

ORIGINAL PAPER

Informing the homeopathic practice for Turkish pharmacists: reviewing the example of Portuguese community pharmacies



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Introduction: Alternative and complementary therapy systems, such as homeopathy, have long been used around the world. Since 1995 homeopathy has been officially recognized in Europe as a system of medicine or a medical specialty. Portuguese community pharmacists have long-standing experience with homeopathic products. By contrast, healthcare professionals in Turkey are less experienced with homeopathic practice although there is a new regulatory setting in place. There are a limited number of studies addressing pharmacists' role within the homeopathic system.

Aim: To investigate the attitudes (knowledge, feelings and behaviour) of experienced Portuguese pharmacy practitioners who deal with homeopathy, and thus to inform Turkish pharmacy practice and policy on homeopathy-related success factors.

Methods: A qualitative cross-sectional design was followed, using semi-structured and face-to-face individual interviews with purposively selected Portuguese pharmacists experienced with homeopathic medicines. Audio-recordings were transcribed verbatim and the transcriptions imported into QSR NVivo v10 software for qualitative coding and analysis. Using a thematic content approach, the extracted codes were grouped and indexed by recurrent themes through a reflective procedure and constant comparison.

Results & discussion: Six general themes emerged, the most relevant being participants' feelings of gratitude for the ability to work in homeopathy; other themes were a helpful regulatory body, clear practice boundaries, scientific support and product quality assurance. Specialized homeopathic education was considered the most important factor for success. This was related to patients' positive perceptions and acceptance, suggesting an increase in public awareness through the pharmacy network.

Conclusions: Portuguese pharmacists' attitudes towards their homeopathic practices highlighted the key elements for success in a field that is usually distant from traditional pharmaceutical education and practice. The present findings provide guidance for Turkish pharmacists willing to expand their professional scope and to embrace complementary medicines. *Homeopathy* (2017) 106, 93–102.

Keywords: Homeopathy; Pharmacy practice; Portugal; Qualitative analysis; Turkey

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Introduction

Many alternative and complementary treatment systems have been used over the centuries all around the world. One of these is homeopathy, which is believed to help the body

to heal itself naturally by balancing the person's *vital force* through a holistic approach. The published literature, including World Health Organization (WHO) reports, refers to homeopathy as one of the most popular treatment systems in the world.^{1–5} This unique alternative medicine system originated in Europe, and is officially recognized in Belgium, Bulgaria, Germany, Hungary, Lithuania, Portugal, Romania, Russia and the United Kingdom, as well as in Central and South America (Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador and Mexico) and some Asian countries (India, Pakistan and Sri Lanka).^{2,6} Although it is increasingly used, there are legal regulations in only a few countries and regions, such as the European Union (EU), and these are mainly connected to the WHO documentation and guidelines.^{4,7}

Homeopathy in Europe

Homeopathy is particularly popular in Germany.⁸ It is thought that physicians in Germany are more likely to believe in homeopathy than physicians in other countries, and an additional homeopathic qualification is also available.^{2,9} Besides the regulation of production, quality and distribution under the German law,¹⁰ strong support is given to homeopathic medicinal products by a specific Medicinal Products Act (*AMG-Arzneimittelgesetz*).^{6,11} Legal recognition has also been given in the UK (in 1950), Romania (1981), Hungary (1997), Latvia (1997), Belgium (1999), Portugal (2003), Bulgaria (2005) and Slovenia (2007).^{2,8,12} In Hungary and Latvia homeopathy can only be legally practised by medical doctors, but in Portugal the law does not exclude non-medical practitioners. In Portugal, there are educational standards, but these are more directed towards alternative medicines practitioners than to physicians, dentists or pharmacists.^{2,8,12}

The Portuguese example

Homeopathy in Portugal became visible from the mid-1990s, with an increase in alternative healthcare at a later stage.¹³ This allowed for a stabilized legal framework, offered by the European Council Directives 2001/83/EC and 2004/27/EC. **Table 1** summarizes the Portuguese government's efforts to address public health concerns in relation to most alternative practices. Portugal is an interesting example of a marketplace where the regulation of homeopathy has a reasonably long history, and it thus serves as a good example to less experienced practitioners, such as Turkish pharmacists.

