HIV/AIDS: A Questionnaire Survey to Determine Practices of Homoeopaths in Gauteng

A mini-dissertation submitted to the

Faculty of Health Sciences, Technikon Witwatersrand, Johannesburg as partial fulfillment of the Masters degree in Technology in the department of Homoeopathy by

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December 2004
Declaration

I declare that this dissertation is original and unaided work. It is being submitted for the degree of Master of Technology, at the Technikon Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination in any other technikon or university.

Signature of Candidate

The 8th day of April 2005

dftha 615.532 KAY
Abstract

In the 2004 South African Health Review, it is estimated that 4-6 million people are living with HIV/AIDS in South Africa (Doherty and Colvin, 2004). Studies indicate that homoeopathy has much to offer. However, the degree to which homoeopathy is being used to treat HIV/AIDS and related conditions is unknown.

The aim of this study is to examine the extent to which homoeopaths in the province of Gauteng, South Africa are treating HIV/AIDS and related conditions. The study also investigates the specific homoeopathic remedies that are most often prescribed in HIV/AIDS and related illnesses. Alternative therapies, modalities and commercially available products utilised by the respondents have also been taken into account. The other eight provinces of South Africa are not included in this study as they are currently being examined in two other studies.

The method of this study involved obtaining replies to a questionnaire sent out to the 222 registered homoeopaths in Gauteng. A motivating letter (Appendix A), the questionnaire (Appendix B) along with a self-addressed envelope with pre-paid postage was sent via post. Three weeks after posting the questionnaires, 10% of the Homoeopaths targeted by this study were contacted telephonically in an effort to boost the response rate. Once acquired, the data was correlated and analysed using qualitative and quantitative methods, including descriptive statistics and other graphical techniques.

A response of 18.02% participants was received. Of the homoeopaths that responded, only one is a black homoeopath, and 69% are Technikon graduates and 44% of the respondents do not treat HIV patients. Sixteen homoeopathic remedies were listed as being used against HIV/AIDS. The homoeopaths have graded them according to their effectiveness. Several commercially available
homoeopathic complexes were also listed, along with various herbal, Traditional Chinese Medicine and vitamins and supplements.

The results show that there is a definite a place for homoeopathy in the treatment of HIV/AIDS; however, they also show that homoeopathy is not reaching the masses in Gauteng, nor is it targeting the HIV/AIDS victims that it should be. The results do however give an indication of practice trends in the treatment of HIV/AIDS and this information can form the foundation for remedial action and further research in this area.
Dedication

I dedicate this work to the memory of Dr. Mathias Stoss, a man who dedicated his life to the research of HIV/AIDS. He strongly supported every endeavour that could make a difference. He stood up against poverty, AIDS, prejudice and pettiness. This was a great man who went out of his way to help people and tragically died doing exactly that.

In Loving Memory

DR. MATTHIAS STOSS
(2 September 1965 – 3 April 2002)

"Make me a channel of your peace,
Where there's despair in life
Let me bring hope
Where there is darkness
Only light
And where there’s sadness
Ever Joy"
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Gratitude is extended to the following people:

- Dr. Mathias Stess for his inception of this dissertation
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Chapter One

Introduction

1.1. Problem Statement

The 2000 South African Health Revue, states that South Africa has one of the fastest growing HIV/AIDS (Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome) epidemics and the largest number of people living with HIV/AIDS in any country in the world (Grimwood, et al., 2000). In the 2004 South African Health Review, it states that Sub-Saharan Africa is still the region most affected by the HIV/AIDS epidemic. It is estimated that 4-6 million people are living with HIV/AIDS in South Africa, but that the prevalence appears to be levelling (Doherty and Colvin, 2004).

According to Henry (2001), the number of deaths each year due to HIV/AIDS is expected to rise rapidly in South Africa from around 120,000 in 2000, to between 354,000 to 383,000 in 2005 and up to 545,000 to 635,000 in 2010 (Henry, 2001). On a national scale it has been estimated that HIV/AIDS prevalence is 24.5%, with Gauteng Province being the second highest at 29.4%, behind KwaZulu-Natal at 36.2% (Tshabalala-Msimang, 2000).

Doherty and Colvin (2004), state that the major hindering factors in the provision of antiretroviral drugs in the public sector is the large expense involved. Test and drug costs have made the provision of antiretroviral drugs in high prevalence settings unaffordable (Doherty and Colvin, 2004).

Homoeopathy has many advantages amongst which are a wider therapeutic repertoire and the fact that homoeopathic medicines are relatively inexpensive and safe (Ryan, 1998). Studies conducted on the use of homoeopathy in stage II and stage III HIV infection (Rastogi, et al., 1999) and on reducing the side effects of Trimethoprim-sulphamethoxazole (Bissuel, et al., 1995) have demonstrated the potential effectiveness of using this treatment in HIV/AIDS.
Homoeopathic remedies have been used in HIV/AIDS infections to treat amongst others, infections, pain, fever and diarrhoea (Evans, 1999).

Although not referring to HIV/AIDS, yet relevant to this study, Vithoulkas states that there are large numbers of suffering people who have access to a disproportionately small amount of relief available through the various accepted conventional therapies (Vithoulkas, 1980). Patients have needs which allopathic medicine cannot address, such as mental and emotional symptoms. They also have physical symptoms that cannot be explained. These physical symptoms may range from the strange, rare and peculiar to often ignored common symptoms. Although homoeopathy may not have all the answers, audits of homoeopathic treatment show that around 70% of patients have a moderate to major improvement (Ryan, 1998).

In South Africa, homoeopathy is taught at tertiary institutions. There are two Schools of Homoeopathy, one based at Technikon Witwatersrand and the other at Technikon Natal. They offer a five-year full time course, which integrates subjects such as anatomy, physiology, pathology, microbiology with Materia Medica and Clinical Homoeopathy.

The problem is that the extent to which homoeopathy is being used to treat HIV/AIDS and related conditions is unknown.

1.2. Aim of the study
Homoeopathy as a form of treatment has been investigated internationally. The question arises as to what extent it is being used in South Africa. The aim of this study is to investigate the extent to which homoeopaths in Gauteng, South Africa are treating HIV/AIDS and related conditions. The study investigates which specific homoeopathic remedies are most often prescribed in HIV/AIDS and related illnesses. Alternative therapies and modalities used by the respondents have also been taken into account. The study also examines the ages, genders and income groups of HIV/AIDS patients who seek out homoeopathic care.
1.3. Importance of the study

This study is part of a broader research initiative, which aims at surveying the practices of homoeopaths in the Republic of South Africa. The findings gained from this research will provide information on the degree to which homoeopathy is servicing the needs of the community. The study will also show the experiences and clinical findings that the homoeopaths treating HIV/AIDS have had. This knowledge will then serve as a baseline for further research in this field.
Chapter Two

Literature Review

2.1. HIV/AIDS

Acquired Immune Deficiency Syndrome (AIDS) was first described in 1981, in America, after cases of a rare neoplasm, Kaposi’s sarcoma and a rare pneumonia caused by a parasite called Pneumonia carinii was discovered in a number of men (Edwards, et al., 1995). These men were all formerly healthy, homosexual and aged between 20 to 45 years. A short while later, in central Africa a new disease was being discovered. This disease caused severe weight loss and diarrhoea, and was initially named “Slims disease”. In September 1983, Human Immune-Deficiency Virus (HIV) was discovered to be the cause of AIDS. It is unclear from where the virus first came, or why it appeared. The movement and migration of people across large distances, socio-economic instability, multiple sex partners and intravenous drug use has helped the worldwide spread of the virus (Evian, 2000).

An individual infected with HIV usually goes through various clinical stages that occur over a long period of time, usually 5 – 12 years. The state of the immune system is the best predictor of the patient’s risk of developing symptomatic disease (Evian, 2000). HIV mainly affects CD4 helper T-lymphocytes (TH cells). TH cells are tasked with the initiation of nearly all immunological responses to pathogens. Following HIV infection, there is a deterioration of the CD4 cell population resulting in gradual and increasing failure of the immune system, but especially cell mediated immunity (Edwards, et al., 1995). Measuring CD4 cells is currently regarded as the best indicator of immune-deficiency in HIV disease, and is used to monitor the immune status of the patient (Evian, 2000).

Table 2.1 summarises between the immune status, the CD4 cell count, lymphocyte count and symptomatic disease (Evian, 2000).
Table 2.1

The relationship between the immune status, the CD4 count, the lymphocyte count and the presence of symptomatic disease

<table>
<thead>
<tr>
<th>Clinical condition</th>
<th>CD4 cell count</th>
<th>Lymphocyte count</th>
</tr>
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<tbody>
<tr>
<td>Well with no symptoms</td>
<td>More than 500 – 600 cells/mm³</td>
<td>More than 2500 cells/mm³</td>
</tr>
<tr>
<td>Minor symptoms</td>
<td>350 – 500 cells/mm³</td>
<td>1000 – 2500 cells/mm³</td>
</tr>
<tr>
<td>Major symptoms and opportunistic diseases</td>
<td>200 – 350 cells/mm³</td>
<td>500 – 1000 cells/mm³</td>
</tr>
<tr>
<td>AIDS</td>
<td>Less than 200 cells/mm³</td>
<td>500 – 1000 cells/mm³</td>
</tr>
</tbody>
</table>

The World Health Organisation (WHO) has classified HIV/AIDS into four clinical stages as displayed in Table 2.2 (Evian, 2000).

