Why do patients choose to consult homeopaths? An exploratory study

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Abstract

Background: Patients are using homeopathy in increasing numbers and not telling their doctors about it. It is important as family physicians that we understand the reasons why patients choose to consult homeopaths. It is important to know what our patients are looking for that they do not find in Western medicine. This information will provide valuable insights and enable us to engage with our patients in an informed and empathetic way such engagement being vital to maintaining an open relationship and providing the best possible care and advice.

Methods: The aim of this study was to understand the reasons why patients choose to consult homeopaths. Eight free-attitude interviews were conducted with purposefully selected patients who consulted a particular homeopath in Gauteng province. The exploratory question was 'Why do you choose to consult a homeopath?'. The interviews were all conducted in English, transcribed verbatim, and analysed for categories and themes using the 'cut and paste' method. Member checks were done by verifying the transcribed data with the interviewees by e-mail. Triangulation of the data was done by audio-recording of the interviews, and using transcribed notes and field notes collected during the interviews.

Results: All the participants initially consulted a homeopath after their health problems were not solved by mainstream medical treatment. Most were also concerned about the side effects of long-term mainstream medication. Many were frustrated with mainstream consultation or relationship factors, including rushed consultations, being asked too few questions and doctors being too quick to prescribe. Some participants said that doctors had a poor bedside manner, were difficult to talk to, and were judgemental or uncaring.

The participants continued to consult homeopaths because they felt that the treatment was effective, natural and did not have side effects. They indicated that homeopathic treatment works with the body and health problems therefore are solved in the long term. This makes homeopathic treatment cheaper, because the same problem does not need to be treated repeatedly. Homeopathic consultations were longer, and homeopaths were easier to talk to and formed an equal partnership with them. In addition, problems were managed holistically mind, emotions and body, as well as work and family factors were considered. Homeopaths were considered competent and ethical and knew their limitations.

Conclusion: From the reasons given for consulting homeopaths, we, as family physicians, can learn a lot about what patients consider important in their consultations and management. Frustration with some aspect of mainstream care has pushed them to look for solutions elsewhere Much of what the patients did not find with doctors but found with homeopaths can be found in the principles of family medicine. It will be important to validate the findings of this study by developing a hypothesis that can be tested using a quantitative paradigm.

P This article has been peer reviewed. Full text available at www.safpj.co.za

SA Fam Pract 2008;50(3):69



Introduction

The importance of this study is based on reports that patients are using homeopathy in increasing numbers and not telling their doctors about it. It is important that we, as family physicians, understand the reasons why patients choose to consult homeopaths. It is important to know what our patients look for that they do not find in Western medicine. This information will provide us with valuable insights and enable us to engage with our patients in an informed and empathetic way, which is vital to maintaining an open relationship and providing the best possible care and advice.

Much of the published research relevant to why patients choose to consult homeopaths has been on what motivates the use of complementary medicine (CM) rather than homeopathy specifically. There is a lot of overlap in the factors contributing to some patients' use of homeopathy and other patients' use of other specialties of complementary medicine. ^{2,3} Also, there is a variety of use-patterns amongst those using complementary medicine and homeopathy and there appear to be differing motivations for each pattern of use.

Some patients are frustrated or disappointed with mainstream medicine, and earnestly seek a solution to a specific chronic problem. They may then become regular users of homeopathy, in which case they use homeopathy because of positive experiences. Others are one-off users who continue to shop around, or may become erratic users of homeopathy, also making use of other specialties of complementary medicine and mainstream medicine, depending on the circumstances. The majority of CM users continue with mainstream medicine concurrently, and only a small minority use CM exclusively. 7.9–13

Methods

The aim of this study was to understand the reasons why patients choose to consult homeopaths. A qualitative, descriptive study using free-attitude interviews was done. The study population was patients who consulted a homeopath working in Gauteng province. Sampling was done purposefully, using the selection criteria of 'ability to express themselves clearly in English' and 'patients known to the homeopath'. Participants were also selected to ensure a spread of ages, gender and race.

After the aim of the study was explained and consent obtained individually, the interviews were conducted by the principal researcher using the exploratory question, 'Why do you choose to consult a homeopath?'. The interviewer did not introduce any new questions and only summarised or clarified what had been said. Audio-taped interviews were transcribed verbatim and organised into categories and themes, using the 'cut and paste' method, and then analysed. Saturation, the point at which it was decided that no new themes emerged from the interviews, was reached at the eighth interview and this determined the sample size of eight participants.

