

Dear Editor and reviewer/s,

Thank you very much for your letter and all the comments concerning our manuscript entitled " A Case Report of Typical Ulcerative Colitis Treated by Herbs-partitioned Moxibustion " (Manuscript NO: 54134). Based on your comments and the reviewer's suggestions, we have carefully revised the manuscript. In addition, we have re-edited the manuscript for better language and clarity.

Comments:

1. The authors reported the effects of Herbs-partitioned Moxibustion in the UC patient. The reviewer would like to know reproducibility, safety and maintainability of this method for UC. And the reviewer also would like to know the places and points of moxibustion. How did the authors select these places and points? Please explain in Discussion.

Answer:

About Reproducibility: Our group have done some clinical studies in the past, previous clinical study results showed that Herbs-partitioned Moxibustion significantly improved the clinical symptoms and signs of patients with UC, effectively corrected the pathological changes to the colonic mucosa and the intestinal immune dysfunction, and controlled the inflammatory response and tissue damage.

About Safety: Although this paper concerns only 1 case, the clinical symptom scores and the results of colonoscopy demonstrated that Herbs-partitioned moxibustion is safe and effective for the treatment of UC. The liver function of the patient was normal before and after the treatment with Herbs-partitioned Moxibustion, indicating that the Herbs-partitioned Moxibustion was safe and did not cause toxic side effects, besides we did not found accidents such as serious burn in this case or in previous clinical studies ^[1,2] ,if there is a slight scald, we can use some ointment for healing the scald ,if there is a serious scald, we must to stop herb-partitioned moxibustion treatment and go to surgery clinic.

About Maintainability: Three months after the patient completed the treatment (visit5), laboratory test results showed no abnormalities and were close to the values obtained at the end of the treatment (visit4), and the clinical symptoms were well controlled,

indicating that the therapeutic effect of Herbs-partitioned Moxibustion continues after treatment, which is to induce and maintain clinical remission. (The yellow words on the 10 and 11 pages)

How did the authors select these places and points: Zhongwan (RN12), Tianshu (ST25), and Qihai(RN6)

Answer:

Zhongwan: On the anterior midline 4cun above the umbilicus; Qihai: On the anterior midline 1.5cun below the umbilicus; Tianshu: On the same level of the umbilicus, and 2cun lateral to the anterior midline.

Previous basic research reported that acupuncture stimulation facilitates gastrointestinal motility, the distal colon is stimulated via parasympathetic activation at acupoints ST25^[3,4]. According to TCM theory, chronic non-specific ulcerative colitis belongs to the category of "Changpi" (bloody stool) and "Xiexie" (diarrhea), and results from deficiency and hypofunction of spleen and stomach, accumulation of damp-heat, stagnancy of the liver-qi and deficiency of spleen, or insufficiency of spleen-yang and kidney-yang. In previous clinic study, good curative effect was achieved by the treatment of the moxibustion(performed at Zhongwan, Tianshu, and Qihai), and showed that moxibustion performed at Zhongwan, Tianshu, and Qihai has the function of warming yang, promoting flow of qi and blood, improving the lesional blood circulation, and is helpful to hemostasis and the absorption of inflammatory products, and eventually attains the goal of the neogenesis of granulated tissue in the region of ulceration, and the repair of mucosa epithelium^[1,2].(The yellow words on the 11 and 12 page)

2.Please correct references, such as spaces, First name and Last name, small and capital letter.

Answer:

We have re-edited references for better spaces, First name and Last name, small and

capital letter.

3. Please provide and upload the revised manuscript again, in word format.

Answer:

We have provided and uploaded the revised manuscript in word format.

4. Please re-provide the figure documents. All submitted figures, including the text contained within the figures, must be editable. Please provide the text in your figure(s) in text boxes; For line drawings that were automatically generated with software, please provide the labels/values of the ordinate and abscissa in text boxes; Please prepare and arrange the figures using PowerPoint to ensure that all graphs or text portions can be reprocessed by the editor.

Answer:

We have re-provided the figure documents. All submitted figures, including the text contained within the figures can be editable, the text in our figure(s) are in text boxes.

We have arranged the figures using PowerPoint, and we have sent the PowerPoint to editor's E-mail.

Sincerely yours,

Ya-Ying Lin

Email: 2893797125@qq.com

REFERENCES:

1. **Wu HG**, Gao ZW. A clinical and experimental study on the treatment of chronic nonspecific colitis by herbs-partitioned moxibustion, *Zhong Guo Zhen Jiu* 1992; **1992**:28-31

2. **Wu HG**, Zhou LB, Shi DR, Liu SM, Zhang LS. Morphological study on colonic pathology in ulcerative colitis treated by moxibustion. *World Journal of Gastroenterology* 2000; **6**:861-865 [PMID: 11819709; DOI: 10.3748/wjg.v6.i6.861]

3. **Gao X**, Qin Q, Yu X, Liu K, Li L, Qiao H, Zhu B. Acupuncture at heterotopic acupoints facilitates distal colonic motility via activating M3 receptors and somatic

afferent C-fibers in normal, constipated, or diarrhoeic rats. *Neurogastroenterol Motil* 2015;**1925**:1817-1830 [PMID:26459908;DOI:10.1111/nmo.12694]

4.**Li YQ**, Zhu B, Rong PJ, Hui B, Li YH. Neural mechanism of acupuncture-modulated gastric motility. *World Journal of Gastroenterology* 2007; **13**:709-716 [PMID:17278193;DOI:10.3748/wjg.v13.i5.709]