Table 2.2

World Health Organisation Staging System for HIV Infection and Disease

**Clinical Stage 1**
- Acute retroviral infection
- Asymptomatic
- Persistent generalised lymphadenopathy
- Performance scale 1: Asymptomatic, normal activity

**Clinical Stage 2**
- Weight loss < 10% of body weight
- Minor mucocutaneous manifestations (seborrhoeic dermatitis, prurigo, fungal nail infections, recurrent oral ulcerations, angular cheilosis)
- Herpes zoster (shingles) within the last 5 years
- Recurrent upper respiratory tract infections
- And/or performance scale 2: symptomatic, normal activity

**Clinical Stage 3**
- Weight loss > 10% of body weight
- Unexplained chronic diarrhoea, > 1 month
- Unexplained prolonged fever (intermittent or constant), > 1 month
- Oral candidiasis
- Vulvo-vaginal candidiasis, chronic (> 1 month) or poorly responsive therapy
- Oral hairy leukoplakia (thickening of dorsal surface of the tongue)
- Pulmonary tuberculosis, within the past year
- Severe bacterial infections (e.g. pneumonia)
- And/or performance scale 3: bedridden < 50% of the day during the last month
Table 2.2 continued

Clinical Stage 4
- HIV wasting syndrome, as defined
- Pneumocystis carinii pneumonia
- Toxoplasmosis of the brain
- Cryptosporidiosis with diarrhoea, 1 month
- Cryptosporidiosis, extrapulmonary
- Cytomegalovirus
- Herpes simplex virus infection, mucotaneous > 1 month, or visceral (any duration)
- Progressive multifocal leuko-encephalopathy (selective destruction of the CNS)
- Any disseminated endemic mycosis (i.e. histoplasmosis, coccidioidomycosis)
- Cardiakis of the oesophagus, trachea, bronchi or lungs
- Atypical mycobacteriosis, disseminated
- Non-typhoid salmonella septicaemia
- Extrapulmonary tuberculosis
- Lymphoma
- Kaposi's sarcoma
- HIV encephalopathy, as defined
And/or performance scale 4: bedridden >50% of the day during the last month

Viral load is measured as the concentration of HIV-1 RNA in plasma. Plasma viral load is a direct indicator of the total number of virus-producing cells in a person infected with HIV/AIDS. AIDS may develop in a shorter time in patients with higher plasma viral loads. This is because the greater the virus production, the quicker the body's capability to replenish destroyed CD4 lymphocytes is exhausted. The measurement of viral load is highly predictive of the rate of destruction of CD4 lymphocytes, AIDS development and of death over a ten year span (Mellors, et al., 1997).

2.2. South Africa and HIV/AIDS
South Africa has the status of being the country with the world’s worst epidemic, with one in nine people HIV (Human Immunodeficiency Virus) positive (Davey Smith and Ebrahim, 2001). Other research shows that approximately 15% of all South African adults aged 20 to 64 are currently infected (Henry, 2001). It is estimated that HIV/AIDS (Acquired Immune Deficiency Syndrome) accounted for about 25% of all deaths in the year 2000 and has become the biggest cause of death. However, all HIV/AIDS death data
suffers from under-reporting. The under-registration of deaths is known to be a problem in South Africa (Dorrington, et al., 2001).

Grimwood, et al. (2000) identified a number of problems in “The HIV/AIDS and STD Strategic Plan for South Africa 2000 – 2005” such as limited human and financial resources at all levels, lack of adequate referral mechanisms and continuity of care, including hospital and home-based care. Furthermore, the government has raised the question of the cost of drugs, stating that in the current financial climate and with all the competing demands they would be unable to afford the treatments. The drug debate has arisen when some provinces (for example Gauteng) appear to be reducing their dedicated HIV/AIDS clinics, and thereby also the level of specialised skills available (Grimwood, et al., 2000).

Projections show that without treatment to prevent HIV/AIDS, the number of HIV/AIDS deaths can be expected to grow, within the next ten years to more than double the number of deaths due to all other causes resulting in five to seven million cumulative HIV/AIDS deaths in South Africa by 2010 (Dorrington, et al., 2001).

Most of the South African HIV/AIDS data is taken from the anonymous annual survey of pregnant women attending public sector antenatal clinics (Henry, 2001). Pregnant women have been studied more than any other group as a result of their accessibility for testing. As a group they provide the best approximation of the general population in the reproductive age group. Mother-to-child transmission is thought to be responsible for up to twenty percent of new infections (McIntyre, 1996). Although imperfect, by using projections models to extrapolate data from antenatal clinic attendees to the rest of the population, the data is sufficient to estimate the current and future size impact of the epidemic (Henry, 2001). While these figures are accepted as representative of HIV/AIDS prevalence estimates, this assumption may be false in a country with extremely high rates of STDs (McIntyre, 1996). Gender differences are also pronounced, with women at highest risk between the ages of
fifteen and twenty, while men achieve their highest incidence some years later (Henry, 2001).

2.3. Conventional treatment of HIV/AIDS

For now, the conventional treatment of choice in the treatment of HIV/AIDS is Highly Active Antiretroviral Treatment (HAART). HAART is a drug cocktail of protease inhibitors and nucleosides. This drug cocktail led to the first real medical progress in the treatment of HIV/AIDS (Ullman, 2003). However, in 2000 an article was published in the Journal of the American Medical Association. It describes a study that showed that 27% of HIV positive patients have an infection that is resistant to all three classes of HIV drugs presently available (Voelker, 2000).

At the Second International AIDS Conference on HIV Pathogenesis and Treatment in July 2003, one paper presented was “Treatment Failure and Antiretroviral Management of Treatment-experienced Patients” in which the many factors that cause treatment failures are acknowledged. According to the research, a resistant virus limits future treatment options, especially in patients who have experienced virologic failure while taking successive combination regimens including the three major classes of nucleoside reverse transcriptase inhibitors and protease inhibitors. These patients often have multiple drug resistant viruses and therefore their options for viable antiretroviral therapy may be limited or nonexistent (Montaner, et al., 2003).

As pointed out in an article published in AIDS Reader in 2003, there is much interest in the potential benefit of treatment interruptions in highly antiretroviral-experienced patients as part of a salvage regimen (Boyle, 2003). Dr. Dana Ullman suggests that alternative treatments, such as homoeopathy be considered during these treatment interruptions (Ullman, 2003).
2.4. Homoeopathy

Homoeopathy is a therapeutic method which clinically applies the Law of Similars and which uses medicinal substances in weak or infinitesimal doses. The Law of Similars states that the substance that can cause a disease can be used to cure it. Stated differently, a pharmacologically active substance will cause a set of symptoms characteristic of that substance when said substance is administered to healthy people. All sick people display a set of morbid symptoms characteristic of their disease. These morbid symptoms may be defined as “changes in the patient’s way of feeling or behaviour” brought about by the disease. The cure, seen in the disappearance of all morbid symptoms, may be obtained by prescribing, in weak or infinitesimal doses, the substance whose experimental symptoms in healthy people are similar to those symptoms displayed by the ill patient (Jouanny, 1994).

Homoeopathic practitioners can be divided into simplex and complex prescribers. The simplex prescriber is the one that believes in a single remedy which covers the totality of symptoms of the patient. This is in contrast to the complex prescriber who is more eclectic in approach. In this case, more than one remedy may be administered along with other supplementing alternative medications. This may include amongst others: Vitamins, herbal, naturopathic, Traditional Chinese Medicine, acupuncture, etc. (Eizayaga, 1991).

The European Council of Classical Homoeopaths (ECCH) conducted a survey in 1999, which looked at ten countries and asked various questions regarding the acceptance, recognition, standards, laws and restrictions of homoeopathy. This survey shows a definite international trend of acceptance for homoeopathy. In the United Kingdom homoeopaths do not have official recognition, however, homoeopathy is integrated into the National Healthcare System (NHS). In Germany, many hospitals offer homoeopathic treatment. India has the highest number of registered homoeopaths worldwide at over 125 000. Homoeopathic training consists of either a 4.5 year diploma or 5.5 year degree course. There are 273 government run, subsidised hospitals and 8865 homoeopathic dispensaries for the poor. Furthermore, since homoeopaths are officially
recognised medical practitioners in India, many conventional doctors refer patients to homoeopaths and vice versa (Finne and Vikseen, 1999).

In South Africa, there are two Schools of Homoeopathy, one based at Technikon Witwatersrand and the other at Technikon Natal. They offer a five-year full time course, which integrates subjects such as anatomy, physiology, pathology, microbiology with Materia Medica and Clinical Homoeopathy. Many of the older homoeopaths trained abroad, and obtained degrees in homoeopathy from England, France, Germany, Belgium and others. Several homoeopaths have trained in other modalities and are also medical doctors, naturopaths, osteopaths, chiropractors, and acupuncturists.

2.5. Homoeopathy and HIV/AIDS
Homoeopathy has many advantages amongst which are a wider therapeutic repertoire and the fact that homoeopathic medicines are relatively inexpensive and are considered safer than orthodox drugs (Ryan, 1998). Homoeopathic remedies have been used in HIV/AIDS infections to treat amongst others, infections, pain, fever and diarrhoea (Evans, 1999).

A paper was presented on HIV/AIDS at the Medical League’s Conference on September 1998 at Kota Bharau, Malaysia. This paper states that the Central Council for Research in Homoeopathy (Govt. of India) had conducted a seminar on AIDS research in Bangalore, India. They have reported nineteen positive cases of AIDS became negative after homoeopathic treatment. The Indian Council for Medical Research confirmed these results (Sahni, 1998).

