

# A Commentary on “Clinical Efficacy of Tuina Therapy for Acute Lumbar Sprain: A Bayesian Network Meta-Analysis Based on Randomized Controlled Trials” [Letter]

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## Dear editor

We have read with great interest the article by Jing Chen et al entitled “Clinical Efficacy of Tuina Therapy for Acute Lumbar Sprain: A Bayesian Network Meta-Analysis Based on Randomized Controlled Trials”.<sup>1</sup> This study provides a comprehensive analysis of the efficacy and safety of Tuina therapy for acute lumbar sprain, offering valuable theoretical support for clinical practice. We appreciate the authors' efforts and would like to offer some constructive suggestions.

Firstly, the authors pointed out that this study adopted strict inclusion and exclusion criteria, but in the flow chart describing and screening process in study selection, the total number of excluded literatures and included literatures did not match the 1792 relevant literature sources obtained by the initial search. And the sum of the “Records Excluded” and “Records Screened” in the flow chart equals the number of “Duplicates Removed” ( $192 + 621 = 813$ ), according to conventional flow charts, the “Records Excluded” should be positioned to the right of “Duplicates Removed”. It is hoped that the authors can in the future explain the reasons for the excluded studies that are not explicitly stated, and check the total number of included studies and excluded studies, so as to reflect the reliability of the meta-analysis of this study in terms of study selection.

Finally, the varying Tuina techniques used in the treatment of acute lumbar sprain may influence therapeutic outcomes. Among the 11 studies included, different Tuina methods were used, such as three-step Tuina therapy, four-step Tuina therapy, and other innovative approaches developed by researchers.<sup>2,3</sup> In addition, the different duration of treatment and the different acupoints used in the treatment of each study may have contributed to the heterogeneity of the study,<sup>4</sup> but these were not explored as confounding factors. We suggest that future research could classify different Tuina methods or further conduct subgroup analysis and multiple regression analysis to explore the efficacy of different Tuina methods for acute lumbar sprain.

In conclusion, we endorse and deeply appreciate the contribution of Jing Chen et al in studying the efficacy of Tuina therapy with acute lumbar sprains, and look forward to the authors' better results in this line of research in the future.

## Disclosure

The authors declare no conflicts of interest in this communication.

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