Reviewer's report

Title: Clinical Research Evidence of Cupping Therapy in China: A Systematic Literature Review

Version: 1 Date: 31 August 2010

Reviewer: Rainer Stange

Reviewer's report:

Thank you for excellent work, I enjoyed reading it!

Minor remarks:

Page 6 please give only one decimal digit for percentages.
Please explain Bi syndrome shortly

Page 3 identifying

Page 5 which were published between …

Page 6/7 I am a clinician not a methodologist, but to me it does not seem to make much sense to do statistical tests on series of publications. Your figures 2 and 3 make a good impression of what is going on. I would skip the tests.

Page 8 the majority criteria of inclusion an exclusion

67 with efficacy standards, 51 composite (all with the same descriptions as given? It would be very amazing!) what happened to 16= 67 – 51? Did they use established parameters of evaluation? Are there clusters of parameters?

Please do not use didn’t in a scientific text
Please use ICD-classification either constantly or omit it

Fig 4 and 5 please add n= ??? for 100%. I am missing the Bi syndrome studies. Did you only want to include Western diagnosis for these figures?

Major questions: to me as a non-Chinese researcher in the field, it is very interesting to learn about these amazing number of 525 trials, we are not able to read in their original publication. Thus I am amazed that apparently only few trials had a symptom complex of the Traditional Chinese Medicine as study population (how many with Bi syndrome?). Page 9 you state that ‘Wet cupping therapy was hardly used in deficiency. Of course you know about deficiency, but maybe you can explicitly state which of the clinical conditions you consider to be ‘deficient’. Do any trials make any remarks on outcome by Chinese syndrome criteria, even if Western diagnostic criteria were used for inclusion, maybe by subgroup
analysis? This would be very interesting to learn.

Of course, you shouldn’t go into all these trials again, but did you make any notice at all, how many cups were used in the interventions, resp. whether cupping was done repeatedly, in what intervals? This would be very interesting. The Iran study (quotation see below) allowed for replication depending on outcome, which seems to be a common practice in routine care.

You should state explicitly why it apparently does not make sense to do a meta-analysis to calculate overall effect size at least for a subset of your trials. Basically this would seem possible, if so many trials

“used composite outcome measure which categorized the effect of the treatment into four grades (cured, markedly effective, effective, ineffective) according to the change of the symptoms.”

Beside therapy, one trial you quote[88] added to the understanding of a topical representation of disturbances of the soft tissue to regional disorders of non-dermatological structures as a rational for an efficacy of cupping. This additional, med-line listed publication is in German however:


Did any of the Chinese publications put similar questions? You mentioned topical considerations on page 9 for several trial clearly restricted to meridians.

You correctly stated that your systematic research ended Dec 2008. You may mention that meanwhile, two more RCT have been performed and published outside China apparently with good methodological quality to illustrate the international importance of the method:


Andreas Michalsen, Silke Bock, Rainer Luedtke, Thomas Rampp, Marcus Baecker,


Thank you for taking these remarks into consideration!