Dear Editors and Reviewers：

Thank you very much for your comments and professional advice. These opinions help to improve academic rigor of our article. Based on your suggestion and request, we have made corrected modifications on the revised manuscript. Meanwhile, the manuscript had be reviewed and edited by language services of **Enago**. We hope that our work can be improved again. Furthermore, we would like to show the details as follows:

Q1

What are the original findings of this manuscript? What are the new hypotheses that this study proposed? What are the new phenomena that were found through experiments in this study? What are the hypotheses that were confirmed through experiments in this study?

Reply Q1

This article is a comment of a publication in the World Journal of Clinical Cases titled "Effects of Foot Reflexology in Infants with Sensorineural Hearing Loss: A Case Report." This case report focuses on a girl with sensorineural hearing loss (SNHL) who was successfully cured (hearing threshold restored to below 30 dB) after 6 months of foot reflexology treatment and observed for the first time via fMRI scan Changes in brain activity before and after treatment. Research has found for the first time that foot reflexology can help restore hearing in babies with sensorineural hearing loss (SNHL). The article proposes foot reflexology as a potential treatment for SNHL and provides successful clinical cases.

Q2

What are the quality and importance of this manuscript? What are the new findings of this study? What are the new concepts that this study proposes? What are the new methods that this study proposed? Do the conclusions appropriately summarize the data that this study provided? What are the unique insights that this study presented? What are the key problems in this field that this study has solved?

Reply Q2

This report proposes for the first time the use of foot reflexology to treat SNHL in children, which has important clinical significance and research value. For the first time, fMRI scanning was used to observe the changes in brain activity before and after treatment, providing reliable clinical verification indicators for this therapy. The changes in relevant indicators are detailed in the article. It is worth noting that the current treatment methods for SNHL are relatively limited and have many side effects. This article discovered and verified the effectiveness of foot reflexology, which has great guiding significance.

Q3

What are the limitations of the study and its findings? What are the future directions of the topic described in this manuscript? What are the questions/issues that remain to be solved? What are the questions that this study prompts for the authors to do next? How might this publication impact basic science and/or clinical practice?

Reply Q3

This case report only included one patient, with a small number of samples and a low-quality level. RCT studies with large samples need to be further improved in the future. At the same time, the article lacks a detailed description of the plantar reflexology pathway, and it is impossible to conclude the universality of treatment for different types of sensorineural deafness and that there may be bias in the fMRI data processing part. In this review we outline the potential mechanisms of foot reflexology in the treatment of sensorineural deafness, such as stimulation of different foot muscle groups affecting specific neural pathways through fascial pathways, foot stimulation activating the parasympathetic nervous system in the corresponding areas, leading to internal source of the release of chemicals, such as hormones, and the role that meridians play in Chinese medicine, this is a good and necessary addition to the original article.

Thank you very much for your attention and time. Look forward to hearing from you.

Yours sincerely

Bang-Jian He