Author's response to reviews

Title: Effects and Treatment methods of Acupuncture and Herbal Medicine for Premenstrual syndrome/Premenstrual Dysphoric Disorder: Systematic Review

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Author's response to reviews: see over
To Whom It May Concern,

I have carefully read the note and have made the following comments and changes. We may have missed out on changes that should be made. If so, let us know and we will correct them as soon as possible.

Thank you for taking your time to look over the research. We are honored to be a part of BMC.

Here are the responses to the review:

**Reviewer’s report#1(Margaret Diana van Die)**

ii) Results section: 17. The range of improvement should be included, and ii. It should be specified unambiguously how this compares to the comparator/s. (ie were all the interventions significantly superior to the controls?)

For example, acupuncture treatment improved overall symptoms in all studies [Range 49.6 to 63.8%]; all studies found AT to significantly outperform placebo. For the herbal interventions, all but Cirsium japonicum found a significant effect over placebo…

In overall symptom section, the following has been added.

Acupuncture treatment improved overall symptoms in all studies and all studies found AT to significantly outperform placebo [8-15] (Table 2). For the herbal interventions, all but Cirsium japonicum found a significant effect over placebo [16-26] (Table 3)

In the psychological symptoms section, the following has been added.

In Xiao Yao San, physical and psychological symptoms had been significantly reduced in that physical MDQ had 68.9% reduction in the treatment group compared to 18.6% reduction in placebo group and psychological MDQ had 74.8% reduction in the treatment group compared to 20.7% reduction in placebo group. [23].

In acupuncture intervention, the following shows the measures.

Acupuncture treatment using SP6 CV6 as the main points had MSSL 16.78 at the initial point which was reduced to 7.56 at the end of the session [8]. Treatment using DU20, LI4, H3, REN3,4,6, PE6, GB34, UB23 had 77.8% reduction at the end of the trial [9]. Hand acupuncture and moxibustion treatments had MSSL 20.63 and 20.65 at
the initial point which was reduced to 3.94 and 3.40 that the end of the session [10]. Back-shu points and Point-thought-point techniques, electroacupuncture on scalp, treatment using BL17,18,20,23 and GV20, Ex-HN2,3 all had better outcome than the control group [11-5].

iii) It appears that study 10 (in table 3) is an analysis of a sub-population of study 11. This needs to be stated within the manuscript as well as highlighted in the table. (Apologies for my mistake with numbers!) Eg. Ma and He studies on VAC BNO 1095 are reporting on the same study. Ma reports on a sub-population of the larger study by He et al. VAC BNO1095 (40 mg/day, 70% extract Agnucaston®) was superior to placebo over 3 cycles for total PMS symptoms measured on the PMTS (p <0.001), PMSD scales (p <0.05), and clinical efficacy rates (p <0.001)

In the herbal intervention section, the following has been added.

    Study of Vitex Agnus castus by Ma [16] is an analysis of a sub-population of study by He [17]. VAC BNO1095 (40mg/day, 70% extract Agnucaston®) was superior to placebo over 3 cycles for total PMS symptoms measured on the PMTS (p <0.001), PMSD scales (p<0.05), and clinical efficacy rates (p <0.001).

Discussion

ii) the findings of this study should be compared with comparable reviews on these interventions – including (but not restricted to) the following:

What this means is two or three sentences are required, such as “Our findings were consistent with those of comparable reviews of acupuncture and herbal interventions for treating PMS/PMDD.1-5” Then summarise the findings of those reviews to highlight the similarities/differences with your findings.

On all acupuncture interventions, the outcome showed improvements better than the control groups thus our findings were consistent with case studies examining herbal interventions and acupuncture [28-9].

Vitex agnus castus (VAC) chaste tree have been proven in animal and clinical trials
of dopaminergic effects and its efficacy has been investigated the most on PMS of its effectiveness [17]. Hypericum perforatum influences the serotonergic system and suppresses proinflammatory cytokine levels [33]. It demonstrates to be an effective treatment for depression which is one of the symptoms of mood-related PMS symptoms [20]. Duvan et al., investigated oxidant/antioxidant status in PMS and found that increased oxidative stress and reduced anti-oxidant capacity may occur in PMS and imbalance of oxidant/antioxidant systems may be a cause or the consequence of the various stress symptoms in PMS [36]. Elzholtzia splendens contains volatile oil and flavonoids and studies have reported that it had effects on reducing inflammation and fever [34]. According to Zou Y et al., antioxidant mechanism of Hypericum perforatum attributed to its free radical scavenging activity, metal-chelation activity and reactive oxygen quenching activity that may lead to reducing PMS symptoms [35]. According to McKenna DJ, antioxidant property of Ginkgo biloba leads to exhibit therapeutic activity in congestive symptoms of premenstrual syndrome [37]. Ginkgo biloba L. is rich in flavonoid glycoside and terpene lactone [26] and a published placebo-controlled trial on the efficacy of Ginkgo for the treatment of PMS was effective against the congestive symptoms of PMD [38]. Bioflavonoids, an active ingredient of Ginkgo is known as stress modulator which explains the usage of Ginkgo as an anxiolytic medicine for PMS [26]. Hence, treatment targeting these mechanisms may exert their benefits in PMS/PMDD by correcting underlying dysfunctions.

iv) The authors should include the strengths of the current study (and what it contributes to the literature that the other reviews did not include).
This means something like, “Our review differs from previous reviews in that we have included herbal interventions as well as acupuncture and moxibustion. We also include a risk of bias assessment…." etc

This review shows wide spectrum of traditional treatment methods which does not limit to one method of CAM, but acupuncture and herbal medicine combined, thus give greater idea of what to expect in treating PMS/PMDD with traditional medicine. Also, by examining the best treatment methods for specific symptoms by reviewing the improved rate categorized by symptoms, it may be a used as a guideline in treatment method selection for different occurring symptoms personalized to each PMS/PMDD patients.

v) references are needed for the case studies referred to in the sentence:
“All acupuncture interventions, the outcome results showed improvements better than the control groups thus our findings were consistent with case studies examining herbal interventions and acupuncture.”

Done.

On all acupuncture interventions, the outcome showed improvements better than the control groups thus our findings were consistent with case studies examining herbal interventions and acupuncture [28-9]
We have made as much corrections as possible as the reviewers and editor has suggested, however, there may have been some parts we have missed. Should there be further corrections needed, let us know! We will gladly make those changes for smooth process and as for this is our first time, we are very excited!

Thank you once again.

Sincerely,

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