Author's response to reviews

Title: Homeopathy for Allergic Rhinitis

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Author's response to reviews: see over
Subject: Second Resubmission after review MS: 6829843531197782

Dear Dr. Rogers,

Thank you for inviting us to resubmit the systematic review protocol, ‘Homeopathy for Allergic Rhinitis’, for a second time, after addressing additional comments made by the reviewer and the editor.

We wish to thank the reviewers again for their helpful and generally positive comments. These have been addressed in detail (see table below).

As requested, I am submitting the revised manuscript with changes in track.

Please do not hesitate to contact us for any further clarifications.

Yours sincerely,

Kushal Banerjee*, Ceire Costelloe, Robert Mathie and Jeremy Howick

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## Detailed reply to reviewer comments

<table>
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<tr>
<th>S. No.</th>
<th>Reviewer’s Comments</th>
<th>Author Response</th>
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<tbody>
<tr>
<td>1.</td>
<td>This reviewer is still not satisfied that the authors have considered carefully enough their definition of allergic rhinitis (AR). There are widely accepted definitions that could help refine their definition. The most relevant of these is Bousquet et al, Allergy 2008, Allergic Rhinitis and its Impact on Asthma (ARIA) 2008. Their clinical definition of AR incorporates those proposed in this review, but extends the definition in a manner that excludes pathologies such as a septal deviation: “2.2.1.1 Clinical Definition (of AR). Symptoms of AR include rhinorrhea, nasal obstruction, nasal itching and sneezing which are reversible spontaneously or with treatment.” (p12)</td>
<td>We understand the requirement for stating the clinical definition of Allergic Rhinitis. This definition has now been added to the protocol. A fuller description of allergic rhinitis has also been added.(Please see page 5)</td>
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<td>2.</td>
<td>I would suggest that this definition is used, and that it is made clear that the definition utilised in the review is the clinical definition of AR, and not the pathophysiological or epidemiological definitions.</td>
<td>We understand the need to clarify that the clinical definition is being used. The definition has also been added to ‘Types of Participants’ in the protocol. (Please see page 7)</td>
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**Editor’s Comments**

| 1.     | I would ask the authors to consider the reviewer’s report dated 8th April which revisits the issue of the definition of allergic rhinitis (http://www.biomedcentral.com/imedia/8867516431263472_comment.pdf.) While the authors may disagree with the reviewer's concerns, they are likely to reflect those of the wider otolaryngology audience, and so I would like to see some evidence in the protocol itself that the authors are aware of the issue and have a plan to address it in their review. If the authors choose stick with their proposed definition, it would be helpful if this was justified within the manuscript, along with a discussion of the implications of choosing this definition over other possible alternatives. | We understand the need to incorporate the clinical definition of Allergic Rhinitis and clarify that this is being used. Please also see ‘Reviewer’s Comments’ points 1 and 2 above. |