Reviewer's report

Title: A qualitative study of the health-seeking behaviours of people of South Asian origin in the UK with a diagnosis of epilepsy: biomedicine, complementary and alternative medicine and ethnomedicine

Version: 1 Date: 21 October 2007

Reviewer: Magdalena Szafarski

Reviewer's report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

REVIEWER'S GENERAL COMMENTS:

The paper describes attitudes and behaviors associated with CAM and ethnomedicine use among South Asians with epilepsy living in the north of England. The question is interesting, as there is an emerging literature about the role of CAM and traditional beliefs affecting therapy in people with epilepsy. Important implications for biomedicine include treatment interactions, adherence, and the need for culturally sensitive health care delivery. This study, despite its limited scope, could potentially inform epilepsy providers and improve health care delivery. However, the paper needs to be strengthened in several areas in order to be effective. The main weaknesses of the paper include 1) limited application, 2) lack of clarity in the main purpose of the study (background section), and 3) incomplete description of and rationale for the methods. Also, 4) the abstract could be improved to better communicate the study’s purpose and message.

REVIEWER'S SPECIFIC COMMENTS:

Major Compulsory Revisions:

1) Limited application

This study focuses on a specific ethnic and disease population within one geographic area. It is not clear how the findings apply to other populations and other locations. While health care providers in the north of England could be
interested in the study, there is limited justification for presenting the study to a broader (international) audience. The study lacks a stronger link to the existing literature on the use of CAM and ethnomedicine in other countries/populations (e.g., research on Native American Indians in the United States – Debruyn 1990). Implications of the findings for other populations and locations should be further explored in the discussion. It is important to demonstrate a broader application of the findings.

2) Purpose of the study

The purpose of the study is not well explained. It is not clear if the primary focus is on the disease (epilepsy), the South Asian population, or ethnomedicine. There is little in the background about epilepsy except to say that “it might be considered a prime candidate for the use of CAMs” (p. 3). At the same time, much space is devoted to defining or describing “CAMs”, ethnomedicine, and the South Asian community and its practices. The role of epilepsy appears peripheral. It would help to clarify whether the purpose is to inform about the role of ethnomedicine in the treatment of epilepsy or whether epilepsy is used to illustrate a group-level phenomenon (health care practices of an ethnic population). The background section could be tightened up to better present the argument for the study. The section is currently on a longer side, presenting ideas coming from different angles; it could use more focus.

On a substantive note, the statement indicated above about epilepsy being a prime candidate for the use of CAMs is confusing: what is the purpose of CAM in epilepsy if it ‘can usually be controlled with AEDs’? Perhaps attention should be drawn to the issue of medication-resistant epilepsy and seeking alternative treatments for that particular type of epilepsy.

In the same paragraph (p. 3), please give examples of CAM that people with epilepsy use, based on the literature. Also, the use of CAM for general health purposes by people with epilepsy does not make them any different from people without epilepsy. Why would it then be important? Shouldn’t the focus be on the use of CAM specifically for epilepsy?

3) Incomplete description of or rationale for the methods

The study uses appropriate methodology, but more clarification is needed. a) What was the purpose and rationale for interviewing the carers? b) Please provide some background on the interviewers (e.g., whether of matched ethnicity with patients and level of training/experience). c) Furthermore, how was the data analysis conducted – as a group? If as a group, please describe the group/qualitative process. d) Also, please discuss any potential biases due to the respondent being interviewed at home, possibly in the presence of others, and the issue of conducting interviews in different languages.

4) Abstract

The abstract lacks clarity and is somewhat misleading. The statement in the conclusions about “ignorance of the services on offer and a failure to market
CAMs” is surprising and reflects a value judgment. It is not clear at all why these services would be needed. Nowhere in the paper is there evidence presented to the efficacy or usefulness of CAM in epilepsy. Also, the writing in the abstract could be improved (e.g., in the abstract’s conclusions, the referent is not clear: “Those who made the decision to and the recipients of the treatment were not necessarily the same people and their motivations, perceptions of safety and efficacy were often very different.”).

Minor Essential Revisions:

1) P. 2, end of the middle paragraph, where CAM is defined. Please provide examples of CAM.

2) P. 3, bottom, Tandon et al. reference. It should be noted that others have presented similar ideas, e.g., John Astin (1998, 2000), Regis Blais; see Kelner et al. (2000).

3) P. 5, end of first paragraph. A very important issue is raised: beliefs about supernatural causes of a disease. This issue should be discussed further in the context of epilepsy.

4) P. 5, bottom paragraph: “reference to be supplied”

5) On the results, it would be helpful to see the distribution of age, gender, and occupation in the whole sample (Table 1). This information is currently provided only for the subjects cited in the paper (Table 3).

Discretionary Revisions:

1) The title could be more informative. It is not clear what the specific focus of the study was. The focus does not appear to be on qualitative methodology per se, so the reference to the specific type of study could be dropped. Suggestion for a new title: “The use of biomedicine, complementary and ethnomedicine among South Asians with epilepsy in the north of England.”

2) “Ethnomedicine” is used in the title but not in the abstract. “Traditional healing” is used in the abstract. Clarification/consistency in the wording would be helpful.

3) The abbreviation “CAMs” is introduced in the abstract without any explanation. First, it is better to avoid abbreviations in an abstract. Second, “CAMs” is not a universal term. In the United States, “CAM” (singular) or CAM therapies/modalities (plural) are the preferred language. For a broader (international) audience, a clarification on this point could be helpful early in the paper.

4) Abstract’s conclusions could be shortened.

6) Background is on a longer side. Parts of background could be moved to the discussion.

7) P. 9, second paragraph, sentence “Given recruitment of the sample through
medical records…” could be moved to the discussion as a limitation.

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.