Reviewer's report

Title: Chinese patent herbal medicines for the treatment of common cold: a systematic review of randomized clinical trials

Version: 4 Date: 10 March 2014

Reviewer: Karen KP Pilkington

Reviewer's report:

The authors have addressed a number of the comments. However, problems with the interpretation remain.

In the previous reviews of this paper, the authors were asked to explain the effectiveness or otherwise of the control treatments and whether the control treatments were actually appropriate. The authors have responded by omitting one trial because the control was an antibiotic which would not cure a viral infection (although it might be necessary for a bacterial infection as a complication of a common cold).

However, the authors have not addressed the questions about the possibility of complications and whether the condition being treated was actually a simple common cold, which as they point out is usually a mild and self-limiting condition. As mentioned previously, the use of antiviral therapy suggests that a more serious respiratory tract infection was being treated. In the UK and USA, ribavirin is only used for severe respiratory infections such as respiratory syncytial virus bronchiolitis in infants and children or severe acute respiratory syndrome (SARS) (or for chronic hepatitis). Oseltamivir is used for influenza in specific circumstances. It is not clear why, if these were cases of common cold, these treatments were used as controls.

Major compulsory revisions

1. In the Introduction, the authors state that there is no proven treatment for the common cold but need to discuss how it is usually managed in order to clearly show what would be considered appropriate control treatments and outcomes. If there are differences between practice in China and other countries, this needs to be explained.

2. The diagnosis and rationale for treatment in each trial need to be confirmed and described in more detail. Is the condition being treated the common cold or a related condition? How was it diagnosed? Is there any mention of which virus? Were patients in particularly high risk categories? If the patients did indeed only have a common cold, then the risk-benefit of using drugs such as ribavirin needs further discussion. Is this usual practice in China because, as mentioned above, this would not be standard treatment in countries such as those in Europe or USA. If it was not the common cold being treated, then the whole systematic review would need to be revised substantially with additional searches conducted to reflect the change in focus.
3. The location of treatment should be reported. A mild, self-limiting condition would not usually be treated in hospitals but the use of injectable treatments suggests treatment did take place in hospitals in some of the trials. This affects generalizability of the results.

4. What criteria were used to assess cure and who assessed this?

5. The discussion section needs to reflect the above aspects.

6. The trials reported in the text, tables and Forest plot do not correspond. The text states 6 CPMs in several places but only 5 are reported in the tables. One of the 4 trials presented in the Forest plot is not included in the text or Tables (Zhao 2010).

Minor essential revisions

1. In Results, Adverse Effects, the second sentence needs to be rewritten as The remaining five RCTs did not mention whether adverse effects were monitored.

2. In the discussion, the same point about lack of evidence for clinical use and decision-making appears in the first and second paragraphs.

3. withdraws should be changed to withdrawals

4. children patients should be changed to children aged between …. or to patients aged between….

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, and I have assessed the statistics in my report.