Reviewer’s report

Title: The potential of complementary and alternative medicine in promoting well-being and critical health literacy: a prospective, observational study of shiatsu

Version: 1 Date: 20 April 2009

Reviewer: Soren Ventegodt

Reviewer’s report:

In general:

This is a very important and quite unique study, which definitely deserves to be published. It has a large number of participants 633 and it is prospective. It is well written and well researched.

There are minor issues that need attention. Shiatsu is a part of a larger body of CAM treatments often called mind-body medicine or “bodywork”.

Recently reviews in JAMA (1) and BMJ (2) have concluded that mind body medicine has no side effects, which is very important to mention. If there we found any side effects for the 633 this should be reported also, and if not, this is also very important to mention.

The most important side effects of CAM are according to our group (see also 3):

Psychotherapy

1. Re-traumatisation
2. Brief reactive psychosis
3. Flash backs
4. Depression and hypomania*
5. Depersonalisation and derealisation
6. Implanted memories and implanted philosophy
7. Iatrogenic disturbances
8. Negative effects of hospitalisation
9. Studies with no side effects, or side effects less than the side effects of drugs
10. Paradoxal findings: Psychotherapy diminished side effects
11. Suicide and suicide attempts.

Physical therapy and bodywork

1. Brief reactive psychosis
2. High-energy manipulations of the body in chiropractics can cause damage to the spine of vulnerable patients.
3. Damage to the body if the therapist is unaware of illnesses, fractures etc.
4. Suicide and suicide attempts

Psychotherapy and bodywork & holistic medicine (i.e. shiatsu)
1. Brief reactive psychosis
2. Implanted memories and implanted philosophy
3. Developmental crises*
4. Suicide and suicide attempts

This whole list can be used for the screening for all relevant side effects, also retrospectively, which would be of great value to the paper. Side effects should be counted and labeled "significant" or insignificant" if only small and temporarily. The estimated NNT and NNH numbers should be mentioned (Number of patients needed to treat for one to benefit = NNT, number of patients needed for one to be harmed = NNH).

The outcomes of physical therapy should according to Boe et al (4) be quality of life and/ or self-assessed physical and mental health as outcomes in CAM can be prioritised:

Hierarchy of Outcomes – most valuable to least valuable as documentation for cure

Excellent
1. Self-assessed global QOL
2. Survival
3. QALY (survival time x global QOL)

Good
4. Self-assessed sense of coherence
5. Self-assessed physical and mental health
6. Self-assessed ability of functioning (social, sexual, working/studying)
7. Self-reported cure from experienced severe, chronic physical or mental disease.

Fair
8. Objectively measured physical and mental health
9. Objectively measured ability of functioning (social, sexual, working/studying)

Poor
10. Objectively measured local aspects of health (i.e. coughing, motility etc.)
11. Health related QOL
12. Patient satisfaction

The outcomes of this study are not exactly these. It is probably too late to change this for this study but the relative value of the chosen outcomes should be mentioned in a paragraph “recommendations for further research”.

The interventions on the patients' body, mind, and spirit are not too clearly defined or described. Lifestyle can be changed but this is a mean, not a goal, as the patients want better QOL and better health. Shiatsu is presumably a holistic system also intervening on the spiritual level of the patient; this could be discussed a little more in the paper.

It is obviously important for the patient to gain self insight: “Getting to know myself better”. Much CAM is about giving support to self-exploration (often called “clinical medicine”, see definition in www.biomedexperts.com). I am sure that this is also a major aspect of Shiatsu treatment, and this should be mentioned.

Giving “Advice” is problematic as patients need to be independent thinkers and need to develop ability to solve their own problems, while “advise” comes from people knowing better. The expert attitude could give a disempowering of the patient. This should be discussed in the paper.

The process of Existential Healing is so well described by Aaron Antonovsky (5, 6), so this could be fine with a reference to his work, instead of the statement that science do not know or understand much. Science does, in my opinion, know a lot about healing, recovery and induction of spontaneous remission.

2. Are the methods appropriate and well described?
   yes
3. Are the data sound?
   yes
4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   Yes
5. Are the discussion and conclusions well balanced and adequately supported by the data?
   yes
6. Are limitations of the work clearly stated?
   No, see remarks above
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
   Could be better, see above
8. Do the title and abstract accurately convey what has been found?
   Yes
9. Is the writing acceptable?
   Yes, very fine

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

**Level of interest:** An article of importance in its field

**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