

Format for ANSWERING REVIEWERS



March 22, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 9384-edited.doc).

Title: Randomized controlled trial: moxibustion and acupuncture for the treatment of Crohn's disease

Authors: Chun-Hui Bao, Ji-Meng Zhao, Hui-Rong Liu, Yuan Lu, Yi-Fang Zhu, Yin Shi, Zhi-Jun Weng, Hui Feng, Xin Guan, Jing Li, Wei-Feng Chen, Lu-Yi Wu, Xiao-Ming Jin, Chuan-Zi Dou, Huan-Gan Wu

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 9384

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revisions have been made according to the suggestions of the reviewer

(1) Mentioning of the practitioner (participating acupuncturists) description such as qualification, years in acupuncture practice and relevant experience could be worth adding to the manuscript. Typos (Eg.: fifth line of the third paragraph under introduction says, "...an herbal cake...", which may be corrected to "...a herbal cake...") and minor spacing errors are present throughout the text including references.

We thank the reviewer for the suggestions and comments. We have revised the manuscript according to the suggestions of the reviewer. The revised text is highlighted in page 10 and the other errors are corrected.

(2) This is a well conducted study to evaluate the clinical efficacy and safety of acupuncture and moxibustion for the treatment of active Crohn's disease (CD). The authors show the overall efficacy of the treatment was significantly greater than that of the control group. In addition, the patients in the treatment group showed significantly increased hemoglobin, decreased C-reactive protein levels, and histopathological scores at the end of treatment, while the control group did not exhibit significant changes. Acupuncture combined with moxibustion is therefore an effective and safe treatment method to mild and moderate CD. Few issues have to be addressed before the paper can be considered for publication: The discussion were too long, may reduce some. The Table 1 did not be annotated in the manuscripts.

We thank the reviewer for the suggestions and comments. We have reduced the discussion, and Table 1 has been annotated and highlighted in page 9 of the manuscript.

(3) 1. The authors are describing repeatedly that the effect of "acupuncture" is superior to "placebo acupuncture". However, this study compares "the combination of herb-partitioned moxibustion with normal acupuncture" and "the combination of bran-partitioned moxibustion with superficial acupuncture", not the normal acupuncture and the superficial acupuncture. Accurate descriptions are needed.

We thank the reviewer for the suggestions and comments. We have revised and highlighted the descriptions in the page 16 of the manuscript according to the reviewer's suggestions.

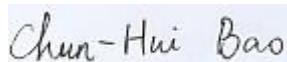
2. The result shows that the primary outcome of both the treatment group and the control group were reduced, however the improvement in the treatment group was significantly greater than that of the control group. The thermal stimulation of moxibustion was common in both groups, while the pharmaceutical stimulation of moxibustion and acupuncture stimulation were different. It would be needed to describe on the common effect of both groups and the thermal stimulation of moxibustion. In addition, the authors mentioned the acupoints used in this study were selected based on the principles of Chinese Medicine according to the clinical manifestations of the patients. The clinical manifestations of the patients must have varied, however, the acupoints used in this study were same for all patients. Explanations on this may be needed. Joos et al. used mainly acupuncture, with only patient exhibiting Yang deficiency supplemented with moxibustion. However, this study used moxibustion for all patients. Readers may wonder whether the authors consider moxibustion treatment suitable for all CD patients regardless of having Yang deficiency.

We thank the reviewer for the suggestions and comments. We have revised the manuscript according to the reviewer's suggestions. The revised text is highlighted in page 19-20 of the manuscript. The common effects of both groups and the thermal stimulation of moxibustion are described in the manuscript. In addition, according to the theory of traditional Chinese medicine, weak spleen and dominant dampness are the common pathogenic mechanisms of CD patients, who typically exhibit varying degrees of kidney weakness and liver stagnation. Therefore, this study mainly utilized spleen enhancement and dampness reduction supplemented with kidney augmentation, soothing the liver, and qi regulation as the main treatment principle. Although the clinical symptoms of the patients were not identical, the overall traditional Chinese medicine mechanism is similar. According to the main pathogenic mechanism of the patients, we selected the appropriate acupoints and treatment methods. Herb-partitioned moxibustion is a treatment method that has been used for many years by our research team to treat CD. The traditional Chinese medicine ingredients in herbal cakes gently augment the spleen and kidney, remove dampness, and regulate qi. Thermal stimulation generated during moxa stick combustion can strengthen the action of these effects. Therefore, moxibustion is appropriate for all CD patients. The acupuncture points used in the current treatment were based on the principles of Chinese medicine and the pathogenesis of patients with CD.

3 References and typesetting were corrected.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,



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