Reviewer’s report

Title: Effects of cow's milk beta-casein variants on symptoms of milk intolerance in Chinese adults: a multicentre, randomised controlled study

Version: 0 Date: 27 May 2017

Reviewer: Rajeev Kapila

Reviewer's report:

1. Why conventional milk containing A1 and A2 β-casein (58:42) was only used for making comparison with A2 (100%) milk. It would be better if pure A1 milk will be used for such compression.

2. What specific method has been used to identity A1 milk from A2 milk in this study.

3. The methodology to identify Lactose intolerance patients by urinary galactose test is faulty. How lactose absorbers can be differentiated from lactose malabsorbers by urinary galactose test. Basically Lactose is degraded by lactase enzyme in intestine to glucose and galactose and then these monomer sugars were absorbed. If galactose appears in urine it may be due to its faulty metabolism and the disease is galactosemia not lactose intolerance.

4. The test for checking lactose intolerance are Lactose tolerance test, Hydrogen breath test and Stool acidity test.

5. Self reported lactose intolerance is wrong way to identify the lactose intolerance disease because patients may have milk intolerance not lactose intolerance which may be due to other components of milk like proteins, galactose (component of lactose) etc.

6. Line no 99 says Subjects were excluded if they had any of the following: metabolic disease that was deemed likely to interfere with the study outcome measures, but Lactose intolerance is also a metabolic disease.

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