It is estimated that more than two million Portuguese people (approximately 20% of the population) regularly seek complementary and alternative treatments.^{20–23} Out of 40,000 registered medicinal products at the national medicines agency (INFARMED), nearly 800 are homeopathic products. The Portuguese public national health system covers the costs of homeopathic medicines that are prepared on-site at pharmacies.^{2,8,12,24}

Homeopathy in Turkey

In Turkey, the extent of society's awareness and acceptance of homeopathy is not known, and pharmaceutical companies have shown limited interest in producing or marketing these products: there is no evidence of any homeopathic medicinal products being registered at the Turkish Ministry of Health.

It is only recently that these products have begun to be prescribed by physicians and dentists who are certified to have completed homeopathic training, as required by the Turkish Traditional and Complementary Medicine Act (of 27th October 2014).²⁵ Pharmacists have to comply with this regulation, which defines the scope of fifteen alternative therapies, as well as with the Turkish Pharmacy Law (No. 6308, from 2012), which allows homeopathic remedies to be dispensed in regular Turkish community pharmacies.^{2,3,26} These are presently the only legal channel through which the public can acquire homeopathic remedies, although illegal Internet shopping and the importing of remedies from abroad by homeopaths continues to happen.

Study aim

Homeopathic practice clearly differs between Portuguese and Turkish pharmacists, with a mature homeopathic market in Portugal, in contrast to Turkey. Acknowledging this difference, how might Portuguese pharmacists help with the sustained development of homeopathic pharmaceutical practice in Turkey?

The aim of this study was to investigate Portuguese pharmacists' attitudes towards pharmacy-based homeopathy. The results are expected to shed light on the aspects of pharmacy practice and policy that determine homeopathic success. The study was not intended to address any discussions related to the clinical aspects of homeopathy, but only to provide practice-based evidence and guidance to pharmacy practitioners in Turkey, or elsewhere, who wish to

Table 1 Legislation on homeopathy in Portugal

Year	Legislation
1995	First law related to homeopathic medicines in Portugal (Decree No. 94/95 of 9th May), based on the requirements from the European Council Directive 92/73/EEC. ^{14,15}
2003	Homeopathy is recognized by the Portuguese law as one of six non-conventional therapeutic systems (homeopathy, acupuncture, naturopathy, phytotherapy, osteopathy, and chiropractic) (Law No. 45/2003, Article 3). ¹⁶
2006	New homeopathic-related law (Decree-Law No. 176/2006 of 30th August), based on the requirements from the European Council Directive 2001/83/EC and Directive 2004/27/EC. ^{17,18}
2013	Portuguese Parliament adoption of the bill for regulating seven non-conventional therapies: homeopathy, acupuncture, traditional Chinese medicine, naturopathy, herbal medicine, osteopathy, and chiropractic. The law came into force on 2nd September 2013 (Law No. 71/2013), replacing Law No. 45/2003. ¹⁹

expand their professional scope through this complementary healthcare system.

Methods

The study followed a qualitative cross-sectional study design. It was expected to collect in-depth information about the opinions and attitudes (knowledge, feelings, and behaviour) of Portuguese community pharmacists who actively produce and dispense homeopathic remedies. Primary data were gathered through individual semi-structured interviews conducted at each participant's workplace (a community pharmacy).

An initial documentary analysis was performed to access information on the legal framework for homeopathy in Portugal and Turkey. European Council Directives, Portuguese and Turkish laws and supplementary sources were investigated. These resources built the evidence needed to demonstrate the relevance of the study, as well as to support the development of the interview guide.

Recruitment and selection of participants

The aim was to select professionals from community pharmacies who were clearly recognized by their peers as successful cases, following a purposive sampling method. This method favours the generation of rich and relevant data by explicitly selecting significant interviewees.²⁷ First, community pharmacies offering homeopathy in the two main Portuguese cities (Lisbon and Porto) were identified. Secondly, leading and university-based practitioners confirmed which pharmacies were the most active in homeopathy. The ability of the pharmacists to express themselves clearly in English was an additional inclusion criterion, because of the international composition of the research team.

The final sample of both pharmacies and pharmacists followed the qualitative rule of themes and codes saturation or data redundancy.²⁷ This was possible to accomplish with six pharmacists, each one from a different community pharmacy, and each unanimously recognized by their work peers as the most relevant professional to address the study aims.