Results

The sample size consisted of eight participants – five women and three men. The ages of the participants ranged from 27 to 49 years, with a mean age of 37.25 years. All the participants were South Africans, with their racial distribution as follows: Black (5), White (2) and Indian (1). All participants had completed or were about to complete tertiary education (see Table I).

Table I: Demographic characteristics of the participants

Interview no	Age (years)	Racial group	Gender	Marital status
1	44	Black	Male	Married
2	47	White	Female	Divorced
3	30	Indian	Female	Single
4	34	White	Female	Single
5	33	Black	Female	Single
6	27	Black	Female	Married
7	49	Black	Male	Married
8	34	Black	Female	Single

The themes that emerged from the interviews and their supporting quotes are as follows:

a. Approach of mainstream doctors: Most participants discussed the frustrations they had with the approach of mainstream doctors. These included the rushed, impersonal nature of the consultations – 'They push numbers', 'very quickly', 'Let me see 40, 50 patients very quickly'. Some of the consultations were short – '10, 15 minutes you are out of there'.

They felt that the doctors acted as if they 'knew everything' and often did not explain things about the illness, the treatment or other ways of managing the problem – '...if you try and read that script, you don't know what you are being given'.

The mainstream medical approach was perceived to be reductionist and mechanistic. One of the participants indicated that '...the way that I've been treated, and compartmentalised, that kind of thing, and dehumanised...'. Some participants found mainstream doctors unapproachable and judgemental – '...doctors forever telling me that it was all in my head'.

b. Approach of homeopaths: For some participants, the relationship they had with their homeopath was far more important than what type of medication was used. A quote that supports the latter consideration is the following: 'I've tended to actually doctor shop, looking for someone that gave me the kind of treatment or support that I wanted — aside from just the actual medical treatment.' The participants felt they were respected as individuals and as equal human beings by their homeopaths — '... it actually becomes a personto-person, rather than with doctor and patient'. With homeopaths it was felt that one is able to have a person-to-person conversation and work '...in partnership to sort out issues'. As a result, the patients were left feeling in control. The participants felt that respect was shown by homeopaths being punctual for their appointments, allowing more time and finding out more about their patient — '...a homeopathic doctor would not rush you'.

Homeopaths were found to be caring, interested and empathetic, and emotional expression was legitimate. This approach made the consultation itself a therapeutic encounter. Homeopaths were perceived to be very supportive, not only during the consultation, but also by being available telephonically and providing regular follow-up. The participants used the word 'holistic' to describe the way they felt assessed and treated by homeopaths – '...it looks at people at multiple levels, at multiple layers... from the physical to the spiritual to the emotional to the psychological to the social'. Homeopaths took detailed histories concerning their patients' physical health and asked about other individual and contextual aspects – 'So they kind of get context before rushing to tell you what's wrong'.



Their management also focuses strongly on lifestyle changes – '... whilst we administer this particular medication, what are the lifestyle changes we can make?' Management focuses not only on disease, but on preventing illness and achieving greater wellbeing. One participant indicated that '...I'm feeling okay, but you are not leaving me there, you are preparing me for the future'.

c. Risks of mainstream medicine and safety of homeopathy:

The risks of mainstream medicine were mentioned by most of the participants. The participants had experienced side effects of 'harmful chemical' medications. One participant said: '...my Asthavent, it gives me such bad heart palpitations...' They thought that mainstream medication often worked by suppressing the symptoms, rather than addressing the cause, and therefore needed to be taken chronically. For certain problems they felt that mainstream medication had not helped them at all. A few quotes in support of this are as follows: 'You could be having your headaches daily, and just taking aspirins...They really do not address the issue'. '... if I'd taken the antidepressants, and I'd felt more even keeled, I would have ended up not dealing with it, because it would have continued to mask it'.

Homeopathic medicine, which is considered 'natural' and is often prepared from plants, was considered as not having side effects and being safer in overdose. The participants pointed out that it worked by assisting the body to heal itself and therefore addressed the cause of the problem, which meant it was effective in the long term and one did not need to take it repeatedly: 'I don't go back for the same thing...Once it's treated, it's treated.' As a result, relative to mainstream medication, which was expensive and needed to be taken long term, homeopathy worked out to be cheaper — '...if it was not for this route [homeopathy], I know I'd be spending a lot of money...'