A recent survey was conducted by the AIDS Research Centre of the Bastyr University on 1666 HIV-positive American men and women. The survey stated that approximately 9% of HIV-infected individuals, who used complementary and alternative medicine, were treated by a homoeopathic practitioner (Ullman, 2003).
A double-blind placebo controlled study was published in the British Homoeopathic Journal in April 1999. The study was performed by the Central Council for Research in Homoeopathy, Janakpuri, New Delhi, India performed a study. Homoeopathic remedies were compared with placebo on CD4 T-lymphocytes in HIV infected patients, conforming to Centres for Disease Control (CDC) stage II and III. One hundred HIV positive individuals were involved in the study. Half of the cases conformed to CDC stage II – Asymptomatic HIV infection. The other half of the cases conformed to CDC stage III – Persistent Generalised Lymphadenopathy (PGL). A single individualised homoeopathic remedy was prescribed to each patient. This was followed up at intervals of fifteen days to one month. In PGL, a statistically significant difference was observed in CD4 T-lymphocytes counts between pre and post levels in verum group (P<0.01). In the placebo group a similar comparison yielded non-significant results (P=0.91). Analysis of change in the pre and post trial counts of CD4 T-lymphocytes between groups was also statistically significant (P=0.04). The study suggests a possible role of homoeopathic treatment in HIV infection in the symptomatic phase, as evidence by a statistically significant elevation of base line immune status in persistent generalised lymphadenopathy (Rastogi, et al., 1999).

In 1995 a study was done to see whether homoeopathy could help to reduce the side effects of a conventional drug used to prevent the onset of Pneumocystis carinii pneumonia (PCP), a complication of HIV/AIDS. In up to 80% of HIV patients Trimethoprim-sulphamethoxazole (TMP-SMX) causes hypersensitive reactions. Researchers used homoeopathic doses of TMP-SMX in an open uncontrolled prospective study to see if the side effects of this drug could be reduced. Twenty HIV positive patients that had, had allergic reactions in the previous twelve months were given a 9C dose of TMP-SMX twice daily for ten days, and then a 15C dose twice daily for ten days. Following this, conventional doses of TMP-SMX were administered. A mean follow-up was conducted six months later. Thirteen of the twenty patients tolerated the TMP-SMX rechallenge well with no adverse reactions, and none of the patients developed PCP or toxoplasmosis during follow-up. As two thirds of the patients responded well to the homoeopathic approach to desensitisation, the researchers
suggested that these findings be confirmed by a double blind, placebo controlled study (Bissuel, et al., 1995).

In June 2003 an article was published in Genetic and Molecular Research examining the Canova Method®. The Canova Method® is a homeopathic complex of Aconitum napellus, Arsenicum album, Bryonia alba, Lachesis mutis and Thuja occidentalis. This medication is given to patients with depressed immune systems due to conditions such as cancer and AIDS. The Canova Method® stimulates the immune system by activating macrophages which in turn stimulate lymphocytes. This increases the cytotoxic action of the lymphocytes in response to infection or tumour growth. The article mentions several tests done including amongst others genotoxicity and cytotoxicity. The article concludes that the Canova Method® has no toxic effects at the chromosomal level, which demonstrates the usefulness and safety of homeopathic medicine (Seligmann, et al., 2003).

2.6. Complementary and alternative therapies
Complementary and alternative medicine (CAM) is defined as "diagnosis, treatment and/or prevention which complements mainstream medicine by contributing to a common whole, by satisfying a demand not met by orthodoxy or by diversifying the conceptual frameworks of medicine" (Ernst, et al., 1995). Growing varieties of therapies are available as an alternative or supplement to current treatment recommendations. Many patients have reported that these therapies have elevated their quality of life. Acceptance of complementary modalities is growing among patients, health care providers and even some medical aid schemes, as researchers begin to study the mechanisms and efficacy of various therapies. Recent reports in the United States estimate that 40% of the public seek some form of alternative health care, and that as many as 70% of patients with HIV/AIDS do so (Evans, 1999). Nutritional and dietary supplements are probably the most widely used complementary therapies in HIV/AIDS management (Evans, 1999). The most important reasons for the use of alternate therapies are for strengthening the body and resistance; supplementing conventional therapy. Users of non-complementary therapy rated
the competence of complementary therapy lower than non-users in solving medical problems and in solving emotional problems (Langewitz, et al., 1994).

In 1989 a survey of 190 HIV positive patients attending St. Stephen’s Clinic in England was conducted. Each patient completed a questionnaire on the use of alternative treatments. It was found that 72 out of the 190 patients (38%) had used at least one alternative treatment since their diagnosis. A total of 184 uses of 20 different types of treatment were cited. Of respondents, 80% had used between one and three alternative treatments. Of these, a benefit was attributed to 81% of alternative treatments used. The authors deduce that the use of alternative treatments reflects the failure of conventional medicine to produce a cure for HIV/AIDS infection. Furthermore, the low rate of reported side effects contrasts sharply with those associated with most drugs taken by patients with HIV/AIDS infection and may be an important factor in the popularity of alternative medicine (Barton, et al., 1989).

A study conducted in Australia revealed that 11% of people with HIV and AIDS used alternative therapies only, with 45% using both conventional and alternative therapies. This study also mentions that people who had experienced side effects from conventional medication were more likely to use alternative therapies. It further states that women were more likely to use alternative therapies than men. People with an income below the poverty level were less likely to use alternative therapies (de Visser, et al., 2000).

An assessment of conventional and alternative therapies conducted by Harvard University concluded that health care workers should be aware of their patient’s interest in participating in decisions about their treatment. Furthermore, whether alternative or conventional treatments are chosen, they must work with their patients to achieve satisfactory outcomes (Anderson, et al., 1993).

2.6.1. Acupuncture

Acupuncture is defined as the treatment of various diseases of the body by inserting fine needles into specific points of the body. It is a therapeutic
method in medical science, which comprises two parts – needling and heating. The entire body is endowed with a number of spots – the acupuncture points. Stimulation of these points either by needles or by warming has a curative effect. Needle stimulation can be by hand or by electricity. The heating of a point is done by burning the herb Artemisia vulgaris. This technique is called moxibustion. The two techniques – needling and moxibustion can be used separately or in combination (Agrawal and Sharma, 1985).

2.6.2. Traditional Chinese Medicine

Traditional Chinese Medicine is defined by the World Health Organisation (WHO) as an inexpensive but effective form of treatment for forty-three designated diseases (MacIntyre, et al., 1997). Traditional Chinese Medicine (TCM) practitioners believe that there needs to be a balance in the entire body to regain and maintain good health. The fundamental theory of TCM is “Yin-Yang” balance. According to this theory, everything holds two opposite forces: “Yin” (negative) and “Yang” (positive). The balanced body achieves harmony, which in turn gives strength to fight against stress. The body organs are divided into the five elements, those being: fire, metal, wood, earth and water. Herbal formulas are then chosen according to the energy level characteristics of each herb and the collective energy level of the formula (Smith, 2003).

A study done on Traditional Chinese Medicine in 1996 at the San Francisco General Hospital is worth mention. This study was a randomised clinical trial on participants with a CD4 cell count between 200 to 500, and at least two HIV-related symptoms, with no defining AIDS diagnosis. The treatment group were given a herbal formulation of 31 herbs, which was divided into two formulas: Clear Heat and Enhance. The results of the study stated that the treatment group reported fewer symptoms and expressed better life satisfaction than the control group (Burack, et al., 1996).

A review was published by the Institute for Traditional Chinese Medicine in Portland, Oregon describing the use and efficacy of Chinese herbal therapies for HIV and AIDS. It is reported that Chinese herbal formulations have shown to
be effective in reducing inflammation, regulating hormonal levels, promoting optimal digestion, reducing HIV related symptoms, and minimising side effects from HIV medicines. (Evans, 1999) Several hundreds of Traditional Chinese Materia Medica with their active principles and compound prescriptions were screened for the fight against AIDS. According to the literature reviewed, more than twenty two kinds of Chinese medicinal herbs or their active principles have definite inhibitory effects on HIV infected cultured cells (Weibo, 1991).

2.6.3. Chiropractic

The chiropractic philosophy is based on the following beliefs: All bodily functions are connected and the healing process involves the entire body. The key to a healthy body is a healthy nervous system, especially the spinal cord. When the bodily systems are in balance, it is referred to as homeostasis. Disorders of nerves, muscles and bones can disrupt homeostasis and increase the risk of disease and other health problems (Grassi, 2003).

In the late 1800’s, Daniel David Palmer founded the modern profession of chiropractic in Davenport, Iowa. Today, chiropractic is the third largest area of medicine, next only to dentistry and is the largest Complementary and Alternative Medicine (CAM) health profession in the USA. The word chiropractic comes from the Greek words meaning “treatment by hand”. Chiropractors use their hands to manipulate the body and thereby promote healing and wellness. Chiropractors believe that one of the main causes of pain and disease is the misalignment of the vertebrae in the spinal column, called chiropractic subluxation. Chiropractors relieve pressure and irritation on the nerves, restore joint mobility and help return the body’s homeostasis through the use of palpation, carefully applied pressure, massage and manual manipulation, called adjustments, of the vertebrae and joints (Grassi, 2003).

2.6.4. Naturopathy

Naturopathy or naturopathic medicine is more of a philosophical approach to health incorporating a wide variety of natural, non-invasive remedies. It
 endeavours to cure disease by harnessing the body's own natural powers. Naturopathic practitioners can range from physicians to massage therapists. Among all of these practitioners, evaluation of lifestyle is crucial. Naturopathy can take the form of diet modification, along with vitamin and food supplements, which has been accepted and adopted by conventional medicine. Many of naturopathy's fundamental principles, such as a diet high in fruit, vegetables and whole grains are now standard recommendations for patients hoping to lessen the risk of obesity, heart disease and cancer. Naturopathy may incorporate amongst others any of the following: Herbal medicine, homoeopathic remedies, stress reduction, chiropractic, osteopathy and detoxification regimes (Lawrence, 1992).

