

To Reviewers of WJCC

Reviewer #1

1. We recreated the Core tip. (p. 4)

2. We reconsidered and revised in Methods (p. 8).

For example, we revised to “Doctors (authors) routinely monitored the progress of each subject fortnightly during the treatment period via phone or e-mail correspondence. Study participants were obliged to report any decline in their physical condition and follow care instructions from the physician where needed.” from “Doctors (authors) checked the progress of the treatment schedule in each subject every two weeks during the treatment period. If the subjects had poor physical conditions attributed to the treatment regime, they were obliged to inform and consult the physician and follow the recommendations.”

3. The questionnaire conducted in the first stage of the study had a question which led to exclude those who were most likely to have significant underlining diseases. In the next stage, which was a diagnostic study, some subjects had suspected SIBO, but we did not exclude them from the treatment study, because SIBO might be associated (overlapped) with LM.

4. A questionnaire survey was undertaken based on self-reported LI symptoms derived from consuming dairy products. However, the aim of this study was to evaluate the efficacy of the treatment for LM, so we chose only those who were diagnosed with LM as subjects of the treatment study.

5. We aimed to evaluate the efficacy of treatment based on subjective symptoms and objective data. Thus, we compared LHBT values before and after the treatment. Since 10 ppm difference could be within the error range, we have set the criteria to be 15 ppm or more.

6. and 7. We simplified the sentence you pointed out and revised in Discussion. (p. 12 ~14)

Reviewer #2

Although the number of cases is small, we would like to use the same title. The study aimed to clarify the usefulness of incremental loads of milk.

Reviewer #3

1. We fixed the background in Abstract. (p.3)

2. Participants responded to the questionnaire were medical professionals, medical students, and acquaintances. It was very challenging to recruit participants, because the study included diagnostic tests and treatments.

The questionnaire was written in Japanese, so we included the explanations about the contents in our paper but did not attach supplementary file.

We added an English translation of the actual questionnaire as a figure. (Fig.1)

3. We asked the subjects to keep daily records during the treatment period. Authors followed up via phone or email to each subject at least once in 2 weeks. At the time of the last LHBT after the treatment, we directly asked them the degree of symptoms improvement. These procedures were added to Methods (p.8).

4. The degree of symptom improvement was certainly subjective for evaluation of the treatment efficacy, but in order to cover the weakness, we compared the LHBT values before and after the treatment, even though there was no significant difference as shown in the result unfortunately.

5. We checked and corrected types, etc.