

Editor's comments:

I reviewed the original manuscript, the reviewers' comments and its revision. The manuscript is generally well-written and provides interesting information on a complementary COPD phytochemical drug. However, the authors need to address the following issues in the revision:

1. There were few syntax and style problems which I have edited as per attached revision. The authors need to provide reference citations for several of their statements which I have noted in the text.
2. The authors stated that salbutamol was used in their experiment, but they did not provide any results for it. Since salbutamol is not an anti-inflammatory drug, it would not show any effects on the inflammatory markers that were studied. Nevertheless, they need to state its results.
3. The authors did not provide a basis for choosing the dose of the steroid. Does this dose provides 100 % response among the treated animals? Did the authors perform dose-response curve for the dose selection of this steroid?
4. The authors need to state how this plant extract is prepared by ordinary persons in Ghana as a therapeutic drug. What is the amount of the dose used and its dose-frequency? How do the doses used in this investigation relate to the actual dose used in man? Are there any toxicity potential known to the users or any published in the literature in animals or in man, if any?
5. Given the results obtained with the plant extract, the authors need to discuss advantage vs. disadvantage of the plant extract vs. the reference steroid drug, if any?

Author's feedback:

1. Authors appreciate and acknowledge editing of syntax and style problems per revision. Authors have provided references for citations of statements/text used where possible. However, authors would still appreciate it if other statements used in manuscript (not duly referenced) are highlighted for further rectification (where necessary).
2. As salbutamol is not an anti-inflammatory drug, it did not show any effects on the inflammatory markers studied, as rightly noted. So, authors felt it was inappropriate to state/include its results. Subsequently, authors have removed statement about salbutamol use in the experiment.
3. Dose of the steroid was chosen based on information gathered from previous works studied, where prednisolone was used as control in management of ovalbumin-induced asthma models. Here, no dose-response curve was performed. Also, earlier works conducted by authors in similar studies used the same dose of the steroid (10 mg/kg prednisolone), and results were effective. These were the underlying factors for using the same dose in this study also.
4. Doses of the extract used were based on earlier works by the authors on the same plant, where extract preparation, dosing regimen, toxicity studies and safety for use were reported. This was referenced and indicated in the methodology.

Prednisolone served as a positive control for the plant extract (in relation to the checking the efficacy of the extract). This was to compare and assess whether the extract actually is effective and to help propose/deduce the possible mechanism of action of the plant extract, not necessary its preference over the steroid. To arguably discuss the advantages and/or disadvantages of two drugs, different doses of the drugs in question (of same concentrations) need to be used for comparison of results and better drug differentiation. This was not so in this study; hence authors feel it would be inappropriate to discuss advantages/disadvantages of the extract over prednisolone. Instead, authors tried to and discuss the effects of the extract and prednisolone, and related the possible mechanism of action of the plant extract and the steroid used.