Qualitative interviews

The qualitative face-to-face interviews were carried out in English. The interview guide was initially piloted for wording and feasibility using academic community pharmacists who were also involved with homeopathy. The final guide can be found in [Table 2](#).

Before each interview, the aim and expected duration was explained. Informed consent was obtained individually and a single interviewer conducted all the interviews. Because of the in-depth nature of the study, the interview questions were open-ended, and additional questions were introduced when deemed necessary, while the interviewees were prompted to make any additional contributions during the conversation. The interviews were conducted between July and August 2015 at each participant's workplace, with the necessary privacy and no interruptions.

Data analysis

The audiotaped interviews were transcribed verbatim and the transcriptions were imported into a computer software for qualitative coding and analysis (QSR NVivo 10). This tool was employed to organize and retrieve information, according to the attitudinal framework and through a thematic content approach. Codes were grouped and indexed by recurrent themes through a reflective procedure and using constant comparison.

Ethical approval

This study was performed in strict accordance with good research practice and the code of ethics of the Ankara University Ethical Committee. The study protocol was approved by this committee with Permit Number 335/2015.

Results and discussion

The basic demographic features of the six participants are presented in [Table 3](#). Information such as the number of all staff at the pharmacy and the number of customers asking for homeopathic products per day is also shown. Apart from the first participant (P1), all the participants worked at pharmacies that manufacture homeopathic

Table 2 Key domains and interview guide

Key domains	Topics and questions
Background data	Interviewee related data: age, gender, working years, graduation year, and graduation degree. Pharmacy related data: public area (m ²) & products exhibition, number of staff, total number of homeopathic references (on average), total number of clients per day for homeopathic products (on average). Description of homeopathic products manufactured in the pharmacy, if any.
Pharmacist's attitudes	Number of years working with homeopathic products. Reasons to start working with homeopathy and its degree of influence on one's role as a pharmacist. Opinion on specialized homeopathic pharmacies and/or staff.
Legislation impact	Education and training requirements for competent professionals, including opinion on non-pharmacist homeopaths. Opinion about the legal requirements needed to become a homeopath in Portugal and adequacy of the legal frame. Opinion on reimbursement schemes for homeopathic medicines.
Perceptions of patients/clients	Reasons for patients'/clients' preferences for homeopathy. The role of homeopathy in the pharmacist–patient relationship.
Closing question	Any additional contributions that might be useful for international (e.g. Turkish) pharmacists willing to achieve homeopathy excellency in practice.

Table 3 Participants' background information

Participant	Gender	Age	No. of years of work	No. of years of homeopathic work	Homeopathic education	Staff number	No. of homeopathic clients per day
P1	Female	37	14	14	Yes	8	0–1
P2	Female	36	13	13	Yes	7	10–20
P3	Male	69	38	22	No	15	>150
P4	Female	48	9	9	Yes	6	>100
P5	Female	37	4	4	No	30	>100
P6	Male	38	20	20	Yes	5	10–20

products and also dispense conventional pharmaceutical products.

Data analysis allowed for the extraction of six themes. These themes, codes, and sub-codes are presented in Table 4. The participants' colloquial quotations were re-phrased somewhat from their original accounts, and are mainly used as illustrations. Additional quotations supporting each code are available upon request.

A. General homeopathic practice

A.1. Work experience and motivation

Most participants started to work with homeopathy because of the orientation of their workplace, including the workplace where they spent their graduation internship, although an interest in homeopathy was another relevant reason. Personal preferences and business orientation, much more than any formal undergraduate education, determined whether homeopathy was practised.

C1. This pharmacy is here since 1906 ... and since that time, we have homeopathy. I started to work with homeopathy because of this pharmacy. (P4)

A.2. Professional role

Homeopathy allows the use of skills perceived as different from the skills used with traditional medicines. It is suggested that a more caring attitude is shown that

helps to establish a special relationship with patients, described as longer, friendlier and more trusting. Interpersonal trust improves the exchange and provides a sense of being a healthcare, rather than a business, professional.

