Author's response to reviews

Title: A gap between acceptance and knowledge of herbal remedies by physicians: The need for educational intervention

Authors:

Yuri N Clement (yuriclem@yahoo.com)
Arlene F Williams (arlene_williams@excite.com)
Kristi Khan (mystikmyth@hotmail.com)
Trisha Bernard (yoshie326@hotmail.com)
Savrina Bhola (savinabhola@hotmail.com)
Maurice Fortune (mfortune333@hotmail.com)
Oneil Medupe (pmedupe@hotmail.com)
Kerry Nagee (kerrynagee@yahoo.com)
Compton E Seaforth (c4rag@tstt.net.tt)

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Responses to Reviewers Comments

Reviewer: M Frenkel

Response to general comments:
1. In the second paragraph in the Discussion Section the historical aspects of Trinidad are highlighted to elaborate on the origin of the present-day society and the significant cultural/traditional impact of the use of medicinal herbs from transplanted African and Asian Indian peoples. This could partly explain the relatively high acceptance; however, the lack of transmission of traditional knowledge over the generations could account for the poor knowledge.
2. In the last paragraph of the Background Section the studies by Mikhail and Silverstein & Speigel that reported knowledge and attitudes of physicians are cited.
3. The postulation of that rejection is strongly correlated to poor knowledge of herbal medicine was removed from the end of the Background Section. This is now included in the Methods Section (Statistical Analysis) to determine the sample size, using the 82% of physicians who rejected this modality by Hyoto et al (2003).
4. Although it would have been interesting to compare our results with the general population in Trinidad, there are no such reports. This could be a very interesting area for investigation in the future.
5. The Introduction and Discussion Sections were revised.

Reviewer: Kathi Kemper

General:
1. Tables 1 and 2 changed to Appendices 1 and 2; Tables 3 and 4 changed to Tables 1 and 2.

Response to Major Compulsory Revisions
1. The sampling frame, quota sampling, is further described in the second paragraph of Setting and sample in the Methods Section.
2. Our hypothesis was that most physicians would reject herbal medicine and used a rejection rate of 82% (Hyoto et al, 2003) to calculate the sample size in the Statistical Analysis section of the Methods Section.
3. As quota sampling was used we expected 100% response rate.
4. The major limitations of the study, such as the inclusion of only public health sector physicians and the use of open-ended questions to assess knowledge are include in the penultimate paragraph of the Discussion Section.
5. The rationale for the weighting system for estimating acceptance (or positive attitude) is given in the second paragraph of the Interview instrument Section (in Methods).
Response to Minor Essential Revisions

1. The p values are given at the bottom of Table 1.