

Dear editor:

We feel great thanks for your professional review work on our article. As you are concerned, there are several problems that need to be addressed.

According to your nice suggestions, we have made extensive corrections to our previous draft, the detailed corrections are listed below.

1#

1. Can please comment that this treatment can be considered in which other body pain conditions? For example can this treat post traumatic chest pain from rib fractures? or pain from ischaemic limb in gangrene patients? Pls discuss the wider implications

We have re-written this part according to the Reviewer' s suggestion. You can see the "rTMS is now mainly used for the treatment of neuropathic pain can be widely used" in the text.

2. 3 months is not really long term. We all know that 1 year is probably the interval that is considered long term and thus please include this as a limitation.

As suggested by the reviewer, we have changed the long-standing narrative.

3. What are the side effects of rTMS? What are the risks? How much does it cost? Is it widely available and common technology? Please tell these matters to readers

We have re-written this part according to the Reviewer' s suggestion. You can see the "The most common side effects are dizziness and scalp discomfort, which are transient and disappear after the treatment" in the text.

4. Any image of this technology or any graph or any data about how this is done and how we know that this is delivered or measured ? Some information on this process of treatment by rTMS.

We have added a image in article. A device containing an electromagnetic coil shaped like an 8 is placed on the patient's scalp, and then the doctor observes the patient's thumb movements through a number of short pulses, thus measuring the motor cortex threshold for each individual, and then determines the amount of energy to be used for the treatment before starting it.

2#

1. Approvals from the patients need to be stated in the manuscript.

We have made additions in the article.

2. One patient received repeated transcranial magnetic stimulation four months and another six months after the onset of herpes zoster, indicating it cannot be excluded the pain decreased due to natural course of zoster-related pain.

Herpes zoster is a self-limiting disease with a typical duration of 2-4 weeks, but Post herpetic neuralgia pain can last longer. Patients with significant pain relief within 10 days of treatment and a $\geq 30\%$ reduction in pain scores from baseline after treatment are considered clinically effective. 10 days may not be described as the natural course of pain relief for patients.

3. You used to describe pain levels with visual analog scale and present pain intensity. You need to state what the difference(s) between “pain level measured with visual analog scale” and “present pain intensity.”

We reconsidered that the VAS was not very different from the PPI and decided to delete the scale

PPI.

4. Page 1, line 8: I would recommend “analgesics,” instead of “drug analgesia.”

We think this is an excellent suggestion. We have used “analgesics” instead of “drug analgesia”.

5. Page 1, line 9: I would recommend you delete “a safe.” Radiofrequency treatment can cause some complications.

We have removed “a safe”.

6. Page 1, the last sentence: I would recommend you delete the last sentence (due to... treatment).

We have deleted the last sentence (due to... treatment).

7. I do not think the doses of pregabalin and gabapentin reached the maximum doses for both patients. Did the patients have any side-effects? If they did not have any side-effects, you need to state why you did not increase the doses of both drugs.

One patient experienced dizziness as a side effect and another had a history of renal insufficiency causing them not to continue to increase the dose of the drug, which we have made additions to in the article.

8. The horizontal axis of Fig. 1 is time after treatment. I would recommend you state actual times (days, weeks, months), instead of T2-5.

We think this is an excellent suggestion. We have used state actual times (days, weeks, months), instead of T2-5.

9. What and how much medication did the patients receive after repeated transcranial magnetic stimulation? It should be stated.

Drug dose remains the same as before this treatment, we have made additions to in the article.

10. There are at least two important references on repeated transcranial magnetic stimulation for postherpetic neuralgia. You need to cite them for your manuscript. Pei Q, Wu B, Tang Y, et al: Repetitive transcranial magnetic stimulation at different Frequencies for postherpetic neuralgia: a double-blind, sham-controlled, randomized trial. Pain Physician 2019; 22: E303-E313. Pei Q, Zhuo Z, Jing B, et al: The effects of repetitive transcranial magnetic stimulation on the whole-brain functional network of postherpetic neuralgia patients. Medicine 2019; 98: e16105.

As suggested by the reviewer, we cite the relevant literatures.

13. You should show important things of reference 4, instead of just stating “see discussions in Ref. 4.

We had added more discussions.

We changed the title to meet "Motor cortex transcranial magnetic stimulation to reduce intractable postherpetic neuralgia with poor treatment response: evidence from two cases" in 18 words or less.