

Review Form 1.6

Journal Name:	Journal of Pharmaceutical Research International
Manuscript Number:	Ms_JPRI_80028
Title of the Manuscript:	Evaluation of Vamana and Virechana Karma in the Treatment of Hypothyroidism – A Study Protocol
Type of the Article	Study Protocol

General guideline for Peer Review process:

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)
Compulsory REVISION comments	<p>Notably, TSH measurement represents the most powerful interpreter for the outcome of spontaneous hypothyroidism in patients over 55 years, as these subjects reveal a low incidence of overt hypothyroidism (OH), who present with low serum TSH [9]. <i>Low serum TSH is not overt hypothyroidism unless its secondary. kindly clarify this statement</i></p> <p>There is most prevalence of SCH compared to subclinical hyperthyroidism because in general population prevalence for SCH is 4% to 10% while for subclinical hyperthyroidism it is about 2% of general population' <i>I thought both SCH AND subclinical hypothyroidism are same? Highly confusing statement</i></p> <p>Hyperthyroidism is the byproduct of thyroid hormone production and is often referred to as thyrotoxicity in the peripheral tissues. Which include genetic susceptibility, a major hyperthyroidism factors seem to be the immunologic increase in IgG antibodies or thyroid stimulants [14]. Enhancing thyroid hormone secretion, this result in increased metabolism and waste of energy. Reportedly, hyperthyroidism – thyrotoxic, exophthalmic goiter or Graves, thyroid carcinoma, adenoma, etc are the following diseases: thyroidism <i>What is the relevance of this statement to this study and kindly explain the meaning</i></p> <p>Objectives:</p> <ul style="list-style-type: none"> • To explore <i>Vamana & Virechana Karma</i> regarding their Clinical Importance. <i>How this study is going to address this objective, looks vague and non specific</i> <ul style="list-style-type: none"> – <i>Vamana and Virechana Karma</i> is effective tool to improve the general wellbeing of patient with subclinical / Primary Hypothyroidism. – <i>Effective tool or drugs?</i> <p>Patients between the age of 20 to 50yrs, who are ready to give informed consent, having T3 Level < 100 ng/dL, T4 Level < 0.8 ng/dL, TSH > 4 mU/L , and are <i>yogya</i> for <i>Vamana and Virechana Karma</i> <i>Inclusion criteria includes patients with TSH ABOVE 4 WHILE in introduction the reference values for TSH WAS 6.5. this is contradiction. You mena to say you wil include normal tsh value patients also.?</i> Exclusion criteria says excluding thyroiditis <i>How thyroiditis is being diagnoses? By doing isotope scanning?</i> <i>In intervention group one is receiving thyroxine. Its not clear at what level of tsh it would be started and whether treatment would be given even for subclinical hypothyroidism? If so what dosage?</i></p>	
Minor REVISION comments	<p>Subclinical hypothyroidism or mild thyroid failure is a most common endocrine disorder, affecting quality of life or health concern, with 'the prevalence of 3 to 8% in the general population of without known thyroid disorders, worldwide. The prevalence varies with age, gender and geographic location'. SCH is documented to be associated with various co morbidities like elevated LDL cholesterol and triglyceride levels, increased prevalence of coronary heart disease and related mortality, increased residual myocardial ischemia, increased peripheral neuropathies, muscular weakness, and reduced exercise capacity [15-18]. <i>Too much information is given for the subclinical hypothyroidism. This study is addressed at hypothyroidism or subclinical hypothyroidism?</i></p>	

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	Time duration till following up: The patient will be followed up during treatment 180 days Follow up period –0, 30 th , 60 th , 90 th , 120 th , 150 th and 180 th day Tsh takes atleast 6 weeks for normalization after starting thyroxine. Will all the lab parameters be repeated during all the follow up settings?	
Optional/General comments	This is a protocol for an RCT which is poorly written	

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>	

Reviewer Details:

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