

Editor's Comments:

1. The authors should briefly explain in the introductory part, the therapies in use in Saudi Arabia. It is not acceptable to instruct the reader to review other sources regarding therapies (lines 44-46). The manuscript must be self-contained.
2. I agree with one of the reviewers that the authors should clarify how this study differs from those previously reported and what contribution they hope to show.
3. Study design: the authors indicate that this is a descriptive, cross-sectional study; however, they analyze associations between variables, so it is a **cross-sectional analytic design**.
4. Survey instrument: they do not indicate the origin of the survey. Was it elaborated by the authors? Is it a survey in use in Saudi Arabia or the world? If it was elaborated by the authors, was it previously piloted?
5. Tables 1 and 2 could be summarized in a single table by adding a column to those who answered "YES" (n = 159). That allows the reader to see differences easily and the manuscript looks more orderly.
6. Table 3 and 5 are unnecessary, a narrative description is enough. A single table with the information in Tables 1 and 3 (use of therapies for the cause of current consultation and use of therapies used for any reason) could also be used.
7. Table 4 can also be summarized in table 1 and 2 (comment 5), adding a column for the use of therapies used for any reason.
8. What does the acronym CAM mean? (line 219).
9. The contribution to the knowledge of this study is not clear.

Author's Feedback:

1. In a recent review of relevant literature, the most frequently used complementary and alternative medicine (CAM) therapies in decreasing frequency in Saudi Arabia were spiritual type such as prayer and reciting Quran alone or on water/oil (9-95.6%), different herbs (8-76%), dietary products/nutritional supplement (6-82%), and honeybee and its products (14-73%). Other less frequently used CAM therapies in Saudi Arabia were medical massage (up to 62%), zamzam water (up to 60%), cautery (up to 56%), acupuncture (up to 55%), camel milk and urine (up to 53%), cupping (Al-hijamah) (45%), movement therapy (up to 29%), relaxation (up to 26%), aromatherapy (25%), physical therapy (24%), chiropractic (4%), relaxation (3%) and homeopathy (0.1%) [10]. Notably, these CAM therapies were used for a variety of acute (49%) and chronic (53%) diseases associated with pain and concerning diverse body systems especially gastrointestinal, respiratory, cardiovascular, neurological, psychiatric and musculoskeletal.
2. ADDRESSED IN DISCUSSION- In an updated review of 36 studies, Alrowais and Alyousefi (2017) found that the majority of included studies were cross-sectional recently conducted in Riyadh, and

spiritual therapy (prayers and reciting the Holy Quran) was most frequently used followed by herbs (8–76%), honey (14–73%) and dietary supplements (6–82%). According to this review, CAM is widely used in Saudi Arabia and future research need to focus on individual CAM therapy in Saudi Arabia [10]. In a cross-sectional study from Qassim province using customized International Questionnaire of Complementary and Alternative medicine (I-CAM-Q), Al-Bedah et al (2013) found similar findings [10], in addition to the studied subjects who spent 350000 US\$ on CAM visits and 300000US\$ purchasing CAM products [11]. In a multistage cluster cross-sectional survey from Riyadh, 68% of participants used alternative medicine (AM) during the last one year. The reading from the Holy Quran as a therapy was most frequently used (50.3%) followed by honey (40.1%), black seed (39.2%) and myrrh (35.4%). In addition to other independent reasons, the health belief system of people was the main determining factor to use AM [12]. According to the present study, males constituted higher number, and unemployment associated significantly with current users of T&CM which are not consistent with other studies [12]. Females being conservative tend not to visit frequently PHCs in Qassim province. Unlike the present study, spiritual therapies (prayers and reciting from the Holy Quran) were most frequently used in other studies [10,12]. Old age as found in the present study was significantly associated with the use of T&CM. Overall all studies found more inconsistent results regarding sociodemographic variables such as male/female gender, unemployment, and current users of T&CM than overlapping even findings [10-12] attributed to setting (PHC), research design and other methodological factors including used questionnaires and sample size.

3. This was a cross-sectional analytic survey study

4. A pre-designed, structured questionnaire was used for the purpose of this study, which was developed by five bilingual experts in Arabic language after a literature review of the topic of research, i.e., the use of CAM therapies in primary healthcare setting to tap primary healthcare attendees' use of traditional and complementary medicine in Qassim province. The questionnaire was translated into English and then back into Arabic by two bilingual experts and one neutral expert to check its accuracy, with modifications applicable to the community of Saudi Arabia. This questionnaire comprised of 20 questions to be answered some in 'yes' or 'no' and some were open ended questions. For example, one of the questions was "did you use traditional therapies in the past? Another related question was if yes, what therapies from the following you used; spiritual therapy (Rojia –Quranic reading), herbal therapies, cupping therapy, honey therapy, cautery, acupuncture, manual therapy like massage and others. One example of open ended question was, "did you develop any complications from using traditional and complementary medicine? All the experts reached 98% agreement on all questions that were included in this questionnaire. This two-page questionnaire was pilot tested on a sample of 20 subjects for testing the logistics, suitability, and clarity of the data collection along with administration time. These subjects were not included in the present study. The PHC attendees suggested minor changes in Arabic version, and the modifications were made with the agreement of all the experts with regard to any question included in this questionnaire. The questions were rearranged for the sake of clear coding system and the data entry. Finally, all the experts reached consensus regarding this questionnaire, its English and Arabic versions. This developmental process and final selection of 20 questions based on bilingual experts' consensus may reflect acceptable psychometric properties especially reliability. English language version was necessary because some participants (non-Saudis) requested it (both versions are available upon request from NAQ).

5. Done

6. Table 3 & 5 combined and retained this Table!

7. Done

8. Complementary and alternative medicine (CAM)

9. The present research updated the current knowledge and practice of primary healthcare patients regarding traditional and complementary medicine in Qassim region. The implication of this study is that it might be used as a reference for followup cross-sectional analytical study to be conducted five to ten years later for measuring the important epidemiological trend of T&CM in this province.