

Thanks for your comments, your revision comments are as follows:

I described my answer to this paper, and uploaded the edited manuscripts.

**Specific Comments to Authors:** The authors described 3 patients diagnosed with herb-induced interstitial lung disease after consuming boiled the root of *Achyranthes japonica* Nakai.

After treatment with systemic glucocorticoid therapy and discontinuation of the root of *Achyranthes japonica* Nakai, their symptoms improved, and almost all ground-glass opacities and patchy consolidations on chest radiography and chest computed tomography resolved. These cases serve as a warning for the diagnosis, treatment, and prognosis of herbal-induced interstitial lung disease. Below are some comments.

**1. As far as I know, the diagnosis and classification of patients with interstitial lung disease require a combination of high-resolution CT and pathological biopsy. Does this information also need to be integrated for the diagnosis and classification of drug-mediated interstitial lung disease? For the patients whose chest computed tomography showed bilateral ground-glass opacities with patchy consolidation, how should we identify other diseases such as inflammation of the lungs? I think the author needs to elaborate further in the text.**

: Thanks for your comment. We described additional information from page 5, Line 125 to page 6, line 141, and page 9, line 215-219.

In the process of diagnosing ILD, it is essential to identify known casual etiology of ILD such as connective tissue disease, sarcoidosis, and drug, is the first diagnostic step.

Pathologic biopsy could be useful to diagnosis, but it should consider the general condition of patients such as age, baseline disease, complication. Severe hypoxia of our patients is also a relative contra indication<sup>[1]</sup>. So we did not do a pathologic biopsy.

1. Poletti V, Invasive diagnostic techniques in idiopathic interstitial pneumonias. *Respirology* 2016;21:44-50. [PMID: 26682637 DOI: 10.1111/resp.12694]

**2. For the treatment of interstitial lung disease, studies have concluded that routine use of glucocorticoids has no positive effect on the prognosis of the disease, and the guidelines do not advocate routine use of glucocorticoids, but only glucocorticoids shock therapy for acute exacerbations of interstitial lung disease. Is there any guideline recommendation or clinical report on the use of glucocorticoids for drug-mediated interstitial lung disease? Or is it just the single-center experiential therapy? It is necessary for the author to elaborate further in the discussion.**

: Thanks for your comment. There is no strong evidence of routine use of glucocorticoids for drug-induced pneumonitis. Although the withdrawal of drugs is an important treatment for drug-induced pneumonitis, there are some case reports of glucocorticoid use in patients with acute respiratory failure. We already described these contents from Line 220 to 230, page 9.

**3. There are many spelling and grammar mistakes in the text. The author needs to check the text further and correct it. For example, Line 47 "SUMMURY" might be "SUMMARY", Line 62 "interstial" might be "interstitial", etc.**

> Thanks for your comments. We checked spelling and grammar mistakes in the text.

I hope you are satisfied with my answer. I look forward to good answer.