Editor Office:
World Journal of Gastroenterology
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Re: Manuscript NO.: 35930

Dear Editor:

We really appreciate for the time and effort of editors and reviewers. The comment now has been answered as follow.

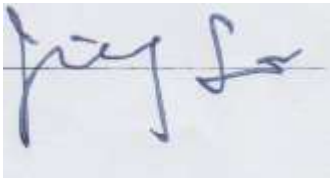
Reviewer #1: The authors present their study of the effects of Panax notoginseng, a medicinal plant extract, in two rat models of colitis with particular emphasis on microvascular function including hypoxia, oxidative stress and vascular permeability. The results are interesting but there are a few issues to be addressed. There are some errors or grammar and spelling which should be addressed e.g. spelling of endothelial on page 3. The methods section lacks detail on how many animals were studied in each treatment group and how many replicates of the animal experiments were performed. It is unclear in the methods where the dosing for the plant extract came from and how this might correspond to dosing in humans. If this were translated to a human study doses of 1-2g/kg would equate to 75-150g for an average sized adult; this sounds like a very large dose of any medicinal product. This should be addressed. I did not find the description for the method of quantification of microvessel density clear; could this be expanded and clarified? The text of the results section is clear enough but I find the figures (esp figures 1/2) very hard to read. I think these need to be restructured to make it possible to read the legends/ and p values etc. The pictures of the pathology sections are also very dark and I think need to be retaken with brighter fields to make it possible to see the detail. The legends should also be improved to make it clear what each individual panels shows (with use of arrows etc if required). The authors observe a clear difference in the impact of early (d3) versus late (d7) administration; I feel this has clear implications for the efficacy of the treatment in UC where the nature of the colitis is very chronic; I think this should be discussed and should some discussion about potential mechanisms of action for the therapy.

Thanks for the reviewer's strickly reviewing. 1.In vivo, SD rats were divided into 4 groups, control group, low dose group, medium dose group and high dose group. 6 rats were in each group. The data of animal experiments were representative of three independent experiments performed in triplicate. 2.The minimal dose of PN in clinical treatment is 6g/d for an adult with an average weight of 70kg. So the low dose for rat =6g/70kg x 70kg x 0.018/0.2kg x 5=0.54g/kg≈0.5g/kg. 3. The method of quantitating MVD was supplemented in blue in *Microvessel Density Analysis*. Figure 1 and 2 have been modified according to the reviewer's suggestion. 4. In our another study which has not been published, we found mild mucosa injury but obviously increased vessel

permeability and the concentrations of TNF-α, IL-6 and MPO on the 3rd day during establishing colitis model. This suggested that the changes of vessel permeability and inflammatory cytokines occured in the early stage of the colitis and preceded the mucosa injury. That is why early initiating PN treatment (d3) improved colitis more than intiating PN treatment (d7).

Should have any else questions, please feel free to contact us by email.

With the best regards,



Jiang Lin.MD. & PhD.