The explain double-blinding in more details, and how

The authors of this article suggested the overcomeof zinc deficiency can contribute to reducing the infection frequency andhospitalization due to severe sick cell crisis of SCD patients. The experimentwas conducted in randomized controlled trial (RCT) method.

Total of 32 participatedadult patients (19- to 49-year-old) with SCD were divided into three groups. GroupA and Group B patients were deficient in zinc level, while Group C patientswere sufficient as the control group. During the 4 years of experiment, group Aand B were observed for 1 year. Then group A was given zinc acetate and intakedaily for 3 years; while group B took placebo for the first one year, then tookzinc acetate on a daily basis for 2 years.

Participants' physiological statueswere tightly monitored in order to evaluate different outcomes and they werealso given copper orally to avoid side-effect associated with long-term zinc supplementation. Clinical stuff in these procedures were blinded. The conclusion resulted robustlysupported the initial proposal. As the measurements indicated, there was asignificant increase in plasma zinc concentration for patients took supplements, compared to those who took placeboes. Also, as expected, the significantdecreases in the frequency of pain crisis, hospital admission, and infectionwere also found when comparing group A and B with the control group.

Thisconclusion undoubtedly confirms researchers' assumption and address theimportance of zinc in SCD patients. Yet, this trial might also have exposedunder risk of bias. For instance, the participants were just instructed

andtook supplements themselves. It could be hard to tell whether they followed theinstruction or not. Furthermore, the article did not explain double-blinding inmore details, and how the SCD patients were selected. All of these minordefects might compromise the accuracy and potency of the conclusion.