Author's response to reviews

Title: Excessive Use of dangerous forms of Alternative medicine by the Saudi patients with neurological disorders: skin cauterization and bloodletting

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Author's response to reviews: see over
EDITORIAL OFFICE COMMENTS:

Competing interests of the authors are now inserted into the manuscript. Additionally, we responded to all of the reviewers’ comments and critique, including a change in the title. We also responded to section editor’s comments. The changes made in the manuscript are highlighted in yellow (see enclosed).

SECTION EDITOR’S COMMENTS:

We thank section editor for his keen comments and remarks. Enclosed is our response to his critique:

1. The questionnaire which has been translated to English seem to contain mistakes and is not easy to follow. The concept of traditional medicine, seem to refer to conventional medicine in the questionnaire, while the article itself refers to traditional medicine as ancient medicine. This confusion needs clarification. Moreover, it is not clear to me if Hojama/Bloodletting (one option in the questionnaire) is identical to Cupping? How can the authors discriminate between these practices? Please clarify in the text.

The questionnaire was written and submitted to patients in Arabic language. It was only translated to English as per the request of the journal editorial office. In the translated copy, traditional medicine was erroneously meant to indicate conventional medicine. Sorry for the lapse. Additionally, only Hojama is meant to be identical to Cupping. In the Arabic version questionnaire that was submitted to the patients, Hojama and bloodletting were two separate and different traditional medicine practices. Sorry again for the mistake that occurred through translation.

2. In addition, there is a growing evidence base that cupping may be effective, which is solely referred to as a dangerous and ineffective method in the discussion and introduction. The authors should update their discussion in line with latest research evidence when discussion individual modalities. In addition, the statement that: "Hence, extra measures must be implemented to educate the public on the disadvantage, inefficacy, danger, and unreasonable cost (16) associated with the use of TMS² Is a good example of an outdated view, not compatible with the view of the World Health Organisation (WHO). The authors should refer to this strategy when advising health care reform in Saudia Arabia: http://www.who.int/medicines/publications/traditional/trm_strategy14_23/en/ It is available in the Arabic language.

Changes were made in the introduction and discussion section that indicates the potential harm of cupping and herbs when wrongly utilized. The potential efficacy
of cupping, as stated by the section editor, is acknowledged. While these modalities can be effective, the harm stems from the inappropriate and unmonitored practice by the patient population. These facts are now clearly embedded in the introduction and discussion section. Additionally, we added to the discussion section a statement that advises the public health authority to develop policies that regulate and monitor the various TM practices. This is in compliance with the recent WHO recommendations on TM that was alluded to by the section editor.

3. Finally, sweeping statements in the article about safety, efficacy, etc, should be accompanied with proper referencing in the text.

Changes in the text, related to safety and efficacy, are made to reflect only evidence based information. A new reference concerning safety was added.

REVIEWERS COMMENTS:

Referee 1

We thank the reviewer for his feedback and perceptive comments. Enclosed is our response to his critique:

1. Published data from Saudi Arabia showed that Spiritual healings, (religion), herbs, wet cupping and Cauterization are the leading Traditional practices in Saudi Arabia in all cases which includes Neurological and other causes. Authors should highlight if (cauterization and cupping are more in their sample of neurological patients.

Yes, both cauterization and cupping were highly prevalent in our sample of neurological patients. Cupping was the most prevalent (45.4%), followed by herbs and skin cauterization (42.3 and 33.7% respectively). The prevalence rate of this practice is inserted in both the results section and table 2.

2. The word “alternative in the title “I suggest to be replaced by “traditional medicine” because practices mentioned in the study are all indigenous to the community and practiced since long time and may be practiced in addition to conventional medicine.

As suggested by the reviewer, the term “alternative in the title” was replaced by traditional”.

Referee 2
We thank the reviewer for his advice and comments. Enclosed is our response to his critique:

1. The title is too long and it could be rephrased to be short as: Skin cauterization and bloodletting practice among Saudi neuropatients

The title was changed to “Pattern of Traditional Medicine Use by Adult Saudi Patients with Neurological Disorders”. The above change was made to also satisfy the suggestions of two other referees.

2. The questionnaire could be added as a figure to the text instead of being as attached file

Per the editorial office instructions, the questionnaire was added as an attached file

3. Figure one should be reduced from 3 photos to one

Figure 1 was reduced to one photo as recommended by the referee

4. Figure 2 should also be reduced from 5 photos to be 3 or 2

Figure 2 was reduced from 5 photos to 3 photos as advised by the referee

5. The conclusion of abstract should be added as well at the end of the text after Discussion

A conclusion was added to the discussion section, as suggested by the referee.

