

A Commentary on “Cervical Rotation-Traction Manipulation for Cervical Radiculopathy: A Systematic Review and Meta-Analysis of Randomized Control Trials” [Letter]

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Dear editor

We have recently read with great interest the systematic review and meta-analysis titled “Cervical Rotation-Traction Manipulation for Cervical Radiculopathy: A Systematic Review and Meta-Analysis of Randomized Control Trials” by Feng et al.¹ The study aims to evaluate the effectiveness and safety of cervical rotation-traction manipulation (CRTM) in the treatment of cervical radiculopathy (CR). While the review makes a valuable contribution to the field of traditional Chinese manual therapies, I would like to highlight several areas that warrant further attention.

Firstly, one interesting trend observed in the included studies is the shift from single CRTM interventions, primarily published over 10 years ago, to studies combining CRTM with other therapeutic measures such as Jingtong granule (JT granule) in recent 5 years. This change may reflect a growing recognition that CRTM alone may not be sufficient for achieving optimal efficacy in treating CR.² Alternatively, it could suggest that CRTM is no longer as widely utilized as a standalone therapy, with newer treatment modalities like electroacupuncture therapy (ET) emerging as more effective or complementary approaches.³ This shift raises important questions regarding the long-term viability and perceived efficacy of CRTM in contemporary clinical practice.

Secondly, the article described the variation in CRTM intervention frequencies across the studies—seven studies administered CRTM every other day, one study once a day, and one study every three days. However, in the subgroup analysis of Visual Analogue Scale scores, there was no breakdown of results based on these differing intervention frequencies. A more detailed subgroup analysis could have provided valuable insights into how the frequency of CRTM affects its efficacy and could help to better understand the factors contributing to heterogeneity.

Thirdly, the majority of the studies included in the review were conducted in China, which limits the generalizability of the results to other cultural or healthcare settings. Additionally, the methodological quality of the included studies is a major concern. Given the low to very low quality of evidence assessed using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) system, it is crucial to stress that the current body of research may not provide robust support for clinical recommendations.⁴

Finally, we would like to point out a minor mistake in the article title. The term “Randomized Control Trials” should be corrected to “Randomized Controlled Trials”, as the latter is the standard and widely accepted expression in academic literature.

In conclusion, while this systematic review provides valuable insights into the potential benefits of CRTM for CR, there are notable gaps in the quality and consistency of the included studies. It is clear that more high-quality research is needed to establish CRTM as a reliable treatment option for CR. We look forward to seeing continued advancements in this area and hope that future research will address the concerns raised in this letter.

Disclosure

The authors declare no conflicts of interest in this communication.

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