C2. I think there is very interesting relationship between the patient and the pharmacists (...) because it is of trust. I believe the patients trust our information. (...) the patient takes the product with confidence. (P1)

Pharmacists are traditionally educated to have biomedical doubts about homeopathy as a reliable system. This demands a stronger professional commitment, including attention to patients. Patients opting for alternative medicines also expect additional engagement from professionals. In this sense, the pharmacists' behaviour plays a very important role in patients' perception of homeopathy as a useful option.^{28–30}

Another factor affecting pharmacists' success is the relationship with homeopathic physicians. Their acceptance of and trust in homeopathic pharmacists are equivalent to the acceptance and trust of patients. Thus, an effective and encouraging relationship between physicians and pharmacists plays an important role from both the dispensing and the production sides.

C3. Problem in the beginning is that we don't know where (and who) the prescribers are. (P3)

Table 4 Themes and codes extracted

Themes	Codes	Sub-codes
A – General homeopathic practice	A.1. Work experience and motivation A.2. Professional role A.3. Practice features	<ul style="list-style-type: none"> • Pharmacy public area • Product procurement and supply • Reliable information resources
B – Emerging feelings	B.1. Belief in homeopathy B.2. Gratifying practice	
C – Healthcare market opportunity	C.1. Professional differentiation C.2. Contribution to business	
D – Homeopathic education	D.1. Education expectations D.2. Specialized training	
E – Regulatory framework	E.1. Legislation on homeopathy E.2. Legislation on homeopathic practitioners E.3. Reimbursement E.4. Advertisement	<ul style="list-style-type: none"> • Adequate • Inadequate • Inadequate
F – Patients' support	F.1. Harmless drugs F.2. Positive experience F.3. Last treatment chance F.4. Lifestyle	<ul style="list-style-type: none"> • Direct involvement, word-of-mouth, and personal counselling • Allopathic with no response or the last resource

At present there are approximately fifty physicians in Turkey who are also registered as homeopaths, but the fact that they are registered as homeopaths is mostly not known to patients or to pharmacists. Suggestions for improving the success of homeopathy are the organization of national, regional, and local workshops for meeting peers, and the development of a common e-platform, supported by recognized medical and pharmaceutical organizations.

A.3. Practice features

Pharmacy public area

The public areas of the participants' community pharmacies have a dedicated homeopathy display. This highlighting could be beneficial for Turkish practice, as it shows that homeopathic products are available to customers.

C4. We have a vertical shelf in the pharmacy only for homeopathic products (exhibition). They are separated from the other products and everyone knows that they are homeopathic products. (P2)

It is compulsory for all Portuguese pharmacies to have a laboratory or preparation area for the local preparation of medicines. Pharmacies manufacturing homeopathic products on a large scale have a dedicated laboratory in the pharmacy and are required to follow the GMP (Good Manufacturing Practice),⁴ which is identical to the Turkish legislation. However, none of the participants mentioned the GMP or the GLP (Good Laboratory Practice). Only one vaguely mentioned lab rules, suggesting the absence of what should be a basic pharmaceutical concern, i.e. the quality control of products.

C5. (...) we should follow some rules and some condition over lab to allow preparing the medication. (P5)

Product procurement and supply

One critical factor for the success of homeopathy is the guaranteed access to high quality products from industrial companies, both medicines that are certified as to quality and are ready to be dispensed, as well as raw materials from which medicines can be locally prepared. Although product quality assurance does not seem to be a major concern, local production was perceived as a key success factor.

C6. You need to have good labs i.e. (homeopathic) companies that you can trust... this is very important, and a good relationship with them. (P2)

C7. Also, you must have to start to manufacture. You can get the mother tincture from Pakistan, Romania... although cheaper, these (have to be) analytically certificated. You must know the rules ... (P3)

In Turkey, very few pharmacies have on-site production, while Turkish pharmaceutical companies have not yet

registered any homeopathic products. Thus, there are interesting opportunities for Turkish community pharmacists, providing the minimum procedures for quality assurance are not forgotten.

Reliable information sources

All the sites had a great number of homeopathy reference books, described as reliable information sources, for production and dispensing. The regular use of electronic information sources was not clear, conveying the idea of a slow-moving science.

C8. We have [an English version of] the German Pharmacopeia in the pharmacy. I think universities must teach the students about how they can manufacture these products via this book (...). (P3)

Reference books, such as the Turkish Pharmacopeia (an adaptation of the European Pharmacopeia 2004) and the Turkish Codex, are necessary if an individual wishes to open a pharmacy in Turkey. In addition, another success factor is related to finding the right reference sources if a pharmacist wishes to start homeopathic production and dispensing.

