Author’s response to reviews

Title: Use of traditional medicine for the treatment of diabetes mellitus in Eastern Uganda: a qualitative exploration of reasons for choice

Authors:

Elizeus Rutebemberwa (ellie@musph.ac.ug)
Muhamadi Lubega (dlmuhamadi@yahoo.co.uk)
Sheila K Katureebe (skatureebe@gmail.com)
Abanga Oundo (abangaoundo@yahoo.com)
Francis Kiweewa (princemat_2003@yahoo.co.uk)
David Mukanga (Dmukanga@afenet.net)

Version: 2 Date: 19 November 2011

Author’s response to reviews:

The Editor

BMC International Health and Human Rights.

Dear Editor,

Re: Use of traditional medicine for the treatment of diabetes mellitus in Eastern Uganda: a qualitative exploration of reasons for choice

Please find enclosed a manuscript entitled “Use of traditional medicine for the treatment of diabetes mellitus in Eastern Uganda: a qualitative exploration of reasons for choice”, co-authored by Dr. Elizeus Rutebemberwa, Dr Muhamadi Lubega, Ms Sheila Katureebe, Dr. Abanga Oundo, Dr. Francis Kiweewa and Mr. David Mukanga for consideration for publication in the BMC International Health and Human Rights.

This manuscript had been submitted on September 29, 2011 and when I submitted another manuscript on community perceptions to BMC Public Health, it was deemed by the editors that there was much overlap between the two and that I should incorporate the two into one. We accepted the editors' decision.

We have therefore shelved the manuscript on community perceptions since its ideas are already expressed in this one. We have instead fine tuned this one to express the key objective as to why diabetic patients use traditional herbs. We have formatted this manuscript to the format for the BMC manuscripts.

Our argument is that if the diabetic patients are to use modern drugs instead of traditional medicine, patients should be supported through community sensitizations and the health facilities need to have drugs in constant supply. In this paper we highlight why diabetic patients use traditional medicine and at the
same time propose actions to be taken at community, health facility and policy levels.

We have no competing interests.