

Editor's comments:

I reviewed the revised manuscript submitted by the authors. Unfortunately, the authors did not satisfactorily address all the specific comments previously sent to them, nor provided a post-by-point response to my queries. Listed below are the outstanding issues that have not been addressed by the authors:

1. 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 presumably be expected to show any effects on the inflammatory markers that were studied. Nevertheless, they need to show its effect in their Result section.
2. The authors did not provide a basis for choosing the dose of the prednisolone used in their study. It is not sufficient to state that the dose of prednisolone was chosen from the quoted three references. Did the three quoted references provide dose response studies for selecting the dose of prednisolone? If not, did the authors perform dose-response studies with prednisolone and the extract? It is pharmacologically very essential to compare both drugs using quantitative measures such as ED50 values and relative potency calculations for these two drugs.
3. The authors needs to state how this plant extract is prepared by ordinary persons living in Ghana as a therapeutic drug. What is the amount of the dose used and its dose-frequency. How do the dose used in this investigation relate to the actual doses used in man? Are there any formal toxicity studies (animals or human) published in the literature for this extract?

The authors need to address our comments and revise their manuscript. The revision must be highlighted in **yellow color**.

Author's feedback:

1. 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 removed statement about salbutamol use in the experiment.
Notwithstanding, authors have included the results of salbutamol in the manuscript.
2. Dose of the prednisolone was chosen based on information gathered from previous works studied (as indicated), where prednisolone was used as control in management of ovalbumin-induced asthma models. **Here, no dose-response curve was performed; as prednisolone was to serve as just a referenced control, and not as comparative alternative drug.** In animal experimental studies such as this, a single dose of the reference drug is used most often to help predict the possible effect or mechanism of the proposed extract. On the other hand, where the proposed drug is compared as alternative/superior agent than the reference/standard drug, pharmacological quantitative measures such as ED50 values and relative potency calculations are conducted for the two drugs. That was not so for this studies. **Hence, authors did not perform any dose-response curves.**
3. This is experimental animal studies (as pointed out). Doses used in this investigation were calculated per body weight of animals. These may not directly relate to the actual doses used in man, as this is an experimental animal model. However, doses used were selected due to assessment in earlier studies by authors to be safe for use. More so, **Acute and delayed toxicity studies have been conducted on the extract previously by authors, and work published (stated in the introduction section)**, which ascertained that the doses used in this studies are safe for use.

Also, different ethnic groups in Ghana prepare the plant extract differently for its medicinal purposes/effects. As this work is not reporting on the local usage of the plant, authors did not deem it appropriate to state details of how each ethnic group prepares it locally for the traditional use in the management of disease conditions. **On the other hand, authors described how the crude plant**

extract was prepared for the experimental usage in murine models (as stated in the methodology section).