Referee 3

We thank the reviewer for her insightful feedback and comments. Enclosed is our response to her critique:

Minor Essential Revisions:

1. The data was collected, between February 27, 2013 and April 1, 2013, through an interview-administered questionnaire while the patients in the waiting area of the neurology clinic’. What is ‘whiles’?

The out-patient neurology clinic at King Khalid Specialty Hospital is usually congested and overloaded with patients. Hence, patients have to wait in the waiting area for a long time in order to be seen. Patients in the waiting area were approached for the interview-administered questionnaire.
2. ‘Most of the sample (73.6%) resided in Riyadh, the capital of KSA’. Change to ‘the respondents’. Apply throughout.

The term “the respondents” was applied, wherever appropriate, throughout the text.

3. The authors should stick to use of one terminology for alternative medicine i.e. complementary and alternative medicine (CAM). Please apply throughout.

“Alternative medicine” was replaced by “traditional medicine” and applied throughout the text. The change was also made to satisfy another reviewer who believes the practices mentioned in the study are all indigenous to the community and practiced since long time and may be practiced in addition to conventional medicine.

Major Compulsory Revisions:
1. The title does not convey the results obtained in the final work. Little was said about the practices of cupping/bloodletting and skin cauterization in this manuscript. Hence the title should be re-written to reflect the actual work done with regards to the forms of CAM e.g. “Pattern of CAM use by adult Saudi patients with neurological disorders”.

As advised by two reviewers, the title was changed to: “Pattern of Traditional Medicine Use by Adult Saudi Patients with Neurological Disorders”.

2. Concerning the statement in the questionnaire to identify health practices, CAM and traditional medicine are both written as options while orthodox or conventional medicine is omitted. I am of the opinion that traditional medicine is a form of CAM and therefore that question loses its relevance.

The questionnaire was written and submitted to patients in Arabic language. It was only translated to English as per the request of the journal editorial office. In the translated copy, traditional medicine was meant to indicate conventional medicine. Sorry for the lapse

3. The age ranges are too broad and therefore any significant findings as related to a specific age group may be lost. This in turn would reduce the rigor of the study.

I entirely agree with the reviewer that the age range is too broad. However, this is the nature of the neurological disorders. Some patients develop the neurological disease, such as stroke, at an advanced age. While others, due to genetic and hereditary factors, are either born with the neurological disease or develop it at a young age.
4. From the questionnaire: “In your point of view do you think that alternative medicine can cure diseases, traditional medicine is unable for treatment.” – This statement is ambiguous and the tense used is wrong (see underlined portion).

As in our response to comment 2, the questionnaire was written and submitted to patients in Arabic language. It was only translated to English as per the request of the journal editorial office. In the translated copy, traditional medicine was meant to indicate conventional medicine.

5. ‘The utilization of alternative medicine (AM) is highly prevalent world-wide’. 

There are 4 references for this statement. However, The reference is added to the phrase/wording that immediately follows the statement: “Cross-sectional studies conducted in Turkey, United States of America, Malaysia, and Australia showed prevalence in the use of CAM of 61%, 82%, 61%, and 51% respectively (1, 2, 3, 4).

6. ‘In a study conducted at the out-patient pediatric clinic of a major university hospital in Saudi Arabia, Jan et al. showed that children with neurological disorder is a risk factor for the use of AM (8). However, no date exist on the frequency of AM utilization in the adult Saudi patients with neurological disorders’. – wrong tenses; ?? no date exist

Date is actually meant to be data. Sorry for the print error. The correction is now shown in the revised manuscript.

7. ‘In relation to the perception assessment, 64% of the patients think that AM Can cure diseases that modern medicine is unable to and 87% of respondents Believe AM is not associated with any complications’.

This grossly indicates that the majority of respondents believe TM is superior to modern medicine and is generally not associated with any complication. This is a serious misconception that must be addressed by the public health authority. At any rate, I admitted in the discussion section that the measures used to assess the perception towards TM are insufficient because they do not capture all the constructs of this variable. This is a major limitation for our study.

8. ‘In our study, the neurology patients were recruited from only one center in Riyadh which is a metropolitan city and the capital of the country. Hence, they might not represent the adult neurology patient of Saudi Arabia such as those residing in rural areas. However, 25% of the patients enrolled in the study come
from outside of Riyadh so it is highly possible that the sample actually represents the adult Saudi patients with neurological disorder’. This statement is highly contradictory. The authors should explain what they mean by this.

In our study patients were recruited from King Khalid Specialty Hospital in Riyadh, the capital of the country and a large metropolitan city. A critic might remark that the sample does not represent all the adult neurology patients of Saudi Arabia. However, a significant proportion of the respondents (25%) come from rural areas across the country. This is highly indicative the sample accurately represents this patient population.

9. No definite conclusion was arrived at on completion of this study. Can the authors give a conclusion?

As per the reviewer’s suggestion, a conclusion was added to the discussion section