2.6.5. Herbal Medicine
Herbal medicine or phytotherapy is the use of plants for medicinal purpose and is said to be as old as mankind itself. Herbalists believe that the constituents of a plant work synergistically to stimulate the natural healing process. The tenets of phytotherapy are: The whole plant is better than the isolated extract. Treat the whole person, not just the symptoms. Practice minimum effective treatment and minimum intervention. Strengthen the body and encourage it to heal itself (Lawrence, 1992).

2.6.6. Osteopathy
Osteopathy takes advantage of the body's natural tendency to strive toward a state of health and homeostasis. The osteopath is trained to palpate the body's "living anatomy", i.e. flow of fluids, motion and texture of tissues and structural makeup. Osteopathic Manual Medicine is a non-invasive system that is utilised to restore normal function in areas impaired by illness or trauma. The osteopath applies a precise amount of force to promote movement of the bodily fluids, eliminate dysfunction in the motion of the tissues, and release compressed bones and joints (Dolgin 1996).
2.6.7. Ayurvedic Medicine

Ayurveda is the Science of Life. It originated in India more than 5000 years ago. It is a natural system of Health care that restores balance to the body and mind and prevents disease before it arises. Ayurveda provides a systematic approach to health, which includes amongst others, stress management, diet counselling, purification procedures and simple lifestyle changes for restoring health. Herbal food supplements are sometimes utilised to rejuvenate the body’s processes and restore balance. These supplements have no side effects. Ayurveda is governed by three doshas, or tridosha. A dosha is a biological process or principle that operates in nature. Doshas regulate the life cycle, control the entire range of mind/body functions and their interplay. Balance or imbalance of the doshas affects the well-being of the individual. When doshas are in balance, one experiences health; when doshas are out of balance, symptoms and later disease arise. Correcting an imbalance in these specific areas can reverse many diseases and prevent them if we balance our lives in these areas (Slabbert, 2004).

The three doshas are Kapha, Pitta and Vata. Kapha governs the structure of the tissues in the body. It is also responsible for immunity and stability of the body. Pitta governs the metabolic, enzyme and hormone processes. It regulates any heat or transformation process in the body. Vata governs the process of communication, transport and movement in the body. It primarily regulates the nervous system (Slabbert, 2004).

2.6.8. Aromatherapy

Fragrant oils have been used for thousands of years to lubricate the skin, purify infectious air, and repel insects. However, aromatherapy as we know it today dates back to the late 1930’s when a French Chemist, Rene-Maurice Gatetfosse placed his badly burnt hand into a container of pure lavender oil. To his amazement the redness and pain disappeared and the burn healed quickly. With further experimentation he discovered that other oils alleviated skin disorders. Aromatherapists use essential oils to treat ailments ranging from stress through to swelling, pain and infections. The oils may be used in several ways, such as,
massage, bathing, hot and cold compresses, inhalation and diffusion. Essential oils are never taken internally (Fisher-Rizzi, 1991).
Chapter Three

Research Methodology

3.1. Sample procedure
The two hundred and twenty two homoeopaths in Gauteng registered with The Chiropractors, Homoeopaths and Allied Health Service Professions Council of South Africa were contacted. The contact list of all registered homoeopaths was obtained from the Council.

3.2. Data collection and analysis
All homoeopaths registered in Gauteng were contacted via post and were invited to participate in the study. An envelope containing a motivating letter (Appendix A), a questionnaire (Appendix B) and a self-addressed envelope with stamps was sent to all. This method was the most appropriate, as two hundred and twenty two people needed to be contacted. After three weeks a random ten percent of the practitioners were contacted telephonically. This reminder was aimed at increasing the response of the participants. Once acquired, the data was correlated and analysed using qualitative and quantitative methods, including descriptive statistics and other graphical techniques.
Chapter Four

Questionnaire

4.1. Analysis of response to questionnaire
A motivating letter (Appendix A) and a questionnaire (Appendix B) were sent out to the 222 registered homoeopaths in Gauteng. Of these questionnaires, twelve were returned by the post office marked "RETURN TO SENDER, POST BOX CLOSED". This indicates that the Allied Health Professions Council's database is not up to date. That equates to 5.4% of questionnaires that did not reach the target practitioners. Only forty responses were received back. This equals a response rate of 18%. The expected rate of response can be anticipated as low as 10%. Several of the respondents were contacted telephonically to enquire as to whether they had completed and returned the anonymous questionnaire. Of the negative replies, the most numerous reasons given for non-compliance was that the practitioner was too busy to complete the questionnaire or that the questionnaire was too long and involved.

4.2. Questions
The questionnaire consists of thirty questions. It is designed to examine all aspects of the respondents' practices along with their educational backgrounds and their experiences in treating HIV/AIDS. The following is an analysis of responses to each specific question.

Question 1
Year of qualification as a Homoeopath
The majority of the respondents qualified between 1998 and 2002. On further examination, it appears that this majority are Technikon graduates. (Graph 6) The high response of Technikon graduates is probably due to loyalty to the institution. Notably there is one respondent who qualified in 1960, while three in 1974 and 1979. Only two gave no responses. (Graph 1)
Question 2

How many years have you been in practice?

Of the respondents three gave no response. The total years of accumulated practice are 290.25 years. If the three non-responses are excluded, an average of 7.85 years may be calculated. It is noted that seven of the respondents have been in practice for over twenty years, with one of these being in practice for 43 years. The respondents with the lowest number of years in practice were that of 0.5 years and 0.75 years.

Question 3

Are you in a full-time or part-time practice?

Twenty-eight (69%) of the respondents are in full-time practice. Eight (20%) of the respondents are in part-time practice. One (3%) respondent is not in practice, while there were three (8%) non-responses. (Graph 2)
Question 4

Which ethnic group do you belong to? Notably 36 (90%) of the respondents are white. Only one (2.5%) is black and one (2.5%) is Asian. There were two (5%) non-responses. (Graph 3). This is in line with the ethnic makeup of the 222 homoeopaths in Gauteng of which 196 (88%) are white, 11 (4.95%) are black and 15 (6.76%) are Asian.
Question 5
Is your practice rural or urban?
It is not surprising that thirty-two (80%) respondents have urban practices, since Gauteng is mostly an urban province. Three (7.5%) respondents have both urban and rural practices. While only one (2.5%) respondent has a solely rural practice. There were four (10%) non-responses. (Graph 4)

![Graph 4](image)

Question 6
Additional qualifications? Medical Doctor, Nurse, Pharmacist or Other.
Two (5%) of the respondents are medical doctors. Two (5%) more are nurses and two (5%) others are pharmacists. Eleven (27.5%) respondents answered that they have other additional qualifications. Amongst these other qualifications are iridology, nutrition and acupuncture. Two (5%) respondents have BSc's and another is a teacher. Also seen are massage therapy, reflexology and shiatsu. Twenty-five (62.5%) were non-responses. (Graph 5)
Question 7

Are you a graduate of Natal or Witwatersrand Technikon?
Notably of the forty responses, twenty-four (60%) are Witwatersrand Technikon graduates. Four (10%) are Natal Technikon graduates. The high response of Technikon graduates is probably due to loyalty to the institution. Nine (22.9%) graduated elsewhere. There were three non-responses. (Graph 6)
Question 8

Do you employ any of the following treatment modalities?

One hundred percent of the respondents use homoeopathic simplex 
es. Two of 
the respondents solely use simplex prescribing, indicating that they are classical 
homoeopaths. With the exception of these two respondents, the rest of the 
group prescribes homoeopathic complexes. Chiropractic treatment is not used 
by any of the respondents. Traditional African Medicine is used by only two of 
the respondents. Naturopathy is used by thirteen of the group. Five use 
Aromatherapy. Acupuncture is practiced by thirteen of the group. Twenty-
seven of the respondents use Herbal medicine. Nutritional advice and 
supplements are used by twenty-eight of the group equating to 78 percent. 
Osteopathy and Ayurveda are only practiced by two of the respondents. Six 
respondents responded that they practiced other modalities. Amongst these 
other modalities are allopathic medicine, reflexology, organo therapy and 
gemmo therapy. There were four non-responses. (Graph 7)
Question 9

Approximately how many patients do you see a month?
The least number of patients seen by a respondent is ten. The maximum is five hundred. The approximate total number of patients seen in a month is 3350. There were seven respondents that gave no response. The average is 101.52 patients per month. The standard deviation is 109.94.

Question 10

Approximately how many are HIV positive?
The total number of HIV/AIDS patients seen by the respondents is eighty-eight. However out of the forty respondents, only eighteen have HIV positive patients. The maximum number of HIV positive patients seen is twenty by one respondent. The least number of patients is zero. Quite a large percentage (44%) have no HIV patients. There were four non-responses. This gives an average of 2.44. (Graph 8)
Question 11

Income groups of HIV/AIDS patients: Choices given:
R800 or below; R800 – R1500; R1500 – R5000; R5000 – R10000; R10000 or above
The largest income group is the R800 – below. The smallest group is the R10000 or above. This is as expected and in line with studies comparing HIV and socio-economic status. There was a large non-response at fifty-five percent. (Graph 9)

![Income groups of HIV/AIDS patients](image)

**Graph 9**

Question 12

What is the approximate percentage breakdown of your patients?

