Author's response to reviews

Title: Perceived efficacy of herbal remedies by users accessing primary healthcare in Trinidad

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Responses to Reviewers Comments

Reviewer: DM Shumay

Major compulsory comments for revisions:

1. The abstract and body of manuscript have been amended to reflect the comment on the global increasing use of herbs and the 'entrenched' cultural use of herbs in Trinidad.
2. The demographic and socioeconomic characteristics of the users of public health care facilities in Trinidad are more fully explained in the Discussion section. Previous studies that also described the characteristic of this sub-population are cited and we acknowledge that our sample does not represent the wider population in Trinidad. Consequently, we cannot extrapolate our findings to the wider population.
3. Multiple regression was used in place of Chi-square for data analysis. Perceived efficacy and comparative efficacy with conventional medicine were used as dependent variables and the demographics, such as age and gender, were used as predictor (independent) variables in regression models. Likewise nondisclosure of herbal use and compliance with conventional medicine were used as dependent variables in the regression models. Disease states were also used as predictor variables in the regression model.
4. Regarding nondisclosure of herbal use, although our regression modeling did not indicate any influence of demographic factors on disclosure recent studies are cited which indicate that other factors may influence doctor-patient communications and affect disclosure. Although our study did not investigate how these factors may influence patients' disclosure we suggest that they may be having some effect and may the subject of further study.

Discretionary comments for revisions:

1. The interview instrument asked about previous and/or current use of herbs. Although we may be able to give an average number of herbs used per respondent this would not reflect the true number of herbs being used concomitantly. Likewise, the instrument does not allow use to determine which herb combinations were most frequently used. We did, however, indicate in the Results section the most commonly used herb-drug combinations.
2. The reviewer's comment and suggestion of increasing conventional use in this particular patient subpopulation and the possibility of their using traditionally herbal medicines all along is accepted and taken up in the Discussion section.
3. There is not much documentation of the history of accessible healthcare and utilization rate among this sector of the population in Trinidad. However, earlier reports indicate that these facilities are traditionally accessed by the 'disadvantaged' and have multiple problems, including unavailability of conventional medicines.