

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10696

Title: Factorial study of moxibustion in the treatment of diarrhea-predominant irritable bowel syndrome

Reviewer code: 00068989

Science editor: Ya-Juan Ma

Date sent for review: 2014-04-15 19:28

Date reviewed: 2014-04-20 23:56

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This study examined a traditional chinese medication for IBS-D. The reason for selection of only IBS-D patients is not clear. The authors did not compare their results to placebo group. It is known that placebo effect plays a major role in the treatment of functional disorders, and therefore , although the results of the study are interesting, this is a major drawback. I'm not sure whether the method described is relevant outside China There are topographical mistakes and the paper should have a second look by a native english speaking person In the methods, the sample size calculation is too complicated and should be shortened

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10696

Title: Factorial study of moxibustion in the treatment of diarrhea-predominant irritable bowel syndrome

Reviewer code: 01432186

Science editor: Ya-Juan Ma

Date sent for review: 2014-04-15 19:28

Date reviewed: 2014-05-03 15:58

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This study has been well designed. Just, there is a question: Why did you include only patients with diarrhea predominant IBS? Some spelling errors are seen in manuscript such as: - In Introduction: committed → committed - RESURTS → RESULTS

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10696

Title: Factorial study of moxibustion in the treatment of diarrhea-predominant irritable bowel syndrome

Reviewer code: 00002649

Science editor: Ya-Juan Ma

Date sent for review: 2014-04-15 19:28

Date reviewed: 2014-05-07 04:15

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Zhao J-M et al. Factorial study of moxibustion in the treatment of D-IBS.

This MS aims to show if moxibustion cones (at different frequency of sessions and number of cones) affects IBS symptoms, symptoms of anxiety or depression, and/or quality of life. Previously validated questionnaires were used and the authors studied 4 groups of D-IBS patients, randomized to different frequencies and doses. Results suggested that all 4 groups had better IBS scores, QOL, depression, and anxiety scores. It appears that inconsistent patterns were observed using between-group comparisons, for example after the second course of treatment with fewer courses per week resulting in better anxiety and depression scores, while after the second course of treatment, better results with 6 treatments per week for IBS symptoms scores. Overall, there was no dose-response relationship, but all treatment seemed to have a strong beneficial effect.

COMMENTS

MAJOR:

The treatment is not known to Western gastroenterologists. I had to look up aconite cakes and moxibustion and learned many things that were not described in the abstract or introduction, e.g. it comes from the mugwort leaf, is lit like a candle, is related to cupping, is highly controversial, and has been studied in osteoarthritis, stroke patients and those with ulcerative colitis.

It is hard to believe that out of 162 patients with multiple sessions, only 2 adverse events were observed. Symptom questionnaires after each session would have relieved these concerns of mine. The treatment can produce scars, for example. In most IBS studies, a high percentage (e.g. 10%) develop nausea, diarrhea, etc. after a new treatment. This type of symptom was not reported.

A burning cone with fragrant odor, applied to the skin, would be expected to produce a very strong placebo effect. This is a possible explanation for why all doses were very effective, but equally so. Concerns written in reviews of other moxibustion and acupuncture studies apply to this one as well. Are the acupuncture sites critical? Is heat transfer critical? I believe it is essential to perform a second series of studies with one treatment group and another placebo group. One approach might be to design cones that do not transfer heat to the pressure points.

Note: studies of sham acupuncture for IBS have shown that sham acupuncture is as effective as acupuncture in relieving symptoms.

When only one cone was applied, which of the 3 sites was chosen?

What was the durability of response—ie duration of symptom reduction before symptoms went back to normal?

MINOR:

What was the rationale that cake-separated moxibustion would improve depression or anxiety?

The grammar is good throughout, but what are “mental workers”?

I looked up references 20-21 and am not convinced that clinical trials have confirmed the efficacy of moxibustion in IBS patients.

Can the authors clarify the generic name for Smecta and Dicitel?

Methods: “frequency and number of cones.” (Needs the “s”).

The pages are not numbered.

Under Methods, the sentences above the description of the 4 groups beginning with “The two levels of number of cones [which is missing an “s”] that were tested were one cone per treatment...” and ending with 41 patients in aconite cake-separated...” could be deleted (redundant).

What is aconite?

“Screened” probably means “sieved.”

Each course lasted 2 weeks, but what was the interval in-between?

What is meant by “defecation feelings”-? Pain relieved by defecation?

Results are very strong compared with other reports of treatments for IBS, e.g. a decrease of 21 in IBS QOL, again highlighting the importance of studying a placebo group.

Intro is a bit too long, yet is missing critical information about the technique.

Sample size equation is not one that is often used, in the reviewer’s experience. What was the primary outcome of interest? Description of sample size estimation could be briefer, too. Most sample size estimations use mean values and standard deviations, along with desired reduction in a particular score.

RESULTS is misspelled.

The MS is much longer than it needs to be. Multiple comparisons always lead to small differences that may or may not be of importance.

I don’t see the need for Table 4.

I also don’t understand the difference between “the degree of symptom improvement” and “SAS

score improvement.”

How long did it take the mild burns to heal?

DISCUSSION: Other treatments for IBS do indeed require cooperation between doctors and patients.

Discussion: no proof that thermal effects are required in this study.

Discussion: Can delete “thus creating are ciprocal causation of the physical and psychological symptoms of IBS.”

Discussion is too long.

Since the group studied had D-IBS, what was the effect on diarrhea?

A CONSORT diagram was not included. This would show the number of dropouts, etc.

Much of the paper deals with describing scales that are already validated.