At 77%, the greatest percentage of patients are white. The second largest group are black patients at 16%. Coloured patients make up 4% of the breakdown. Asians patients are also a small percentage at only 3%. The group titled ‘Other’ is at 0% (Graph 10). The fact that white patients account for a higher percentage can be explained by the fact that 90% of the respondents are white (Graph 3).
Question 13

*What is the approximate percentage breakdown of your HIV/AIDS patients?*

The breakdown of the respondents' HIV/AIDS patients by gender and age showed that the highest percentage group are females over the age of 18 at 47%. The second highest group are males over the age of 18 at 38%. Females under the age of 18 are at 9%. The lowest percentage group are males under the age of 18 at 6%. *(Graph 11)*

Of the HIV/AIDS patients seen by the respondents, the highest percentage of infection is in blacks at 74%. Whites account for 24% of the HIV/AIDS patients. Coloureds account for 2% and Asians 0%. *(Graph 12)*. It is important to note that coloureds only make up 4% and Asians 3% of the total percentage of patients seen by the respondents. *(Graph 10)*
Approximate percentage breakdown of HIV/AIDS patients by gender and age

- Males > 18: 38%
- Males < 18: 6%
- Females > 18: 47%
- Females < 18: 9%

Graph 11

Approximate percentage breakdown of HIV/AIDS patients by race

- Black: 74%
- White: 0%
- Coloured: 2%
- Asian: 24%

Graph 12
Question 14

Approximately how many of your patients are on anti-retrovirals?
As seen from question 10, a total of 88 HIV/AIDS patients were treated by the forty respondents (Graph 8). Some respondents indicated that all their HIV/AIDS patients were using anti-retrovirals. Nineteen responded that none of their patients were using anti-retrovirals. There were thirteen non-responses. The total number of patients on anti-retrovirals is eight. This is a percentage of only 9.1%.

Question 15

How frequently do you make the initial diagnoses of HIV/AIDS?
The responses for this question where split into four groups: often, not often, never and unanswered. Of the forty respondents, only two (5%) respondents often make the initial diagnosis of HIV/AIDS. Fourteen (35%) responses fell within the not often group. Twelve respondents stated that they have never made the initial HIV/AIDS diagnosis. There were twelve (30%) questionnaires with unanswered responses. It seems that the respondents in this study make the initial diagnosis of HIV/AIDS very infrequently.

Question 16

What percentage of your HIV/AIDS patients is asymptomatic?
Of the respondents that see HIV/AIDS patients, between fifteen to one hundred percent of these patients are asymptomatic. The average number of HIV/AIDS patients that are asymptomatic is 38.33%. There were twenty-five (62%) non-responses.
Question 17

What percentage of HIV/AIDS patients consult you specifically for management of their condition?

Some respondents replied that none of their HIV/AIDS patients consult them specifically for the management of their condition, while others replied that some or all of their HIV/AIDS patients did. The average of all the HIV/AIDS patients consulting the respondents specifically for the management of their condition is 38.12%. There are twenty-three (57.5%) non-responses.

Question 18

What is your approach to treatment of HIV positive patients?

Only twenty-four of the respondents answered this question. This is due to the fact that only eighteen of the forty respondents have HIV positive patients. The respondents use several different modalities in their approaches. 20.83% said that they give a constitutional remedy, while 25% treat symptomatically. Only one respondent mentioned the use of miasmatic remedies and nosodes. Most of the respondents (62.50%) believe that dietary and lifestyle advice forms a major component in the treatment of HIV positive patients. 54.17% of the respondents mentioned that vitamin and mineral supplementation is as important. 37.5% say they concentrate on boosting the patient’s immunity, although if one examines the answers of questions that follow, it is clear that almost all the respondents do this. Herbal medicine is used by 29.17% of the respondents. Traditional African Medicine is used by 8.33% of the respondents. 12.5% of the respondents use Traditional Chinese Medicine. Various herbs and commercial products were mentioned, however, these are dealt with in later questions.

Question 19

What is the average cost of your treatment of HIV positive patients per month?

The lowest amount of R50 or less was from a respondent who works at a low fee, low cost clinic. The maximum cost was R1500. The average amount is R406.64. There was no response from 25 of the respondents. One respondent
says that costs can be as low as R80 to R100, but that optimal intervention is approximately R500. Another respondent prescribes according to what the patient can afford. While one respondent says that it costs R300 for maintenance and extra if there are complications. This works out cheaper than conventional antiretroviral treatment.

**Question 20**

**How frequently do you treat the following AIDS complications?** Candida albicans, pneumocystis carinii, tuberculosis, toxoplasmosis, Kaposi’s sarcoma, herpes zoster, lymphadenopathy, gonorrhoea, syphilis and HIV related skin conditions. Rate from 1 (Never) to 5 (Frequently).

This question is rather subjective, however it does gauge fairly well how often homoeopaths are treating AIDS complications. There were nineteen non-responses. Therefore of the forty respondents, there were twenty-one respondents that did answer this question. With a higher score indicating a higher frequency of treatment, the most commonly treated complication is candida albicans. Candida is followed next by lymphadenopathy, then herpes zoster. It is noteworthy that tuberculosis is the forth most treated condition. Toxoplasmosis is the least treated ailment, followed next by Kaposi’s sarcoma, then pneumocystis carinii. HIV related skin conditions are the fifth most treated complications. Syphilis and gonorrhoea are the sixth and seventh most treated complications respectively. The average of the scores are as follows: Candida albicans 3.38, pneumocystis carinii 1.43, tuberculosis 2.19, Toxoplasmosis 1.29, Kaposi’s sarcoma 1.33, herpes zoster 2.62, lymphadenopathy 3.1, gonorrhoea 1.76, syphilis 1.48 and HIV related skin conditions 2.14. *(Graph 13)*
**Graph 13**

**Question 21**

Which remedies/treatments do you employ in the following conditions?  
Candida albicans, pneumocystis carinii, tuberculosis, toxoplasmosis, Kaposi’s sarcoma, herpes zoster, lymphadenopathy, gonorrhoea, syphilis and HIV related skin conditions.

Common to all the conditions mentioned is that a constitutional remedy, miasmatic remedy, similimum, nosode therapy and gemmo therapy may be used by the respondents during the treatment. For each condition various homeopathic remedies are mentioned. These remedies are either specific or well indicated in the treatment of those conditions according to the Homoeopathic Materia Medica. Herbal treatment is mentioned in candida albicans, tuberculosis, herpes zoster, lymphadenopathy, gonorrhoea and HIV related skin conditions. Noteworthy is that for pneumocystis carinii, tuberculosis, toxoplasmosis, Kaposi’s sarcoma, gonorrhoea and syphilis many of the respondents not only treat with alternative medicine, but also advocate referral for conventional treatment. Tea tree oil and/or cream are used topically in candida albicans and HIV related skin conditions. Sutherlandia is suggested orally for candida albicans and as a topical application in herpes zoster.
Acupuncture is suggested as an adjunct to treatment with herpes zoster. The following table represents the respondents treatment of ten HIV/AIDS complications  *(Table 4.1)*