Several participants spoke about the complementary nature of homeopathy and mainstream medicine, and used both in combination for the same problem or chose one or the other depending on what the problem was. One participant said, 'I do not believe in using only one... You get the best of both worlds'. Another participant consulted mainstream doctors for their diagnostic skills or special investigations and thereafter a homeopath for treatment of the problem.

Discussion

As representatives of the prevailing medical system in Western society, doctors are often the first port of call for those seeking help for a health-related problem. Common to all the participants in this study was disillusionment or disappointment with an aspect of the mainstream medical approach or treatment. In one way or another, their needs were not met by mainstream medicine alone. If mainstream medicine could cure all illnesses and if doctors met all patients' expectations, there would be no need for patients to look elsewhere.

In describing what motivated them to consult homeopaths, most of the participants mentioned significant frustrations when dealing with doctors. Many of these frustrations could be described as consultation or relationship factors. It seems that even if mainstream medication cured all illnesses, there would still be a need for homeopaths. The participants were looking for more from their doctors than just effective medication. They felt that doctors had lost their healer role because the focus in mainstream medicine had shifted from healing to financial gain. The participants indicated that doctors were too

quick to prescribe, and rushed through consultations to try and see as many patients as possible so that they can make more money. Interestingly, in 1786, Dr Samuel Hahnemann, the German physician who later developed homeopathy, wrote that he felt embarrassed by those that eroded the dignity of the medical profession by glossing over symptoms in their speed to prescribe in the desire for money.¹⁴

More than 200 years later, the same themes were mentioned by the study participants – rushed consultations, too quick to prescribe, financially motivated and not taking an adequate history or finding out about the patient's context. The participants were disappointed by the quality of therapeutic encounters and therapeutic relationships they experienced in mainstream medicine. Many of these needs were being met by the homeopath. The quality of the therapeutic encounter and the relationships with homeopaths left the participants feeling more satisfied. The consultations were longer, they felt holistically cared for and lifestyle advice was included.

Yet many of these qualities participants sought for and found in homeopaths are well described in the family medicine literature on patient-centredness. ^{15–17} There seems to be a big gap between what family physicians know patients need and deserve and the care that patients receive from mainstream doctors. The study participants needed to consult a homeopath to experience the therapeutic consultations that they did not get from doctors. What would Balint, who identified the most important drug in general practice as being the doctors themselves, think of the fact that, for some patients, the drug called 'doctor' has been replaced by the drug called 'homeopath'? ¹⁸ It is crucial to know what aspects of the homeopaths' training prepare them to be appreciated by those patients who make use of their services.

This study has a number of limitations: The findings cannot be generalisable due to the sample size and its qualitative nature. In addition, the study was done with patients who had been consulting a homeopath and therefore would more easily have made positive rather than negative statements about this mode of treatment. The fact that most of the participants had tertiary education, with possible access to other sources of information, e.g. the Internet, could have introduced information bias in the data collection process. Despite these limitations, the findings of this study point to certain issues in mainstream medicine that need attention in terms of regaining the art of 'caring' for the patient.

Conclusions

From the reasons given for consulting homeopaths, we, as family physicians, can learn a lot about what patients consider important in their consultations and management. Frustration with some aspect of mainstream care encouraged them to look for solutions elsewhere. Although search for a cure that was not found in mainstream medicine precipitated most initial visits to homeopaths, much of what the patients did not find with doctors but found with homeopaths can be found in the principles of family medicine. It will be important to validate the findings of this study by developing a hypothesis that can be tested using a quantitative paradigm.

Ethics approval

This study was done in partial fulfilment of the MMed (FamMed) degree at the University of Limpopo (Medunsa Campus) and ethics approval was obtained from the Research, Ethics and Publications Committee of the Faculty of Medicine (MP. No: 106/2003).



Acknowledgement

Dr Gary Morris is thanked for his invaluable input during the initial stages of this study.

Conflict of interest: None

NB: To learn more about homeopathy and the evidence base for homeopathic medication, visit www.trusthomeopathy.org.

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