B. Emerging feelings

B.1. Belief in homeopathy

All the participants mentioned the use of homeopathy on themselves and, because of the good results in practice, they believed more strongly in homeopathy as a valuable therapeutic option.

C9. When you start to work (with) homeopathy, you have to believe in homeopathy. If you don't believe, it is no use working with homeopathy. Ok? ... If you try (it on) yourself (...) and if it works with you, I think, brilliant! (P4)

The scientific controversy about the therapeutic value of homeopathy and its testing through clinical trials should influence professionals' attitudes.³¹ However, there was a strong subjective appreciation of the health outcomes provided by homeopathic drugs, which confirms the personal orientation concerning homeopathy as professional practice.

B.2. Gratifying practice

Being able to master this specific knowledge pleased the participants. The reasons for this enjoyment may be underpinned by a clear differentiation in practice, which is addressed in the next two codes.

C10. Homeopathy gave me a different view regarding health and treatment ... homeopathy is a good alternative, a good (professional) solution. (P6)

C. Healthcare market opportunity

C.1. Professional differentiation

Most participants saw homeopathy as a chance to differentiate their pharmacy from others, a result of a perception that their business orientation was different.

C11. (...) interesting when someone comes here (and) we can give our response differently from other pharmacies (...) maybe it is interesting that we can give other (treatment) options, with different kinds of products. (P1)

Campbell (2009) found that homeopathy was considered to be an alternative type of medical practice by homeopathic practitioners,³² supporting the sense of differentiation from competitors in the same marketplace. This is particularly helpful for Turkish pharmacists, knowing that pharmacies can open and operate independently from any type of limiting quota in Turkey.

C.2. Contribution to business

Homeopathy provides extra financial income and this management resource is much appreciated in the well-known context of economic constraints in most countries, both generally and for the national health systems.

C12. And especially now, if homeopathy wasn't (here), my pharmacy may be closed. (P3)

This contrasts with Schultz *et al.* (2014), in Australia, who showed that most pharmacies were minimally reliant on the financial return from homeopathic products.³³ Other authors have identified studies showing health improvements for patients, together with cost savings, but no firm cost-effectiveness conclusions.³⁴ The margins from these products are regulated in the same way as for other medicines, indicating that sales volume has to be significant to allow for a remarkable revenue. Unfortunately, market data are not published to allow this aspect to be considered further.

D. Homeopathic education

Many community pharmacists might have elementary knowledge of homeopathy, but only a few colleagues are perceived to have mastered homeopathic practice, which does not work in favour of the acceptance and development of the system.

D.1. Education expectations

Homeopathy is considered to be a complex and unique treatment system, with its own concepts, rules and practices. Accordingly, participants believe that the training should be as wide as for the allopathic counterpart, and thus courses of three months or less are not seen as being long enough to learn the system. Homeopathic education should be provided through university studies, as in the UK and Germany, or through homeopathy courses within the pharmaceutical sciences syllabus. This would improve scientific recognition and acceptance by other practitioners. This issue was also addressed under the next code.

C13. ... it is like the other pharmaceuticals. (...) Doses, about posology, about how do you take, about eliminated food, it is the same (university) education (as with allopathy). (P2)

C14. It was better if pharmacists could learn in the faculty, (from the) public education system. Because other professionals would give more respect for this area. (P1)

Chinese traditional medicine practitioners and homeopaths believe that a standardized professional education is the most important training issue for their respective professions, as it would ensure public safety and uniformity within the profession.^{33,34} Although there are homeopathic courses offered at the pharmacy faculties in Portugal, these are elective and generally considered insufficient to provide consistent competencies in homeopathic practice.³⁵

In Turkey, educational standards for homeopathy have been in place from 2015 that cover doctors, dentists and pharmacists.³⁶ Although Turkey is ahead of Portugal in education, enforcement of these standards is not guaranteed, and a fragmented practice seems to exist. This is a clear area for improvement in Turkey, to ensure that homeopathic education results in advanced practice.