<table>
<thead>
<tr>
<th>Table 4.1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Candida albicans</strong></td>
</tr>
<tr>
<td>• Constitutional remedy, Miasmatic remedy, similimum, nosode therapy and gemmo therapy.</td>
</tr>
<tr>
<td>• Remedies: Borax, Candida nosode, Hydrastis canadensis, Lycopodium clavatum, Nux vomica, Sepia, Thuja occidentalis, Pulsatilla pratensis.</td>
</tr>
<tr>
<td>• Warburgia, Olive leaf, Sutherlandia, antifungal herbs.</td>
</tr>
<tr>
<td>• Reckeweg R82, Colloidal silver, Albicansans capsules, Sanukehl cans, Caprillic Acid, Target candida.</td>
</tr>
<tr>
<td>• Probiotics such as Acidophilus and Biorenderment, Kolorex Capsules, Ecologic powder.</td>
</tr>
<tr>
<td>• Anti-candida diet, supplements.</td>
</tr>
<tr>
<td>• Tea tree oil, Gentian violet in aqueous solution externally.</td>
</tr>
<tr>
<td><strong>Pneumocystis carinii</strong></td>
</tr>
<tr>
<td>• Constitutional remedy, Miasmatic remedy, similimum, nosode therapy and gemmo therapy.</td>
</tr>
<tr>
<td>• Remedies: Arsenicum album, Bryonia alba, Phosphorus, Stannum metallicum.</td>
</tr>
<tr>
<td>• Gemmo: Carpinus betulus.</td>
</tr>
<tr>
<td>• Immune stimulant.</td>
</tr>
<tr>
<td>• Refer for conventional treatment.</td>
</tr>
<tr>
<td><strong>Tuberculosis</strong></td>
</tr>
<tr>
<td>• Constitutional remedy, Miasmatic remedy, similimum, nosode therapy and gemmo therapy.</td>
</tr>
<tr>
<td>• Remedies: Arsenicum album, Bacillium, Bryonia alba, Hepar sulphuris, Iodine, Natrum muriaticum, Phosphorus, Pulsatilla pratensis, Silicea, Stannum metallicum, Tuberculinum, Tuberculinum avaire</td>
</tr>
<tr>
<td>• Echinacea purpura tincture, Chinese herbs, Santa herba</td>
</tr>
<tr>
<td>• W-Last cough mixture, Colloidal silver.</td>
</tr>
<tr>
<td>• Refer for conventional treatment.</td>
</tr>
<tr>
<td><strong>Toxoplasmosis</strong></td>
</tr>
<tr>
<td>• Constitutional remedy, Miasmatic remedy, similimum, nosode therapy and gemmo therapy.</td>
</tr>
<tr>
<td>• Remedy: Arsenicum album,</td>
</tr>
<tr>
<td>• Immune stimulants. Refer for conventional treatment.</td>
</tr>
<tr>
<td><strong>Kaposi’s sarcoma</strong></td>
</tr>
<tr>
<td>• Constitutional remedy, Miasmatic remedy, similimum, nosode therapy and gemmo therapy.</td>
</tr>
<tr>
<td>• Remedies: Ledum, Pancreas 4CH, Strontium, Sulphur</td>
</tr>
<tr>
<td>• Protein free diet for 2 – 4 weeks</td>
</tr>
<tr>
<td>• Immune stimulants.</td>
</tr>
<tr>
<td>• Refer for conventional treatment.</td>
</tr>
<tr>
<td>Condition</td>
</tr>
<tr>
<td>-------------------------------</td>
</tr>
</tbody>
</table>
| Herpes zoster                 | • Constitutional remedy, Miasmatic remedy, similimum, nosode therapy and gemmo therapy.  
                                 |   • Remedies: Mezerium, Natrum muriaticum, Ranunculis bulbosis, Rhus toxicodendron, Variolinum,  
                                 |   • Ranunculis Hommacord (Heel)  
                                 |   • L – Lysine, Sutherlandia tablets, Virabal capsules, Viromed capsules, vitamin C.  
                                 |   • Acupuncture  
                                 |   • Aconite nerve oil, Sutherlandia gel externally |
| Lymphadenopathy               | • Constitutional remedy, Miasmatic remedy, similimum, nosode therapy and gemmo therapy.  
                                 |   • Remedies: Baryta carbonica, Calcarca carbonica, Conium maculatum, Echinaeea, Mercurius corrosivus, Mercurius solubilis, Phytolacca decandra  
                                 |   • Lymph cleanse (W. Last), Lymphdiarai drops / cream, Lynnphomyosot (Heel), Nieersan / Utelin-S (Sanum), Reckeweg R11  
                                 |   • Herbal treatment, Lymph organo.  
                                 |   • Treat pancreas for any dysfunctions. |
| Gonorrhoea                    | • Constitutional remedy, Miasmatic remedy, similimum, nosode therapy and gemmo therapy.  
                                 |   • Remedies: Medorhinum, Thuja occidentalis  
                                 |   • Immune stimulant.  
                                 |   • Antibiotic herbs, kidney and bladder herbs  
                                 |   • Refer for conventional treatment. |
| Syphilis                      | • Constitutional remedy, Miasmatic remedy, similimum, nosode therapy and gemmo therapy.  
                                 |   • Remedies: Mercurius solubilis, Syphillinum,  
                                 |   • Immune stimulant.  
                                 |   • Refer for conventional treatment. |
| HIV related skin conditions   | • Constitutional remedy, Miasmatic remedy, similimum, nosode therapy and gemmo therapy.  
                                 |   • Remedies: Arsenicum album, Natrum muriaticum, Psorinum, Sulphur.  
                                 |   • Herbal treatment, Chinese herbs, supplements,  
                                 |   • Topical application depending on condition. Tea tree cream, Cedrus libani.  
                                 |   • Symptomatic treatment.  
                                 |   • Blood and skin detoxification herbs and ointment. |

Table 4.1 - Treatment employed in HIV complications
Question 22

Indicate the effectiveness and names of any remedies you have used in HIV/AIDS conditions. From 1 being ineffective to 5 being very effective.

There are sixteen remedies mentioned. This question is however, very subjective as it is up to different respondents to give their opinion of the effectiveness of remedies with different patients. With the average scores of each remedy mentioned, it is possible to gauge the approximate effectiveness of each of the remedies. Phosphorus is clearly the highest rated remedy, with Tuberculinum coming in at second and Mercurius solubilis third. Echinacea purpura is rated fourth, while Arsenicum album, Medorrhinum and Rhus toxicodendron share fifth position. In the sixth position is Syphilinum. Mezerium and Viscum album tie in together at seventh. There are five remedies in eighth position: they are Carcinosum, Lycopodium clavatum, Natrum muriaticum, Silicea and Thuja occidentalis. In the ninth and final place is Pytolacca. (Graph 14)
Question 23

Which commercially available products do you frequently use in symptomatic and asymptomatic HIV patients?

Many of the respondents use vitamin and mineral supplements, however, only three mentioned brand names, those being Foodstate, Solgar and HI-Vite. Five (12.5%) of the respondents use Sutherlandia, with two brand names mentioned, those of Phytonova and Bioharmony. Echinaforce (Echinacea mother tincture) from Bioforce is used by three (7.5%) respondents in their treatment regimen. Three respondents use the Heel range. The products listed were Engystol, Galium and Lymphomyosot. Three (7.5%) respondents also use the Green Medicine Range. Two (5%) of these respondents make mention of a particular Green Medicine product, Resist (GM5). Two (5%) other respondents use Dr. Reckeweg products, specifically Reckeweg R6 and Reckeweg Antiviral. The following products were mentioned once: Moducare, E-pap, Parasite and worm formula by Flora Force, Meloda canova, Natura Organo 1 and Natura Organo 2, TIBB Products, Propolis, Albicansan / San Cand, Viromed, Utelin-s / Nieersan, Colloidal silver and African potato. There were twenty-four (60%) non-responses.

Question 24

Please elaborate on your clinical findings and results in the treatment of HIV/AIDS related illnesses

It does seem that homoeopaths are seeing improvement in patients' general well being and quality of life. Symptoms such as diarrhoea, loss of weight, weakness and loss of appetite are ameliorated. Of interest is that patients respond better to homoeopathic treatment once they improve their diet, take on a healthier lifestyle and add vitamins and supplementation to their daily regimen. One respondent stated that vitamin C in massive doses is effective. Another respondent said that homoeopathic medication has value in stages one and two, but the value decreases in stages three and four of HIV/AIDS. It was also noted that there are many cases where homoeopaths are consulted at a late stage of the disease or as a last resort, with the result that there is minimal success using only homoeopathic medicine. There were twenty-seven non-responses.
Question 25
What parameters do you utilise to assess the efficacy of your treatment of HIV/AIDS?
CD4 count, weight gain in patients, viral load, general appearance, energy levels, direction of cure, other (State)
78% of the respondents use CD4 cell counts. Weight gain is used by 61%. 72% of the respondents test viral load, while 78% look at patients’ general appearance. Patients’ energy levels are looked at by eighty-nine percent of the respondents. 44% of respondents utilise direction of cure as a treatment efficacy indicator. Patient feedback, CD38 testing, iris diagnosis and symptom improvement make up 22% of the category designated as “Other”. There were twenty-two (55%) non-responses. (Graph 15)

![Parameters used to assess the efficacy of treatment](image)

**Graph 15**

Question 26
Do you believe Homoeopathy has a role to play in the treatment of HIV/AIDS?
78% of the respondents are in agreement that homoeopathy has a role to play in the treatment of HIV/AIDS. A small 8% percent answered that they disagree. There were seven (18%) non-responses. (Graph 16)
Question 27

If yes, please state how you envision this best accomplished. If no, please state why not

The general feeling is that homoeopathy definitely has a role to play in the treatment of HIV/AIDS. Some of the respondents say that this role is supportive or complimentary. Others mention that homoeopathy can improve quality of life and increase life expectancy by boosting the immune system, keeping patients symptom free and complication free. One respondent replied that he refers his HIV/AIDS to hospital, indicating that he doesn’t think homoeopathy has a role to play in the treatment of HIV/AIDS. Many respondents say that more research into homoeopathy and HIV/AIDS is required. It was also suggested that the State should sponsor research by the Technikons into HIV/AIDS and homoeopathy. Heightened awareness is needed of the scope of homoeopathy and about the supportive role that it can play. This can best be summed up by what one respondent answered, “There also needs to be a balance between homoeopathy and allopathic treatment. To do so, one needs to be educated about alternate ways of treatment, especially allopathic doctors”. Many of the respondents say that homoeopathy should be included in HIV clinics or that more HIV clinics should be opened incorporating homoeopathy. There were nine non-responses. (Appendix C)
Question 28

Any comments?
A few comments show agreement amongst some of the respondents that homoeopathy is not doing enough. Homoeopathy should be in government hospitals and rural clinics. Several respondents advocate a need for a good diet and lifestyle. Homoeopathy should be used in conjunction with conventional medicine in the treatment of HIV/AIDS was again mentioned as in previous responses. One respondent stated that homoeopathic medications should form part of the global approach to patient management, but not be the only form of treatment offered. Another respondent mentioned success in treating young orphans who are HIV positive. Something that stands out, is the idea that a standard protocol of treatment should be devised, including the best-suited remedies indicated for each patient. Two of the respondents mentioned prescribing methods. One is to change potencies often, about every two weeks and to treat with high and low potencies. The other suggested prescribing method is isopathy – using the patient’s own blood potentised to a 9CH for the patient to take twice daily. To sum up – “Natural therapies and healers need to be embraced and included in the war on AIDS!” There were twenty-four (60%) non-responses. (Appendix D)

Question 29

Would you welcome additional training in the recognition of HIV/AIDS symptoms?
Seventy-two percent of the respondents commented that they would welcome additional training in the recognition of HIV/AIDS symptoms. Four (10%) of the respondents replied no. There were eighteen (45%) non-responses. (Graph 17)
Question 30

Would you welcome additional training in the treatment of HIV/AIDS?

Seventy-seven percent of the respondents would like to have additional training in the treatment of HIV/AIDS. Two (5%) respondents answered. There were seven (18%) respondents who gave non-responses. (Graph 18)
Chapter Five

Discussion of Results

As discussed earlier, there was a disappointing response rate of 18% of the questionnaires being returned. A recent conversation with a researcher doing similar research in KwaZulu Natal revealed that she received a higher response. The reason for this was that she had contacted all her respondents telephonically a week after posting, and then again a short while later reminding them to complete and send back the questionnaires. Several of the respondents in this study were contacted, however only once. This indicates that in order to increase response, at least two telephonic reminders may be necessary. Another method to increase the response would be to offer some form of incentive, as done by many pharmaceutical companies doing research.

