Dear Editor,

We read with great interest the article recently published in your journal entitled "Antioxidant and anti-inflammatory effects of gel and aqueous extract of Melilotus officinalis L. in induced ulcerative colitis: A Rattus norvegicus Model" (1). The authors found that the use of this herbal medicine can treat ulcers induced in the rat’s colon. They concluded that this agent can be used as an effective medicine in the treatment of human ulcerative colitis. I did not understand how they concluded this? While it is clear that ulcerative colitis is an inflammatory lesion in the colon, the cause of the disease is not clear yet (2). Although the authors discussed their findings comprehensively, we feel that there are some additional issues to be clarified.

In this animal model, how acetic acid induced ulcer is related to the pathophysiologic basis of ulcerative colitis? There are different clinical presentations and various managements for bacterial, fungal and ischemic colitis in comparison with ulcerative colitis (3). I think the ulceration they induced is more similar to ischemic colitis rather than ulcerative colitis. From this point of view, we think that it would be worthwhile if the authors considered this issue.

In their study methodology, the authors mentioned the use of two forms (orally, 500 and 1000 mg/kg and gel form of extract 10% and 20%) for treatment, but they did not explain why these concentrations were chosen. Based on the reported values in Table 2 of their study, comparison and significant differences between the groups are not clear and it would be better to demonstrate these by figures or separated tables. HPLC assay to measure the components was a standard method and preparing the two dosage forms and control groups was suitable.

Authors’ Contributions

Hajar Khazraei and Seyed Vahid Hosseini contributed equally.

References