D.2. Specialized training

Dedicated training, as one component of professionals' continuing education, should be required for all homeopaths throughout their professional life. Only one participant mentioned attending continuing education programmes, even though most of them were assumed to be homeopathic specialists. Thus, in both Portugal and Turkey, this additional factor needs more attention from those concerned with the field.

C15. I think, if you sell homeopathic medicines, you have to know about them. (...) So it is important to have specialized pharmacists. (...) (P4)

Homeopathic training is important to put pharmacists in a better position to provide comprehensive and unbiased advice about therapy options and to safeguard patient health.³⁷ While educating and informing patients about medicines is a pivotal role, it seems to be important to have specialist pharmacists to reinforce professional identity in the use of all medicines,^{38,39} even if homeopathic products do not give rise to great safety issues.

E. Regulatory framework

E.1. Legislation on homeopathy

The current Portuguese legislation on homeopathic practice, which follows the European framework, was considered to be adequate, and to be erasing doubts related to the clinical usefulness of homeopathy in present healthcare.

C16. We follow (the European legislation on homeopathic products). There is no problem. But sometimes people talk about homeopathy (as if illegal), they don't know what they are talking about. (P4)

Pharmacists' limited knowledge of homeopathy, focusing on, for example, the negligible concentration of 'active' ingredients, a 'mysterious' production method,

or a historical belief system, may reduce the credibility of the system when associated with low awareness of the existing regulatory framework.³⁸ Thus, one critical success factor for any European practitioner, including Turkish ones, is to know the legal aspects of the system.

E.2. Legislation on homeopathic practitioners

There are no requirements concerning who is allowed to dispense homeopathic drugs in Portuguese pharmacies. Accordingly, participants commonly mentioned the need for regulation here, particularly in relation to dispensing by non-pharmacists. Improved legislation would also benefit prescribers, increasing legal protection and the social recognition of the system.

C17. The law needs to be clear about this, (i.e.) physicians and pharmacists need (a law), (to certify) what is approved for homeopathy (practice) or not. (P2)

E.3. Reimbursement

In Portugal, the cost of ready-made homeopathic products (equivalent to industry pharmaceuticals) is not reimbursed, mainly because of the absence of clinical trials and pharmaco-economic studies. Pricing was also given as another explanation for the absence of public reimbursement or statutory health insurance schemes such as there are in France. Additionally, the depressed economic context of Portugal justifies there being no reimbursement for these products at the moment.

C18. The tendency right now is to stop reimbursing the allopathic medicines. So, in Portugal, if it is not working in allopathy (...) we don't believe that homeopathic products will gain it. (P6)

The fact that there is no reimbursement is also linked to the issue of identifying 'true' prescribing professionals, even though the Portuguese authorities recently started an accreditation scheme. At present, one can still not be completely sure who is working as a homeopath in Portugal, which is also a source of concern for patients about safety.

C19. I think this (the reimbursement) will be good, but if only doctors or pharmacists prescribe, not how it still is presently. Because anyone can sell and give advice to others. (P5)

Portugal has a highly regulated pharmaceutical market,⁴⁰ where the quality, safety and efficacy of pharmaceuticals are very important for pricing and reimbursement. The price of a formula prepared in a pharmacy is reimbursed,² but only through an official and validated medical prescription, which is not available for all homeopathic medicines. Both Portugal and Turkey use an external medicine reference pricing system. In Turkey, the pricing approval committee uses five reference countries (France, Italy, Spain, Portugal and Greece),⁴¹ while reimbursement is regulated by another authority.⁴² If Turkey follows the French example, this may influence the prescription status

of homeopathic medicines in Turkey and the reimbursement of their costs in the future.

E.4. Advertising

In Portugal, it is legal to advertise non-prescription drugs at a pharmacy and on a pharmacy website. Advertising was perceived as an important factor for the success of homeopathy, and this was confirmed by the participants having been recruited online.

C20. Publicity is important. ... product information is very important (...) in your pharmacy website, (advertising) that you work with homeopathy is important. (P2)

Advertising pharmacies and pharmacy products is not legal under the Turkish Pharmacists Deontology Regulation (1968),⁴³ and nor is running a website, according to the Law on Pharmacists and Pharmacies (No. 6197).⁴⁴ Therefore, pharmacists in Turkey should develop alternative promotion channels, such as opinion makers in the mass media, if they wish to develop the system.

