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# LETTERS TO THE EDITORS

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The literature search for Bloom et al.'s review (Bloom BS, Retbi A, Dahan S, Jonsson E. Evaluation of randomized controlled trials on complementary and alternative medicine. *IJTAHC*, 2000;16:13-21) adopted an inadequate search strategy (an appropriate search of the Cochrane library finds nearly four times as many trials), excluded foreign languages, in which many CAM trials are published, and examined only blinded studies, when many CAM techniques (chiropractic, yoga) and associated outcomes (back pain, anxiety) are difficult to blind. The authors then complain about a lack of data. Is there such a term as "Procrustean" review?

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Dr. Bloom's reply:

Dr. Vickers is correct in that we did not find every trial done of CAM. But to repeat the methods from the publication, we found from the first iteration all searches we did of peer-reviewed journals over 5,000 studies we thought might fit our inclusion criteria. We reviewed all and discarded about 3,700 because they did not meet our criteria. We then reviewed these 1,300 remaining studies a second time and found only 258 that actually met all our criteria for inclusion. The same two people did all the reviewing. Overwhelmingly, the reason for exclusion was that the study was not a randomized trial by any definition and/or had no blinding whatsoever of patient, provider or evaluator.

We clearly noted an important deficiency of our study was not evaluating non-English language trials. We recognize there is a rich literature in Russian, Hindi, Chinese, French, Italian and German, at the least, that we did not touch. However, what is the likelihood the results would have changed importantly if review of non-English language trials was done? First, our study budget was too small to translate and evaluate additional thousands of trials in languages other than English. Where others have done such reviews of trials published in multiple languages usually for single diagnoses, the distribution of quality appears little different from ours. Thus, we concluded the probability was very low of the results changing by increasing the pool of evaluated studies.

To Dr. Vickers' final point, we found 45 blinded RCTs of chiropractic for back and/or neck pain (Table 1, page 17 of the published article), 26 blinded RCTs of acupuncture for diverse diagnoses such as pain, nausea/vomiting and smoking cessation, and 2 blinded RCTs of yoga.

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