Author's response to reviews

Title: Aspiration pneumonia/bronchopneumonia successfully prevented by qing fei tang in two Japanese patients with progressive supranuclear palsy: a case series

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Authors response to reviews: see over January 15, 2015

The Journal of Medical Case Reports Editorial Team


We are very thankful to you and reviewers for the helpful comments allowing us to revise our manuscript.
We have reviewed the manuscript according to your reviewers’ comments. Responses to the comments made by the reviewers are as shown below.

Reviewer #1 (Dr. Schaller)
Comments:

1. abstract: the both case reports should be summarized and not reported in detail

#In abstract, we changed the case presentation as follows: “Two Japanese males with progressive supranuclear palsy and total enteral feeding (patient 1 and 2) had experienced recurrent aspiration pneumonia/bronchopneumonia regardless of conventional therapy. The respiratory infection developed twice at intervals of two months in patient 1, and nine times almost every month in patient 2. Thereafter, they were given qing fei tang. After administration of qing fei tang, respiratory infection developed only once, 5.5 months for patient 1, and six months for patient 2. The patients clearly showed a reduced incidence of respiratory infection.”.

2. Introduction: the research question should be formulated better with the goal to show what is new

#We added the sentences in introduction: “In progressive supranuclear palsy (PSP), aspiration pneumonia/bronchopneumonia frequently occurs, and often is refractory. We wondered if qing fei tang would be effective for prevention of relapsing aspiration pneumonia/bronchopneumonia in PSP as well as stroke. In that case, qing fei tang could be a new treatment for recurrent and refractory respiratory infection in PSP.”.

3. results: please describe what is “qing fei tang”, not all readers are familiar with TCM.

#In results, we changed the sentences concerning qing fei tang as follows: “Qing fei tang, which is a Chinese traditional medical mixture called seihai-to in Japan, has been used for the treatment of productive cough, acute and chronic bronchitis, bronchiectasis, pharyngitis, bronchial asthma, and pneumonia. A main component of qing fei tang is powdered extract composed of the following 16 herbs: Angelicae Radix, Ophiopogonis Tuber, Hoelen, Scutellariae Radix, Platycodi Radix, Armeniacae Semen, Gardeniae Fructus, Mori Cortex, Zizyphi Fructus, Aurantii nobilis Pericarpium, Bambusae caulis in Taeniiis, Asparagi Radix, Fritillariae Bulbus, Glycyrrhizae Radix, Schisandrae Fructus, and Zingiberis siccatum Rhizoma “. We added the daily dose of qing fei tang in case presentation.

4. discussion: I would suggest to summarize in the first paragraph the findings.

#We add the following paragraph in the top of discussion: “Two Japanese patients with PSP had experienced recurrent aspiration pneumonia/bronchopneumonia regardless of total enteral feeding and conventional therapy as follows: twice at intervals of two months in patient 1; and nine times almost every month in patient 2. The respiratory infection developed
only once, 5.5 months and six months after administration of qing fei tang, respectively, for patient 1 and patient 2”.

5. The whole discussion is somewhat superficial: as I reader I would know what is really new in this case and what it can take as a “take home message”. Please focus more on these points.

#We added the following parts in the last paragraph of discussion: “In this case series, it was a new finding that administration of qing fei tang could lead to reduction in the incidence of aspiration pneumonia/bronchopneumonia, and prolonged interval until onset of respiratory infection in PSP”; “Qing fei tang should be tried out when aspiration pneumonia cannot be kept under control in patients with PSP regardless of conventional therapy and total enteral feeding”.

Reviewer #2 (Dr. Koch)
Suggestions:
1. page 2, abstract before patient 2: say “administration of qing fei tang”
   #In abstract, we changed the case presentation as follows: “Two Japanese males with progressive supranuclear palsy and total enteral feeding (patient 1 and 2) had experienced recurrent aspiration pneumonia/bronchopneumonia regardless of conventional therapy. The respiratory infection developed twice at intervals of two months in patient 1, and nine times almost every month in patient 2. Thereafter, they were given qing fei tang. After administration of qing fei tang, respiratory infection developed only once, 5.5 months for patient 1, and six months for patient 2. The patients clearly showed a reduced incidence of respiratory infection”.

2. page 4, introduction: please define / name the 16 herb ingredients of qing fei tang which is a mixture
   #In results, we changed the sentences concerning with qing fei tang as follows: “Qing fei tang, which is a Chinese traditional medical mixture called seihai-to in Japan, has been used for the treatment of productive cough, acute and chronic bronchitis, bronchiectasis, pharyngitis, bronchial asthma, and pneumonia. A main component of qing fei tang is powdered extract composed of the following 16 herbs: Angelicae Radix, Ophiopogonis Tuber, Hoelen, Scutellariae Radix, Platycodi Radix, Armeniacae Semen, Gardeniae Fructus, Mori Cortex, Zizyphi Fructus, Aurantii nobilis Pericarpium, Bambusae caulis in Taeniis, Asparagi Radix, Fritillariae Bulbus, Glycyrrhizae Radix, Schisandraceae Fructus, and Zingiberis siccatum Rhizoma “. We added the daily dose of qing fei tang in case presentation. We truly appreciate your information and kindness.

3. page 5, patient 2: check the spelling of carbocisteine / carbocysteine, also in figure 2
   #We correct the spelling mistakes of “carbocysteine” in page 5 and figure 2.
4. page 6, middle: say "afterwards" ....for a relatively
#We correct the spelling mistake of “afterwards” as follows: “afterwards, respiratory infection developed twice for relatively short period”.

5. page 7, top: consider rephrasing this sentence - “Further large-scale, ideally mechanistic, studies may better clarify whether .....” Otherwise, large scale association studies will likely follow the mathematical law of statistics showing a "significant p value truth" which in the end will most often turn out to be only "pseudotruth".
#We changed the last sentence in discussion as the reviewer suggested: “Further large-scale, ideally mechanistic, studies may better clarify whether qing fei tang can reduce relapse of aspiration pneumonia in patients with PSP, compared to control”.