F. Patient support

F.1. Harmless drugs

It is a common perception that allopathic medicines contain high amounts of active ingredients that can be hazardous to the patient. Homeopathic products are regarded as 'natural', and they attract the attention of patients because of their safety profile, and because they are seen to avoid the risk of adverse events. Consumers have the misconception that homeopathy is safe because it is natural, rather than being safe because of the very low ingredient dosage.³⁸

C21. Some patients are so scared about the side effects of the allopathic medicines (...) wanting to try something safer, and homeopathy is usually the solution. (P6)

F.2. Positive experiences – Direct involvement, word-of-mouth, and personal counselling

Individual experiences that provide positive results are shared with those close to the patient, as is the case with allopathic medicines. This was seen by participants as the most common reason for choosing homeopathy.

C22. I think they (new users) are friends or family of someone [i.e. patients who used homeopathy before] (...) Because my grandpa or grandma agrees with homeopathic, I trust them and I (as a patient) follow. (P5)

Families and friends are very effective at influencing the choice of patients: nearly three-quarters of respondents in a previous study sought homeopathic treatment after advice or family pressure.^{45,46} The influence of family and friends is the most common reason for opting for alternative treatments.⁴⁷ Homeopathic treatments are initiated following a recommendation by someone else,⁴⁸ which reinforces participants' belief in patients' trust regarding the advice of homeopathic pharmacy professionals.

C23. Maybe some patients chose it because of their (NHS) doctors. In Portugal, they also have some studies on homeopathy, so they prescribe the two types of medicines. (P5)

Nevertheless, professionals' recommendations may have a limited impact, because most physicians do not believe in homeopathy or do not know very much about the system.⁴⁸

F.3. Last treatment chance — Allopathic no response

The dominant biomedical system still does not provide complete responses for all conditions. This encourages patients and caregivers to search for alternative solutions, and this is the strongest reason for choosing homeopathy.

C24. When [patients] don't respond to the classic medicines (...) they think "I have to go to the homeopath or go to alternative medicines". (P1)

Dissatisfaction with the results of conventional treatment was the main reason that Brazilian patients sought homeopathy.⁴⁹ Homeopathy is one resource when hope is disappearing, suggesting the wish for a 'miraculous' effect, although this receives great opposition from most homeopathic practitioners because they want scientific acceptance of the system.

F.4. Lifestyle

This final code covers responses related to patients' and their relatives' lifestyle options — the use of homeopathy results from a blend of the previous reasons and the ability to make free healthcare choices, selecting an option that is less 'polluting' for the body. If patients generally feel better with successive homeopathic treatments, this settles their final decision to use these products.

C26. I think today there are many people that stop and think (medicines are) chemicals (...) so they prefer to go to a homeopath and other kind of products, for being healthier. (P1)

The literature underpins the idea that homeopathy occasionally seems to be ideological and a radical choice, particularly attracting the attention of patients who are striving for a healthier life.⁴⁵ Having higher education, being a non-smoker and taking part in physical activity were associated with homeopathic Norwegian patients,⁵⁰ although a later study found that having higher education and not smoking were only confirmed to influence females, while physical activity showed no relationship with homeopathy.⁵¹ Turkish pharmacists could use their proximity with customers, attracting those who are already looking for a lifestyle change or healthier behaviour: early adopters could contribute to the success of the system.

Conclusions

This study explored Portuguese pharmacists' knowledge, feelings and behaviour in relation to their homeo-

pathic practice, and highlighted key factors that support successful pharmacy initiatives in this field. Homeopathy is currently open to Turkish healthcare professionals, especially to community pharmacists, and yet there is limited utilization. This study adds elements that can help pharmacists who wish to develop their homeopathic practice.

The job satisfaction gained by working with homeopathy and having an adequate legal framework for the regulatory, scientific and product quality aspects are important features. Legislation is already in place in Turkey, so boundary issues regarding homeopathic practice should be under control. Specialized homeopathic education was considered by the participants to be an important factor for success, while improved patient counselling and trust are essential for treatment as well as business success. These can already, at least partially, be observed in the Turkish context.

Further investigation is needed to examine how the present qualitative findings are represented in a larger sample of Portuguese pharmacists, thus expanding the usefulness of the present results and their application for the regulation and practice of homeopathy in newer or less developed circumstances.

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