 December 2018

Mr M Khumalo  
211 Mhlanga Street  
S'godiphola  
Piet Retief  
2380

Dear Mr Khumalo

**Prescribing techniques of Kwa-Zulu Natal homoeopathic practitioners for paediatric patients.**

I am pleased to inform you that Full Approval has been granted to your proposal.

The Proposal has been allocated the following Ethical Clearance number **IREC 188/18**. Please use this number in all communication with this office.

Approval has been granted for a period of two years, before the expiry of which you are required to apply for safety monitoring and annual recertification. Please use the Safety Monitoring and Annual Recertification Report form which can be found in the Standard Operating Procedures [SOP's] of the IREC. This form must be submitted to the IREC at least 3 months before the ethics approval for the study expires.

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 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

Professor J K Adam  
Chairperson: IREC

