Author's response to reviews

Title: Reiki and related therapies in the dialysis ward: are these Complementary and Alternative Medicines to be welcomed or banned? An evidence-based and ethical discussion.

Authors:

Martina Ferraresi (marti.ferraresi@gmail.com)
Roberta Clari (rclari1@virgilio.it)
Irene Moro (irene.moro@yahoo.it)
Elena Banino (elena.banino@hotmail.it)
Enrico Boero (enrico.boero@hotmail.com)
Alessandro Crosio (alessandro.crosio@gmail.com)
Romina Dayne (dayne@tiscali.it)
Lorenzo Rosset (lorenzo_rosset@yahoo.it)
Andrea M Scarpa (andreamariascarpa@gmail.com)
Enrica Serra (enrica.serra87@gmail.com)
Alessandra Surace (alessandra.sur@gmail.com)
Alessio Testore (abtest@tin.it)
Nicoletta Colombi (nicoletta.colombi@unito.it)
Giorgina B Piccoli (gbpiccoli@yahoo.it)

Version: 2 Date: 7 March 2013

Author's response to reviews: see over
To the attention of the Editor and of the Section Editor:

Please find the following answers:

1. Can you please provide a bit more detail about how you searched the literature? We understand that you are not doing a systematic review, but you refer to broadening the search strategy on p.7 and it would be good to have some details of the initial strategy.

Thanks for the suggestion, this was done, as can be seen in red in the discussion.

2. We would suggest removing prayer from the introduction. We don’t think that this should be considered to be a CAM therapy and don’t feel that it is within the same definition. There may also be potential to cause offence. However, this is more a personal thing, so if you do strongly disagree with this then we are happy to discuss this further.

This is an important point; however, it was not OUR choice to include prayer. Prayer is included in the international definition of CAMs, and is discussed in a large body of literature, and cannot be ignored (one example for all: one of the first large RCT on CAMs was the famous MANTRA, on prayer, published on the Lancet); thus we do not agree on omitting this part, but we added a few words on this issue, as follows.

The world prevalence of CAMs varies considerably (35-75% in non-selected general populations); in this context, the reluctance to admit CAM use may underestimate it (5-16). On the other hand, the inclusion of prayer, which is usually considered as a part of the CAMs, can double their prevalence; this is an interesting and highly discussed issue, as not all Authors agree to consider religious beliefs as a part of a therapeutic pathway. However, for the sake of the present review, we’d like to mention that one of the first randomised controlled trials on CAMs published on a core clinical journal, the MANTRA trial, regarded the healing effect of prayer (13).

3. Referee 1 recommends removing Figure 1; however, we would suggest leaving this, but remove Figure 2 with the picture as we don’t think that this adds anything to the article.

OK, this was done.

4. We would suggest copyediting your work to improve the style of written English. If this is not possible, you may need to use a professional language editing service. For authors who wish to have the language in their manuscript edited by a native-English speaker with scientific expertise, BioMed Central recommends Edanz (www.edanzediting.com/bmc1). BioMed Central has negotiated a 10% discount to the fee charged to BioMed Central authors by Edanz. Use of an
editing service is neither a requirement nor a guarantee of acceptance for publication. For more information, see our FAQ on language editing services at http://www.biomedcentral.com/authors/authorfaq/editing.

The paper had already undergone a copyediting, as acknowledged in the acknowledgement section. It may be that some errors, included in subsequent versions escaped the last revision; however, could we checked it once more, and could you please be more specific?

5. Please also ensure that your revised manuscript conforms to the journal style

OK, thanks, this was done.

With the hope that the present version may be of interest for your readership,

Sincerely yours

Giorgina B Piccoli and co-authors