

Answers to peer-review report

Manuscript ID: 39421

First Reviewer

1 Diets, functional foods and nutraceuticals are important for prevention and treatment of digestive diseases.

2 However, these terms must be carefully defined and differentiated, and associated words cannot be simply piled up.

Answer: we have defined the terms as you suggested.

3 “Future trends” is not clearly stated.

Answer: “Future trends” has been modified according to your suggestion.

4 The authors are suggested to give some examples of successful treatment of specific cases.

Answer: A number specific cases that were successfully administered to humans, such as konjac glucomannan (Ref: 45) vitamin D (Ref: 69 and 61) have been mentioned in the manuscript.

5 The impact of good lifestyle, regular food intake, rest, and drug use on inflammatory bowel disease is also important.

Answer: the importance of good lifestyle, regular food intake, rest, and drug use has been mentioned as per your suggestion.

6 Numerous typo- and grammatical errors are found.

Answer: We have corrected few typos and grammatical errors. The manuscript was previously edited by “American Journal Experts” for linguistic and grammatical polishing.

Second reviewer

1. The report of so many, although useful, but in many aspects different substances to treat IBD made protocols for human studies difficult. Which substance, one, many or all should be studies in humans? Should these substances studied in addition to standard therapies or exclusively alone?

Answer: In our opinion, a number of functional foods and dietary components that have shown strong activities against IBD should be studied in human in addition to standard therapies.

2. Will be used for treatment of exacerbations, active diseases or maintenance therapies? Should these treatments can modify the natural history of these diseases such as reverse the trend towards increase of IBD in eastern countries.

Answer: Diets and functional foods can be used as maintenance therapies. Future studies may provide sufficient evidence for functional foods and diets to be used as primary therapies for IBD.

3. To my opinion there is long trip to find one single multiregimen for use in humans with IBD but still these treatments give hope to future final solution for IBDs.

Answer: we agree with your opinion.

Third Reviewer

Major points

1) Page 7 line 136: “their roles are not yet firmly established”, this sentence is not supported by current evidence and guidelines and, therefore, should be deleted since biologic therapies have shown high effectiveness and are currently a mainstay of IBD therapy.

Answer: This sentence has been modified according to your suggestion.

2) Data about vitamin D have been reported in a quite sketchy way. There are several in vivo studies and clinical trials demonstrating that vitamin D deficiency could be a predictive factor for IBD reactivation (see Gubatan J et al, Clin Gastroenterol Hepatol 2017).

Answer: More references on the role of vitamin D against IBD have been added following your suggestion.

3) Supplementation with butyrate or other short chain fatty acids has not been described, therefore a supplementary paragraph is necessary.

Answer: As you suggested, a supplementary paragraph on short chain fatty acids has been added.

Minor points:

1) A linguistic revision is necessary since there are several typos (for example page 4 line 71 antioxadants -> antioxidants).

Answer: linguistic revision has been done as you suggested.

2) Page 5 lines 90-91: "too few red blood cells" should be replaced by "anemia".

Answer: this term has been changed according to your suggestion.

3) Page 5 lines 92-106 report an historical point of view regarding IBD knowledge and spreading. This is not necessary nor pertinent with the topic, therefore it should be deleted.

Answer: This part has been removed according to your instruction.