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# Comments on "The Comparison of the Effect of Two Complementary Medicine Methods (Music Therapy and Massage Therapy) On Postoperative Acute Pain After Abdominal Surgery: A Randomized Clinical Trial Study"

Mehran Farzaneh [1], Ayda Bahmanjahromi [1], Ali Abbasijahromi [2], Vahid Zarean [1,*] and Saeid Nikooei [1]

[1] Research Committee Student, Jahrom University of Medical Sciences, Jahrom, IR Iran
[2] Anesthesiology and Intensive Care Department, School of Nursing and Paramedical Sciences, Jahrom University of Medical Sciences, Jahrom, IR Iran

[*] *Corresponding author*: B.S, Bachelor of Anesthesia, Department of Student Research Committee, Jahrom University of Medical Sciences, Motahari Avenue, Jahrom, IR Iran. Tel: +98-9338034037, E-mail: vahidzaran13@gmail.com

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## *Dear Editor,*

We found the recent original article published in the Iranian Red Crescent Medical journal by Miladinia Mojtaba et al. entitled "The Comparison of the Effect of Two Complementary Medicine Methods (Music Therapy and Massage Therapy) On Postoperative Acute Pain After Abdominal Surgery: A Randomized Clinical Trial Study" (1). The authors expertly detailed an interesting investigation on the complementary methods to reduce postoperative pain and postoperative opioid requirement in patients receiving 10-minute sessions of music and slow-stroke back massage (SSBM) with the usual care group after abdominal surgery. They concluded that music therapy did not have a significant effect on the trend of pain intensity; even six hours after surgery, pain intensity in the usual care group was lower than that of the music therapy group; therefore, it was not effective as a complementary method to reduce postoperative pain score. While this topic is a hot issue in complementary therapy and nursing, there seems to be some concerns in the methodology of the study that undermined the ability of the reported data to lead to a definite conclusion. Some comments on different points are mentioned:

1- One of the most prominent features of the study was the measurement of the hours of analgesics administration. The most important point is that the measurements in the study should not coincide with the routine interventions of the ward, because these interventions affect the reduction of drug use and subsequently reduction of the pain intensity (2, 3). This issue was not mentioned in the study and it is better to be considered.

2- Another point to be considered by the authors is that at the time of music therapy, patients' families and visitors should be asked not to visit the patient during this period, because their contact can improve the patient's condition and reduce the pain intensity (4).

3- One of the most important inclusion criteria of music therapy group was the interest of patients to the music of nature (5). Therefore, they should be interested in listening to the music of nature and the authors should consider this point, as well.

4- Although pain intensity at the baseline had no significant difference between the groups, technique of surgery may affect postoperative pain. For example, cholecystectomy can be operated by two methods: laparotomy and laparoscopy. Therefore, pain intensity after the surgery can vary according to the technique of surgery (6). Hence, the mean of received opioid and the pain intensity can vary.

5- In the music therapy group, the volume was adjusted to 50-70 dB for all patients. However, it was better to control the sound volume by the help of audiometric or as per the request of each patient, since all patients were awake (4).

6- The moral point not discussed in the study was that after using the headphones for each patient, in order to prevent the transmission of infection, the headphones should be disinfected using an alcoholic pad (3); the point should be considered by the authors.

In conclusion, the mentioned study certainly added evidence to the current literature, and revealed that massage and music therapy can reduce the postoperative opioid dosage. Obviously, large-scale clinical trials employing accurate and powerful methods according to the CONSORT Statement and a homogeneous sample with well characterized controls and cases that increase the sensitivity of detecting the associations on this topic are required.

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## Footnote

**Conflict of Interests:** The authors declare no conflict of interest or financial disclosures.

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