It was found that the total number of HIV positive patients seen by the forty practitioners is eighty-eight. These eighty-eight patients are seen by eighteen of the forty practitioners, with one practitioner seeing twenty of these patients. This practitioner qualified at Wits Technikon in 1998, is white and has a rural practice. Black patients make up 90% of this practice. Furthermore, the income groups of these HIV/AIDS patients are all in the R800 or below category.

What is of importance is that sixteen out of the forty respondents claimed that they don’t treat HIV/AIDS. This equates to 40%. On examination of the data, a trend emerged, showing that homoeopaths who have been in practice for only a few years are seeing far more HIV/AIDS patients than those who have been in practice longer and have more homoeopathic experience.

It was noted that 90% of the respondents are white, while only 2.5% are black. As there are 222 registered homoeopaths in Gauteng, of which 88% are white, 4.95% are black and 6.76% are Asian, the racial response of the practitioners to the questionnaire is balanced. However, a better response is required from black and Asian practitioners in order to more accurately gauge the reach of...
homoeopathy. Furthermore, the disproportionate number of white as opposed to black homoeopaths may also impact negatively on the use of homoeopathy in the treatment of HIV/AIDS. Most registered homoeopaths in Gauteng are white and run mostly white practices. There is a dire need for more black homoeopaths in order to more closely match the demographics of South Africa.

The rural practice versus urban practice stands out, with 79% of the respondents having urban practices, only 3% have rural practices and 8% have both type. The breakdown of the total number of patients, equated to 77% of the patients being white, 16% being black, 4% coloured and 3% Asian. These massive differences in patient breakdown are not representative of the population and definitely change the results of this research, as the lower socio-economic and rural black areas are not properly represented.

Of the patients that are HIV positive, 74% are black, 24% are white, and two 2% are coloured. Females over eighteen have the highest incidence of HIV at 47%. Males over eighteen have the second highest incidence at 38%. Females under eighteen are at 9%. Males under the age of eighteen have the lowest incidence at 6%.

As expected and in line with studies comparing HIV and socio-economic status, the smallest income bracket of HIV positive patients is R10000 or above per month, with the largest income bracket being R800 or below per month.

It is clear that with the exception of two, the respondents in this study do not often make the initial diagnosis of HIV/AIDS. This is again due to the type and location of practices that are run by the respondents.

Looking at the respondents that treat HIV, an average of 38.12% of HIV positive patients consult them specifically for the management of their condition. There is an average of 38.33% of their patients that are asymptomatic. Of the eighty-eight HIV positive patients, only eight are taking antiretroviral therapy. This equates to a percentage of only 9.1%
With the exception of two respondents, the rest use an eclectic approach to treatment, using other modalities at their disposal. Of these two respondents, one has been in practice for 1981 and has one HIV patient. The other has been in practice since 1995 and does not see AIDS patients.

It was noted that nutritional advice and supplementation is given by 78% of the respondents. This is of relevance as 54.17% of the respondents stated that their HIV/AIDS patients respond better to homoeopathic treatment once they improve their diet, take on a healthier lifestyle and add on vitamins, minerals and supplementation to their daily regimen. Herbal medicine is used by 29.17% of the respondents. There are also 8.33% that use Traditional African Medicine and 12.5% that use Traditional Chinese Medicine.

The average cost of treatment per month is R406.64. The cost can range between R50 and R1500. Optimal intervention is estimated at about R500 per month. These costs impact directly on many HIV/AIDS patients as a large percentage of them have an income group of R800 or below. Most HIV/AIDS sufferers would not be able to afford optimal homoeopathic intervention.

The most commonly treated HIV complication is candida albicans. Next is lymphadenopathy, followed by herpes zoster. Tuberculosis is the fourth most treated condition, followed in fifth place by HIV related skin conditions. The sixth most common treated HIV complication is gonorrhoea. Syphilis is the seventh. Kaposi’s sarcoma is the second least treated, with toxoplasmosis being the least treated of the HIV complications. In treating these complications, a wide range of treatments and different homoeopathic remedies were given demonstrating the versatility of Complementary and Alternative Medicine. See Table 4.1.

The respondents were asked to supply names and effectiveness of homoeopathic remedies that they have used in HIV/AIDS conditions. Sixteen remedies were given. Phosphorus was clearly the highest rated remedy, with Tuberculinum at second and Mercurius solubilis at third.
There are many commercially available products being used as an adjunct to treatment. They range from vitamin and mineral supplements and homoeopathic complexes to Chinese preparations and herbal formulations. More research is needed into many of these products.

The respondents were asked to elaborate on their clinical finding in the treatment of HIV/AIDS. Almost all of the responses were positive. There were quite a few reports of improvement in patients’ general well being and quality of life. Loss of appetite, loss of weight and diarrhoea are ameliorated. It was again mentioned that patients respond better to homoeopathic treatment once they have improved their lifestyle and nutrition.

The respondents use several parameters to gauge the efficacy of the treatment. CD4 counts are used by 89% and viral load is used by 72% of the respondents. Weight gain is used by 61%. Patients’ energy levels are used by 89% of the respondents. Forty-four percent of respondents use direction of cure as a treatment efficacy indicator.

Seventy-eight percent of the respondents agree that homoeopathy has a role to play in the treatment of HIV/AIDS. Eight percent disagree, while eighteen respondents gave no response. Of these practitioners that disagree, one of them is a Wits Technikon graduate who qualified in 1998, while the other two have been in practice much longer. The general feeling is that more research is required into homoeopathy and HIV/AIDS. There is also a resounding agreement that heightened awareness about the role homoeopathy can play is needed and also that homoeopathy should be incorporated into HIV/AIDS clinics. It was also commented that a standard protocol should be developed for the homoeopathic / alternative intervention in the treatment of HIV/AIDS.

Seventy-two percent of the respondents would welcome additional training in the recognition of HIV/AIDS symptoms. Seventy-seven percent of the respondents would like to have additional training in the treatment of HIV/AIDS.
Chapter Six

Conclusion and Recommendations

It is probable that although the response rate was not high, it is indicative of the trends of treating HIV/AIDS by homoeopaths in Gauteng. Homoeopathy definitely has a role to play in the fight against HIV/AIDS. More research is required into the many homoeopathic remedies and other complementary treatments that are being used. Homoeopathy is not reaching the masses, nor is it targeting the HIV/AIDS victims that it should. There are many homoeopaths that are prepared to give of their time and effort in the war on AIDS. Homoeopathy needs to be better marketed to the government in order to get more recognition and get into the clinics.

The homoeopaths that responded to this study are overwhelmingly white and newly qualified. The survey did not receive a favourable response from the few registered black and Asian homoeopaths. It is therefore unknown the degree to which they are treating HIV/AIDS.

With the high number of homoeopaths interested in extra training in HIV recognition and treatment, it is recommended that an educational programme be started. If possible it should take the form of compulsory continuing educational points, similar to that of the medical fraternity.

The information gained from this research must be taken further. The remedies listed by the homoeopaths will have to be compared to the two other similar studies done for the rest of South Africa.
Chapter Seven

References


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Appendix A

SUPPORT HOMOEOPATHY IN SOUTH AFRICA

Dear Homoeopath,

Your valued expertise and input would be much appreciated for the following study:

A survey of Homoeopaths treating HIV and related conditions in Gauteng

I am currently doing research at Technikon Witwatersrand for partial fulfillment of the M Tech (Hom). The aim of this research is to study the methods of treatment and remedies against HIV/AIDS and related conditions used by Homoeopaths in Gauteng.

The attached questionnaire has been designed in order to gather the required data. All information will be treated in the strictest confidence. Please note: Any information you provide whether you treat HIV/AIDS or not is invaluable to the study.

The motivation for questions on income and race of patients is to show whether Homoeopathy is serving the needs of patients in Gauteng.

This research is important because it is the basis for further research in this field.

I would really appreciate it if you would complete the attached questionnaire and return it, within the next two weeks, in the self addressed stamped envelope, at your earliest convenience.

If you have any queries, please do not hesitate to contact me.

Thanking you.

Jonathan Kay
jonkay@global.co.za
(011) 646-0776
083-266-7344

Please use the reverse of the questionnaire for any additions or comments
Appendix B

QUESTIONNAIRE

Please use the reverse side of the questionnaire for any additions or comments.

1. Year of qualification as a Homoeopath: ___________

2. How many years have you been in practice? __________

3. Are you in a full-time or part-time practice? __________

4. Which ethnic group do you belong to? Black ☐ White ☐ Coloured ☐ Asian ☐ Other ☐

5. Is your practice rural or urban? Rural ☐ Urban ☐ Both ☐

6. Additional qualifications? Medical Doctor ☐ Pharmacist ☐ Nurse ☐ Other ☐

7. Are you a graduate of Natal or Witwatersrand Technikon? Natal Tech. ☐ Wits Tech. ☐ Other ☐


9. Approximately how many patients do you see a month? ___________

10. Approximately how many are HIV positive? ___________

11. Income groups of HIV/AIDS patients: Cross the closest ones: R800 or below ☐ R5000 - R10000 ☐ R800 - R1500 ☐ R10000 or above ☐ R1500 - R5000 ☐

12. What is the approximate percentage breakdown of your patients? Black _____ White _____ Coloured _____ Asian _____ Other _____
13. What is the approximate percentage breakdown of your HIV/AIDS patients?

