Reviewer's report

Title: Traditional Eye Medicine Use in an Ophthalmic Outpatient Population in South-eastern Nigeria: Socio-demographic and Clinical Correlates.

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Reviewer: Kazeem Oshikoya

Reviewer's report:

There have been a relatively few studies that looked into the use of complementary and alternative medicines for treating eye problems. Therefore, manuscripts addressing this issue are welcome contributions to the literature. This study examines the incidence of traditional eye medicines for ophthalmic outpatients who presented for the first time to a teaching hospital in Nigeria over a period of 2 years. This study however, has some limitations that need to be addressed before it is published. The authors have not conformed to the guidelines of the journal. I advise the authors should read some of the published articles by the journal if they found it very hard to understand the instructions to the authors. The manuscript would need an extensive language modification. I am willing to assist with the copyediting if the document, in word form, could be sent to me via my e-mail address (med_modhospital@yahoo.com).

Major Compulsory Revisions

Title:
Since the authors focused their study on ophthalmic patients that presented for the first time to the hospital, the title of the manuscript should therefore reflect this. Perhaps, “Traditional eye medicine used by newly presenting ophthalmic patients to a teaching hospital in South-eastern Nigeria” would be more appropriate.

Abstract:
1. The journal format for original research does not specify that the methods in the abstract should be divided into sub-headings (design and settings). Rather, this should be limited to the methods in the body of the manuscript. May I therefore suggest that ‘design’ and ‘setting’ be deleted from the abstract section?
2. Authors should provide a good summary of how the study was conducted as this would inspire readers to wanting to read the paper.
3. It is not necessary to provide, in the abstract, information about how the data was analysed and the statistical methods used. This part should be moved to the methods in the body of the manuscript.
4. Only the percentages were provided in the results, it is very important that both the values and percentages of the results be provided. The use of the words ‘professional’ and ‘non-professional’ healers are very confusing. To have used
these words for traditional healers would mean they were trained and certified by a recognised institution but this may not necessarily be true. Therefore, it would be more appropriate to address them as ‘Traditional medical practitioners’ and ‘non-traditional medical practitioners’.

5. More important results need to be included in the abstract.

6. It is not proper to express p value as p=0.000. This value does not exist in statistical analysis but generated by approximation from electronic devices. It would be more appropriate to express p value as p<0.001. P values should be expressed to the nearest 3 decimal places; therefore p value for educational status should be corrected as such.

7. It was concluded that the incidence of TEM was comparatively low. Which incidence was it compared with?

Background:

1. The authors need to include a brief description of healthcare system in Nigeria. A general background of cultural and religion influence on CAM use in Nigeria needs to be provided. I am well aware that the Federal Government of Nigeria has been funding researches to identify useful traditional herbal medicines in Nigeria with the hope of improving the traditional medical services. Such effort may encourage the use of CAM in Nigeria and the information need to be part of the background.

2. The 3rd sentence that reads “Traditional eye medicine (TEM) therapies, as a sub-group of CAM” appears to mean that TEM was specifically classified under CAM according to the references [1, 2] made in the 2nd sentence. This statement should therefore be re-phrased to read “Traditional eye medicines (TEMs) are a form of biologically-based therapies or practices that are instilled or applied to the eye or administered orally to achieve a desired ocular therapeutic effect”.

3. The objective (s) of the study needs to be clearly defined and presented in a new paragraph. This must be the same as it was stated in the abstract.

Methods:

1. This should be presented with subheadings as earlier presented in the abstract: setting, population studied, design of the study, ethical approval and data analyses.

2. I am not clear about why the authors chose to study only newly presenting patients. This is very likely to underestimate the incidence of CAM use for ophthalmic conditions. This underestimation was actually reflected in the wider variation in the incidence observed in this study when compared with previous studies from Nigeria and other African countries.

3. I am not convinced that the instrument used for data collection was a questionnaire only. Rather, a questionnaire was used to collect demographic information and TEM use pattern from the patients while a proforma was used to record their clinical details after evaluation. This should be addressed as such in
the design.

4. Looking at the instrument (supplementary file), Q5, under educational status (e) what is the meaning of minor?

5. Some chronic medical conditions may present for the first time with ocular complications. Such medical conditions include hypertension, diabetes, HIV/AIDS, and cancer. Previous studies have shown a high use of CAM among these groups of patients. These medical conditions may influence the patients to use TEM, if any of them had the medical condition(s). Therefore, a past medical history of the patients is very important. We need to know how many of the patients have associated medical problems.

6. How many of the patients are on prescribed medicines? The chemical components of the TEM may adversely interact with the prescribed medicines.

7. Q13 instillation should be part of the route of TEM administration. While a TEM, in the form a crème or gel could be applied topically, liquid TEM could be instilled.

8. Q14: the term professional healer needs to be changed. A Clergyman may refer to Christians providing traditional health care. However, some muslim clerics, called the “alfas”, are equally involved in traditional health care. This should be included in this section.

9. Adverse TEM reaction may be a reason for ceasing the use of TEM but information may not be provided about this unless it is specifically sought from the patients. Therefore adverse reaction should be included in the list in Q18.

10. Due to the potential for TEMs to interact with orthodox medicines, provision should be made on the questionnaire for reported suspected adverse reactions.

11. Data management may be referring to storing and retrieving of information that goes beyond this research. I therefore suggest that ‘data analyses’ should be used instead of data management. The sentences made thereafter are too complex to understand. Authors need to re-phrase them. A simple language such as ‘The data obtained were analysed with a statistical package for social science (SPSS) software, version12.0. Intra-group analyses were performed to yield proportions, frequencies and percentages. Inter-group comparisons were also performed to determine if there were significant differences in the gender, mean age, marital status, educational status, location of residence, time to presentation, location of ocular pathology and the best corrected visual acuity at presentation’.

12. Ethics should simply read ‘the ethical committee of the UNTH, Enugu approved the study’.

Results:

1. Since the authors have expressed the proportion of the male and female patients in percentages, there is no need expressing this as a sex ratio.

2. Mean age is better expressed as mean ± S.D rather than mean; S.D.

3. The values of the parameters expressed in the results should be provided as
well as their percentages. This should be implemented throughout the manuscript.
4. Rather than classifying the patients into Groups A and B, they should be reported as TEM users and TEM non-users.
5. P values expressed as p=0.000 should be corrected to p<0.001.
6. Extensive copyediting of the results should be done.

Discussion
1. The possibility of adverse reactions from the TEMs used should be discussed even if none was reported by the patients.
2. The people reported with ocular problems were predominantly the productive age groups. The financial and economic implications of the ocular problems to the country and the family of the patients need to be discussed.
3. It is possible that incidence of TEM use was underestimated; this problem along with other limitations of the study should be discussed.

Conclusions:
1. This part need not be presented as conclusions and recommendations; rather, it should remain as conclusions.
2. Authors should mention what they are comparing their findings with.
3. The conclusions appear to be too long. These need to be abridged.

Minor Essential Revisions
Several grammatical errors and unnecessary embellishment of the results were identified in the manuscript. These need to be revised as earlier pointed out.

Discretionary Revisions
1. It would be preferable to present the instrument of study as a questionnaire and a proforma.
2. Authors need to provide a convincing reason why only newly presenting patients with ocular problems were studied rather than both the old and new patients; otherwise the study would appear irrelevant since other studies from Nigeria had addressed the issue of TEM use in ophthalmic patients.

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

**Quality of written English:** Needs some language corrections before being published

**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.