

Review Form 1.6

Journal Name:	Journal of Pharmaceutical Research International
Manuscript Number:	Ms_JPRI_76900
Title of the Manuscript:	COMPARATIVE HYPOLIPIDEMIC EVALUATION OF AFRAMOMUM MELEGUETA SEEDS AND MORINGA OLEIFERA LEAVES
Type of the Article	Original Research Article

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This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<p>Compulsory REVISION comments</p>	<p>Many paragraphs do not have any reference</p> <p>There is repetition of data throughout the manuscript. Conclusion as an example, also has repetition</p> <p>Modify this; "The antilipidemic study was carried out using sixty-eight (68) rats randomized into seventeen (17) groups of four animals each." as "The antilipidemic study was carried out using sixty-eight (68) rats randomized into seventeen (17) groups of four (4) animals each."</p> <p>This is closely followed by fraction MO4. What is MO4?</p> <p>References are not as per recommendations of the Journal</p> <p>Mistakes in citations as; (Oguejiofor <i>et al.</i>,2012). (Morakinyo <i>et al.</i>,2019</p> <p>Superscript the ® of Finnipipette®</p> <p>23^{oC} ± 2^{oC} C should not be superscripted</p> <p>-20^oc sign of degree and C should be according to recommended guideline</p> <p>Present this as table; Group 1 served as the normal control group, the animals in this group was not induced with high fat feed; they were given normal rat feeds and water. No treatment was also initiated. Group 2 served as the negative control, hence the animals in this group did not receive any treatment after induction of hyperlipidemia; they were given normal rat feeds. Group 3 served as the positive control, hence received a dose of 1.2 mg/kg of Simvastatin. Group 4 received 250 mg/kg of <i>A. melegueta</i> crude extract. Group 5 received 500 mg/kg of <i>A. melegueta</i> crude extract. Group 6 received 250 mg/kg of <i>M. oleifera</i> crude extract. Group 7 received 500 mg/kg <i>M. oleifera</i> crude extract. Group 8 received equal ratio of 250 mg/kg <i>M. oleifera</i> and 250 mg/kg <i>A. melegueta</i>. Group 9 received equal ratio of 500 mg/kg <i>M. oleifera</i> and 500 mg/kg <i>A. melegueta</i>. Group 10 received 500 mg/kg fraction AM1. Group 11 received 500 mg/kg fraction AM2. Group 12 received 500 mg/kg fraction AM3. Group 13 received 500 mg/kg fraction AM4. Group 14 received 500 mg/kg fraction MO1. Group 15 received 500 mg/kg fraction MO2. Group 16 received 500 mg/kg fraction MO3. The last group, Group 17 received 500 mg/kg fraction MO4.</p> <p>Why the full stop is bold? lowering effect than the combination therapy of 250mg/kg of <i>Aframomum melegueta</i> seed extract and 250 mg/kg <i>Moringa oleifera</i> leave extracts.</p> <p>Why some words are bold and others not? The effect of the VLC-fractionated extracts of <i>Aframomum melegueta</i> seeds and <i>Moringa oleifera</i> leaves on blood lipid level are presented in Figure 4 below.</p> <p>Why different font sizes?), <i>Aframomum melegueta</i> fraction AM3 (16.57%), <i>Moringa oleifera</i> 500 mg/kg (9.97%), <i>Aframomum melegueta</i> fraction AM4 (8.83%), <i>Moringa oleifera</i> fraction MO3 (7.91%), <i>Aframomum melegueta</i> fraction AM1 (7.20%), <i>Aframomum melegueta</i> fraction AM3</p>	

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	<p>(2.53%), <i>Aframomum melegueta</i> 250 mg/kg (2.30%), <i>Moringa oleifera</i> 250 mg/kg (2.02%), <i>Aframomum melegueta</i> 500 mg/kg (1.98%).</p> <p>Correct this sentence w.r.t spacing:</p> <ol style="list-style-type: none"> (Evans, 2008).In recent times, healthcare providers are concerned about hyperlipidemia because of the well established association between lipid concentration and the risk of cardiovascular diseases, one of the leading cause of death in the world. In Nigeria, hyperlipidemia is highly prevalent in all geopolitical zones, with the consistent pattern being low HDL- cholesterol and high LDL- cholesterol (Oguejiofor <i>et al.</i>,2012).Overall, the hot air oven(Bionics Scientifics,India) muffle furnace (Meditech,India), microscope (Olympus Optical, Japan), Whatman no 42 filter paper. Dr. Henry .A. Akinnibosun 46.845(TG) Typical examples of these antitriglyceride bioactive compounds include Tannins(ellagic acid), Alkaloids(sanguinarine), Saponins(sinigrin and sinalbin) Flavonoids(narigin) (Nijveldt level. The antilipidemic study clearly shows that A.M 500 mg/kg (Atorvarstatin) and A.M 250 mg/kg exhibited the least administered individually. The M.O fraction or mortality after 24hrs led to progression 	
Minor REVISION comments		
Optional/General comments		

PART 2:

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

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