   Males (18 & over) _____   Females (18 & over) _____
   Males (under 18) _____    Females (under 18) _____
   Black _____  White _____  Coloured _____  Asian _____  Other _____

14. Approximately how many of your patients are on anti-retrovirals? _____________

15. How frequently do you make the initial diagnoses of HIV/AIDS? ________________

16. What percentage of your HIV/AIDS patients is asymptomatic? _________________

17. What percentage of HIV/AIDS patients consult you specifically for management of their condition? _________________

18. What is your approach to treatment of HIV positive patients? _________________

19. What is the average cost of your treatment of HIV positive patients per month? _________________
20. How frequently do you treat the following AIDS complications?

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<th>Never</th>
<th>Occasionally</th>
<th>Frequently</th>
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<tbody>
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<td></td>
<td>1 2 3 4 5</td>
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</tr>
<tr>
<td>Pneumocystis carinii:</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis:</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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<tr>
<td>Toxoplasmosis:</td>
<td>1 2 3 4 5</td>
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<td></td>
</tr>
<tr>
<td>Kaposi’s sarcoma:</td>
<td>1 2 3 4 5</td>
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<td>Herpes zoster:</td>
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<td>Lymphadenopathy:</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Gonorrhoea:</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Syphilis:</td>
<td>1 2 3 4 5</td>
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<td></td>
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<tr>
<td>HIV related skin conditions:</td>
<td>1 2 3 4 5</td>
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</table>

21. Which remedies/treatments do you employ in the following conditions?

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<table>
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<tbody>
<tr>
<td>Candida albicans:</td>
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<tr>
<td>Pneumocystis carinii:</td>
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<tr>
<td>Tuberculosis:</td>
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<td>Toxoplasmosis:</td>
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<td>Syphilis:</td>
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<td>HIV related skin conditions:</td>
</tr>
</tbody>
</table>

53
22. Indicate the effectiveness and names of any remedies you have used in HIV/AIDS conditions. From 1 being ineffective to 5 being very effective.

__________________________  1  2  3  4  5

__________________________  1  2  3  4  5

__________________________  1  2  3  4  5

__________________________  1  2  3  4  5

__________________________  1  2  3  4  5

__________________________  1  2  3  4  5

__________________________  1  2  3  4  5

__________________________  1  2  3  4  5

23. Which commercially available products do you frequently use in symptomatic and asymptomatic HIV patients?

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

24. Please elaborate on your clinical findings and results in the treatment of HIV/AIDS related illnesses

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________
25. What parameters do you utilise to assess the efficacy of your treatment of HIV/AIDS?  
   □ CD4 count  □ Weight gain in patients  □  
   □ Viral load  □ General appearance  □  
   □ Energy levels  □ Direction of cure  □  
   Other  □ (State) ____________________________  

26. Do you believe Homoeopathy has a role to play in the treatment of HIV/AIDS?  
   YES □  NO □  

27. If yes, please state how you envision this best accomplished. If no, please state why not  
   ____________________________________________________________  
   ____________________________________________________________  
   ____________________________________________________________  

28. Any comments?  
   ____________________________________________________________  
   ____________________________________________________________  
   ____________________________________________________________  
   ____________________________________________________________  
   ____________________________________________________________  
   ____________________________________________________________  

29. Would you welcome additional training in the recognition of HIV/AIDS symptoms?  
   YES □  NO □  

30. Would you welcome additional training in the treatment of HIV/AIDS?  
   YES □  NO □
Respondents’ verbatim response from questionnaire

Question 27 – How you envision homoeopathy’s role in HIV/AIDS

- Homoeopathic institutions must become more interactive and participative in treatment and management of HIV/AIDS through programmes, associations, clinics, hospitals, etc.
- More research as you are doing. More homoeopaths of other ethnic groups. More satellite clinics in rural areas.
- I don’t attempt treating HIV/AIDS. On discovery of the illness I refer to hospital.
- More training and more awareness. Getting homoeopaths into HIV/AIDS clinics.
- Improved quality of life of patients. Similimum treatment for metabolic balance and function of organs and glands optimally.
- I have a project on HIV/AIDS and TB in South Africa. I would like to discuss it with you and relevant institutions.
- Homoeopathy can help stimulate the immune system and by treating the complications of HIV by getting evidence based treatment e.g. Viral load with X medication.
- Public awareness of the scope of practice of homoeopaths could be heightened. Increase HIV/AIDS research by the Technikons – perhaps even enforced. State sponsored research and industry supported HIV/AIDS homoeopathy clinics.
- Not just homoeopathy as per se, but the full spectrum of natural and traditional medicine can be used to improve the immune function.
- Supportive role with related conditions.
- As homoeopathy stimulates the immune system and constitutional treatment of course.
- Due to the nature of homoeopathic / herbal medicine being largely stimulatory, I believe it has a complimentary role to play.
- Homoeopathy does have a role to play, but how this should be done is not clear to me at the moment.
- If you could use some sort of clinic where patients are tested, use patients with good prognosis, i.e. their vital force still fairly strong, then you can get good results with these patients.
- Homoeopathy strengthens the body’s defence mechanism to deal with external pathogens.
- If clinics offer free or cheap treatment for HIV stay away due to stigma. Better to offer treatment for a condition like “chronic fatigue”, “debility”, “chronic diarrhoea” or “skin symptoms”, etc.
- Not treated any HIV patients yet. I believe a multi-disciplined approach would be most effective, taking the individual case into account. Nutrition and diet is important as is positive imagery / visualisation, aromatherapy, relaxation, etc.
- Test and treat the homoeopathic system. Treat with organo lymph tissue and Reckeweg R6 for virus infection and Duval D87 for bacterial infections.
- Homoeopathic remedies may not cure HIV, but they could extend life expectancy and provide a symptom free life even with HIV.
- AIDS clinics (holistic approach).
- It would be best accomplished if it was made more available or if people were more aware in the poorer sectors.
- Homoeopathy can play a big supportive role and give relief to a variety of symptoms, without causing more complications or symptoms.
Appendix C

- Classical simplex therapy – other modalities can be of therapeutic use – maintenance therapy.
- Each individual is considered, not just the diagnosis. The appropriate remedies will deal with the patient’s mental and emotional well being.
- Help each patient remain as healthy and symptom free as possible.
- I believe that Homoeopathy is an excellent form of therapy to boost one’s immune system – whether one uses the classical or symptomatic approach.
- Homoeopathy can be instituted in the treated of AIDS related illness – probably more effective if constitutional approach is used.
- People have to find the balance between homoeopathy and allopathic treatment. To do so, one needs to be educated about alternate ways of treatment especially allopathic doctors. Homoeopaths need to keep updated and educated on the treatment of HIV/AIDS.
- All my HIV/AIDS patients died,
- Symptomatic relief of symptoms.
- Using a classical approach we could build up the vital force; using low potency, combination remedies we can do a lot of drainage.
Appendix D

Respondents' verbatim response from questionnaire

Question 28 - Comments

- Homoeopathy is not rising to the challenge and is not meeting the needs of the epidemic.
- I believe that homoeopathy is underestimated in the treatment of HIV/AIDS and TB in South Africa.
- Good study Jonathan. It would be good to know your findings from the various homoeopaths as to try and develop a "Standard" protocol for treatment and then add the best-suited remedies to the protocol for each individual patient. Maybe it can be sent via e-mail and once it has been used, a further study can be done using the protocol developed from this study.
- In my opinion there is urgent need for the homoeopathic profession to get involved in assisting the suffering of millions of HIV positive South Africans. Due to this questionnaire I have made a personal commitment to do so and will urge my colleagues to consider doing the same.
- In a severely immunocompromised individual, the use of scheduled drug therapy will often be necessary. It is dangerous and immoral to risk a patient's life with the use of single remedies in situations where compliance is poor and frequent evaluations are not possible. Homoeopathic medications should form part of the global approach to patient management and not be the only form of therapy offered.
- Practice is starting up. Hope to have a role in this area.
- Diet / lifestyle as with any chronic illness is a major area and needs to be addressed.
- I also think that one should change potencies or remedies quite often, say every two weeks, because the HIV virus replicates quickly, that you should keep the body in alert the whole time. Treat in high potencies as well as low / acute and chronic. A good lifestyle, good food, less stress will also help for better results.
- Have not been in practice long enough to have treated any HIV individuals.
- If possible, have a blood sample of an AIDS patient potentised to 9CH and twice daily for 15 days for uncontrolled virus infection.
- I have only treated 4 HIV positive females over the past 5 years. All are doing extremely well and their CD4, CD4:CD8 ratio, viral load are very stable. Periodically I treat them for candida infections and bronchial problems. Otherwise they are in good shape.
- I have begun volunteer work with orphans – young children often to HIV positive parents – whose HIV status is unknown. They appear to have responded well to the medication I have used, although it is impossible to state long-term results.
- It would be ideal for a homoeopathic clinic to be set up in the rural areas, to treat AIDS patients and to educate them. It would also be great if homoeopathy were implemented in government hospitals as well as Traditional African Herbals, to be used in conjunction with the normal medical approach.
- Homoeopathy should definitely be of great importance in the management of HIV/AIDS and together with nutritional advice, nutritional supplementation and exercise advice. Homoeopathy would be very beneficial and effective as a treatment.
- I don't treat HIV/AIDS patients at present, so I am sorry that this is not very helpful.
- I believe that before any positive changes can take place regarding HIV/AIDS, the government needs to do more. They need to be more active; HIV testing should be encouraged, education about prevention (and treatment) needs to be enhanced and natural therapies and healers need to be embraced and included in the war against AIDS!