



SDI Review Form 1.6

Journal Name:	British Journal of Pharmaceutical Research
Manuscript Number:	Ms_BJPR_21826
Title of the Manuscript:	Tendency of Self-Medication among Various Malaysian Ethnicities
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

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PART 1: Review Comments

	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Compulsory REVISION comments	<p>Line 19 – 22: Usually, the individuals purchase medicines over the counter (without prescription). Self-medication has been observed in all kinds of societies regardless of region, religion, ethnicity and socioeconomic status. Self-care is defined as an ability of individuals to take care effectively [3].</p> <p>Line 43: ... medication [13]. The main objective of this study is to...</p> <p>Line 49: Materials and methods.</p> <p>Line 119: Answering the question, "what is frequency of using the self-medication", 67.13% answered rarely (Figure 5).</p> <p>Line 137 – 139: The most common reason attributed to this behavior by males was lack of timing. General lack of motivation to get themselves checked by health care personals also contributed to the habit of self-medication.</p> <p>Line 142 – 144: Due to high poverty in African regions, females restore to the use of drugs without prescription as it saves them from paying physician/dentist consultation fees.</p> <p>Line 145 – 147: Middle aged individuals were also found to be more inclined to self-medication in comparison to teenagers. It is primarily attributed to lack of time on part of middle aged</p>	



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	<p>people.</p> <p>Line 148 – 154: People belonging to Indian race were mostly found to involve themselves in self-medication. It was followed by individuals belonging to Malay and Chinese races. It can be attributed to the fact that Indian populations have greater believes in alternative medicine. Herbal medicines are more commonly used self-medications among Malaysian populations. The use of herbal medicine among Chinese stems from the source that most of the Chinese population has been self-medicating themselves with herbal drugs for over generations on the recommendation of their ancestors.</p> <p>Line 160 – 164: The drug most commonly used for self medication by respondents was oral analgesics. It is used either alone or concomitantly with antibiotics. Health benefits of fluoride are well known for oral health [18-20]. Fluoride containing products (tooth pastes, mouthwashes, salts) are available over the counter and have a potential to attract public for self-medication. The combination of drugs is used with...</p> <p>Line 180 – 181: Conclusion: The issue of self-medication has not attracted much attention from the authorities concerned.</p> <p>Line 183: The reasons cited could range from lack of time to financial constraints or familial pressures.</p> <p>Line 187 – 188: Stringent rules must be put in place by authorities to reduce over the counter sale of drugs.</p>	
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<p>Minor REVISION comments</p>	<p>First and second sentences should be supported by a sound reference/bibliography. Especially about ethnicity, are there studies that support what is stated here, or studies about self-medication in Malaysia but without analysis of ethnicity? (As I see, reference [3] only refers to “self-care” but not to the over-the-counter purchase nor the ethnicity issue.)</p> <p>Before stating the objective, were there changes in regulations or special context in Malaysia to make the authors decide that it is important to assess the prevalence of self-medication in Malaysia? The same remark applies to SEGi Oral Health Centre, Malaysia: it should be mentioned in the introduction if there was a special context in that hospital that led the investigators to conduct their study there?</p> <p>In that paragraph, were there any exclusion criteria? For instance, as the patients were randomly selected, what if non-Malaysians were also included? Or there should be a clear operational definition of “ethnicity” (as I understand from the results, Malay but also Indians, Chinese etc. were included: could you specify what “Malaysian ethnicities” means in this study?)</p> <p>There should be a definition of “rarely” in the paragraph or under Figure 5. For instance, does it mean less than once a month?</p> <p>A literature reference supporting this point of discussion, or at least driving the author to think about that very explanation should be marked here.</p> <p>It is better to add a sentence highlighting Malaysia economic situation to underline the contrast found compared to African countries. Eg: Malaysia is a highly open upper-middle income economy [+ reference].</p>	
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	<p>Again, a literature reference supporting this point of discussion, or at least driving the author to think about that very explanation should be marked here. No idea should be expressed without sound evidence.</p> <p>Again, literature references supporting these points of discussion, or at least driving the author to think about those possible explanations should be marked here. Particularly about ethnicity discussion, where the reader waits for a strong discussion, as it constitutes one of the core businesses of the article.</p> <p>Fluoride was not mentioned in the results. Moreover, the fluidity of the ideas from oral analgesics and antibiotics to fluoride may not be clear to all authors. The ideas should follow each other, be clearly outlined in the writing (such as a reference/documentation on their analgesic action, or the belief that they have analgesic properties, and thus are included in the oral analgesics from people's perspective). If not so, I think fluoride could be skipped to pass rightaway onto "The combination of drugs is used with..."</p> <p>Should be placed in the introduction, thus highlighting Malaysia's context and specific situation of self-medication despite the severity of the effects of self-medication.</p> <p>I might have missed it but I did not really read about familial pressure in the results and discussion. Time constraints and economic issues were discussed, but the link to "familial pressures" is not clear. You could outline which kind of familial pressure it is about (eg: economic? Male-female relationship?...).</p>	
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	<p>Which drugs particularly? (according to the study). Conclusion should go from the particularity of the study to generalities.</p>	
<p>Optional/General comments</p>	<p>I suggest (Figure 1) would not be mentioned in the abstract.</p> <p>References [11, 12] should be put at the end of the sentence “<i>They do it with a perception that it will save them from a visit to a dentist</i>”, if they (as I think) relate to the example and the explanation.</p> <p>What are the references of these statements? Also [11 - 12]? (If yes, it is better to put [11, 12] at the end of the paragraph instead of in its middle. If no, could you please clarify otherwise?)</p> <p>Considering the types of allopathic medications, oral analgesics remain the most popular drugs (60.56%).</p> <p>It is important to note that although the trend of self-medication is not very popular in Malaysia but still, it has been practiced by individuals occasionally.</p> <p>Please clarify the ethical issue: « Questions related to reasons leading to self-medication alongside their side effects if any were also asked from respondents. ».</p> <p>This remark is an implicit ethical issue, still some reader might come to ask for it. So were the patients informed about the bad effects of self-medication if they were practising it ? The research team’s role/duty of guidance and assistance should be outlined here.</p>	

Reviewer Details:

Name:	Vololonarivelo Elyan Edwige Barbara
Department, University & Country	Department of Public Health, University of Antananarivo, Madagascar